



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

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

# Council Meeting

Wednesday, March 18, 2026



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

**AGENDA**

Council Meeting

**Wednesday, March 18, 2026**

9:00 a.m. – 4:30 p.m.

Virtual via Teams Meeting

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
<b>1. Welcome and Call to Order</b> 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	
<b>2. Adoption of the Agenda</b>	Open Session	9:05 a.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	Section 2
<b>3. Consent Agenda</b> a. Draft Minutes of December 4, 2025 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 j. Acupuncture Working Group k. Nominations Committee  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.  <b>However, if a person wishes</b> to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.	Open Session	9:10 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 &amp; CEO</i>	Information	Verbal Report
6. Finance – 3 <sup>rd</sup> Quarter Statement of Operations	Open Session	9:35 a.m. (15 mins.)	F. Ortale <i>Director of IT, Finance &amp; Corporate Services</i>	Information	Section 6
7. Finance – Operating Budget Fiscal Year 2026-27	Open Session	9:50 a.m. (35 mins.)	F. Ortale <i>Director of IT, Finance &amp; Corporate Services</i>	Motion	Section 7
<b>BREAK</b>		10:25a.m. (10 mins.)			
8. Governance Review	Open Session	10:35 a.m. (120 mins.)	S. Cassman, <i>Registrar &amp; CEO</i>	Motion	Section 8
<b>LUNCH</b>		12:35 p.m. (60 min.)			
9. 2026 Election	Open Session	1.35 a.m. (10 mins)	S. Cassman, <i>Registrar &amp; CEO</i>	Motion	Section 9
10. Approval of Registration Regulation for the Doctor Title	Open Session	1:45 p.m. (45 mins)	S. Cassman <i>Registrar &amp; CEO</i>	Motion	Section 10
11. Governance Manual	Open Session	2:30 pm (30 mins)	S. Cassman <i>Registrar &amp; CEO</i>	Discussion	Section 11
<b>BREAK</b>		3:00 p.m. (10 mins)			
12. By-Law Updates	Open Session	3:10 p.m. (30 mins)	S. Cassman <i>Registrar &amp; CEO</i>	Motion	Section 12
13. Quality Practice – Standard for Prevention of Sexual Abuse	Open Session	3:40 p.m. (30 mins)	M. Kennedy <i>Manager of Quality Practice</i>	Motion	Section 13
14. Risk Management Report	Open Session	4:10 p.m. (10 mins.)	S. Cassman <i>Registrar &amp; CEO</i>	Information	Section 14
<b>MOVE TO "IN-CAMERA"</b>		4:20 p.m.		Motion	
15. In-Camera Item	Closed Session	4:20 p.m. (5 mins)	J. Pritchard-Sobhani, <i>President</i>	Motion	Section 15
<b>MOVE OUT OF "IN-CAMERA"</b>		4:25 p.m.		Motion	

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
<b>16. Other Business</b>	Open Session	4:25 p.m. (if needed)	S. Cassman Registrar & CEO	Information	Section 16
<b>17. Review of the December 4, 2025 Meeting Survey Results</b>	Open Session	4:25 p.m. (2 mins)	D. Worrad <i>Chair</i>	Information	Section 17
<b>18. Next Meeting Dates and *New* Meeting Effectiveness Survey</b>	Open Session	4:27 p.m. (3 min.)	D. Worrad <i>Chair</i>	Information	Section 18
<b>19. Adjournment</b>	Open Session	4:30 p.m.	D. Worrad <i>Chair</i>	Motion	Section 19

**FOR INFORMATION**

Workplan – Please see Council Resource Folder in OnBoard

Grey Areas – Please see Council Resource Folder in OnBoard



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

**CONSENT AGENDA**

Council Meeting  
**Wednesday, March 18, 2026**  
9:00 a.m. – 4:00 p.m.  
Virtual - Teams Meeting

Item	Open/ In-Camera	Time	Speaker	Action	Page No.
<p><b>1. Consent Agenda</b></p> <p>a) Draft Minutes of Dec. 4, 2025 Council Meeting</p> <p>b) Executive Committee Report</p> <p>c) Registration Committee Report</p> <p>d) Inquiries, Complaints and Reports Committee Report</p> <p>e) Quality Assurance Committee Report</p> <p>f) Patient Relations Committee Report</p> <p>g) Discipline Committee Report</p> <p>h) Fitness to Practise Committee Report</p> <p>i) Dr. Title Working Group Report</p> <p>j) Acupuncture Working Group</p> <p>k) Nominations Committee</p> <p><i>A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda. As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda. For item "i", only substantive decisions that the Executive Committee made on behalf of Council were included and ergo need to be ratified.</i></p> <p><b>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.</b></p>	Open Session	9:20 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion	<p>Page 2</p> <p>Page 15</p> <p>Page 16</p> <p>Page 20</p> <p>Page 22</p> <p>Page 24</p> <p>Page 25</p> <p>Page 27</p> <p>Page 28</p> <p>Page 29</p> <p>Page 30</p>



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

### MEETING OF COUNCIL

#### MINUTES

December 4, 2025 from 9:05 a.m. to 4:33 p.m.  
Via Teams

#### IN ATTENDANCE

##### External Chair

Deborah Worrada

##### Council

Christine Lang	Professional Member
Deborah Sinnatamby	Public Member
Fanny Ip	Professional member
Heidi Machel	Public Member
Iftikhar Choudry	Public Member (as of 9:15 a.m.)
Jin Qi (Jackie) Zeng	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Judy Cohen	Public Member
Julia Chuang	Professional Member
Kathy Feng	Professional Member (as of 9:13 a.m.)
Kimberley Bishop	Public Member (as of 9:13 a.m.)
Ming Cha	Professional Member
Terry Hui	Professional Member
Yanzhi Xu	Professional Member

##### Regrets

Kevin Ho	Public Member
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##### Staff

Sean Cassman	Registrar and CEO
Francesco Ortale	Director, IT, Finance and Corporate Services
Ryan Chu	Deputy Registrar and Director of Professional Conduct
Jennifer Nghiem	Policy Analyst
Mary Kennedy	Manager of Quality Practice
Kezia Vinuya	Quality Practice Coordinator
Mohan Cappuccino	Manager of Registration and Examinations
Laurie Krol	Executive Assistant
Temí Adewumi	Recorder

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

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## **Guests**

Shanice Scott, Senior Director  
Hailey Budgell, Consultant

Hill + Knowlton (3 p.m. to 3:38 p.m.)  
Hill + Knowlton (3 p.m. to 3:38 p.m.)

## **Observers**

Vivian Pang (MOH)  
Mary Wu  
Nathalie Yan

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

After calling the meeting to order at 9:05 a.m., Ms. Worrada welcomed participants to the December 4, 2025 Council meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

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

### **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. APPOINTMENT OF EXTERNAL CHAIR**

*Ms. Worrada left the meeting at 9:09 a.m., and re-joined at 9:14 a.m.*

Ms. Worrada was appointed as the external chair until December 2026.

**MOTION:** J. Cohen - C. Lang

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appoint Deborah Worrada as the external Chair for Council meetings until December 2026.*

CARRIED

**Council Meeting**

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December 4, 2025

## 5. ADOPTION OF THE AGENDA

The agenda of the December 4, 2025 meeting of Council was adopted as presented.

**MOTION:** F. Ip - T. Hui

*THAT the Agenda of the December 4<sup>th</sup>, 2025, Meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario be adopted as presented.*

CARRIED

## 5. CONSENT AGENDA

- a) Draft Minutes of September 17, 2025, 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
- j) Acupuncture Working Group Report
- k) Nomination Committee Report

Ms. Worrad explained the procedure for approving the consent agenda.

**MOTION:** D. Sinnatamby - H. Machel

*THAT the Consent Agenda of the December 4<sup>th</sup>, 2025, Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as presented.*

CARRIED

## 7. PRESIDENT'S REMARKS

The President welcomed all Council members, staff, observers and guests. New and returning Council members Ming Cha, Yanzhi Xu and Julia Chuang were welcomed to the first meeting of the elected Council.

Appreciation was expressed to Mr. Yu whose term as Vice President has ended, and who will now serve as a non-Council member.

Members who applied to serve as non-Council members were also thanked.

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With her acclamation to a new term, the President also thanked Council for their trust in her leadership.

An overview was provided of Council's work, which has focused on compassionate governance, right touch regulation and modernization, removal of registration barriers and outreach to stakeholders.

Projects include the townhall for members, draft amendments for the Doctor class, school program approval, adjustments to the QA assessment process, revisions to the Standard for the prevention of sexual abuse, as well as development of acupuncture standards.

An update was also provided on CARB, as Mr. Cassman was acclaimed as Chair and Ms. Phillips will be in the Vice Chair role.

Council and staff were thanked for their efforts in helping the College achieve its strategic goals. Holiday wishes were extended to all.

## **8. REGISTRAR'S REPORT**

Mr. Cassman provided an update on strategic plan projects. These included:

- Changes to reporting timelines for the CPMF report.
- Modifications to the peer and practice assessment process in order to assess a higher percentage of members.
- Becoming CARB chair for a three year term. As the interim Executive Director is leaving, processes have been put in place to secure the Pan-Canadian exam for the next 18 months.
- Meeting with an association and Minister Raymond Cho to discuss the provisional class and educational requirements.

## **9. COUNCIL ELECTION UPDATE**

Mr. Cassman provided the update, thanking Mr. Yu and Ms. Chen for their service. New Council members Ms. Xu and Ms. Chuang were welcomed, as was returning Council member, Mr. Cha.

This election was the first to use competencies in the nominations process. Feedback was provided that this process gave candidates a way to check their abilities and skills to perform as Council members.

## 10. ELECTION PROCESS OVERVIEW

Ms. Worrad provided an overview of the process for election of officers (President, Vice-President and Executive Committee members). As there were 14 Council members present, majority was calculated as eight votes.

### a) Appointment of Returning Officers

Francesco Ortale, Director, IT, Finance and Corporate Services and Jennifer Nghiem, Policy Analyst, were proposed as officers for the election.

**MOTION:** T. Hui - F. Ip

*Be it resolved that Francesco Ortale and Jennifer Nghiem be appointed as officers.*

CARRIED

## 11. ELECTION: PRESIDENT

The election of the President is subject to Section 7.03 of the College By-Laws. An overview was provided of the President's duties, as outlined in Section 8.01.

*The nominee for President was:*

1. Joanne Pritchard-Sobhani, Professional Member

Ms. Pritchard-Sobhani agreed to let her name stand for the election of the President.

*Ms. Pritchard-Sobhani was elected by acclamation as President of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.*

Council was thanked for their support, trust and confidence in the President.

## 12. ELECTION: VICE-PRESIDENT

An overview was provided of the duties of the Vice-President, as set out in Section 8.02 of the College By-Laws.

*The nominees for Vice-President were:*

1. Christine Lang, Professional Member
2. Iftikhar Choudry, Public Member
3. Jin Qi (Jackie) Zeng, Professional Member
4. Ming Cha, Professional Member

Each candidate addressed Council in alphabetical order, and gave speeches outlining

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their education, capabilities, professional experience, and work on various committees.

All candidates agreed to let their names stand for election, and the vote was held via a survey sent to Council members' email.

The results were displayed on screen. As no candidate received majority of votes cast, in accordance with the Bylaws, the person with the lowest number was removed from the ballot and another vote was held. Ms. Lang voluntarily offered to remove her name from the ballot.

At the second vote, Ms. Zeng received more than 50% of the votes.

*In accordance with the By-laws, Ms. Zeng was elected to the position of Vice President of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.*

### **13. ELECTION: EXECUTIVE COMMITTEE MEMBERS**

#### **PUBLIC MEMBERS**

The overview of composition is outlined in the By-law Section 12.01.

The Executive Committee is composed of the President, the Vice-President and three members of Council. Two of the members of the Executive Committee shall be Public Members.

*The nominees for Public Members to the Executive Committee were:*

1. Iftikhar Choudry, Public Member
2. Kimberley Bishop, Public Member
3. Deborah Sinnatamby, Public Member

Candidates agreed to let their names stand for election, and gave speeches outlining their experience within the committees, as well as their professional experience.

Ms. Bishop received more than 50% of the first vote.

*According to the Bylaws, Ms. Bishop was elected to the Executive Committee of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.*

A second vote was held to elect a Public member and Ms. Sinnatamby received more than 50% of the votes.

*According to the Bylaws, Ms. Sinnatamby was hereby elected to the Executive Committee of the Council of the College of Traditional Chinese Medicine Practitioners and*

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*Acupuncturists of Ontario.*

## **PROFESSIONAL MEMBERS**

The election was held for the Professional Member position available on the Executive Committee.

*The nominees for Professional Member for the Executive Committee were:*

1. Christine Lang, Professional Member
2. Ming Cha, Professional Member

Ms. Zeng was removed from the ballot.

Both candidates agreed to let their names stand for election. Mr. Cha gave an overview of his past and current TCM experience, while Ms. Lang referred Council to her previous speech.

Mr. Cha received more than 50% of the votes.

*In accordance with the Bylaws, Mr. Cha was elected to the Executive Committee of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.*

The Chair thanked Council and all candidates who let their names stand for election.

*The Executive Committee for 2026 comprises:*

President: Joanne Pritchard-Sobhani, Professional Member

Vice-President: Jin Qi Zeng, Professional Member

Public and Professional Members: Kimberley Bishop, Public Member; Deborah Sinnatamby, Public Member; Ming Cha, Professional Member

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

*THAT the ballots with respect to the election of the Officers be deleted.*

CARRIED

## **14. EXECUTIVE COMMITTEE MEETING**

The minutes of the Executive Committee meeting are recorded separately.

## **15. COMMITTEE APPOINTMENTS**

The President, Ms. Pritchard-Sobhani, announced the Committee appointments.

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All Council members are members of the Discipline and Fitness to Practice Committees.

**2026 Registration Committee Members:** Kimberley Bishop, Ming Cha, Judy Cohen, Bo (Kathy) Feng, Terry Hui, Fanny Ip, Heidi Machel, Joanne Pritchard-Sobhani, Yanzhi Xu

Non-Council Members: Brendan Cheung, Akari Yokokawa

**2026 Quality Assurance Committee Members:** Kimberley Bishop, Ming Cha, Judy Cohen, Iftikhar Choudry, Terry Hui, Christine Lang, Heidi Machel, Jin Qi (Jackie) Zeng

Non-Council Members: Meiyong Chen, Evelyn Cho, Ariel Kim-Schofield

**2026 Inquiries, Complaints, Reports Committee Members:** Kimberley Bishop, Iftikhar Choudry, Julia Chuang, Judy Cohen, Fanny Ip, Christine Lang, Deborah Sinnatamby, Yanzhi Xu, Jin Qi (Jackie) Zeng

Non-Council Members: Meiyong Chen, Matthew Colavecchia, Noel Wright, Xianmin Yu

**2026 Patient Relations Committee Members:** Kimberley Bishop, Ming Cha, Iftikhar Choudry, Bo (Kathy) Feng, Heidi Machel, Deborah Sinnatamby

Non-Council Members: Nisha Thadani, Akari Yokokawa

**2026 Nominations Committee:** Ming Cha, Iftikhar Choudry, Judy Cohen, Terry Hui, Deborah Sinnatamby

**2026 Discipline Committee**

All Council members as well as non-Council members: Matthew Colavecchia, Akari Yokokawa, Xianmin Yu, Rachel Zhang

**Fitness to Practice Committee**

All Council members

**MOTION:** J. Cohen - F. Ip

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approves the composition of committees for the year of 2026.*

CARRIED

## 16. FINANCE

Mr. Ortale presented the College's second quarter financial statement for the 2025/2026 fiscal year. This covers revenue and expenses incurred until September 30, 2025.

*Cash:* The College's cash position, as of September 30, 2025, is \$8.84 million.

### *Revenue*

- The College's revenue is at 100.58% of the projected revenue, or \$4.8 million. The bulk of the revenue has been obtained from renewal being over target at 102.35%, with an increase in registration of 75.57% or approximately 140 candidates.
- Administration fees are at 96%. This increase corresponds to a higher number of fees for various items such as late fees, applications, variation letters, and letters of standing.
- The Pan-Canadian exam for R.Ac, R.TCMP and the Chinese language examination are at 121%. This figure includes revenue and application fees, from 450 candidates (315 R.Ac, and 144, R.TCMP). Application fees are the only item retained by the College.
- The College has also received its final installment of \$20,000 from the government for the Chinese language Pan-Canadian exam.
- Other fees include the Safety program and Jurisprudence courses at 87.6% of the projection, representing 100 candidates per program, or 420 candidates in total.
- Other income is 54% and comprises mostly banking interest. Only \$600 has been collected from cost orders.

### *Expenses*

- Overall, expenses are at 39.34%, under projection by 10%. All other components are below budget or on target. Some invoices rendered in this quarter have not yet been received, and will be reflected in future statements.
- *Council and Committees:* Overall this item is at 31.66%. All other committees are significantly under budget, with common expenses of per diems and legal fees. ICRC is at 51.75%, covering investigations, legal fees and per diems.
- *Professional services:* This item is at 33.84% overall. Accounting fees are at 62.92%, which includes audit fees. Government relations is at 44.44%.
- *Special programs and projects:* This item is at 29.44%. All components are below

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budget, except for the fund for Pan Canadian Chinese language exam at 73.74%, which covers salary and translation. These costs will be absorbed by the College as of next year.

The Safety and Jurisprudence tests are at 72.58%. The College only collects the application fee; other costs go to a third party provider.

- Administration: This item is 47.64%.
- IT costs are below budget at 40.37% overall. One component, online services, is at 52.88%.
- Operating: Overall, operating is at 41.65%. Communications and publications expenses are related to the townhall are at 88.65%. There are also one-time subscriptions costs for conferences at 65.9%.

Overall, total spending is at 39.34%, 10% below budget.

## **17. DOCTOR TITLE CONSULTATION UPDATE**

Mr. Cassman reported that approximately 800 responses have been received on the consultation survey for Phase 2. Overall, the number of responses received has been very positive, given the complexity of the information.

Next steps are to schedule stakeholder meetings with the Ministry of Health, the Office of the Fairness Commissioner and the Ministry of Training, Colleges and Universities. The College will also meet with other professions that have obtained the Doctor title for their opinions on implementation.

Staff will conduct an analysis of the results, which will be brought to the Working Group to determine what changes need to be made to the draft regulation. Any changes will be brought back to Council for approval.

## **18. STANDARD ON PREVENTION OF SEXUAL ABUSE**

Ms. Kennedy provided an overview of changes to the Patient Informed Consent to the Assessment and Treatment of Sensitive Areas form.

This was a joint project between the Quality Assurance Committee and Patient Relations Committee.

Revisions were made based on observations of members using the consent for sensitive areas form incorrectly. The changes will also help in the reduction of sexual abuse cases

by clarifying sensitive areas to be treated or assessed.

Changes in the form have also been reflected in the Standard for the Prevention of Sexual Abuse.

The collaboration between committees was commended, as was the language used to clarify which parts of the body practitioners are allowed to treat. However, the following feedback was provided:

- a) Members are not mandated to use the College forms. The forms are a suggested model for the members to incorporate into their own record keeping.
- b) The additional form is inconsistent with the Jurisprudence handbook, as well as educational webinars provided to the public. Written consent is absolutely required at the initial visit, but expressed consent is acceptable for follow up visits, and should be recorded in patient files. Concern was also expressed about the emotional impact on patients.
- c) Sensitive areas are outlined in the regulation and are not defined by the patient. This statement should be removed from the form.

Council members directed that the form be referred to the Quality Assurance Committee for further revision and to align with the Jurisprudence handbook.

It was also clarified that the Standard itself requires no changes. However, both the Standard and the form are to be brought back to Council after review by the QAC.

## **19. QA ASSESSMENT**

Ms. Kennedy presented the changes to the peer and practice assessment program, which will enable the College to assess a higher percentage of members.

An overview was provided of the current process for the program, common issues, and how those issues are addressed.

Change is required in order to assess a higher number of members, in a cost effective manner. Overall, the revisions will enable the College to assess 300 members, three times more than the current system.

An outline was provided of the tiered system and how it works to review 10% of membership (approximately 300). It was emphasized that eligible members are randomly selected and would not have been chosen for a peer and practice assessment in the previous five years. The revisions will also help the College meet its obligations in an evidence based manner.

The goal for the program is to move members towards a competency based model and away from the current behavioural based assessment.

Overall, Council members commended the improvements to the assessment program.

**MOTION:** K. Bishop - J. Cohen  
*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approves the new Quality Assurance Assessment Process Pilot as presented.*

CARRIED

## MOVING IN-CAMERA

*Observers left the meeting at 2:50 p.m.*

**MOTION:** J. Pritchard-Sobhani - T. Hui  
*THAT, in accordance with Sections 7. (2)b and e of the Health Professions Procedural Code, the meeting will now move in-camera at 2:51 p.m.*

CARRIED

The minutes of the in-camera meeting are recorded separately.

## MOVING OUT OF CAMERA

Council members were reminded that discussions held during the in-camera session are confidential.

**MOTION:** J. Pritchard-Sobhani - T. Hui  
*THAT the meeting be moved out of camera at 4:30 p.m.*

CARRIED

## 22. RISK MANAGEMENT REPORT

Mr. Cassman reported that an update on the report will be provided at the March 2026 meeting.

## 23. OTHER BUSINESS

There was no other business.

## **24. SEPTEMBER 17, 2025 MEETING EVALUATION REVIEW**

An overview was provided of the three responses. Council members were encouraged to complete the evaluation in order to advise on any improvements for the meeting.

## **25. ADJOURNMENT**

The meeting was adjourned at 4:33 p.m.

**MOTION:** F. Ip - T. Hui

*THAT the meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of December 4, 2025 be adjourned until the next meeting or at the call of the President.*

CARRIED



**FOR:** Information

**SUBJECT:** Executive Committee Report

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### **Executive Committee Members**

Joanne Pritchard-Sobhani	Professional Member/President
Xianmin Yu	Professional Member/Vice-President (until Dec. 4 <sup>th</sup> , 2025)
Jin Qi (Jackie) Zeng	Professional Member/Vice-President (started Dec. 4 <sup>th</sup> , 2025)
Jin Qi (Jackie) Zeng	Professional Member (until Dec. 4 <sup>th</sup> 2025)
Judy Cohen	Public Member (until Dec. 4 <sup>th</sup> , 2025)
Deborah Sinnatamby	Public Member
Ming Cha	Professional Member (started Dec. 4 <sup>th</sup> , 2025)

Since the last quarterly report, the Executive Committee met on December 4<sup>th</sup>, 2025 and February 25<sup>th</sup>, 2026.

### **FOR INFORMATION**

#### **1) Composition of the Committees for 2026**

The Executive Committee submitted the composition of the Registration Committee, Quality Assurance, ICRC, Patient Relations Committee, and Nominations Committee to Council for approval. In addition, the entire Council was assigned to the Discipline Committee and Fitness to Practice Committee for 2026.

#### **2) Finance Update Q3 and Draft Budget for 2026-27**

The Financial Statements for the 3<sup>rd</sup> quarter and the 2026-27 Draft Budget were presented to the Executive Committee by the College. The Committee had the opportunity to ask questions regarding several aspects of the report prior to it being submitted to Council for review and approval.

#### **3) Doctor Title**

It was reported that the Phase 3 consultation period had concluded, and the Doctor Title Registration Regulation document was ready to send to Council for approval.

#### **4) By-Law Amendments**

The Committee was presented with By-Law Amendments that were approved to bring to Council.

#### **5) Governance Manual**

A new Governance Manual was presented to the Executive Committee for review, and it was approved to send to Council for approval.

*This report is current as of March 2, 2026, in anticipation of the Council meeting scheduled for March 18, 2026.*



**FOR:** Information

**SUBJECT:** Registration Committee Report

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### Registration Committee Members

Terry Hui (Chair)	Professional Member
Heidi Machel – From December 4, 2025	Public Member
Judy Cohen	Public Member
Kimberley Bishop	Public Member
Akari Yokokawa (Non-Council)	Professional Member
Bo (Kathy) Feng – From December 4, 2025	Professional Member
Brendan Cheung (Non-Council)	Professional Member
Fanny Ip	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Ming C. Cha	Professional Member
Xianmin Yu – Ended December 4, 2025	Professional Member
Yanzhi Xu – From December 4, 2025	Professional Member

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

- November 20, 2025 – RC and Panel 1 meeting
- January 29, 2026 – RC and Panel meeting

All meetings were held via Microsoft Teams.

## FOR INFORMATION

### 1. PAN-CANADIAN EXAMINATIONS

#### Fall 2025 Pan Canadian Examination

The Fall examinations were held on the following dates:

- Traditional Chinese Medicine Practitioners examination – October 23 and 24, 2025
- Acupuncturists examination – October 29 and 30, 2025
- A total of 262 candidates from Ontario participated in the examinations. The table below provides a breakdown of the number of candidates and pass rates for each examination, both for Ontario and across Canada.



- There were 66 candidates who completed the exam in Chinese, including 20 who used the toggle feature on the exam platform to change from one language to another.

<b>Spring 2025 PCE Results</b>				
	<b>Ontario</b>		<b>National</b>	
	<b>Candidates</b>	<b>Passing rate</b>	<b>Candidates</b>	<b>Passing Rate</b>
<b>R. TCMP Examination</b>	<b>85</b>	<b>81.4%</b>	<b>111</b>	<b>82.0%</b>
<b>R. Ac Examination</b>	<b>177</b>	<b>82.5%</b>	<b>311</b>	<b>85.2%</b>

### **Spring 2026 Pan Canadian Examinations**

The Spring examinations will be held on the following dates:

- Traditional Chinese Medicine Practitioners examination – April 27 and 28, 2026
- Acupuncturists examination – April 30 and May 1, 2026

The College received a total of 224 applications for the Spring 2026 administration, including 166 candidates for the Acupuncturists examination and 58 candidates for Practitioners examination.

The results for participants are anticipated to be released at the end of June 2026.

## **2. ANNUAL RENEWAL**

The College opened the renewal application on February 1, 2026. Members registered in the General, Student, or Inactive Class are required to renew their registration by March 31, 2026.

As of March 2, 2026, 915 members have successfully renewed their 2026-2027 registration with the College.

## **3. EDUCATION PROGRAM APPROVAL PROJECT**

An in-person meeting with Ontario educators is planned for March 11 at the CTCMPAO office, to share details of the approval process and explain the requirements. The President and the Chair of the Registration Committee will attend, along with representatives from FICS, the College's consultant on the project.



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

Currently, there is one appeal to the Health Professionals Appeal and Review Board in progress. We are awaiting HPARB's decision.

#### 5. QUARTERLY REGISTRATION STATISTICS FOR MOH

The Q4 report required by the Ministry, with data about application processing times, was submitted prior to the February 28, 2026, deadline.

#### 6. OFFICE OF THE FAIRNESS COMMISSIONER

All health professional regulators are required to submit a report to the OFC each calendar year with statistics about applicants and members, and information on registration processes. Staff are compiling the necessary details and will submit the report by the March 31, 2026, deadline.

#### 7. REGISTRATION COMMITTEE PANEL UPDATES (From November 13, 2025, to March 2, 2026)

	Decisions made by the Registration Committee				
	Approved	Approved with TCLs	Request for More Info	Rejected	Total
Fourth Exam Attempt Proposal	0	0	0	0	0
General Class application	1	3	0	0	4
Transfer from Inactive Class	0	0	0	0	0
<b>Totals</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>4</b>

The Registration Committee Panel reviewed 1 case on November 20, 2025 and 3 cases at the January 29, 2026 meeting.

#### 8. MEMBERSHIP STATISTICS

##### Registration by District

	District 1	District 2	District 3	District 4	District 5	Practicing outside ON/Unknown	Total
General	226	185	1789	589	87	178	3054
Inactive	16	9	102	20	4	45	196
Student	2	0	4	1	0	1	8
<b>Total Members</b>	<b>244</b>	<b>194</b>	<b>1895</b>	<b>610</b>	<b>91</b>	<b>224</b>	<b>3258</b>

##### Registration Updates

	21-May-24	3-Sep-24	13-Nov-24	26-Feb-25	04-Jun-25	19-Nov-25	2-Mar-26
General R. Ac	1355	1404	1437	1472	1456	1549	1577
General R.	1379	1410	1423	1443	1410	1456	1477



TCMP							
Student R. Ac	5	4	4	2	2	6	5
Student R. TCMP	2	2	1	2	3	2	3
Inactive R. Ac	90	88	85	88	95	96	95
Inactive R. TCMP	87	89	88	88	100	102	101
<b>Current Members</b>	<b>2918</b>	<b>2997</b>	<b>3038</b>	<b>3095</b>	<b>3066</b>	<b>3211</b>	<b>3258</b>
Resigned	681	685	693	715	800	809	826
Revoked	84	85	85	85	85	85	85
Suspended	226	217	216	212	243	239	238

#### Changes since previous report

	22-May-24 to 3-Sep-24	3-Sep-24 to 13-Nov-24	13-Nov-24 to 26-Feb-25	27-Feb-25 to 04-Jun-25	5-Jun-25 to 19-Nov-25	20-Nov-25 to 2-Mar-26
Current members	79	41	57	-29	145	47
Resignations	4	8	22	85	9	17
Revocation	1	0	0	0	0	0
Suspensions	-9	-1	-4	31	-4	-1

Members practising with terms, conditions and limitations: 233

#### Jurisprudence Course Tests (From November 20, 2025 to March 2, 2026)

Passed	Failed	Total
89	1	90

#### Safety Program Tests (From November 20, 2025 to March 2, 2026)

Passed	Failed	Total
95	4	99

*This report is current to March 2, 2026, unless otherwise noted, in anticipation of the Council meeting scheduled for March 18, 2026.*



**FOR:** Information

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

**Inquiries, Complaints and Reports Committee Members**

Jin Qi (Jackie) Zeng	Professional Member, Chair
Julia Chuang	Professional Member
Fanny Ip	Professional Member
Christine Lang	Professional Member
Yanzhi Xu	Professional Member
Meiying Chen	Non-Council Professional Member
Matthew Colavecchia	Non-Council Professional Member
Noel Wright	Non-Council Professional Member
Xianmin Yu	Non-Council Professional Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	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 has met four times on November 28, 2025, January 9, 2026, February 19, 2026, and February 23, 2026.

**New Cases and Nature of Concerns**

Note: Some cases may have more than one concern

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



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

### Completed Cases and Outcomes\*

Note: Some decisions have more than one outcome

Complaints	Outcomes		Registrar Reports Investigations		
2		Take no action	6	3	Take no action
		Advice		2	Advice
		Written Caution			Written Caution
	1	Oral Caution			Oral Caution
	1	SCERP			SCERP
		Refer to Discipline		1	Refer to Discipline
	1	Undertaking/Withdraw			Undertaking/Withdraw

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

New Cases	Pending Cases
-	1

### Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # Cases
15	23		38

*This report is current as of March 3, 2026, in anticipation of the Council meeting scheduled for March 18, 2026.*



**FOR:** Information

**SUBJECT:** Quality Assurance Committee Report

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### Quality Assurance Committee Members

Christine Lang (Chair)	Professional Member
Ming C. Cha	Professional Member
Jin Qi Zeng	Professional Member
Terry Hui	Professional Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Heidi Machel	Public Member
Ariel Kim-Schofield	Non-Council Professional Member
Meiying Chen	Non-Council Professional Member
Evelyn Cho	Non-Council Professional Member

The Quality Assurance Committee (QAC) meeting dates this quarter include:

December 10, 2025, December 16, 2025, December 23, 2025, February 11, 2026, February 27, 2026, March 2, 2026, and March 3, 2026

### FOR INFORMATION

#### 1. Quality Practice Programs

##### Peer and Practice Assessment

**Conclusion of the Current Peer and Practice Assessment (PPA) Program:** Scheduled PPAs are continuing through the end of the current fiscal year (March 31). Since the last report, the QAC has reviewed 81 assessments. The objective is to formally wrap up the retiring PPA program, which includes the QAC's review of all remaining assessments by the first quarter of the upcoming fiscal year. Routine monitoring of Specified Continuing Education or Remediation Programs (SCERPs) will continue as required.

**Implementation of the New Tiered System:** The new Tiered assessment system is currently in development. The goal is to publish information outlining the program's implementation on the website by April 1. Furthermore, training for assessors under the new system will commence during the first quarter of the next fiscal year.

##### Member Education

Quality Practice Webinar Series Launch



The Quality Practice Team has successfully launched the first in a planned series of educational webinars for members. The inaugural session, titled Continuing Competence & Quality Assurance, is designed to help members navigate their regulatory obligations. Key learning outcomes for participants include:

- Completing the required self-assessment.
- Identifying professional gaps and opportunities for learning.
- Developing professional goals using SMART (Specific, Measurable, Achievable, Relevant, Time-bound) terminology.
- Effectively completing and maintaining a professional portfolio.

To date, this webinar has been delivered across four dates, reaching approximately 526 participants. The initial session served as a pilot to test content delivery and survey administration. Using an iterative approach, the team refines the presentation for each subsequent session to address common questions and feedback. Members who attend and complete a brief post-webinar survey receive a certificate of completion, which can be used to claim two hours of professional activity. To date, the feedback received from attendees through these surveys has been positive.

Once the live sessions are complete, the optimized presentation will be recorded and published as a permanent, on-demand resource for members' self-directed learning.

### **Interactive Learning Hub RFP Update**

The Request for Proposals (RFP) for the Interactive Learning Hub was initially published on the College's website, yielding 17 submissions. Following a preliminary evaluation, five vendors were shortlisted and invited for interviews. During this stage, it became evident that the majority of proponents focused disproportionately on the technical backend of Phase 2 (the Learning Management System), rather than the immediate Phase 1 priorities of creative content transformation, user experience (UX), and digital engagement. As a result, only one vendor met the minimum requirements for further consideration. Given the strategic importance of the Learning Hub to the College's educational mandate, it is imperative that we secure a vendor who fully aligns with our vision for a dynamic, user-friendly community platform. To ensure we attract the most qualified digital agencies and secure the best possible partner, the RFP has been comprehensively redrafted to clarify our Phase 1 deliverables and will be reissued on the College website.

*This report is current to March 4, 2026, in anticipation of the Council meeting scheduled for March 18, 2026*



**FOR:** Information

**SUBJECT:** Patient Relations Committee Report

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**Patient Relations Committee Members – (Chair not determined yet)**

Ming Cha	Professional Member
Bo (Kathy) Feng	Professional Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Deborah Sinnatamby	Public Member
Heidi Machel	Public Member
Nisha Thadani	Non-Council Professional Member
Akari Yokokawa	Non-Council Professional Member

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

**FOR INFORMATION**

*This report is current to March 3, 2026, in anticipation of the Council meeting scheduled for March 18, 2026.*



**FOR:** Information

**SUBJECT:** Discipline Committee Report

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**Discipline Committee Members**

Judy Cohen	Public Member, Chair
Ming Cha	Professional Member
Julia Chuang	Professional Member
Bo (Kathy) Feng	Professional Member
Terry Hui	Professional Member
Fanny Ip	Professional Member
Christine Lang	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Yanzhi Xu	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Matthew Colavecchia	Non-Council Professional Member
Akari Yokokawa	Non-Council Professional Member
Xianmin Yu	Non-Council Professional Member
Xiao Ling (Rachel) Zhang	Non-Council Professional Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Heidi Machel	Public Member
Deborah Sinnatamby	Public Member

The Discipline Committee met on January 23, 2026, where the Committee received training and elected the Committee Chair. The Discipline Committee released two decisions in this quarter.

- [Mai Thi Tuyet Pham](#)
- [Mohmed Shoeb M. Chikhlikar](#)

As of February 26, 2026, there are four open cases which have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

	Member Name	Status
1	Nathalie Xian Yi Yan	Awaiting Decision on liability.
2	Chun Sheng Liu (1)	Contested hearing scheduled to occur on March 16 and April 27-30, 2026.
3	Chun Sheng Liu (2)	Contested hearing scheduled to occur on March 16 and April 27-30, 2026.



4	Mai Thi Tuyet Pham	Penalty hearing scheduled to occur on March 20, 2026.
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There is no discipline decision currently under appeal.

*This report is current as of March 3, 2026, in anticipation of the Council meeting scheduled for March 18, 2026.*



**FOR:** Information

**SUBJECT:** Fitness to Practise Committee Report

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**Fitness to Practise Committee Members**

Iftikhar Choudry	Public Member, Chair
Ming Cha	Professional Member
Julia Chuang	Professional Member
Bo (Kathy) Feng	Professional Member
Terry Hui	Professional Member
Fanny Ip	Professional Member
Christine Lang	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Yanzhi Xu	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Kimberley Bishop	Public Member
Judy Cohen	Public Member
Heidi Machel	Public Member
Deborah Sinnatamby	Public Member

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

The Fitness to Practise Committee met on January 21, 2026, where the Committee received training and elected the Committee Chair.

*This report is current as of March 3, 2026, in anticipation of the Council meeting scheduled for March 18, 2026.*



**FOR:** Information

**SUBJECT:** Doctor Title Working Group Report

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

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

Since the last quarterly report, the Doctor Title Working Group met on January 15 and February 18, 2026.

### **FOR INFORMATION**

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

The draft regulation, a comparison chart and a survey were posted as part of the Doctor Title Project Phase 3 consultation in October 2025. The College also contacted stakeholders directly to provide the documents and ask for feedback.

After the public consultation period closed, the results were presented to the Working Group for their discussion. Overall, the College received 787 survey responses and a few letters from external stakeholders. Results will be made available to Council.

Minor changes were approved for the draft regulation regarding the title and authorization for use. The consultation results and updated draft is being brought to Council for review.

*This report is current as of March 4, 2026, in anticipation of the Council meeting scheduled for March 18, 2026.*



**FOR:** Information

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

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

Meiying Chen	Professional Member
Shuli Chen	Professional Member
Ming Cha	Professional Member
Julia Chuang	Professional Member
Joanne Pritchard-Sobhani	Professional Member (resigned Jan 8, 2026)
Jin Qi (Jackie) Zeng	Professional Member / Chair
Deborah Sinnatamby	Public Member

Since the last quarterly report, the Acupuncture Standard Ad Hoc Committee met on January 27, 2026.

## **FOR INFORMATION**

### **1. Committee Meeting**

The Committee met to go over the draft for Principle 2 and 3 of the Acupuncture Standard. Staff provided an outline of the content to guide the meeting discussion.

The World Health Organization (WHO) Benchmark and Safety Program Handbook were used as references.

A draft outline of the fourth principle will be presented to the Committee at the next meeting for discussion, along with content/presentation from a committee member.

*This report is current to March 4, 2026, in anticipation of the Council meeting scheduled March 18, 2026.*



**FOR:** Information

**SUBJECT:** Nominations Committee Report

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### **Nominations Committee Members**

Terry Hui	Professional Member
Christine Lang	Professional Member / Chair (until Dec 4, 2025)
Ming Cha	Professional Member (started Dec 4, 2025)
Iftikhar Choudry	Public Member
Deborah Sinnatamby	Public Member
Judy Cohen	Public Member (started Dec 4, 2025)

The Nominations Committee not met since the last quarterly report.

## **FOR INFORMATION**

### **1. Committee Composition**

The Committee composition has changed with the new appointments confirmed on December 4, 2025.

Following the nomination process that was implemented for the 2025 elections, the Nominations Committee will meet to review the process and procedures and determine if any adjustments are necessary for the upcoming elections in District 1 and District 2.

*This report is current as of March 4, 2026, in anticipation of the Council meeting scheduled for March 18, 2026.*

UNAUDITED College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario  
Statement of Operations  
Q3 April - December 2025

		Q3 Actuals 2025-2026	Annual Budget 2025-2026	Actual to Budget %	Budget Remaining (balance of Year)
<b>GL Code</b>	<b>Revenue</b>				
4101000	Registration Fees	\$ 202,950.00	\$ 202,200.00	100.37%	\$ (750.00)
4102000	Renewal Fees	\$ 3,728,975.00	\$ 3,642,100.00	102.39%	\$ (86,875.00)
4200000	Administration Fees	\$ 84,450.00	\$ 74,025.00	114.08%	\$ (10,425.00)
4300000	Pan Can Examination Fees	\$ 628,732.00	\$ 520,320.00	120.84%	\$ (108,412.00)
4400000	Other Income-Government Funds	\$ 20,000.00	\$ 20,000.00	100.00%	\$ -
4500000	Other Fees	\$ 57,900.00	\$ 47,000.00	123.19%	\$ (10,900.00)
4600000	Other Income	\$ 182,194.76	\$ 236,000.00	77.20%	\$ 53,805.24
	<b>Total Income</b>	<b>\$ 4,905,201.76</b>	<b>\$ 4,741,645.00</b>	<b>103.45%</b>	<b>\$ (163,556.76)</b>
<b>GL Code</b>	<b>Expenses</b>				
	<b>Council &amp; Committees</b>	<b>\$ 592,088.30</b>	<b>\$ 1,086,250.00</b>	<b>54.51%</b>	<b>\$ 494,161.70</b>
6100000	Council	\$ 38,013.46	\$ 94,500.00	40.23%	\$ 56,486.54
6201000	Executive Committee	\$ 4,197.68	\$ 29,000.00	14.47%	\$ 24,802.32
6202000	Registration Committee and Panel	\$ 25,483.38	\$ 63,500.00	40.13%	\$ 38,016.62
6203000	ICRC Committee	\$ 309,485.46	\$ 362,000.00	85.49%	\$ 52,514.54
6204000	Quality Assurance Committee	\$ 63,409.95	\$ 132,000.00	48.04%	\$ 68,590.05
6205000	Patient Relations Committee	\$ 3,630.90	\$ 41,000.00	8.86%	\$ 37,369.10
6206000	Discipline Committee	\$ 147,867.47	\$ 360,000.00	41.07%	\$ 212,132.53
6207000	Fitness to Practice Committee	\$ -	\$ 4,250.00	0.00%	\$ 4,250.00
<b>6300000</b>	<b>Professional Services</b>	<b>\$ 130,328.35</b>	<b>\$ 244,500.00</b>	<b>53.30%</b>	<b>\$ 114,171.65</b>
6301000	Legal Fees	\$ 31,537.19	\$ 74,000.00	42.62%	\$ 42,462.81
6302000	Accounting Fee	\$ 25,465.46	\$ 34,000.00	74.90%	\$ 8,534.54
6303000	Expert Consultation	\$ -	\$ 26,500.00	0.00%	\$ 26,500.00
6304000	Government Relations	\$ 73,325.70	\$ 110,000.00	66.66%	\$ 36,674.30
<b>6400000</b>	<b>Special Programs/Projects</b>	<b>\$ 566,210.03</b>	<b>\$ 881,000.00</b>	<b>64.27%</b>	<b>\$ 314,789.97</b>
6401000	Pan-Canadian Examinations	\$ 483,210.00	\$ 410,000.00	117.86%	\$ (73,210.00)
6402000	Doctor Title	\$ 8,656.29	\$ 187,000.00	4.63%	\$ 178,343.71
6403000	Strategic Initiatives	\$ -	\$ 80,000.00	0.00%	\$ 80,000.00
6404000	Program Approval	\$ 13,560.00	\$ 75,000.00	18.08%	\$ 61,440.00
6405000	Safety and Jurisprudence Test	\$ 42,096.02	\$ 35,000.00	120.27%	\$ (7,096.02)
6407000	Acupuncture Working Group	\$ 3,940.25	\$ 24,000.00	16.42%	\$ 20,059.75
6408000	Learning Hub and QA Online	\$ -	\$ 50,000.00	0.00%	\$ 50,000.00
6800000	Pan Can Chinese Language Examination	\$ 14,747.47	\$ 20,000.00	73.74%	\$ 5,252.53
<b>6500000</b>	<b>Administrative Expenses</b>	<b>\$ 1,450,101.34</b>	<b>\$ 2,021,008.00</b>	<b>71.75%</b>	<b>\$ 570,906.66</b>
6500000	Salaries and Benefits	\$ 1,425,838.54	\$ 1,971,008.00	72.34%	\$ 545,169.46
6502000	Casual Labour	\$ 24,262.80	\$ 50,000.00	48.53%	\$ 47,001.80
<b>6600000</b>	<b>Information Technology</b>	<b>\$ 197,134.52</b>	<b>\$ 316,500.00</b>	<b>62.29%</b>	<b>\$ 119,365.48</b>
6602000	Equipment Expenses	\$ 2,998.20	\$ 12,000.00	24.99%	\$ 9,001.80
6603000	Software & IT Projects	\$ 94,862.80	\$ 171,000.00	55.48%	\$ 76,137.20
6604000	Maintenance and Support Contracts	\$ 47,981.22	\$ 65,500.00	73.25%	\$ 17,518.78
6605000	Online Services	\$ 43,929.22	\$ 56,000.00	78.45%	\$ 12,070.78
6606000	Network Security	\$ 7,363.08	\$ 12,000.00	61.36%	\$ 4,636.92
<b>6700000</b>	<b>Operating Expenses</b>	<b>\$ 317,030.16</b>	<b>\$ 570,550.00</b>	<b>55.57%</b>	<b>\$ 253,519.84</b>
6701000	General Operating Costs	\$ 212,720.25	\$ 307,550.00	69.17%	\$ 94,829.75
6702000	Payment Gateway	\$ 29,765.34	\$ 170,000.00	17.51%	\$ 140,234.66
6703000	Subscriptions and Conferences	\$ 33,450.07	\$ 48,000.00	69.69%	\$ 14,549.93
6704000	Communications and Publications	\$ 41,094.50	\$ 45,000.00	91.32%	\$ 3,905.50
<b>45</b>	<b>Total Expenses</b>	<b>\$ 3,252,892.70</b>	<b>\$ 5,119,808.00</b>	<b>63.54%</b>	
<b>46</b>	<b>Net Income</b>	<b>\$ 1,652,309.06</b>	<b>\$ (378,163.00)</b>		



## Proposed Budget 2026-2027

Line #	REVENUE	2025-2026 (Approved Budget)	2026-2027 (Budget Proposal)	Difference	Comment
1	Registration Fees	\$ 202,200	\$ 203,925	0.85%	
2	Renewal Fees	\$ 3,642,100	\$ 3,859,500	5.97%	
3	Administration Fees	\$ 74,025	\$ 76,850	3.82%	
4	Examination Fees	\$ 520,320	\$ 598,900	15.10%	
5	Safety Program and Jurisprudence Course	\$ 47,000	\$ 57,000	21.28%	
6	Other Income	\$ 236,000	\$ 231,000	-2.12%	
7	Government Funds	\$ 20,000	\$ -	-100.00%	
<b>TOTAL REVENUE</b>		<b>\$ 4,741,645</b>	<b>\$ 5,027,175</b>	<b>6.0%</b>	

Line #	EXPENSES	2025-2026 (Approved Budget)	2026-2027 (Budget Proposal)	Difference	Percentage Allocation
<b>Council and Committee</b>					
1	Council	\$ 94,500	\$ 93,500	-1.1%	
2	Executive	\$ 29,000	\$ 27,000	-6.9%	
3	Registration Committee and Panel	\$ 63,500	\$ 59,500	-6.3%	
4	ICRC	\$ 362,000	\$ 361,000	-0.3%	
5	Quality Assurance	\$ 132,000	\$ 170,500	29.2%	
6	Patient Relations	\$ 41,000	\$ 41,000	0.0%	
7	Discipline	\$ 360,000	\$ 359,000	-0.3%	
8	Fitness to Practice	\$ 4,250	\$ 4,250	0.0%	
		<b>\$ 1,086,250</b>	<b>\$ 1,115,750</b>	<b>2.7%</b>	<b>20.1%</b>
<b>Professional Service</b>					
9	Legal Fees	\$ 74,000	\$ 73,000	-1.4%	
10	Government Relations	\$ 110,000	\$ 128,800	17.1%	
11	Accounting Fees	\$ 34,000	\$ 36,000	5.9%	
12	Expert Consultation	\$ 26,500	\$ 16,000	-39.6%	
		<b>\$ 244,500</b>	<b>\$ 253,800</b>	<b>3.8%</b>	<b>4.6%</b>
<b>Special Programs/Project</b>					
13	Pan-Canadian Examination	\$ 410,000	\$ 463,900	13.1%	
14	Doctor Title	\$ 187,000	\$ 169,000	-9.6%	
15	Acupuncture Working Group	\$ 24,000	\$ 20,500	-14.6%	
16	Strategic Initiatives	\$ 80,000	\$ 80,000	0.0%	
17	Program Approval	\$ 75,000	\$ 75,000	0.0%	
18	Safety Program and Jurisprudence Course	\$ 35,000	\$ 54,500	55.7%	
19	Chinese Examination	\$ 20,000	\$ -	-100.0%	
		<b>\$ 831,000</b>	<b>\$ 862,900</b>	<b>3.8%</b>	<b>15.5%</b>
<b>Administrative Expenses</b>					
20	Staff Salary and Benefits	\$ 1,971,008	\$ 2,107,000	6.9%	
21	Casual Labour	\$ 50,000	\$ 50,000	0.0%	
		<b>\$ 2,021,008</b>	<b>\$ 2,157,000</b>	<b>6.7%</b>	<b>38.9%</b>
<b>Information Technology</b>					
22	Equipment Expense	\$ 12,000	\$ 12,300	2.5%	
23	Software Maintenance & Development	\$ 171,000	\$ 435,800	154.9%	
24	Support Contracts	\$ 65,500	\$ 69,450	6.0%	
25	Onlines Services	\$ 56,000	\$ 57,900	3.4%	
26	Network Security	\$ 12,000	\$ 12,300	2.5%	
		<b>\$ 316,500</b>	<b>\$ 587,750</b>	<b>85.7%</b>	<b>10.6%</b>
<b>Operating Expenses</b>					
27	General Operating Costs	\$ 307,550	\$ 314,000	2.1%	
28	Payment Gateway for CC Transactions	\$ 170,000	\$ 180,000	5.9%	
29	Subscriptions and Conferences	\$ 48,000	\$ 48,000	0.0%	
30	Communications and Publications	\$ 45,000	\$ 30,000	-33.3%	
		<b>\$ 570,550</b>	<b>\$ 572,000</b>	<b>0.3%</b>	<b>10.3%</b>
<b>TOTAL EXPENSES</b>		<b>\$ 5,069,808</b>	<b>\$ 5,549,200</b>	<b>9.5%</b>	<b>100%</b>
<b>Profit\Loss</b>		<b>\$ (328,163)</b>	<b>\$ (522,025)</b>		



# CTCMPAO COUNCIL/COMMITTEE REVIEW 2025

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Confidential

Prepared for:

All - Council

February 2026

## ABOUT THIS ASSESSMENT

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### EVALUATIONS

The following evaluations have been completed as part of this assessment:

- Council Self/Peer Review
- Council Effectiveness
- Committee Reporting To Council
- Executive Committee Effectiveness
- ICR Committee Effectiveness
- Patient Relations Committee Effectiveness
- Quality Assurance Committee Effectiveness
- Registration Committee Effectiveness



### RATING LEGEND

The rating scale shown below was used in scoring the quantitative feedback.

<b>SCALE OPTION</b>	<b>SCORE VALUE</b>
1 (Never/Rarely)	1
2	2
3	3
4	4
5	5
6 (Often)	6
7	7
8	8
9	9
10 (Always)	10
Unable to answer	---



### DEFINITIONS AND CALCULATIONS

See appendix.

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# COUNCIL SELF/PEER REVIEW

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# ABOUT THIS EVALUATION



## RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

NAME	RATER RELATIONSHIP
1. Bishop, Kimberley	Council Member
2. Chen, Meiyong	Council Member
3. Choudry, Iftikhar	Council Member
4. Cohen, Judy	Council Member
5. Feng, Bo (Kathy)	Council Member
6. Hui, Terry	Council Member
7. Ip, Fanny	Council Member
8. Lang, Christine	Council Member
9. Machel, Heidi	Council Member
10. Pritchard-Sobhani, Joanne	Council Member
11. Sinnatamby, Deborah	Council Member
12. Zeng, Jin Qi (Jackie)	Council Member



## RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

RATER TYPE	NOMINATED	RESPONDED	RESPONSE RATE
Council Member	12	11	92%
<b>Total</b>	12	11	92%



## PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

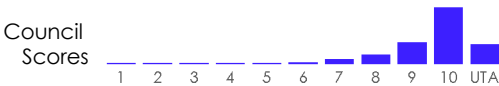




# COMPETENCY SUMMARY RADAR CHART

The competency summary radar chart below displays scores from each rater group across all competencies. Radar charts are especially useful for quickly identifying gaps between how different groups perceive and observe an individual's behaviors. Higher, more favorable scores are represented toward the outer edges of the chart.



# COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Overall	Council Scores			
	Council	9.1	9	0.1
Behaviour and Relationships	Council Scores			
	Council	9.2	9.1	0.1
Governance	Council Scores			
	Council	9.3	9.2	0.1
Knowledge	Council Scores			
	Council	9	8.9	0.1
Leadership	Council Scores			
	Council	8.9	8.7	0.2

## QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

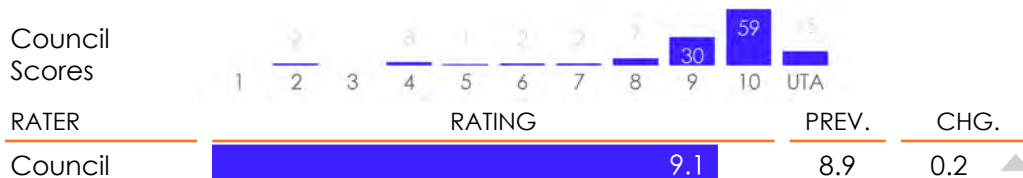
### BEHAVIOUR AND RELATIONSHIPS



1. Governs courageously and acts in the best interest of the public.



2. Asks relevant questions to clearly understand issues and topics being discussed.



3. Communicates ideas and concepts clearly, concisely, and accurately, both orally and in writing.



4. Displays professionalism, especially during conflicts or disagreements, and demonstrates tactfulness during discussions.

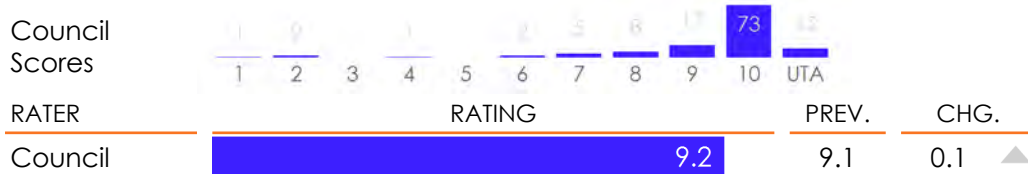


5. Displays openness to diverse viewpoints and encourages open debate to achieve the best outcomes.

Highest Rated



6. Demonstrates meeting preparedness by contributing valuable insights and appropriate questions.



7. Publicly supports Council decisions, policies, and positions (acts with one voice).

Highest Rated



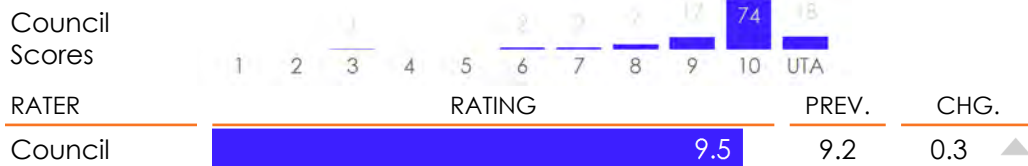
8. Actively participates in meetings, balancing listening, thinking, and speaking.

Highest Rated



9. Maintains respect and professionalism in interactions, handling interpersonal relationships judiciously and empathetically.

Highest Rated



# GOVERNANCE



1. Appears to possess sufficient knowledge of legislation, regulations, College by-laws, and Council policies to fulfill governance responsibilities.



2. Acts in a way that demonstrates understanding of the distinction between the Council's oversight role and management's operational leadership.



3. Appropriately questions information and data to support sound decision-making.



4. Demonstrates clarity, independent thought, and an understanding of fiduciary duties and good governance principles.



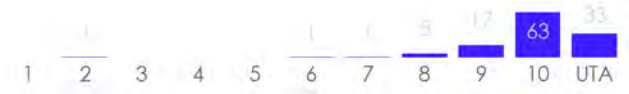
5. Ensures public interest is prioritized over personal or college interests.



6. Maintains an arms-length relationship with management and adheres to confidentiality obligations.

Highest Rated

Council  
Scores



RATER

RATING

PREV.

CHG.

Council

	9.5	9.4	0.1 ▲
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# KNOWLEDGE



1. Appears to understand the College's strategic directions, vision, and mission, by linking questions to strategy.



2. Demonstrates knowledge of key risks and associated mitigation strategies.



3. Appears to have a basic understanding of financial principles, including the ability to interpret financial statements and assess financial integrity.



4. Governs effectively through periods of change and uncertainty.



# LEADERSHIP



1. Actively seeks opportunities to improve Council performance and contribute to its functioning.



2. Listens to others' viewpoints, encourages contributions, and considers diverse perspectives.



3. Demonstrates the ability to lead problem-solving, manage change, and achieve results.



4. Recognizes organizational challenges and ensures long-term goals are identified and pursued.



5. Mentors fellow Council members when appropriate and champions the values of the College.



## HIGHEST AND LOWEST RATED QUESTIONS

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
Behaviour and Relationships 7. Publicly supports Council decisions, policies, and positions (acts with one voice).	9.6
Behaviour and Relationships 5. Displays openness to diverse viewpoints and encourages open debate to achieve the best outcomes.	9.5
Behaviour and Relationships 9. Maintains respect and professionalism in interactions, handling interpersonal relationships judiciously and empathetically.	9.5
Governance 6. Maintains an arms-length relationship with management and adheres to confidentiality obligations.	9.5
Behaviour and Relationships 8. Actively participates in meetings, balancing listening, thinking, and speaking.	9.3
Governance 3. Appropriately questions information and data to support sound decision-making.	9.3
Governance 4. Demonstrates clarity, independent thought, and an understanding of fiduciary duties and good governance principles.	9.3
Governance 5. Ensures public interest is prioritized over personal or college interests.	9.3
Leadership 2. Listens to others' viewpoints, encourages contributions, and considers diverse perspectives.	9.3

## LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
Leadership 1. Actively seeks opportunities to improve Council performance and contribute to its functioning.	8.7
Leadership 3. Demonstrates the ability to lead problem-solving, manage change, and achieve results.	8.7
Knowledge 2. Demonstrates knowledge of key risks and associated mitigation strategies.	8.8
Behaviour and Relationships 1. Governs courageously and acts in the best interest of the public.	8.9
Behaviour and Relationships 3. Communicates ideas and concepts clearly, concisely, and accurately, both orally and in writing.	8.9
Leadership 5. Mentors fellow Council members when appropriate and champions the values of the College.	8.9

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# COUNCIL EFFECTIVENESS

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# ABOUT THIS EVALUATION



## RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

NAME	RATER RELATIONSHIP
1. Bishop, Kimberley	Council Member
2. Chen, Meiyong	Council Member
3. Choudry, Iftikhar	Council Member
4. Cohen, Judy	Council Member
5. Feng, Bo (Kathy)	Council Member
6. Hui, Terry	Council Member
7. Ip, Fanny	Council Member
8. Lang, Christine	Council Member
9. Machel, Heidi	Council Member
10. Pritchard-Sobhani, Joanne	Council Member
11. Sinnatamby, Deborah	Council Member
12. Zeng, Jin Qi (Jackie)	Council Member



## RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

RATER TYPE	NOMINATED	RESPONDED	RESPONSE RATE
Council Member	12	11	92%
<b>Total</b>	12	11	92%



## PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

# COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Council Effectiveness	Council Scores			
	Council	9.1	8.8	0.3

## QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

### COUNCIL EFFECTIVENESS



1. The Council effectively monitors CEO performance and ensures alignment with strategic objectives.



#### Comments for a 9 or higher rating:

- asks questions and clarifications.
- Council collectively reaches to optimum effective decision
- Executive Council performs evaluation regularly.
- Keep us posted on certain subjects, and well organized the council meetings.
- Recent development of updated job description, 360 performance evaluations based on competencies and alignment with the Strategic Plan, completion of CPMF and identification of risk management strategies. President meets weekly and biweekly with VP and Deputy Registrar.
- The CEO has just had a review.
- The Council regularly reviews CEO reports, performance updates, and strategic progress against approved priorities and objectives. CEO performance is monitored through structured reporting, ongoing dialogue, and alignment with Council-approved strategic plans and operational goals. Council discussions and decisions demonstrate active oversight, accountability, and a clear focus on ensuring organizational performance remains aligned with public interest and regulatory responsibilities.

2. Council members receive adequate orientation and training to fulfill their roles.

Highest Rated



**Comments for a 9 or higher rating:**

- Council members receive comprehensive orientation and ongoing training that supports effective governance and regulatory decision-making. Orientation materials, briefings, and access to governance resources enable members to understand their roles, responsibilities, and regulatory obligations. Ongoing education opportunities, committee participation, and regular updates further support Council members in maintaining the knowledge and skills required to fulfill their duties effectively.
- every committee has some kind of orientation and training to insure everyone understands their role. great work!
- Every year Council gets trainings on committee work.
- Every year there is training regardless of whether we have been on the committee or new to the committee. I think that it is asking a lot for members to have this training yearly. it is also an added expense for the College.
- I am happy with the level of training I have received since I joined Council, I will continue learning in each meeting I attend, but I feel I have a good foundational understanding of the role of the Council.
- Orientation is done with professional and public member for onboarding, followed with orientation and training for all Council related to statutory committees , FTP and Discipline
- We receive orientation/training for example on fiduciary duties, etc.
- We received training sessions regarding different committees, and related resource. And staffs are always friendly, and response at a good time manner.

3. The Council maintains independence from senior management and engages in constructive debate to enhance decision-making.

Lowest Rated



**Comments for a 9 or higher rating:**

- Every matter is discussed thoroughly before reaching to a decision.
- Responding for myself, I don't contact Senior Management unless it's with respect to meeting attendance.
- senior management only engages when asked questions regarding process
- Staff provides input, advice and information as needed, however, do not make the decisions that Council needs to make.
- The Council demonstrates independence from senior management through active oversight, open dialogue, and objective review of information presented. Council members regularly ask questions, seek clarification, and engage in constructive discussion to ensure decisions are well informed and aligned with regulatory responsibilities. Diverse perspectives are encouraged, and respectful debate supports balanced, independent decision-making in the public interest.
- We received the well prepared meeting material, and had sufficiency time to go through, and most of time we had enough time to discuss in order to make a formal decision.

4. Meetings are frequent enough to ensure effective governance, with agendas allowing sufficient discussion of strategic and operational matters.

Lowest Rated



**Comments for a 9 or higher rating:**

- Always.
- Council and committee meetings are scheduled with appropriate frequency to support effective governance and timely decision-making. Agendas are well structured and provide sufficient opportunity for discussion of both strategic priorities and operational matters. The meeting format allows for meaningful dialogue, questions, and informed consideration of issues, supporting effective oversight and Council accountability.
- Meetings are planned and sufficient time is provided for discussion.
- Meetings can be arranged more frequently if needed.
- Once every 3 months is a good timing. And extra council meetings as needed.
- regular meetings are scheduled.

5. Committees adhere to their mandates and add value to Council's work.

Highest Rated



**Comments for a 9 or higher rating:**

- committee packages (includes by-laws, college performance measurement framework, Robert's rules of order) are included at every meeting
- Council committees operate within clearly defined mandates and consistently provide meaningful input to support Council decision-making. Committee work reflects thorough review, subject-matter focus, and alignment with Council priorities. Recommendations brought forward by committees add value by informing Council discussions, enhancing understanding of complex issues, and supporting effective oversight and governance.
- council members were prepared for each committee meeting.
- For the committees I'm part of, we are always working to support the College's purpose.
- Staff are experienced and guide the agendas.
- Yes

6. Council respects the contributions of Council committees and builds on their work rather than trying to redo committee work.

Lowest Rated

Council Scores



RATER	RATING	PREV.	CHG.
Council	8.6	8.8	-0.2 ▼

**Comments for a 9 or higher rating:**

- Absolutely!
- Council listens to everyone carefully and then builds consensus.
- During the meeting, we share the different opinions.
- The Council demonstrates respect for committee work by relying on committee recommendations, reports, and analysis to inform its decisions. Committee contributions are acknowledged and built upon during Council discussions, allowing Council to focus on strategic oversight rather than duplicating committee-level work. This approach supports efficient governance and effective use of committee expertise.

7. Please provide any additional feedback about the Council that you would like to share.

- Council continues to be effective and make decisions based on a balance of public interest and safety as well as in the interest of its members.
- Everyone seems to come prepared and has a honest interest is serving the public interest.
- It's always best to have the conversation in person
- Overall, the Council demonstrates strong governance practices, a collaborative culture, and a shared commitment to public protection. Council members work respectfully and constructively, supported by effective committee structures and clear leadership. Continued focus on strategic priorities, open dialogue, and ongoing governance development will further strengthen Council effectiveness.
- Thank you

## HIGHEST AND LOWEST RATED QUESTIONS

---

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
1. The Council effectively monitors CEO performance and ensures alignment with strategic objectives.	9.4
2. Council members receive adequate orientation and training to fulfill their roles.	9.3
5. Committees adhere to their mandates and add value to Council's work.	9.3

### LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
6. Council respects the contributions of Council committees and builds on their work rather than trying to redo committee work.	8.6
3. The Council maintains independence from senior management and engages in constructive debate to enhance decision-making.	9
4. Meetings are frequent enough to ensure effective governance, with agendas allowing sufficient discussion of strategic and operational matters.	9

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# **COMMITTEE REPORTING TO COUNCIL**

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# ABOUT THIS EVALUATION



## RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

NAME	RATER RELATIONSHIP
1. Bishop, Kimberley	Council Member
2. Chen, Meiyong	Council Member
3. Choudry, Iftikhar	Council Member
4. Cohen, Judy	Council Member
5. Feng, Bo (Kathy)	Council Member
6. Hui, Terry	Council Member
7. Ip, Fanny	Council Member
8. Lang, Christine	Council Member
9. Machel, Heidi	Council Member
10. Pritchard-Sobhani, Joanne	Council Member
11. Sinnatamby, Deborah	Council Member
12. Zeng, Jin Qi (Jackie)	Council Member



## RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

RATER TYPE	NOMINATED	RESPONDED	RESPONSE RATE
Council Member	12	11	92%
<b>Total</b>	12	11	92%



## PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

# COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Committee Reporting To Council	Council Scores			
	Council	8.9	8.4	0.5

## QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

### COMMITTEE REPORTING TO COUNCIL



1. Executive Committee reports to Council, yearly or otherwise, are well developed and thorough.



#### Comments for a 9 or higher rating:

- EC provides updates at every council meeting
- executive committee had reports for the council meeting with most necessary material/updates.
- Executive Committee reports at each Council meeting and in between meetings if necessary and members feel out a meeting effectiveness form after every meeting.
- Executive Committee reports provided to Council are clear, well structured, and comprehensive. Reports are aligned with Council priorities and provide sufficient background, analysis, and context to support informed discussion and decision-making. Information is presented in a timely manner, allowing Council members to effectively review matters and exercise appropriate oversight.
- Executive Committee reports to Council quarterly. Thorough and well prepared report.
- Having been on Executive I can attest to this

2. Inquiries, Complaints and Reports Committee reports to Council, yearly or otherwise, are well developed and thorough.



#### Comments for a 9 or higher rating:

- ICRC provides updates at every council meeting
- ICRC reports to Council are thorough, well organized, and reflective of careful review and due process. Reports provide clear summaries, relevant analysis, and appropriate context to support Council's understanding of complex or sensitive matters. The quality and consistency of reporting support transparency, accountability, and effective regulatory oversight.
- Same as above
- Staff do exemplary work. Detailed and comprehensive
- yearly base, or regular council meeting when it's necessary.

3. Patient Relations Committee reports to Council, yearly or otherwise, are well developed and thorough.

Lowest Rated



**Comments for a 9 or higher rating:**

- PRC provides updates at every council meeting

4. Quality Assurance Committee reports to Council, yearly or otherwise, are well developed and thorough.

Highest Rated



**Comments for a 9 or higher rating:**

- Excellent communication and innovative. Detailed
- QAC provides updates at every council meeting
- Quality Assurance Committee reports are thorough, well organized, and aligned with regulatory and quality assurance objectives. Reports provide clear summaries, analysis, and context to support Council review and informed decision-making. The consistency and quality of reporting enhance Council oversight and support effective quality assurance and continuous improvement activities.
- same as above and special projects are shared with Council by presentations and reports

5. Registration Committee reports to Council, yearly or otherwise, are well developed and thorough.

Highest Rated



**Comments for a 9 or higher rating:**

- Excellent communication and detailed updates.
- RC provides updates at every council meeting
- Same as above, extremely competent members with over 6 years experience on the committee.

## HIGHEST AND LOWEST RATED QUESTIONS

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This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
2. Inquiries, Complaints and Reports Committee reports to Council, yearly or otherwise, are well developed and thorough.	9.1
5. Registration Committee reports to Council, yearly or otherwise, are well developed and thorough.	9
1. Executive Committee reports to Council, yearly or otherwise, are well developed and thorough.	8.9
4. Quality Assurance Committee reports to Council, yearly or otherwise, are well developed and thorough.	8.9

### LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
3. Patient Relations Committee reports to Council, yearly or otherwise, are well developed and thorough.	8.6

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# **EXECUTIVE COMMITTEE EFFECTIVENESS**

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# ABOUT THIS EVALUATION



## RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

<b>NAME</b>	<b>RATER RELATIONSHIP</b>
1. Bishop, Kimberley	Committee Member
2. Pritchard-Sobhani, Joanne	Committee Member
3. Sinnatamby, Deborah	Committee Member
4. Zeng, Jin Qi (Jackie)	Committee Member



## RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

<b>RATER TYPE</b>	<b>NOMINATED</b>	<b>RESPONDED</b>	<b>RESPONSE RATE</b>
Committee Member	4	4	100%
<b>Total</b>	4	4	100%



## PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

# COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Executive Committee Effectiveness	Committee Scores			
	Committee	9.9	9.3	0.6

## QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

### EXECUTIVE COMMITTEE EFFECTIVENESS



1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.

Highest Rated



#### Comments for a 9 or higher rating:

- The committee exercises its authority in accordance with the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006. Decisions and actions are taken within the scope of delegated authority, reflect statutory responsibilities, and are aligned with the Council's mandate and public protection objectives. Committee work demonstrates appropriate oversight, due diligence, and adherence to legislative and regulatory requirements.
- The EC professional members have at minimum 9 years with the College and public member are starting their second term. The Chair has 15 years of Leadership experience with the College.
- We review matters and present to the full Council whenever ready.

2. The Executive Committee appropriately acts on behalf of the Council when Council is not meeting and provides reporting back to Council in a timely manner.

Highest Rated



#### Comments for a 9 or higher rating:

- Same as above. Members are astutely aware of their role.
- The Executive Committee acts appropriately on behalf of Council between Council meetings, addressing matters within its delegated authority in a timely and effective manner. Actions taken by the Executive Committee are clearly documented and reported back to Council through regular and structured reporting, supporting transparency, accountability, and informed Council oversight.
- We do not over extend our authority, especially since Council is fully constituted.

3. Effectively leads the annual review process for the Registrar and makes informed recommendations to Council.

Highest Rated



**Comments for a 9 or higher rating:**

- Explained previously in ensuring oversight of the CEO and Registrar.
- The Executive Committee effectively oversees the annual performance review process for the Registrar through structured review, clear criteria, and informed discussion. Recommendations provided to Council are evidence-based, well considered, and aligned with Council priorities and governance responsibilities. This process supports accountability, transparency, and effective organizational leadership oversight.
- We complete the review individually and then come together to review the responses.

4. Develops agendas that are complete and relevant.

Lowest Rated



**Comments for a 9 or higher rating:**

- Always. President and Registrar discuss agenda and confirm with members if the agenda should be approved or otherwise changes made as appropriate.
- Executive Committee agendas are well prepared, complete, and aligned with Council priorities and delegated responsibilities. Agenda items are relevant, clearly presented, and supported by appropriate background materials, allowing for focused discussion and informed decision-making. The agenda structure supports efficient meetings and effective oversight of strategic and operational matters.

5. All members are prepared for Executive Committee meetings.

Highest Rated



**Comments for a 9 or higher rating:**

- Absolutely
- Executive Committee members consistently demonstrate preparedness for meetings through review of materials, informed discussion, and thoughtful contributions. Pre-meeting documentation supports effective engagement, and discussions reflect familiarity with agenda items and relevant context, contributing to productive and efficient meetings.
- We are all prepared for the meetings.

6. All members of the Executive Committee actively participate and contribute to meetings.

Highest Rated

Committee Scores



RATER	RATING	PREV.	CHG.
Committee	10	9.8	0.2 ▲

**Comments for a 9 or higher rating:**

- Executive Committee members actively participate in meetings by engaging in constructive dialogue, asking relevant questions, and contributing diverse perspectives. Participation reflects collaboration, shared accountability, and a strong commitment to fulfilling Executive Committee responsibilities in support of Council's governance and oversight role.
- Very dedicated and passionate about the work they do.
- We all contribute to our EC meetings.

7. Please provide any additional feedback about the Executive Committee that you would like to share.

- I am a new member of the Executive Council and have not had a meeting yet.
- Overall, the Executive Committee demonstrates strong governance practices, effective leadership, and a clear commitment to supporting Council's mandate and public protection responsibilities. The Committee operates collaboratively, maintains accountability and transparency, and provides timely, well-considered guidance to Council. Continued focus on strategic priorities, effective communication, and ongoing governance development will further strengthen the Executive Committee's contribution to Council effectiveness.

## HIGHEST AND LOWEST RATED QUESTIONS

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This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.	10
2. The Executive Committee appropriately acts on behalf of the Council when Council is not meeting and provides reporting back to Council in a timely manner.	10
3. Effectively leads the annual review process for the Registrar and makes informed recommendations to Council.	10
5. All members are prepared for Executive Committee meetings.	10
6. All members of the Executive Committee actively participate and contribute to meetings.	10

### LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
4. Develops agendas that are complete and relevant.	9.3

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# ICR COMMITTEE EFFECTIVENESS

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## ABOUT THIS EVALUATION



### RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

<b>NAME</b>	<b>RATER RELATIONSHIP</b>
1. Bishop, Kimberley	Committee Member
2. Chen, Meiyong	Committee Member
3. Choudry, Iftikhar	Committee Member
4. Cohen, Judy	Committee Member
5. Colavecchia, Mathew	Committee Member
6. Ip, Fanny	Committee Member
7. Lang, Christine	Committee Member
8. Sinnatamby, Deborah	Committee Member
9. Yu, Xianmin	Committee Member
10. Zeng, Jin Qi (Jackie)	Committee Member



### RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

<b>RATER TYPE</b>	<b>NOMINATED</b>	<b>RESPONDED</b>	<b>RESPONSE RATE</b>
Committee Member	10	10	100%
<b>Total</b>	10	10	100%



### PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

# COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
ICR Committee Effectiveness	Committee Scores			
	Committee	8.9	8.4	0.5

## QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

### ICR COMMITTEE EFFECTIVENESS



1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.

Highest Rated



#### Comments for a 9 or higher rating:

- The committee exercises its authority in accordance with the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006. Its work reflects careful adherence to statutory responsibilities, delegated authority, and established regulatory processes. Decisions are made within the scope of the committee's mandate and demonstrate due diligence, fairness, and alignment with public protection objectives.
- the legal framework and role of the ICRC is provided in the package at every meeting
- The Staff leadering is experienced and the guidance excellent.

2. The committee has the requisite knowledge/training to fully discharge their duties.

Highest Rated



#### Comments for a 9 or higher rating:

- Committee members demonstrate the appropriate knowledge, training, and experience required to effectively discharge their duties. Members are familiar with applicable legislation, policies, and regulatory processes, and apply this knowledge thoughtfully in committee deliberations. Ongoing education, orientation, and access to relevant resources support informed, consistent, and competent decision-making.
- I have been with the committee for years now, and I have consistently found that the level of training meets and exceeds what I would expect to learn from an operational and in committee standard.
- ICRC orientation training is provided for all new members and as a refresher for returning members
- There is training at the onset of the new council/committees. The staff leadership is knowledgeable.
- training is provided and staff make sure everyone receives the training needed.

3. The committee actively and appropriately considers all of its available prior decisions involving the member, including previous committee decisions, and all available prior decisions involving the member of the Discipline Committee, the Fitness to Practise Committee, the Executive Committee, and information from the Registrar when investigating a complaint.

Highest Rated



**Comments for a 9 or higher rating:**

- everything is included in the package, prior to meeting, for members to consider
- I've been on enough panels to attest to this.
- The committee consistently considers all relevant prior decisions and available information when reviewing matters, including previous committee decisions, decisions of related statutory committees, and information provided by the Registrar. This comprehensive and contextual approach supports fairness, consistency, and due process, and ensures that decisions are well informed and aligned with regulatory and legislative requirements.

4. Openly considers the feedback provided, where available, from the Health Professions Appeal and Review Board as related to decisions of the ICRC.

Highest Rated



**Comments for a 9 or higher rating:**

- We will be told about HPARB decisions where relevant and of course this will be a factor for consideration.
- Where applicable, the committee reviews and considers feedback and guidance from the Health Professions Appeal and Review Board in relation to ICRC decisions. This feedback is used to inform committee understanding, support continuous improvement, and promote consistency and fairness in decision-making. The committee's approach reflects openness, accountability, and commitment to sound regulatory practice and due process.

5. As necessary develops amendments to the Professional Misconduct Regulation of the Act, for approval by Council and the Ministry of Health and Long-Term Care.

Lowest Rated



**Comments for a 9 or higher rating:**

- When required, the committee contributes to the identification and development of proposed amendments to the Professional Misconduct Regulation in a thoughtful and evidence-informed manner. Recommendations are developed in alignment with legislative requirements and regulatory objectives, and are brought forward to Council for consideration and approval prior to submission to the Ministry. This process supports clarity, consistency, and effective regulation in the public interest.

6. All members of the ICRC actively participate and contribute to meetings.



**Comments for a 9 or higher rating:**

- ICRC members consistently demonstrate active participation and meaningful engagement during meetings. Members contribute constructively to discussions, ask relevant questions, and share perspectives that support thorough review and well-reasoned decision-making. This collaborative and engaged approach strengthens committee effectiveness and supports the integrity of the committee's work.
- the chair generally row calls on all members at the meeting to ensure all member's opinion is heard which also ensures all members to participate and contribute

7. All members are prepared for ICR Committee meetings.



**Comments for a 6 or under rating:**

- Not all members are as prepared as should or could be.

**Comments for a 9 or higher rating:**

- ICRC members consistently demonstrate strong preparation for meetings through timely review of materials and familiarity with relevant legislation, policies, and case information. Meeting discussions reflect preparedness, thoughtful consideration of issues, and informed participation, supporting effective and efficient committee deliberations.

8. Please provide any additional feedback about the ICR Committee that you would like to share.

- committee member preparation has sometimes been an issue inside panels.
- Everyone comes prepared and ready for discussions on each and every case.
- It's always comfortable work with staffs during the meeting, they were well prepared with documents for each meeting. I appreciate their hard work.
- Overall, the ICR Committee demonstrates a high level of professionalism, diligence, and commitment to due process. Members work collaboratively and thoughtfully to fulfill the committee's statutory responsibilities, with a clear focus on fairness, consistency, and public protection. The committee's structured approach, active engagement, and adherence to legislative requirements support effective regulatory decision-making.

## HIGHEST AND LOWEST RATED QUESTIONS

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.	9.3
3. The committee actively and appropriately considers all of its available prior decisions involving the member, including previous committee decisions, and all available prior decisions involving the member of the Discipline Committee, the Fitness to Practise Committee, the Executive Committee, and information from the Registrar when investigating a complaint.	9.1
2. The committee has the requisite knowledge/training to fully discharge their duties.	9
4. Openly considers the feedback provided, where available, from the Health Professions Appeal and Review Board as related to decisions of the ICRC.	9

### LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
7. All members are prepared for ICR Committee meetings.	8.2
5. As necessary develops amendments to the Professional Misconduct Regulation of the Act, for approval by Council and the Ministry of Health and Long-Term Care.	8.8
6. All members of the ICRC actively participate and contribute to meetings.	8.8

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# **PATIENT RELATIONS COMMITTEE EFFECTIVENESS**

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## ABOUT THIS EVALUATION



### RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

<b>NAME</b>	<b>RATER RELATIONSHIP</b>
1. Bishop, Kimberley	Committee Member
2. Chen, Meiyong	Committee Member
3. Choudry, Iftikhar	Committee Member
4. Machel, Heidi	Committee Member
5. Sinnatamby, Deborah	Committee Member
6. Thadani, Nisha	Committee Member
7. Yokokawa, Akari	Committee Member



### RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

<b>RATER TYPE</b>	<b>NOMINATED</b>	<b>RESPONDED</b>	<b>RESPONSE RATE</b>
Committee Member	7	7	100%
<b>Total</b>	7	7	100%



### PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

# COMPETENCY SUMMARY

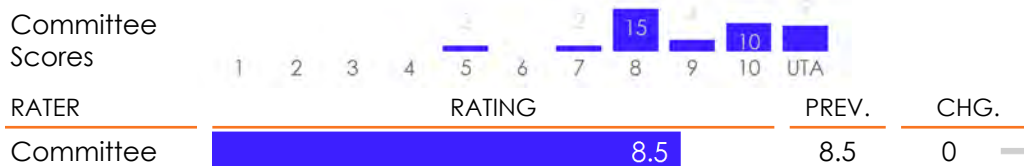
This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Patient Relations Committee Effectiveness	Committee Scores			
	Committee	8.5	8.5	0

# QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

## PATIENT RELATIONS COMMITTEE EFFECTIVENESS



1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.

Highest Rated



### Comments for a 9 or higher rating:

- They set-up the meeting as soon as they receive a funding for therapy request. They also hold a meeting for ongoing matters regarding documentations related to patients safety.

2. The committee has the requisite knowledge/training to fully discharge their duties.

Highest Rated



### Comments for a 9 or higher rating:

- training is offered and staff make sure everyone is adequately trained.

3. Appropriately develops and monitors measures relative to preventing and dealing with the sexual abuse of patients.

Lowest Rated



### Comments for a 9 or higher rating:

- if there are allegations the Committee is called to meet immediately and to act appropriately
- staff keep close eyes on the news, information that's related to our members with any sexual abuse allegations. Hold urgent meeting when the new case came up.

4. Appropriately administers, on behalf of the Council, the Funding for Therapy and Counselling Program of the College.

Highest Rated



**Comments for a 9 or higher rating:**

- I believe it is offered with no hesitation if required.
- They set-up the meeting as soon as they receive a funding for therapy request.

5. All members of the Patient Relations Committee actively participate and contribute to meetings.

Lowest Rated



**Comments for a 6 or under rating:**

- We often don't hear from the committee for a long time.

**Comments for a 9 or higher rating:**

- All members are provided with the opportunity and appropriate space to actively participate and contribute during meetings. Based on the meetings I have attended, all members have demonstrated active engagement and participation

6. All members are prepared for the Patient Relations Committee meetings.

Lowest Rated



**Comments for a 6 or under rating:**

- It appears some topics are not familiar for some members, and I get the impression that some people don't really come fully prepared.

**Comments for a 9 or higher rating:**

- All members receive a preparatory package in advance, which I review prior to each meeting. Members consistently arrive prepared with questions, indicating that the materials effectively support their readiness for the meetings.

- 
7. Please provide any additional feedback about the Patient Relations Committee that you would like to share.
- Everything goes smoothly and everyone comes well prepared.
  - I have just been appointed to this committee and have not yet attended a meeting so my ability to answer questions is limited at this time.
  - It was a great opportunity to work with other council members in this committee. We might need to be more active to promote the public awareness of TCM profession.
  - re: Preparedness - depends on who is on the committee
  - The Patient Relations Committee operates in an organized and collaborative manner. Meetings are well-structured, and members are consistently engaged and respectful in their contributions. The preparatory materials provided are helpful in supporting informed discussion. Overall, the committee fosters a productive and inclusive environment for addressing patient-related matters.

## HIGHEST AND LOWEST RATED QUESTIONS

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This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.	9.2
4. Appropriately administers, on behalf of the Council, the Funding for Therapy and Counselling Program of the College.	9
2. The committee has the requisite knowledge/training to fully discharge their duties.	8.8

### LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
5. All members of the Patient Relations Committee actively participate and contribute to meetings.	7.8
6. All members are prepared for the Patient Relations Committee meetings.	7.8
3. Appropriately develops and monitors measures relative to preventing and dealing with the sexual abuse of patients.	8.5

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# QUALITY ASSURANCE COMMITTEE EFFECTIVENESS

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# ABOUT THIS EVALUATION



## RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

<b>NAME</b>	<b>RATER RELATIONSHIP</b>
1. Bishop, Kimberley	Committee Member
2. Chen, Meiyong	Committee Member
3. Cho, Evelyn	Committee Member
4. Choudry, Iftikhar	Committee Member
5. Cohen, Judy	Committee Member
6. Hui, Terry	Committee Member
7. Lang, Christine	Committee Member
8. Machel, Heidi	Committee Member
9. Zeng, Jin Qi (Jackie)	Committee Member



## RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

<b>RATER TYPE</b>	<b>NOMINATED</b>	<b>RESPONDED</b>	<b>RESPONSE RATE</b>
Committee Member	9	9	100%
<b>Total</b>	9	9	100%



## PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

# COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Quality Assurance Committee Effectiveness	Committee Scores			
	Committee	8.8	8.3	0.5

## QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

### QUALITY ASSURANCE COMMITTEE EFFECTIVENESS



1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.

Highest Rated



#### Comments for a 9 or higher rating:

- Staff ensures this.
- The committee exercises its authority in accordance with the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006. Its work reflects appropriate use of delegated authority, adherence to legislative and regulatory requirements, and a clear focus on public protection. Committee activities demonstrate due diligence, accountability, and alignment with Council's statutory mandate.

2. As necessary, develops and/or refines the Quality Assurance Program.

Highest Rated



#### Comments for a 9 or higher rating:

- The committee actively oversees the development and ongoing refinement of the Quality Assurance Program to ensure it remains relevant, effective, and aligned with regulatory objectives. Program updates and enhancements are evidence-informed and responsive to evolving practice, regulatory expectations, and quality improvement principles. This supports continuous professional development and public confidence in the profession.
- The committee has spent a lot of time over the past few years improving the peer assessment process, the self assessment, and streamlining the process of reviewing member deficiencies. In addition, CEU reporting was updated and a learning hub for members was created. A lot of improvement was seen in a very short amount of time.
- Yes new developments are being introduced.

3. Appropriately advises on and recommends to the Council Standards of Practice and Guidelines governing the practice of the profession.

Highest Rated



**Comments for a 9 or higher rating:**

- Reports to Council are fulsome.
- The committee provides informed advice and well-considered recommendations to Council regarding Standards of Practice and professional guidelines. Recommendations are grounded in regulatory principles, quality assurance objectives, and public interest considerations. This advisory role supports consistency, clarity, and high standards in professional practice across the profession.

4. All members of the Quality Assurance Committee actively participate and contribute to meetings.

Lowest Rated



**Comments for a 9 or higher rating:**

- All members are quite active in contributing to the discussion when we meet.
- Quality Assurance Committee members consistently demonstrate active participation and meaningful engagement during meetings. Members contribute constructively to discussions, share relevant perspectives, and work collaboratively to support thorough review and informed decision-making. This level of engagement strengthens the effectiveness of the committee and supports its quality assurance mandate.

5. All members are prepared for the Quality Assurance Committee meetings.

Lowest Rated



**Comments for a 9 or higher rating:**

- Committee members are consistently well prepared for meetings through timely review of materials and familiarity with quality assurance policies, standards, and program requirements. Meeting discussions reflect preparation, informed participation, and thoughtful consideration of issues, supporting effective and efficient committee deliberations.

- 
6. Please provide any additional feedback about the Quality Assurance Committee that you would like to share.
- Everything goes smoothly.
  - I have just been appointed to this committee and have not yet attended a meeting so my ability to answer questions is limited at this time.
  - I haven't been on QA for a year. Just returning...
  - In past year, members has been very actively meeting up to discuss some matters in order to enhance professional development.
  - Overall, the Quality Assurance Committee demonstrates strong professionalism, collaboration, and commitment to continuous quality improvement. The committee operates in alignment with its statutory responsibilities and supports Council through thoughtful oversight, well-considered recommendations, and effective engagement. The committee's work contributes positively to maintaining professional standards and public confidence in the profession.
  - regarding preparedness...depends on the members

## HIGHEST AND LOWEST RATED QUESTIONS

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This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.	9
2. As necessary, develops and/or refines the Quality Assurance Program.	9
3. Appropriately advises on and recommends to the Council Standards of Practice and Guidelines governing the practice of the profession.	9

### LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
5. All members are prepared for the Quality Assurance Committee meetings.	8.3
4. All members of the Quality Assurance Committee actively participate and contribute to meetings.	8.6

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# REGISTRATION COMMITTEE EFFECTIVENESS

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## ABOUT THIS EVALUATION



### RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

<b>NAME</b>	<b>RATER RELATIONSHIP</b>
1. Bishop, Kimberley	Committee Member
2. Cha, Ming	Committee Member
3. Cheung, Brendan	Committee Member
4. Cohen, Judy	Committee Member
5. Hui, Terry	Committee Member
6. Ip, Fanny	Committee Member
7. Machel, Heidi	Committee Member
8. Pritchard-Sobhani, Joanne	Committee Member
9. Yokokawa, Akari	Committee Member



### RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

<b>RATER TYPE</b>	<b>NOMINATED</b>	<b>RESPONDED</b>	<b>RESPONSE RATE</b>
Committee Member	9	9	100%
<b>Total</b>	9	9	100%



### PREVIOUS ASSESSMENT DATE

January 23, 2025

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

# COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Registration Committee Effectiveness	Committee Scores			
	Committee	9.2	9.3	-0.1

## QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

### REGISTRATION COMMITTEE EFFECTIVENESS



1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.

Highest Rated



#### Comments for a 9 or higher rating:

- Adequate consideration and judgement. Correct decision.
- Committee (RC) has performed its duties and meets the goals of the College. RC makes decisions on cases according to regulations and policies. In addition, RC continues to shape registration policies such as the educational standards of TCM schools.
- Excerpt from the Regulated Health Professions Act, 1991 is provided at every meeting for reference
- Staff ensures this
- This is a beautifully run committee with excellent staff to guide us.
- Very active and engaging discussions and debates. Many moving pieces and items to work on.
- Very experienced council and non council members

2. The committee appropriately advises Council, on the Registration Requirements of the College, including education, examinations and qualifications criteria.

Highest Rated



#### Comments for a 9 or higher rating:

- a RC review tool and a case summary, in regards to the registration requirements, is provided for each case
- Always.
- as rated
- Communication is ongoing and thorough
- The RC reports on all activities at Council meetings, presents and proposes new policies or registration issues to discuss and approve

3. The Registration Committee has the requisite knowledge to fully consider applications that fall outside the normal application process (i.e. referred by Registrar etc.).

Highest Rated



**Comments for a 9 or higher rating:**

- as rated
- Issues referred by the Registrar related to new applicants concerns, inactive members, policies, and other registration matters are dealt with competently.
- Once again, the committee is guided by an outstanding Staff.
- RC has experienced members and with support and guidance from staff is able to address applications appropriately.
- RC review tool and case summary provides these info
- sufficient training is offered
- Yes, always.

4. Annually prepares a fair registrations practices report or as requested by the Fairness Commissioner.

Highest Rated



**Comments for a 9 or higher rating:**

- According to the information staff provides, it seems that any required reports are delivered to the OFC as needed.
- Annual report never missing.
- as rated
- The OFC has cited our College has one of the best with fair, transparent open registration practices that reduce barriers particularly for internationally trained with language barriers.

5. All members of the Registration Committee actively participate and contribute to meetings.

Lowest Rated



**Comments for a 9 or higher rating:**

- the chair generally row calls on all present members for their opinions
- Under the guidance of the chair of the committee, members of RC all contribute to meetings.
- Yes. Everyone is actively involved.

6. All members are prepared for the Registration Committee meetings.



**Comments for a 6 or under rating:**

- Meeting preparation for some members need to improve.

**Comments for a 9 or higher rating:**

- all members appear to provide constructive comments on cases
- Always
- Members are prepared and supported by information from staff.

7. Please provide any additional feedback about the Registration Committee that you would like to share.

- I have just been appointed to this committee and have not yet attended a meeting so my ability to answer questions is limited at this time. I have however had ample training to feel confident to sit on this committee going forward.

## HIGHEST AND LOWEST RATED QUESTIONS

---

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

### HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
1. The committee appropriately exercises its authority and fulfills its duties and responsibilities authorized under the Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.	9.6
2. The committee appropriately advises Council, on the Registration Requirements of the College, including education, examinations and qualifications criteria.	9.5
3. The Registration Committee has the requisite knowledge to fully consider applications that fall outside the normal application process (i.e. referred by Registrar etc.).	9.3
4. Annually prepares a fair registrations practices report or as requested by the Fairness Commissioner.	9.3

### LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
6. All members are prepared for the Registration Committee meetings.	8.7
5. All members of the Registration Committee actively participate and contribute to meetings.	8.9

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# APPENDIX

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## DEFINITIONS AND CALCULATIONS

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**"Self" Rating:** In an individual-level report, this is your rating.

**"Peer" Rating:** In an individual-level report, this is the average rating of those nominated as a "peer".

**"Council" Rating:** Average rating of the Council as a whole.

**Gap:** In an individual-level report, this is the difference between the "self" rating and "peer" rating, and is calculated as the average "peer" ratings minus the "self" rating.

**Peer Scores:** In an individual-level report, this shows the rating distribution across all the possible rating options for the "Peer" group.

**Council Scores:** In a Council-level report, this shows the rating distribution across all possible rating options for the Council as a whole. Note: In a self/peer evaluation, the number of ratings may seem high because each Council member rates themselves and their peers for each question. For example, if there are 10 Council members, each member provides 10 ratings (one for themselves and nine for their peers), resulting in a total of 100 ratings (10 ratings X 10 members) for the distribution.

**Hidden Strength:** A question where you rated yourself significantly lower than "peers" rated you.

**Blind Spot:** A question where you rated yourself significantly higher than "peers" rated you.

**Highest Rated:** A question that is among the highest ratings across all questions, based on peer ratings in the individual reports and Board/Council ratings in the overall report.

**Lowest Rated:** A question that is among the lowest ratings across all questions, based on peer ratings in the individual reports and Board/Council ratings in the overall report.



Meeting Date:	March 18, 2026
Issue:	Elections
Reported By:	Sean Cassman
Action:	Motion

**Issue**

The College is proposing an election date of October 22 for the 2026 Council 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**

As per section 4.06 of the College By-Laws, the professional Council Member positions for District 1 (two seats) and District 2 (one seat) are up for election in 2026 for a three-year term ending in 2029.

The regularly scheduled election will be held for District 1 and District 2. There are currently two seats available in District 1 and one in District 2.

**District 1**

There are two (2) vacant positions on Council from Electoral District 1. There are approximately 243 members eligible to vote in District 1 – North East, which is comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming, and Sudbury; the district municipality of Muskoka; and the city of Greater Sudbury; the counties of Frontenac, Hastings, Lanark, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas, Glengarry; and the cities of Prince Edward and Ottawa.

**District 2**

There is one (1) available position on Council from Electoral District 2. There are approximately 194 members eligible to vote in District 2 – Central East, which is comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, and the regional municipality of Durham.

In total, the College is looking to fill three positions on Council with this upcoming regular election.

**District 3 By-Election**

A by-election will be held in District 3 to fill the seat that has been vacated by Bo (Kathy) Feng, as per section 6.02 of the By-Laws. The term will end December 2027.



There is one (1) available position on Council from Electoral District 3. There are approximately 1898 members eligible to vote in District 3 – Central comprised of the city of Toronto and the regional municipality of York.

Section 4.07 of the By-Laws state that the Registrar, as directed by Council, shall set the date for the election to Council of candidates in each electoral district.

**Proposed Dates and Timelines**

The chart below shows the proposed timelines along with the schedule of dates in line with By-Laws 4.01 – 4.26.

Members eligible to vote may cast their ballot beginning September 22, 2026, and ending October 22, 2026, at 5:00 p.m. The electronic ballot will contain a link to the member’s profile on the public registry, their biographical statement and, if desired, a head shot photograph.

<b>ELECTION DATE 2026</b>	<b>October 22</b>
<b>Nomination Package Out</b> (minimum 120 days prior to election date)	June 3
<b>Nominations Submission Deadline</b> (minimum 90 days)	July 3
<b>Nominations due/confirmed</b> (minimum 60 days prior to election date)	August 13
<b>Option to withdraw nomination deadline</b> (minimum 30 days prior to election date)	September 11
<b>Voting instructions sent to members</b>	September 18
<b>Voting Ballots sent to members</b> (no later than 30 days prior to election date)	September 22
<b>End of Voting timeline Election Day 5:00 p.m. EST</b>	October 22
<b>Ballot Report</b>	October 23
<b>Notification of candidates</b>	October 26
<b>Deadline for recount</b> (no more than 15 days after the date of election)	November 6
<b>Completion of recount, if required</b> (no more than 10 days after receiving request)	November 16
<b>Notification of candidates of results of recount</b>	November 16
<b>Notification to members &amp; posting of results on website</b> (if no recount is requested)	November 6

The first Council meeting following the elections if held on October 22, 2026 (in accordance with the By-Laws, the appointment to Committees and election of officers will occur at this meeting):

Council Training Day                      Wednesday, December 2, 2026  
Council Meeting                              Thursday, December 3, 2026

**Next Steps**

Council to review and approve of the proposed election date and timeline.



Meeting Date:	Match 18, 2026
Issue:	Doctor Title Project Phase 3 - Update
Reported By:	Sean Cassman
Action:	Information and Discussion

**Issue**

The public consultation period for Phase 3 of the project concluded in December 2025. The Working Group reviewed the feedback and discussed minor revisions to the regulation, and what is required to prepare for the next steps.

**Public Interest Rationale**

The College must be able to demonstrate how the doctor title is relevant to public protection and furthering the College’s mandate to gain approval from the Ministry.

**Background**

Following approval at the September 2025 Council meeting, the draft regulation and a comparison chart were posted for consultation. In addition to the two documents, a survey consisting of seven questions was included to collect responses. The survey collected general demographic information and asked open-ended questions regarding the new proposed sections to the Registration Regulation.

The College also contacted stakeholders directly to provide the documents and ask for feedback.

**Survey Stats**

<b>Respondent Type</b>	<b>Number of Responses</b>
Patient or Member of the Public	166 (21.09%)
Registered Traditional Chinese Medicine Practitioner and/or Acupuncturist	449 (57.05%)
Representative of a Professional Association or School	30 (3.81%)
Other Healthcare Professional	38 (4.83%)
Other (please specify)	104 (13.21%)
<b>Total</b>	<b>787</b>

<b>Respondent Location</b>	<b>Number of Responses</b>
Ontario	605 (88.32%)
Another Canadian Province	70 (10.22%)
Outside Canada	10 (1.46%)
<b>Total</b>	<b>685</b>



## Survey Response Trends

It should be noted that there was repetition of identical comments in the survey, which indicates that a group(s) of respondents agreed to submit the same responses.

### Key Themes and Questions

- a) Disagreement on DTCM abbreviation and would prefer to have the same as in British Columbia (Dr. TCM)**

Many of the comments did not agree with DTCM as a title/acronym. The rationale was that it could be perceived as meaning diploma and thus, would be confusing to the public. It was suggested to use the same title as British Columbia (i.e., Dr. TCM), since they already have the Doctor Class and title in place.

- b) Against a Doctor of TCM degree program as a requirement, since it is not yet available in Ontario**

A concern was raised that there are certain groups pushing for a Doctor of Traditional Chinese Medicine degree as a minimum requirement. It is believed that this would potentially make the registration requirements too restrictive, especially since Ontario does not currently have a degree program available.

- c) Provide clearer explanation for competencies of Doctor Class**

Most responses indicated support the additional competencies for the Doctor Class, but there were some questions asking for further clarification. Specifically, what are the explicit differences between the proposed changes and the current R. TCMP and R. Ac occupational competencies.

- d) Clarification on “two years of study at the bachelor level at an Ontario university or study that is substantially equivalent as determined by the Registration Committee”**

There were questions asking what types of programs would be considered and what criteria the Registration Committee would be using to make their decisions.

- e) Provide clearer explanation of pathways (suggest using a flowchart)**

Some respondents found the multiple pathways, as currently written, to be confusing and suggested that a flowchart or decision-making tree would be beneficial to aid in understanding.

- f) Clarification of evidence for patient visits requirement. Also, what about practitioners that work part-time or who are also instructors?**

There were questions raised whether hours of patient visits would be more suitable for the registration requirement, since there can be significant differences in the length of a visit. Additionally, there were questions about how this could affect practitioners that would meet the competencies but are working part-time or as instructors.

- g) Education requirements should be similar to the other professions with the doctor title (Naturopaths, Chiropractors, etc.)**



There were several comments about the two-year years of study at the bachelor level not being comparable with other similar professions. For example, the registration requirements for naturopaths, chiropractors, and physiotherapists were brought up. Some believe that the years of education at the undergraduate level should be higher. Also, there were comments that these professionals can be trained in private schools.

- h) Will the College recognize internationally trained practitioners or those with PhDs? What about those with a relevant Master's degree?**

There were comments seeking clarification for how applicants with PhDs or Master's degree will be considered within the suggested pathways.

- i) Risk of creating a hierarchy in the profession**

Concerns were raised about the potential of the Doctor Class creating an unfair hierarchy in the profession and confusion amongst the public.

- j) How will the public benefit from the Doctor Class? What differentiates it from R. TCMP?**

There were comments seeking additional clarification in understanding what will differentiate the Doctor Class from the already existing classes of registration, such as changes to the scope of practice or being able to specialize.

Based on the survey results, the Doctor Title Working Group has not recommended major changes to the draft regulations. However, a small change was made to the designation for the Doctor Title, from DTCM, to Dr. TCM. Further, an addition was made to section 5.(1)8.(3) to specify who may use the Doctor Title.

#### Next Steps

Council is asked to review the updated draft and discuss whether additional changes are required or if a motion for approval can be made. If approved, staff will begin drafting the regulation proposal package to be sent to the Ministry.

College staff and DTWG Chair will continue to meet with stakeholders, including professional associations from professions that offer the doctor title.

## Traditional Chinese Medicine Act, 2006

### ONTARIO REGULATION 27/13 REGISTRATION

**Consolidation Period:** From August 31, 2023 to the [e-Laws currency date](#).

Last Amendment: 300/23.

Legislative History: 27/13, 184/19, 300/23.

*This is the English version of a bilingual regulation.*

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#### Definition

1. In this Regulation,

“full-time education” means a program of study that annually consists of at least 480 hours of classroom theoretical instruction or at least 620 hours of practical instruction or some combination of the two where, for every hour of classroom theoretical instruction that is less than 480 hours there must be a corresponding increase of 1.3 hours in the number of hours of practical instruction. O. Reg. 27/13, s. 1.

#### Classes of certificates

2. The following are prescribed as classes of certificates of registration:

1. General.
2. REVOKED: O. Reg. 27/13, s. 24 (1).
3. Student.
4. Temporary.
5. Inactive.
6. Emergency. O. Reg. 27/13, ss. 2, 24 (1); O. Reg. 300/23, s. 1.

[7. Doctor](#)

#### Application for certificate of registration

3. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar, together with any applicable fees required under the by-laws and any supporting documentation requested by the Registrar. O. Reg. 27/13, s. 3 (1).

(2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation on or in connection with his or her application, and any certificate of registration issued to such an applicant may be revoked by the Registrar. O. Reg. 27/13, s. 3 (2).

#### Requirements for issuance of certificate of registration, any class

4. (1) An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:

1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant, and where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change:
  - i. A finding of guilt for any of the following:
    - A. A criminal offence.
    - B. An offence resulting in either a fine greater than \$1,000.00 or any form of custody or detention.
  - ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
  - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
  - iv. A finding of professional negligence or malpractice in any jurisdiction.
  - v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the applicant.
  - vi. An attempt to pass a registration examination required for the purposes of being licensed or certified to practise any regulated health profession, whether in Ontario or another jurisdiction, that has not resulted in a passing grade.
  - vii. Whether the applicant was in good standing at the time he or she ceased being registered, whether in Ontario or another jurisdiction, with a body responsible for the regulation of a profession.
  - viii. Where the applicant is a member of another regulated profession in Ontario or any regulated profession in another jurisdiction, any failure by the applicant to comply with any obligation to pay fees or provide information to the body responsible for the regulation of such professions, the initiation of a ny investigations by such bodies in respect of the applicant or the imposition of sanctions on the applicant by such bodies.
  - ix. Any other event that would provide reasonable grounds for the belief that the applicant will not practise traditional Chinese medicine in a safe and professional manner.
2. The applicant must, at the time of application, provide the Registrar with the results of a criminal background check.
3. The applicant's previous conduct must afford reasonable grounds for the belief that he or she will practise the profession in a safe and professional manner.
4. The applicant must be able to speak, read and write either English or French with reasonable fluency.
5. The applicant must not have a physical or mental condition or disorder that would make it desirable in the interest of the public that he or she not be issued a certificate of registration unless, should the applicant be given a certificate of registration, the imposition of a term, limit or condition on that certificate is sufficient to address such concerns.
6. If the applicant is registered by any body responsible for the regulation of any other profession in Ontario or of any profession in any other jurisdiction, the applicant's registration must be in good standing and must continue to be in good standing until such time as the applicant is issued a certificate of registration.
7. If the applicant ceased being registered with any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant must have been in good standing at the time he or she ceased being registered.
8. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form required under the by-laws as of the anticipated date for the issuance of his or her certificate of registration.

ion. O. Reg. 27/13, s. 4 (1).

(2) REVOKED: O. Reg. 27/13, s. 24 (1).

**Terms, conditions and limitations of every certificate**

**5.** (1) Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide the College with written details about any of the following that relate to the member no later than 30 days after the event occurs:
  - i. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
  - ii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
  - iii. A finding of professional negligence or malpractice in any jurisdiction.
  - iv. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the member.
  - v. An attempt to pass a registration examination required for the purposes of being licensed or certified to practise any regulated health profession, whether in Ontario or another jurisdiction, that has not resulted in a passing grade.
  - vi. Whether the member was in good standing at the time he or she ceased being registered with a body responsible for the regulation of a profession in Ontario or any other jurisdiction.
  - vii. Where the member is a member of another regulated profession in Ontario or any regulated profession in another jurisdiction, any failure by the member to comply with any obligation to pay fees or provide information to the body responsible for the regulation of such professions, the initiation of any investigations by such bodies in respect of the member or the imposition of sanctions on the member by such bodies.
  - viii. Any other event that would provide reasonable grounds for the belief that the member will not practise traditional Chinese medicine in a safe and professional manner.
2. The member shall provide the College with written details about any finding of guilt relating to any offence as soon as possible after receiving notice of the finding, but not later than 30 days after receiving the notice.
3. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws, and the member shall provide the College, within two days, with written notice if the member no longer maintains such insurance.
4. The member shall not practise the profession if the member does not have professional liability insurance in the amount and in the form required under the by-laws.
5. The member shall,
  - i. where the member is issued a certificate of registration by the College, prominently display his or her certificate of registration at any location at which he or she practises the profession, and
  - ii. where the member is issued a badge by the College, at all times while practising the profession, prominently display the badge on the outside of his or her clothing.
6. Immediately prior to the member's resignation, or to the suspension, revocation or expiry of the member's certificate of registration, the member shall return his or her certificate of registration and, if he or she has one, his or her related badge, to the Registrar.
7. Subject to subsection (2), a member who holds a certificate of registration listed in Column 1 of the Table to this subsection,
  - i. shall only use the titles listed in Column 2 opposite the certificate of registration, and
  - ii. shall only use the designations listed in Column 3 opposite the certificate of registration, if applicable.
8. The member shall only practise in the areas of traditional Chinese medicine in which the member is educated and experienced.

TABLE

Item	Column 1 Certificate of Registration	Column 2 Title	Column 3 Designation
1.	General	Traditional Chinese Medicine	R. TCMP

		Practitioner	
2.	General	Acupuncturist	R. Ac
<del>3.</del>	<del>Student</del>	<del>Student Doctor of Traditional Chinese Medicine</del>	<del>none</del>
<del>43.</del>	Student	Student Traditional Chinese Medicine Practitioner	none
<del>54.</del>	Student	Student Acupuncturist	none
<del>6.</del>	<del>Inactive</del>	<del>Doctor of Traditional Chinese Medicine (Inactive)</del>	<del>DTCM-Dr. TCM (Inactive)</del>
<del>75.</del>	Inactive	Traditional Chinese Medicine Practitioner (Inactive)	R. TCMP (Inactive)
<del>68.</del>	Inactive	Acupuncturist (Inactive)	R. Ac (Inactive)
<del>9.</del>	<del>Temporary</del>	<del>Doctor of Traditional Chinese Medicine (Temp.)</del>	<del>DTCM-Dr. TCM (Temp)</del>
<del>10.7.</del>	Temporary	Traditional Chinese Medicine Practitioner (Temp.)	R. TCMP (Temp.)
<del>118.</del>	Temporary	Acupuncturist (Temp.)	R. Ac (Temp.)
<del>912.</del>	Emergency	Traditional Chinese Medicine Practitioner (Emergency)	R. TCMP (Emerg.)
<del>103.</del>	Emergency	Acupuncturist (Emergency)	R. Ac (Emerg.)
<del>144.</del>	<del>Doctor</del>	<del>Doctor of Traditional Chinese Medicine</del>	<del>DTCM Dr. TCM</del>

O. Reg. 27/13, ss. 5 (1), 23 (1), 24 (1); O. Reg. 184/19, s. 1; O. Reg. 300/23, s. 2.

(2) A member who is subject to the term, condition and limitation specified in paragraph 2 of subsection 10 (1) and who has not successfully completed the registration examinations shall only use the titles “Provisional Traditional Chinese Medicine Practitioner” or “Provisional Acupuncturist” and the designations “R. TCMP (Provisional)” and “R. Ac (Provisional)”. O. Reg. 27/13, s. 23 (2).

(3) No person other than a member registered in the Doctor of Traditional Chinese Medicine Class shall use the titles “Doctor of Traditional Chinese Medicine” a variation or abbreviation or an equivalent in another language.

**6.-8.** REVOKED: O. Reg. 27/13, s. 24 (1).

**Registration requirements, General class**

**9.** (1) Subject to subsection (3), the following are non-exemptible registration requirements for a General certificate of registration:

1. The applicant must have successfully completed a post-secondary program in traditional Chinese medicine that,
  - i. in the case of a full traditional Chinese medicine program, consists of at least four years of full-time education, or education that is of equivalent duration, and
  - ii. in the case of a traditional Chinese medicine acupuncture program, consists of at least three years of full-time education, or education that is of equivalent duration.
2. The applicant 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.
3. The applicant must have successfully completed the Safety Program that was set or approved by the Council or by a body that is approved by the Council for that purpose.
4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.
5. The applicant must have successfully passed an assessment conducted by a panel of the Registration Committee, or by another body that is approved by the Council for that purpose, that demonstrates that the applicant has the necessary competency to safely practise the profession as the holder of a General certificate of registration.
6. The applicant must have successfully completed the registration examinations that are set or approved by the Council. O. Reg. 27/13, ss. 9 (1), 23 (3).

(2) If the applicant has not satisfied the requirements set out in paragraph 1 of subsection (1) either within one year immediately before the date that the applicant submitted his or her application or at some point following the submission of his or her application, the applicant must,

- (a) have practised the profession during the three-year period of time that immediately preceded the date that the applicant submitted his or her application, which practice included conducting a minimum of 500 traditional Chinese medicine patient visits, which may include traditional Chinese acupuncture patient visits; or

(b) have, within the 12-month period that immediately preceded the date that the applicant submitted his or her application, successfully completed a refresher program approved by the Registration Committee. O. Reg. 27/13, s. 9 (2).

(3), (4) REVOKED: O. Reg. 27/13, s. 24 (1).

(5) The requirement in paragraph 2 of subsection (1) is not considered to have been met if the program referred to in that paragraph commenced prior to the commencement of the program in traditional Chinese medicine referred to in paragraph 1 of subsection (1). O. Reg. 27/13, s. 9 (5).

(6) The requirements in paragraphs 3 and 4 of subsection (1) are not considered to have been met unless the applicant satisfies those requirements either within the three-year period immediately before the date of that applicant's application or at some point following the submission of his or her application. O. Reg. 27/13, s. 9 (6).

(7) Subject to subsections (8) and (9), the requirements in paragraph 6 of subsection (1) are not considered to have been met unless the applicant successfully completed the examinations,

(a) after the date on which he or she met the requirements in paragraph 5 of subsection (1); or

(b) within three attempts. O. Reg. 27/13, s. 23 (4).

(8) In the case of an applicant who does not successfully complete the examinations within three attempts, the requirements in paragraph 6 of subsection (1) will be considered to have been met if the applicant successfully completed the examinations on the applicant's fourth attempt after having first successfully completed the further education or training or combination of education and training, if any, required by a panel of the Registration Committee. O. Reg. 27/13, s. 23 (4).

(9) Where, by virtue of clause (b) of subsection (7) and subsection (8), an applicant is not considered to have met the requirements in paragraph 6 of subsection (1), the successful completion of the examinations on any further attempt will not be considered as satisfying the requirements in paragraph 6 of subsection (1) unless, prior to sitting the examinations, the applicant completes another program mentioned in paragraph 1 of subsection (1). O. Reg. 27/13, s. 23 (4).

(10) Where, by virtue of clause (a) of subsection (7), an applicant is not considered to have met the requirements in paragraph 6 of subsection (1), the attempt or attempts to sit the examinations that led to the meeting of those requirements will not be considered for the purposes of clause (7) (b) and subsection (8). O. Reg. 27/13, s. 23 (4).

#### **Terms, etc., General certificate**

**10.** (1) The following are terms, conditions and limitations on every General certificate of registration:

1. The member must either,

- i. conduct a minimum of 500 traditional Chinese medicine patient visits, which may include traditional Chinese acupuncture patient visits, during every three-year period where the first three-year period begins on the day that the member is issued a General certificate of registration and each subsequent three-year period begins on the first anniversary of the commencement of the previous period, or
- ii. within the 12 months prior to the expiry of each period referred to in subparagraph i in which the member does not meet the requirements of that subparagraph, successfully complete a refresher program approved by the Registration Committee.

2. Subject to subsection (4), a member who was issued a General certificate of registration before the coming into force of this paragraph must successfully complete the registration examinations referred to in paragraph 6 of subsection 9 (1). O. Reg. 27/13, ss. 10 (1), 23 (5).

(2) If a member fails to meet the term, condition and limitation described in paragraph 1 of subsection (1), the Registrar shall refer the member to the Quality Assurance Committee for a peer and practice review. O. Reg. 27/13, s. 10 (2).

(3) A member referred to in paragraph 2 of subsection (1) must successfully complete the examinations referred to in that paragraph within two attempts and must attempt every set of those examinations that is offered until such time as the examinations are successfully completed or he or she fails the examinations for a second time, whichever comes first. O. Reg. 27/13, s. 23 (6).

(4) A member who is issued a General certificate of registration pursuant to subsection 9 (3) or section 11 is not required to meet the term, condition and limitation described in paragraph 2 of subsection (1). O. Reg. 27/13, s. 23 (6).

#### **Labour mobility, General class**

**11.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a General certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1, 2, 3, 5 and 6 of subsection 9 (1) and in subsection 9 (2) of this Regulation. O. Reg. 27/13, s. 23 (7).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that

the applicant is in good standing as a practitioner of traditional Chinese medicine in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 27/13, s. 11 (2).

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of traditional Chinese medicine to the extent that would be permitted by a General certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 27/13, s. 11 (3).

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 27/13, s. 11 (4).

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 27/13, s. 11 (5).

#### **Registration requirements, Student class**

**12.** (1) The following are registration requirements for a Student certificate of registration:

1. The applicant must,
  - i. be enrolled in a post-secondary program in traditional Chinese medicine referred to in paragraph 1 of subsection 9 (1) [or paragraph b of subsection 20.4.\(1\)2.](#),
  - ii. be enrolled in a program referred to in paragraph 2 of subsection 9 (1) [or paragraph c of subsection 20.4.\(1\)2.](#), or
  - iii. have applied to take the registration examinations referred to in paragraph 6 of subsection 9 (1), [or paragraph f of subsection 20.4.\(1\)2](#) but have not yet taken the examinations.
2. The applicant must not have previously held a Student certificate of registration and been unsuccessful in an attempt to meet the requirements of paragraph 1, 2 or 6 of subsection 9 (1) unless the Registrar is of the opinion that there are exceptional circumstances that likely contributed to the applicant's failure to meet those requirements. O. Reg. 27/13, ss. 12 (1), 23 (8, 9).

(2) The requirements of paragraph 1 of subsection (1) are non-exemptible. O. Reg. 27/13, s. 12 (2).

#### **Terms, etc., Student class**

**13.** The following are terms, conditions and limitations on every Student certificate of registration:

1. The member shall only practise the profession while under the supervision of a member who holds a General certificate of registration [or Doctor of Traditional Chinese Medicine certification of registration](#) who can communicate with the member in the member's language and who has been approved by the Registrar.
2. The member's certificate of registration expires on the earliest of,
  - i. the date the holder is no longer actively engaged in pursuing the educational program, examinations or program of clinical experience referred to in paragraph 1 of subsection 12 (1) unless the Registrar permits the holder, in writing, to interrupt the pursuit of those requirements,
  - ii. the date that is seven years following the date on which the Student certificate of registration was issued unless a panel of the Registration Committee determines that exceptional circumstances exist which warrant an extension of the holder's certificate of registration, and
  - iii. the date the holder is issued a certificate of registration of another class.
3. Where a certificate of registration is extended by a panel of the Registration Committee under subparagraph 2 ii, the extension is subject to any terms, conditions and limitations as determined by that panel of the Registration Committee. O. Reg. 27/13, ss. 13, 23 (10), 24 (2).

#### **Labour mobility, Student class**

**14.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Student certificate of registration, the applicant is deemed to have met the requirements set out in paragraph 1 of subsection 12 (1). O. Reg. 27/13, s. 14 (1).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a practitioner of traditional Chinese medicine in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 27/13, s. 14 (2).

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of traditional Chinese medicine to the extent that would be permitted by

a Student certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 27/13, s. 14 (3).

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 27/13, s. 14 (4).

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 27/13, s. 14 (5).

**Registration requirements, Inactive class**

15. (1) The following are registration requirements for an Inactive certificate of registration:

1. The applicant must be a member holding a General certificate of registration [or Doctor of Traditional Chinese Medicine certificate of registration](#).
2. The applicant must not be in default of any fee, penalty or other amount owing to the College.
3. The applicant must have provided the College with any information that it has required of the applicant.
4. The applicant must have provided the College with an undertaking, in a form acceptable to the Registrar, that he or she will not practise the profession while holding an Inactive certificate of registration.
5. The applicant must not have held an Inactive certificate of registration within the five-year period immediately before the date on which he or she submitted the application unless the Registrar is of the opinion that exceptional circumstances justify exempting the applicant from this requirement. O. Reg. 27/13, s. 15 (1), 24 (2).

(2) The requirements of paragraphs 1 to 4 of subsection (1) are non-exemptible. O. Reg. 27/13, s. 15 (2).

**Additional terms, etc., Inactive class**

16. The following are additional terms, conditions and limitations on every Inactive certificate of registration:

1. The member shall not engage in the practice of traditional Chinese medicine.
2. The member shall not supervise the practice of the profession.
3. The member shall not make any claim to or representation of having any competence in the profession. O. Reg. 27/13, s. 16.

**Issuing other certificate to Inactive holder**

17. (1) The Registrar may issue to the holder of an Inactive certificate of registration the [General](#) certificate of registration that he or she previously held if the member,

- (a) makes an application to the Registrar;
- (b) pays any penalty or other amount owed to the College;
- (c) pays any fees required under the College's by-laws;
- (d) provides the College with any information that it has required of the member;
- (e) satisfies the Registrar that he or she will be in compliance with all of the terms, conditions and limitations of the certificate that is being applied for as of the anticipated date on which the certificate will be issued; and
- (f) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding the type of certificate which is being applied for. O. Reg. 27/13, s. 17 (1), 24 (2).

(2) Despite subsection (1), the Registrar shall not reissue a Grandparented certificate of registration after the fifth anniversary of the day this section came into force. O. Reg. 27/13, s. 17 (2).

**Registration requirements, Temporary class**

18. (1) The following are registration requirements for a Temporary certificate of registration:

1. The applicant must be registered or licensed to practise traditional Chinese medicine in another jurisdiction in which the requirements for registration or licensure are similar to those in paragraphs 1 and 2 of subsection 9 (1) [or paragraph b and c of subsection 20.4.\(1\)2.-](#)
2. The applicant must have an offer of employment or appointment that relates to the practice or teaching of the profession and which does not exceed six months.

3. A holder of a General certificate of registration [or Doctor of Traditional Chinese Medicine certificate of registration](#) who is approved by the Registrar must have agreed to supervise the applicant and to be responsible for ensuring that the applicant provides appropriate and continuing care to patients.
  4. The applicant must not have held a Temporary certificate of registration in the 12-month period immediately before the date on which he or she made the application unless the Registrar is of the opinion, based on exceptional circumstances, that this requirement should not apply.
  5. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee. O. Reg. 27/13, s. 18 (1), 24 (2).
- (2) The requirements of paragraphs 1 to 4 of subsection (1) are non-exemptible. O. Reg. 27/13, s. 18 (2).
- (3) The requirement in paragraph 5 of subsection (1) is not considered to have been met unless the applicant satisfies the requirement within the three-year period immediately before the date of the applicant's application. O. Reg. 27/13, s. 18 (3).
- (4) If the applicant completed the education that was part of the requirements for the registration or licensure referred to in paragraph 1 of subsection (1) more than one year immediately before the date that the applicant submitted his or her application for a Temporary certificate of registration, the applicant must,
- (a) have practised the profession during the three-year period of time that immediately preceded the date that the applicant submitted his or her application, which practice included conducting a minimum of 500 traditional Chinese medicine patient visits, which may include traditional Chinese acupuncture patient visits; or
  - (b) have, within the 12-month period that immediately preceded the date that the applicant submitted his or her application, successfully completed a refresher program approved by the Registration Committee. O. Reg. 27/13, s. 18 (4).

**Additional terms, etc., Temporary class**

**19.** The following are additional terms, conditions and limitations on every Temporary certificate of registration:

1. The member may only practise traditional Chinese medicine under the supervision of the [General](#) member referred to in paragraph 3 of subsection 18 (1).
2. Upon the request of the Registrar, the member shall provide evidence satisfactory to the Registrar of the member's compliance with the terms, conditions and limitations set out in paragraph 1 and shall provide such evidence within the time period set by the Registrar.
3. The member's certificate of registration expires on the earlier of the expiry date noted on his or her certificate of registration and the day that is six months after the date on which the certificate was issued. O. Reg. 27/13, s. 19, 24 (2).

**Labour mobility, Temporary class**

**20.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Temporary certificate of registration, the applicant is deemed to have met the requirements set out in paragraph 1 of subsection 18 (1). O. Reg. 27/13, s. 20 (1).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a practitioner of traditional Chinese medicine in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 27/13, s. 20 (2).

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of traditional Chinese medicine to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 27/13, s. 20 (3).

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 27/13, s. 20 (4).

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 27/13, s. 20 (5).

**Registration Requirements, Emergency class**

**20.1** The following are registration requirements for an Emergency certificate of registration:

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of

the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.

2. The applicant must have successfully completed a post-secondary program in traditional Chinese medicine that is approved by the Registration Committee and that,
  - i. in the case of a full traditional Chinese medicine program, consists of at least four years of full-time education, or education that is of equivalent duration, and
  - ii. in the case of a traditional Chinese medicine acupuncture program, consists of at least three years of full-time education, or education that is of equivalent duration.
3. The applicant 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.
4. The applicant must have successfully completed the Safety Program that was set or approved by the Council or by a body that is approved by the Council for that purpose within the two years preceding the submitting of the application.
5. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee within the two years preceding the submitting of the application. O. Reg. 300/23, s. 3.

#### **Additional terms, etc., Emergency Class**

**20.2** The following are additional terms, conditions and limitations on every Emergency certificate of registration:

1. The member may only practise the profession under the supervision of a holder of a [General certificate of registration or Doctor of Traditional Chinese Medicine certificate of registration](#) who has been approved by the Registrar.
2. Upon the request of the Registrar, the member shall provide evidence satisfactory to the Registrar of the member's compliance with the term, condition and limitation set out in paragraph 1 and shall provide such evidence within the time period set by the Registrar.
3. The member shall practise the profession a minimum of 170 patient visits during each 12-month period that they hold registration in the Emergency class.
4. If a member fails to meet the condition described in paragraph 3, the Registrar shall refer the member to the Quality Assurance Committee for a peer and practice assessment unless the member,
  - i. has successfully completed a refresher program approved by the Registration Committee, or
  - ii. has resigned their Emergency certificate of registration.
5. The member may not supervise another person in the practice of the profession.
6. Unless stated otherwise on the certificate, an Emergency certificate of registration expires one year after it is issued unless it is renewed.
7. Unless stated otherwise on the certificate, a renewed Emergency certificate of registration expires one year after it is issued unless it is renewed again.
8. Despite paragraphs 6 and 7, an Emergency certificate of registration expires six months after the Council determines that the emergency circumstances referred to in paragraph 1 of section 20.1 no longer exist. O. Reg. 300/23, s. 3.

#### **Issuing General certificate to Emergency holder**

**20.3** (1) A member who holds an Emergency certificate of registration may be issued a General certificate of registration if the member,

- (a) applies for the General certificate of registration;
- (b) pays all fees as set out in the by-laws and any penalty or other amount owed to the College; and
- (c) provides the College with any information that it has required of the member. O. Reg. 300/23, s. 3.

(2) If the member has held an Emergency certificate of registration for less than three years, the member must successfully complete the registration examinations, as identified in paragraph 6 of subsection 9 (1), within two attempts, and must attempt every set of those examinations that is offered until such time as the examinations are successfully completed or the member fails the examinations for a second time, whichever comes first. O. Reg. 300/23, s. 3.

- (3) If the member has held an Emergency certificate of registration for three years or more, the member must,

- (a) satisfy a panel of the Registration Committee that the member possesses the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a General certificate of registration; or
  - (b) have successfully completed such additional education, training or examination requirements that are determined to be necessary by a panel of the Registration Committee. O. Reg. 300/23, s. 3.
- (4) Every member described in this section is exempt from the requirement to pay the application fee required under the by-laws of the College. O. Reg. 300/23, s. 3.

**Registration Requirements, Doctor of Traditional Chinese Medicine class**

**20.4 (1) The following are non-exemptible registration requirements for a Doctor certificate of registration:**

1. The applicant is currently a member in good standing who holds a General certificate of registration with a R.TCMP designation and;

a. provides evidence of the following:

i. Successful completion of two years of study at the bachelor level at an Ontario university or study that is substantially equivalent as determined by the Registration Committee;

ii. Successful completion of the registration examinations that are set or approved by the Council; and

iii. Within the five years period that immediately preceded the date that the applicant submitted his or her application prior to applying, has practised the profession as a member of the College, in both traditional Chinese acupuncture and traditional Chinese herbal medicine in a manner acceptable to the College, for three years with a minimum of 2,400 patient visits; or

b. provides evidence of the following:

i. Successful completion of the registration examinations that are set or approved by the Council; and

ii. Within the twelve years period that immediately preceded the date that the applicant submitted his or her application prior to applying, has practised the profession as a member of the College, in both traditional Chinese acupuncture and traditional Chinese herbal medicine in a manner acceptable to the College for ten years with a minimum of 8,000 patient visits; or

2. The applicant provides evidence of the following:

a. Successful completion of two years of study at the bachelor level at an Ontario university or study that is substantially equivalent as determined by the Registration Committee;;

b. Successful completion of a post-secondary doctor of traditional Chinese medicine program that consists of at least five years of education, each year of which consists of at least 560 hours of classroom theoretical instruction or at least 728 hours of practical instruction or some combination of the two where, for every hour of classroom theoretical instruction that is less than 560 hours there must be a corresponding increase of 1.3 hours in the number of hours of practical instruction or education that is of equivalent duration.

c. Successful completion of 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 1200 hours of direct patient contact.

d. Successful completion of the Safety Program that was set or approved by the Council or by a body that is approved by the Council for that purpose.

e. Successful completion of the jurisprudence course set or approved by the Registration Committee.

f. Successful completion of the registration examinations that are set or approved by the Council.

g. The applicant must have successfully passed an assessment conducted by a panel of the Registration Committee, or by another body that is approved by the Council for that purpose, that demonstrates that the applicant has the necessary competency to safely practise the profession as the holder of a Doctor of Traditional Chinese Medicine certificate of registration.

20.4(2) If the applicant has not satisfied the requirements set out in paragraph b of subsection (1) para 2 either within one year immediately before the date that the applicant submitted his or her application or at some point following the submission of his or her application, the applicant must,

(a) have practised the profession during the three-year period of time that immediately preceded the date that the applicant submitted his or her application, which practice included conducting a minimum of 500 traditional Chinese medicine patient visits, which may include including both traditional Chinese herbal and traditional Chinese acupuncture patient visits; or

- (b) have, within the 12-month period that immediately preceded the date that the applicant submitted his or her application, successfully completed a refresher program approved by the Registration Committee
- (3) The requirement in paragraph c of subsection (1) para 2 is not considered to have been met if the program referred to in that paragraph commenced prior to the commencement of the program in doctor of traditional Chinese medicine referred to in paragraph b of subsection (1) para 2.
- (4) The requirements in paragraphs d and e of subsection (1) para 2 are not considered to have been met unless the applicant satisfies those requirements either within the three-year period immediately before the date of that applicant's application or at some point following the submission of his or her application.
- (5) Subject to subsections (6) and (7), the requirements in paragraph f of subsection (1) para 2 are not considered to have been met unless the applicant successfully completed the examinations,
- (a) after the date on which he or she met the requirements in paragraph g of subsection (1) para 2; or
- (b) within three attempts.
- (6) In the case of an applicant who does not successfully complete the examinations within three attempts, the requirements in paragraph f of subsection (1) para 2 will be considered to have been met if the applicant successfully completed the examinations on the applicant's fourth attempt after having first successfully completed the further education or training or combination of education and training, if any, required by a panel of the Registration Committee.
- (7) Where, by virtue of clause (b) of subsection (5) and subsection (6), an applicant is not considered to have met the requirements in paragraph f of subsection (1) para 2, the successful completion of the examinations on any further attempt will not be considered as satisfying the requirements in paragraph f of subsection (1) para 2 unless, prior to sitting the examinations, the applicant completes another program mentioned in paragraph b of subsection (1) para 2.
- (78) Where, by virtue of clause (a) of subsection (5), an applicant is not considered to have met the requirements in paragraph f of subsection (1) para 2, the attempt or attempts to sit the examinations that led to the meeting of those requirements will not be considered for the purposes of clause (5) (b) and subsection (6).

Additional terms, etc., Doctor of Traditional Chinese Medicine Class

20.5(1) The following are additional terms, conditions and limitations on every Doctor certificate of registration:

1. The member must either,

- i. conduct a minimum of 500 traditional Chinese medicine patient visits, which may include traditional Chinese acupuncture patient visits, during every three-year period where the first three-year period begins on the day that the member is issued a Doctor certificate of registration and each subsequent three-year period begins on the first anniversary of the commencement of the previous period, or
- ii. within the 12 months prior to the expiry of each period referred to in subparagraph i in which the member does not meet the requirements of that subparagraph, successfully complete a refresher program approved by the Registration Committee.

(2) If a member fails to meet the term, condition and limitation described in paragraph 1 of subsection (1), the Registrar shall refer the member to the Quality Assurance Committee for a peer and practice review.

Labour mobility, Doctor of Traditional Chinese Medicine Class

20.6. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Doctor of Traditional Chinese Medicine certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs a, b, c, d, f, and g of subsection 20.4. (1)2. and in subsection 20.4.(2) of this Regulation. O. Reg. 27/13, s. 23 (7).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a doctor of traditional Chinese medicine in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 27/13, s. 11 (2).

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of traditional Chinese medicine to the extent that would be permitted by a Doctor of Traditional Chinese Medicine certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to

undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 27/13, s. 11 (3).

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 27/13, s. 11 (4).

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 27/13, s. 11 (5).

#### **Suspensions, revocations and reinstatements**

- 21.** (1) If a member fails to provide the College with information about the member as required under the by-laws,
- (a) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and
  - (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given. O. Reg. 27/13, s. 21 (1).
- (2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,
- (a) the former member has given the required information to the College;
  - (b) the former member has paid any fees required under the by-laws for lifting the suspension;
  - (c) the former member has paid any other outstanding fees required under the by-laws; and
  - (d) in the case of a former member whose certificate of registration was suspended under subsection (1) more than three years prior to the date on which he or she made his or her application for reinstatement, he or she possesses the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding the type of certificate that is being applied for. O. Reg. 27/13, s. 21 (2).
- (3) Despite subsection (2), after the fifth anniversary of the day this subsection comes into force, the Registrar shall not lift the suspension of a Grandparented certificate of registration. O. Reg. 27/13, s. 21 (3).

#### **Registrar to give notice**

**22.** The Registrar shall provide notice to a member where the member fails to meet the term, condition and limitation described in paragraph 2 of subsection 10 (1) within the timeframe provided for in subsection 10 (3) and the member's General certificate of registration shall be revoked 30 days following the date on which the notice is provided. O. Reg. 27/13, s. 22.

**23.** OMITTED (PROVIDES FOR AMENDMENTS TO THIS REGULATION). O. Reg. 27/13, s. 23.

**24.** OMITTED (PROVIDES FOR AMENDMENTS TO THIS REGULATION). O. Reg. 27/13, s. 24; O. Reg. 184/19, s. 2.

**25.** OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). O. Reg. 27/13, s. 25.

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## Key Themes and Questions

- a) Disagreement on DTCM abbreviation and would prefer to have the same as in British Columbia (Dr. TCM)
- b) Against a Doctor of TCM degree program as a requirement, since it is not yet available in Ontario
- c) Provide clearer explanation for competencies of Doctor Class
- d) Clarification on “two years of study at the bachelor level at an Ontario university or study that is substantially equivalent as determined by the Registration Committee”
- e) Provide clearer explanation of pathways (suggest using a flowchart)
- f) Clarification of evidence for patient visits requirement. Also, what about practitioners that work part-time or who are also instructors?
- g) Education requirements should be similar to the other professions with the doctor title (Naturopaths, Chiropractors, etc.)
- h) Will the College recognize internationally trained practitioners or those with PhDs? What about those with a relevant Masters degree?
- i) Risk of creating a hierarchy in the profession
- j) How will the public benefit from the Doctor Class? What differentiates it from R. TCMP?

**Question: Do you have any comments, questions, or concerns about the proposed section under “Registration Requirements” (section 20.4.)?**

## Responses

1	I support the draft registration regulation 20.4 (1) 2: a, b, c, d, e, f, g and I support that in 20.4 (1) 2b: the post-secondary doctor of TCM program be approved by CTCMPAO. The title DTCM for Doctor of Traditional Chinese Medicine is confusing and misleading. To make it clear, Dr. TCM should be used instead of DTCM.
2	Thank you to the Council for the thoughtful work in elevating our profession and strengthening public trust. As an RTCMP in good standing with over 30 years of safe, competent practice, I support higher standards for the Doctor class. However, I respectfully recommend that the regulation include a pathway that recognizes extensive clinical experience and ongoing CE without requiring an additional exam. Many long-standing practitioners already demonstrate the advanced competencies expected at the doctor level, and a recognition-of-prior-learning or grandparenting route would support fairness, retain leadership within the profession, and uphold public safety.
3	There are not many options for bachelor level education in TCM, so this requirement makes things difficult to achieve the doctor title.
4	<p>It is important for our profession that professionals who qualify can use the Doctor title, while keeping the current RAc and RTCM titles. It is very important to make sure that having a Doctor title is not required for every body in the profession. In general, I am comfortable with the proposed documents.</p> <p>Requiring 2 years of University education is a good approach. Grand-parenting RTCMP with 10 years of practice and 8,000 cases is also a good approach.</p> <p>I looked at the Competencies document, and I feel that the competencies added in red are the same than the current expected ones for RAC and RTCMP respectively. It gives me the impression that the Doctor title is then mainly about having a 2 year University degree, and more clinical practice experience. I would make it more clear what differences are expected.</p>

	<p>I think Doctors should be allowed to say that they specialize in specific areas of care (eg gynaecology, orthopaedics, etc), but would need to get extra training in these areas of specialization.</p> <p>The title should be Dr. TCM, and not DTCM, so that it is clear for the public that it is a Doctor.</p>
5	<p>I appreciate how the current version of this proposed section 20.4 recognizes that degree program is not yet available in Ontario for the study of Acupuncture and Traditional Chinese Herbal Medicine, and specifies the educational requirements. However, 20.4(1)1.a.i. and 20.4(1)2.a. are unclear about the requirement of "two years of study at the bachelor level at an Ontario university or study that is substantially equivalent as determined by the Registration Committee". If the education of Acupuncture and Traditional Chinese Herbal Medicine becomes at bachelor level, do applicants still require two years of study at bachelor level aside from Acupuncture and Traditional Chinese Herbal Medicine? If not, a lowering of educational standard is to be expected.</p> <p>With this change from requiring a degree program in previous draft documents to the current version of specifying the educational requirements in terms of hours of study, I also wonder if there will be requirements for where the education is completed. Does it have to be in Ontario? Do the educational institutions need approval from or recognition by CTCMPAO?</p>
6	<p>What study is equivalent at the bachelor level at an Ontario university? Other countries or provinces?</p>
7	<p>I generally agree with direction of section 20.4. Specifically, I support the items listed in 20.4(1) 2: a-g , as they provide a clear and appropriate framework for eligibility.</p> <p>For section 20.4(1) 2b, I believe it is essential that any institution - whether private or public - offering a post - secondary Doctor of TCM program must undergo CTCMPAO approval. This ensures consistency and protects educational standards across the province.</p> <p>I also find the abbreviation DTCM potentially confusing for the public. A clearer and more recognizable designation would be Dr. TCM, which avoids misinterpretation and aligns better with terminology used in other jurisdictions.</p>
8	<p>1. Title Issue - "DTCM" vs. "Dr. TCM"</p> <p>Concern: The proposed abbreviation "DTCM" is likely to be unclear to the public and is not aligned with existing doctor-level titles in other jurisdictions. Because "Doctor of Traditional Chinese Medicine" is already used in the regulation, the short form "Dr. TCM" would be more intuitive and avoids confusion with degree-style abbreviations.</p> <p>Questions:</p> <ul style="list-style-type: none"> <li>• What was the rationale for selecting "DTCM" instead of "Dr. TCM"?</li> <li>• Has the College tested how understandable "DTCM" is to patients and the public?</li> </ul> <p>Recommendation:</p> <p>Replace "DTCM" with "Dr. TCM" throughout the regulation and ensure the title table and any abbreviations for the Doctor class are consistent with this change.</p> <p>2. Pathway Complexity and Transparency</p>

Concern: Section 20.4 establishes multiple pathways with layered recency requirements and cross-references. Without clear explanatory materials, applicants may find it difficult to understand which path applies to them and what evidence they must provide.

Questions:

- Will the College publish a clear decision-tree or flowchart showing each pathway step by step?
- Will there be an option for applicants to request a preliminary review or advisory opinion regarding which pathway they fall under before submitting a full application?

Recommendation:

Develop and publish plain-language guidance for Section 20.4, including diagrams, example applicant profiles, and a decision-tree that illustrates each pathway and its requirements.

### 3. Evidence Requirements for Patient Visits

Concern: The requirements to demonstrate 2,400 or 8,000 patient visits are not accompanied by guidance on what counts as acceptable documentation. Long-practising members may have partial records, different record systems over time, or paper records that are difficult to retrieve, which could make compliance unclear or burdensome.

Questions:

- What forms of documentation will be accepted (e.g., charts, billing records, schedules, logs)?
- Will the College accept reconstructed logs or summaries where older records are incomplete?
- In exceptional circumstances (e.g., loss of records due to closure, relocation, or disaster), will sworn declarations and corroborating evidence be considered?

Recommendation:

Publish specific guidance on acceptable evidence for patient-visit counts, including examples and minimum expectations. Provide flexibility for long-term practitioners by allowing alternative documentation and, where appropriate, sworn declarations supported by available records.

### 4. Requirement for Both Acupuncture and Herbal Medicine

Concern: The requirement that experience must include both traditional Chinese acupuncture and traditional Chinese herbal medicine may disadvantage practitioners whose current practice settings or patient populations are primarily acupuncture-focused, even though they may possess strong herbal competencies.

Questions:

- What activities will count as “herbal medicine” practice (dispensing, prescribing, consultation.)?
- Is there a minimum proportion or number of visits involving herbal care that the College considers acceptable?
- Can herbal competence be demonstrated through case summaries, consultation records, or other evidence where herbs are recommended but not dispensed directly?

Recommendation:

Clarify how “both traditional Chinese acupuncture and traditional Chinese herbal medicine” will be interpreted. Consider emphasizing competency-based evidence (e.g., herbal case examples and practice records) rather than only raw visit counts, to avoid unfairly excluding practitioners whose settings limit direct herb dispensing.

5. Bachelor-Level Education Requirement — SUPPORT with Clarification Needed

Comment: The requirement for two years of bachelor-level education (or equivalent) is appropriate and should be retained. It aligns the Doctor of TCM class with other Ontario health professions that use the “Doctor” title and require undergraduate-level academic preparation. Maintaining this standard supports public safety, professional credibility, and consistency across the healthcare system.

Concern (Language Clarity):

While the standard itself is appropriate, the phrase “study that is substantially equivalent as determined by the Registration Committee” is broad and may be interpreted inconsistently. This creates uncertainty for applicants - especially those with international or non-traditional academic backgrounds - and makes it difficult for them to know in advance whether they are likely to meet the requirement.

Questions:

- What specific criteria will be used to determine “substantial equivalency”?
- How will international academic credentials be assessed and verified for this requirement?
- Will applicants have access to a clear description of acceptable credentials, subject areas, and documentation?

Recommendations:

- Maintain the bachelor-level education requirement as written.
- Publish clear, transparent equivalency guidelines that specify what types of academic credentials qualify, what supporting documentation is required, and provide examples of credentials that have been accepted as equivalent.
- Establish a predictable, documented process for assessing non-traditional and international academic backgrounds so applicants can understand how their education will be evaluated before they apply.

6. Recency Requirements

Concern: The recency provisions in Section 20.4 (for education, clinical experience, and examinations) may inadvertently exclude practitioners who have had legitimate interruptions in practice, such as parental leave, illness, immigration delays, or pandemic-related clinic closures. Without explicit flexibility, these members may be disadvantaged despite having strong overall competence.

Questions:

- Will documented leaves of absence and system-wide disruptions (such as COVID-19) be considered when applying recency rules?
- Can applicants request individualized review or extensions where there is clear evidence of ongoing competence but a technical gap in recency?

Recommendation:

Clarify that the Registration Committee may take into account documented leaves, public emergencies, and similar factors when applying recency requirements, and publish guidance on how applicants can request such consideration.

#### 7. Competency Panel Assessment

Concern: The competency assessment conducted by a panel is a key requirement for the Doctor class, but the regulation does not describe the assessment's scope, format, criteria, or scoring methods. This lack of transparency may create uncertainty and concern about fairness and consistency among applicants.

##### Questions:

- Will the College publish the competency profile and domains that will be assessed?
- Will scoring rubrics and examples of acceptable performance be made available in advance?
- What formal avenue will exist for feedback or appeal if an applicant disagrees with the outcome?

##### Recommendation:

Publish clear information about the competency assessment, including the competencies to evaluate, the general format of the assessment, the use of scoring rubrics, and the process for review or appeal. This will support transparency and confidence in the assessment process.

#### 8. Exam Attempt Limits

##### Concern:

As currently drafted, the provisions in section 20.4(5) to (7) appear to limit applicants to three attempts at the Doctor-level examination, with a fourth attempt permitted only after additional education or training. After that point, the wording can be read to require the applicant to complete "another program" as described in 20.4(1)2(b) before any further attempts are recognized. On a strict reading, this could mean repeating a full five year Doctor of TCM program, even for applicants who have already completed R. TCMP and advanced studies.

Given the existing tiered structure of TCM education in Ontario, with approximately two to three years for acupuncture, three to four years for R. TCMP, and four to five years for advanced or Doctor-level TCM, it seems more likely that the intent is to require additional Doctor-level education rather than full repetition of the entire multiyear curriculum. However, the current language does not make this clear and may be interpreted in an overly punitive way, particularly for experienced practitioners whose difficulties are related to written examinations rather than actual clinical competence.

##### Questions:

- Does "another program mentioned in paragraph 20.4(1)2(b)" mean a complete five year Doctor-level program, or only the additional Doctor-level portion beyond R. TCMP education.
- Will the Registration Committee have discretion to prescribe targeted remedial education, such as specific courses or modules, instead of full program repetition.
- Will examination performance data be monitored over time to evaluate whether the current attempt limits and remediation requirements remain appropriate.

##### Recommendations:

	<ul style="list-style-type: none"> <li>Clarify in the regulation or in supporting policy that any required “additional program” after multiple unsuccessful attempts refers to advanced Doctor-level education, and not automatic repetition of the full five year sequence already completed through R. TCMP training.</li> <li>Replace the implication of full program repetition with a competency based remedial approach, where the Registration Committee may require specific, focused education or training tied to the domains in which the applicant did not meet the standard.</li> <li>Publish clear guidance on exam attempt limits, remedial expectations, and reentry conditions so that applicants understand consequences and available pathways before they apply.</li> </ul>
10	I do not support restricting the profession through the proposed requirements in Section 20.4. Traditional Chinese Medicine has a 3,000-year lineage of mentorship, apprenticeship, and true clinical mastery that does not depend on “doctor-level “academic titles. The current Ontario system already ensures safety and competence through intensive training programs and the Pan-Canadian exam. Adding doctor-specific educational pathways risks excluding practitioners who come from authentic lineage-based or mentor-led training, which has always been a core part of TCM. Regulation should not erase culturally rooted forms of learning or elevate only college-based routes at the expense of tradition.
11	(a) regulating or prohibiting the use of the title “doctor”, a variation or abbreviation or an equivalent in another language by members in respect of their practice; An exception is made for those who already have a PhD.
12	QUESTION: Are these new examinations or the examinations that R.TCMP's have already completed to be in practice?(i.e. Will those already in practice be required to write another set of exams, or be Grandfathered in?)
13	I support the College’s goal of maintaining strong standards for the Doctor of TCM title. However, some requirements in section 20.4 may be difficult or unclear for many practitioners. The high number of required patient visits may disadvantage part-time or small-clinic R. TCMPs. The criteria for what counts as acceptable combined acupuncture and herbal practice needs clearer guidance. The requirement for two years of Ontario university study may be challenging for internationally educated practitioners unless “substantial equivalency” is clearly defined. More details about the competency assessment would also help applicants prepare. Overall, the intention is good, but more clarity and flexibility would make the pathway fair and accessible.
14	Section 20.4 a. provides evidence of the following: ii. Successful completion of the registration examinations that are set or approved by the Council QUESTION: Are these new examinations? Or the examinations that R.TCMP's have already completed to be in practice? (i.e. Will those already in practice be required to write another set of exams, or be Grandfathered in?)
15	Regarding the requirement mentioned for applying for the physician title — “2,400 visits within 3 years” — could you please clarify whether this refers to 2,400 patient visits (encounters) or 2,400 individual patients?  Most patients require a course of treatment and therefore return for multiple appointments, so the definition affects how the visits are counted.
16	For applicants who are registered members of CTCMPAO, the 2400 patient visits over a three-year period is too high. Especially for those new into their practice. The first year or two are typically slower as practices are being built. I suggest between 1500 to 1800.
17	Yes. for practicing members in good standing, if they passed the initial examination to enter into the profession, the should not be obliged to take another exam, as this would allow them to focus more on their practice, not on the red tape.
18	What study is considered "substantially equivalent" to successful completion of two years of study at the bachelor level at an Ontario university?
19	registered TCM doctor in China can register TCM doctor title in Canada.
20	I support a Doctor title for TCM practitioners that qualify.
21	I believe tradition chines medicine practitioners should get Doctors title

22	The title is confusing and misleading. The title should be Dr. TCM instead of DTCM.
23	Speaking about the Traditional Chinese Medicine, it is definitely developed and evolved through countless generations from ancestors in China. It is appreciated if the TCM Council and Canadian Government to give highest consideration to the existing professions carrying the Traditional Chinese Acupuncture and Traditional Chinese Herbal Medicine status, including recognition to their holdings of various universities' degrees obtained in China.
24	Requirements should be possible to be met with existing education programs in Ontario today.
25	I have no concerns regarding the proposed section under "Registration Requirements" (section 20.4). On the contrary, I support the introduction of the Doctor of Traditional Chinese Medicine (DTCM) title. This addition will enhance professional recognition, align Ontario with international standards, and help the public better understand the qualifications of practitioners.
26	A degree should not be required as there are no degree programs available for TCM here in Ontario or even in Canada.
27	I would like to see us educated the same as the USA with a degree that is recognized in the USA and UK. However how does this effect current licensed professionals
28	Please help to support the Doctor title of our profession. This will help solidify our roles as healthcare practitioners & help steadfast our integration process with the greater Western Medical networks. Thank you.
29	The proposed registration requirements in Section 20.4 appear thorough and appropriate for ensuring the competency and safety of practitioners who may enter the Doctor Class. As a current R.TCMP and R.Ac, I appreciate the clarity around advanced education and supervised clinical experience. My main suggestion is to ensure that the requirements remain achievable for committed practitioners who have been practicing safely and effectively for years. A transparent, competency-based pathway — including recognition of prior clinical experience, formal training, and continuing education — would allow dedicated members to progress fairly while still maintaining strong public protection. Ensuring flexibility while preserving high standards would strengthen this section further.
30	1. I'd like to know the starting point, and are my qualifications mutually recognized Dr. TCM in BC? 2. What are the benefits of CTCMPOA members who have a Ph.D. in oriental medicine in the United States?
31	my comment is regarding the non exemptible examination for members who have been in practice for more than 10 years and been a member of the college in good standing since 2013. they should be exempted and grandfather to get the doctor title given they have a bachelor degree (in science preferably) and years of clinic experience . why retest them when they have been proven to help thousands of patients throughout their work experience. in BC they grandfather the members into this class, then did the exams for those with less experience and new students.
32	No. It seems fair. As with anything, making sure the degrees are accredited in Canada would be key.
33	Would private college education be sufficient and what post secondary would be acceptable? Any field or a related field
34	The timing of this proposal is in question. Why now?
35	Chinese medicines should be included as doctors
36	Yes the two year undergraduate for newer practitioners versus older practitioners. If a new practitioner should be required to provide 2 years undergraduate so should a practitioner with 8 years experience. I personally don't think that having a 2 year undergraduate such as a (BA) would be equivalent to say a practitioner with 7 years experience working at a clinic or in a hospital setting. I believe that it should be assessed on an individual basis and the practitioners history or experience in the medical industry.
37	No. It makes sense that the doctor title is given to TCM practitioner.
38	Is it only students who have graduated from a TCM doctor program and TCMP's the only people eligible for the doctor or TCM class?
39	The current RTCMP who has a Doctorate degree in medicine should be granted for the Doctor class title.
40	We have abilities and knowledge to have a doctor title.

41	I think they make sense and it would be good to allow TCM practitioners to use the doctor title considering their high level of education and people already seek them out to provide health care
42	Is there a required course of study at the university level, or just two years of university level education? Does 'completion of registration examinations' in for 20.4.1a and 20.4..1b refer to an R.TCMP's who is applying that has already completed the CTCMPAO R.TCMP exams? Or will there be a new Dr. TCM exam for currently practicing R.TCMP's?
43	Yes - this is a concerning step and something that should NOT be done. I am wholeheartedly opposed to this.
44	<p>Question to 20.4(1)a.i.</p> <ul style="list-style-type: none"> <li>Is there any specific requirement regarding the major in this two years of study at the bachelor level? Does the major need to be related to medical science ,or any kind of fields is acceptable?</li> </ul> <p>Question to 20.4(1)b.ii.</p> <ul style="list-style-type: none"> <li>How to accurately and clearly calculate the number of patient visits? Is the number 8000 here is based on the percentage of acupuncture and herbal medicine separately and independently or combined with other modalities of therapy?</li> </ul> <p>Concerns: A simple number of patient visits doesn't demonstrate a TCM practitioner's real knowledge, skill and experience. Although many students graduated from TCM schools and passed PCE through practising mock tests prior to attending license examinations, yet their clinical ability and experience in treating patients is still limited. Due to the current mode of insurance claim system, those practitioners who work at the wellness massage SPAs and comprehensive rehabilitation centres, no matter how many real acupuncture and /or herbal medicine they do, they have more advantages in accumulating numbers of patient visits comparing with those individual practitioners. Actually, those individual practitioners whose patients paying from their own pockets are more capable in handling some tough cases which western medicine has no way, because their expertise is at higher level and they have more clinical experience. Hence, before formal school program approval, this so-called patient visits number has no meaning and value. Every person with clear mind understands that "Doctor" is not only a title, but also the guarantee of public's confidence to TCM profession.</p>
45	This title is really not necessary in my opinion. It would only confuse the public to decide whom they are going to obtain their treatment from. It would make difficult for R.Ac, R.TCMP to practise to advocate themselves in regard to grow their practice. Being compared to Doctor. Also, with competition from other health care provider, such as physiotherapist, Chiropractors, or RMTs who provide acupuncture/dry needling. It would get worse if Doctor title is implemented.
46	No, I support the draft Based on the training that is inclusive of TCM and Western Medicine standards for patient care as arequirement for the program the title should simply read Dr.TCm
47	Under the regulation, a practitioner doing 15-30 minute non-elaborate appointments (ie quick follow-ups) and one doing 60-90min thorough appointments are doing a similar amount of practice if « patient visits » is the measure rather than time spent doing patient visits. At least in clinical setting for acupuncture and other modalities (since TCM can and should be more than throwing in a few needles quickly), perhaps a time qualifier should be added to not unduly penalize more thorough practitioners, such as: Patient visits OR hours of scheduled appointments divided by 45 mins. BECAUSE optimum needle retention time is the time required for the body's energy to circulate one time, approximately 30 mins. Take into account discussion time with client and applying needles, 45 mins is the minimum to apply high level acupuncture. AND if practitioner combines herbal consult with acupuncture in a thorough 60 mins session, they could count 1.33 appointments under the 45 min rule, at least closing the gap of inequality somewhat with those providing only 15-30 min appointments. Also, perhaps because follow-up herbal consults take less time than acupuncture, there should be some time clause such as max number of under 30 min appointments allowed when counting patient visits.

48	I support requiring university degree for eligibility to attain doctor's title.
49	How will you consider practitioners fully educated with TCM degrees and licensed in Ontario, that voluntarily choose to only practice acupuncture (as trained traditionally), and not work with herbal medicine as an alternate modality, for various reasons within the Canadian environment?
50	The "Doctor" title should be abbreviated as typical for the rest of the planet. That is, the abbreviation "Dr." should be used. The letter "D" could easily be confused as representing a Diploma.
51	<p>My concern regarding Section 20.4 relates to clarity, fairness, and accessibility. The draft does not clearly outline what qualifies as equivalent "doctor-level" education or clinical experience. Many senior R.TCMP practitioners have extensive training through multiple institutions, apprenticeships, and continuing education, and the pathway for equivalency is unclear. I recommend establishing transparent standards, clear equivalency criteria, and accessible bridging programs so long-practicing clinicians can qualify fairly.</p> <p>I also believe the professional title for the TCM Doctor Class should be clearly defined to protect the public and avoid confusion with MDs. Titles such as "Dr. TCMP," "Dr. TCM," or "Doctor of Traditional Chinese Medicine" would accurately reflect the profession and align with how other regulated health professions in Ontario use modifiers (e.g., Dr. (Chiro), Dr. (ND)). Clear titling will improve public understanding and strengthen recognition of the advanced TCM scope.</p>
52	<p>As a registered Acupuncturist in good standing with the College, with clinical experience in Ontario (including work in small clinics) and teaching roles at institutions, I appreciate the opportunity to provide input on the proposed Doctor Class during this public consultation. I've reviewed the draft regulation (O. Reg. 27/13 amendments) and supporting documents, and while I support efforts to advance our profession, I have concerns about the lack of clear, tangible motivations for ordinary practitioners to pursue this title.</p> <p>From my perspective as a frontline clinician and educator, the Doctor Class appears heavily influenced by TCM schools' goals to increase enrollment in extended programs (e.g., 4,000+ hour doctoral equivalents). This is understandable for academic growth, but it leaves a gap: what meaningful benefits does it offer established General Class members like myself? The current framework emphasizes prestige and mastery in areas like complex diagnostics and interprofessional collaboration, but without expanding the scope of practice or providing exclusive privileges, the incentive to invest additional time, money, and resources feels insufficient.</p> <p>For instance:</p> <p>Tangible Hierarchy Needed: To create a true career ladder, the title should confer specific advantages, such as eligibility for advanced procedures within scope, participation in government-funded health plans (e.g., enhanced integration with OHIP or public wellness programs), or prioritized roles in multidisciplinary teams. This would mirror hierarchies in other regulated health professions and motivate mid-career practitioners to upgrade, rather than relying on vague promises of enhanced recognition. Addressing Practitioner ROI: Indirect perks like improved marketability or teaching opportunities are appealing but often intangible for those not in academia. Many of us in private practice already handle diverse cases effectively under General Class—why pursue exemptions, bridging programs, or exams without direct payoffs like reduced liability through advanced QA ties or better insurance reimbursements?</p> <p>Risk of Limited Adoption: If benefits remain symbolic, adoption may be low among experienced practitioners, potentially limiting the class to new graduates pushed by schools. This could undermine the project's aim to elevate overall standards and public trust. I suggest incorporating feedback from grassroots surveys to add practitioner-focused incentives, such as pilot programs linking the title to billing enhancements or leadership certifications.</p>

	Overall, a project like this must serve clear motivations for applicants to succeed. If practitioners don't see substantial value beyond a title, its implementation may not achieve the intended professional elevation. I urge the College to refine the regulation with more explicit, clinician-centered benefits before submission to the Ministry of Health.
53	<p>1. We Support the Education Requirements as Proposed: There has been a push to change the educational requirements to make a university-based TCM degree the only acceptable pathway to a Doctor Title. If adopted, every practitioner trained in Ontario and across North America would be excluded from eligibility, as there is no university TCM program in this province or this country, and our private colleges are not university-accredited. I support the education requirements as outlined in the current Registration Regulation amendments.</p> <p>2. We Support Raising Standards, Not Barriers I support a stronger education, clearer competencies, and higher standards. These goals can be met within Ontario's existing training pathways. Other regulated professions (naturopathic medicine and chiropractic) have demonstrated that rigorous private college programs combined with regulatory oversight can uphold doctoral-level titles. The current proposed pathway maintains accessibility and aligns with BC's model by focusing on competency and approved training rather than requiring a university degree.</p>
54	I studied TCM and although I didn't finish I feel strongly that the a Doctor of TCM is a warranted title for those who have completed their training required as laid out by schools such as TSTCM and ITM
55	It doesn't make sense to require a university level TCM degree to be eligible, given that this doesn't exist in Canada. Also, the DTCM designation is useless and confusing. Dr. TCM is recognizable and sensible.
56	I recognize that section 20.4 provides a structured and thoughtful outline for entry into the Doctor of Traditional Chinese Medicine class, but I do have some concerns. The expectations around bachelor-level education and what counts as substantial equivalence are not fully defined, which may lead to uncertainty for applicants. The required number of patient visits (2,400 in 3 years or 8,000 in 10 years) may also be challenging for practitioners with part-time schedules or practice interruptions. Finally, because doctor-level TCM programs are not yet widely available in Canada, new applicants may have limited pathways to meet these requirements. Additional clarity and flexibility would help ensure the process is fair and accessible.
57	Thank our College to set up the registration requirements, but if it considers these members who from Grand-P Class to General Class, they take the exams with both English and Chinese two languages that would be great.
58	For existing members of the college, the requirement for completing a registration examination should spell out in more detail the nature of the examination and its format. For members who have been practicing for many years, the examination should focus on more complex clinical cases instead of basic or theoretical knowledge, which demonstrates the application of knowledge and experience of the applicant. Also, as existing members may have practiced for many years with a more specific focus on treatment modalities, for example, herbal medicine versus acupuncture. Would the registration examination accommodate such focus, versus a fully comprehensive herbal and acupuncture exam?
59	I recommend that a university degree not be mandatory for registration, provided that the applicant has completed recognized and accredited post-secondary Traditional Chinese Medicine program that meets the College's standards for competency, clinical training, and safety. Traditional Chinese Medicine is a specialized medical system with its own rigorous educational pathways, many of which exist outside traditional university structures but still maintain high academic and clinical integrity. Requiring a university degree may unnecessarily exclude capable, well-trained practitioners and limit accessibility to the profession, without improving patient care outcomes. Ensuring strong accreditation and standardized competency evaluation is a more appropriate measure of practitioner readiness.

60	for people who have master degree outside Canada and practiced in Canada now with specific amount of patient visits should also be able to titled with Doctor
61	My suggestion: 1. Any one own a title from USA or Canada legally with tile of doctor can be Quality to use the doctor title.2. Any one who had ten years of experience in Ontario of professional practice plus take a course of CPR can also apply for doctor title.
62	Exclusion of acupuncturists from this proposition
63	<p>From: Mary Wu – President  To: Students, Graduates, Faculty and Staff  Refer to: CTCMPAO Consultation and Survey:  Draft Regulation for the TCM Doctor Class.</p> <p>Dear Students, Graduates and Faculty,  The CTCMPAO is consulting all stakeholders on the Draft Regulation for the “Doctor Title”, conducting a SURVEY (<a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a>) and the deadline is December 1st 2025.</p> <p>We are aware that some people are pushing for doctor of TCM “degree” as the minimum education requirement. This means that no one trained in Canada could qualify for the “Doctor of TCM” registration, and the doctor title for the TCM profession in Ontario may be jeopardized forever. We encourage you all to complete the survey and to help moving this forward in the right direction.</p> <p>We are sharing our answers to questions 4-7 with you so that you can understand the issues involved and in hopes that you can complete the survey. You may modify them as you feel appropriate. This survey opens to everyone interested including the general public.</p> <p>If you would like to learn more about the process you can visit this link:  <a href="https://www.ctcmpao.on.ca/public/consultation/">https://www.ctcmpao.on.ca/public/consultation/</a>.  The Survey is Anonymous. Please click on the link to start: <a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a></p> <p>Questions 1 - 3 are simple.</p> <p>Question 4  Do you have any comments, questions, or concerns about the proposed section under “Registration Requirements” (section 20.4.)?</p> <p>Answer  1. I support the draft registration regulation 20.4 (1) 2: a,b,c,d,e,f,g  2. 3. I support that in 20.4 (1) 2b: the post-secondary doctor of TCM program offered by private or public institutions must be approved by CTCMPAO. The title DTCM for Doctor of Traditional Chinese Medicine is confusing and misleading. To make it clear, Dr. TCM should be used instead of DTCM.</p> <p>Question 5  Do you have any comments, questions, or concerns about the proposed section</p>

under "Additional Terms"(section 20.5)?

Answer

I support the additional terms as outlined.

Question 6

Do you have any comments, questions, or concerns about the proposed section under "Labour Mobility" (section 20.6)?

Answer

I support the Labour Mobility sections outlined.

Question 7

Do you have any other comments, questions, or concerns for Council to consider regarding the draft regulation amendments for the Doctor Title Project?

Answer

I am in favor of the draft regulation in its current format. I am strongly against a "Doctor of TCM Degree" (currently being proposed by some groups) being set as a minimum requirement at this time in Ontario for the following reasons:

1. There is a vocal group of people making proposals to CTCMPAO to require a Doctor of TCM Degree as the minimum education requirement. If accepted, the class of doctor registration will be hindered for a very long time until a doctor of TCM degree program at a Canadian university is developed, approved, and has successful graduates. This proposal will exclude nearly all applicants. It could be detrimental to the doctor title project.
2. 3. 4. 5. 6. 7. 8. Both naturopaths and chiropractors authorized to use the title doctor are trained in private institutions and with a diploma program for over 40 years.

Their doctor title requirements DO NOT require degree for long time.

In British Columbia, the registration for doctor of TCM has existed for over 20 years. BC requires 2 years of university, 5 years of professional TCM program, a minimum of 3250 hours including a minimum of 1000 hours of clinical training. BC also has well established competencies and registration examinations for TCM doctors. As with other professions, the educational requirements should be a combination of length of program and competency based.

There is no "Doctor of TCM Degree" program in BC up to date. There is no "Doctor of TCM Degree" program in Ontario, there is no "Doctor of TCM Degree" program in Canada. It will take many years until a "Doctor of TCM Degree" can be developed, approved, and then have successful graduates so this would only be available to internationally trained TCM Practitioners such as those from China or US.

There have been Advanced TCM Diploma programs (previously called Doctor of TCM Diploma programs) at the doctoral level in Ontario for over 20 years. These programs are 5-year full time, over 4200 total hours including 1200 hour of clinical training with a minimum of 2 years post-secondary education. Graduates of these programs have been approved and passed the BC doctor exams and successfully registered as Dr.TCM in BC.

	<p>In order to ensure that Canadian trained TCM Professionals are eligible for the “Doctor of TCM” exams and registration title, a degree cannot be and should not be mandatory.</p> <p>There is no TCM degree program in Ontario and in Canada for “Doctor of TCM”! It is NOT realistic or reasonable to require a “Doctor of TCM degree” as the minimum education for the Dr.TCM registration requirements.</p> <p>There are Advanced TCM Diploma Programs offered by several private TCM schools in Ontario already and CTCMPAO is in the process of starting program approval to ensure the standard and quality of these programs.</p> <p>I suggest that the educational requirements for doctor of TCM should be: “Successful completion of a post-secondary TCM program at the doctoral level that meets the competency requirements and approved by CTCMPAO.”</p>
64	Seems good so far. I just hope the doctor exam is not a monster
65	The CTCMPAO has done great jobs for the Dr. Class which its draft considering many many factors among the TCM practitioners but also providing high standards for our public. The more TCM patients, the less costs from OHIP, saving tax dollars for the Gov.
66	Because Traditional Chinese Medicine (TCM) and Western medicine are different scientific systems, I hope that future management and assessments can better reflect the characteristics and management requirements of TCM
67	<p>please focus on the traditional chinese medicine knowledge for the registration exam instead of too much marginal western medical terminology since the TCM is discipline of almost 5000 years knowledge which is very difficult to well master it already.</p> <p>Ohterwise, I support the draft registration regulation 20.4 (1) 2: a,b,c,d,e,f,g I support that in 20.4 (1) 2b: the post-secondary doctor of TCM program offered by private or public institutions must be approved by CTCMPAO. The title DTCM for Doctor of Traditional Chinese Medicine is confusing and misleading. To make it clear, Dr. TCM should be used instead of DTCM.</p>
68	I see no need for 2 years of University. 10 years of successful practise should be enough.
89	It is not right to forbid people trained in Canada to be TCM doctors
90	<ol style="list-style-type: none"> <li>1. Experience trained and practicing in the Canadian healthcare system should be valued and included in the evaluation of clinical experience. This will help improve the effectiveness of TCM clinical diagnosis and treatment.</li> <li>2. The academic backgrounds of doctors who received higher education in China should be investigated. Some of these backgrounds are fabricated, and those who reside in Canada but later easily obtained master's or doctoral degrees in TCM deserve even more investigation. Their advanced degrees may have been purchased, as some Chinese universities use the sale of advanced degrees as a commercial and exchange tool. Several TCM doctors I know have obtained their doctoral degree suspiciously.</li> <li>3. Some TCM practitioners should be arranged to conduct actual case analyses and write complete case records on-site. I know a very active TCMP who practiced medicine in Canada for over ten years without writing any case records in Chinese or English, and his medical skills were questionable. However, he recently obtained a "doctoral degree "and has close ties with Chinese medicine merchants.</li> </ol>
91	<p>Subparagraphs 20.4(1)1(a)(i) and 20.4(1)2(a) require:  “two years of study at the bachelor level... or study that is substantially equivalent as determined by the Registration Committee.”  But no definition or guidance is provided.</p>

Questions:

1. Does “equivalent” refer to level, content, credit load, or accreditation?
2. Will international credentials require an ACESC evaluation?
3. How does this align with Path 1 vs Path 2 applicants?
4. This education prerequisite is not comparable to other healthcare professionals in Ontario with same title or even lesser title.

Risk: inconsistent decisions or fairness concerns.

Chiropractic – Doctor of Chiropractic (DC)

The Canadian Memorial Chiropractic College (CMCC) states in its Admissions – Undergraduate policy that the minimum academic requirement is: “Three full years of study (minimum of 15 full courses / 90 credit hours) in a university bachelor’s degree program or at an institution or institutions recognized at the university level...”

So: 3 full years = 90 credits in a bachelor’s program – that is significantly more than the proposed 2-year (roughly 60-credit) expectation for the TCM Doctor class.

Naturopathic Doctor (ND)

The Canadian College of Naturopathic Medicine (CCNM) explicitly requires a completed bachelor’s degree:

“To be considered for admission to the four-year naturopathic program, applicants must have completed a three or four year bachelor’s degree in any discipline at an accredited institution.”

So for ND: a full 3–4 year bachelor’s degree is mandatory, not just “two years” of study.

☒Physiotherapy – MScPT (entry-to-practice)

The University of Toronto MScPT program describes itself as:

“an entry to practice program... designed for students who have completed an undergraduate degree.”

In the Admission Requirements, U of T specifies:

“Appropriate undergraduate degree ... [and] completion of prerequisite courses...”

Queen’s University’s MScPT admissions similarly require:

“Applicants must have a four-year baccalaureate degree ... from a recognized university.”

So: a completed 4-year degree is the standard pre-requisite for physiotherapy entry-to-practice programs.

Optometry – Doctor of Optometry (OD)

The University of Waterloo’s OD program requires at least three years of university-level science before entering the 4-year Doctor of Optometry program:

“Applicants must have completed minimum of three years of full-time Bachelor of Science (BSc) studies, or other university-level science studies...” ☒

The Canadian Association of Optometrists summarizes this pattern nationally:

	<p>“Educational requirements typically include: A minimum of three years of undergraduate education ... and a four or five year university program in optometry.” ☒</p> <p>So: OD is clearly second-entry, built on ≥3 years of undergraduate study.</p> <p>Medicine – MD (for context)</p> <p>The Association of Faculties of Medicine of Canada (AFMC) notes that many MD programs require a four-year undergraduate degree or equivalent for admission:</p> <p>“The minimum requirement is a 4 year undergraduate university degree or equivalent in any discipline from a recognized Canadian university or equivalent.”</p> <p>Even where exceptions exist, the norm is that medicine is a second-entry program requiring at least three to four years of university before MD training.</p> <p>In all comparable Ontario health professions that grant advanced or “doctor” titles (chiropractic, naturopathic medicine, physiotherapy, optometry, and medicine), admission to the professional program is structured as second-entry, normally requiring completion of a full undergraduate degree or at least three years of university study. By contrast, the proposed Doctor of Traditional Chinese Medicine registration requirement of only two years of bachelor-level study is below this norm and is not aligned with the prevailing educational standard for other health professions in Ontario.</p>
92	I don't think the doctor title is a good idea cause the professional level and skills are not sufficient in the situation
93	Make it available for any TCMP
94	RTCM should have the doctor title.
95	Though I support the initiative, I think it would be confusing to call in a DTCM rather than Dr. TCM as in BC.
96	<p>Yes, registration requirement under section 20.4 is requiring a two-year undergrad as my understanding two year is an incomplete undergrad requirement, which means that our profession would be accepting university dropouts people who are incompetent of completing their university degree this is inconsistent with all of the other doctor requirements of the profession.</p> <p>Our profession is not lesser than other professions therefore accepting university dropouts is not acceptable</p>
97	It is a good way to recognize both experienced practitioners and future graduates.
98	560hours *5 year equal to 2800 hours, if I complete the total hours in 6 or 7 years, instead of 5 years, it should also be ok? And the qualification exam should be focused on TCM but not on western medicine since TCM itself is already a very difficult material with the huge information to remember, understand, and applicate. Personally I have an engineer degree and MBA degree, I feel TCM is a materiel much more difficult than other knowledge I learned, western medicine should just a common notion to know but not ask the rare used question for example, name of enzyme, cellular structure... it is harmful guideline to educate competent TCM doctor for the public.
99	One concern: the short form of Dr of TCM; the proposal uses DTCM; I propose using Dr. TCM as the full short form, as DTCM can be confusing; in the short form of DTCM, "D" can represent Diploma, or other abbreviations that represents something other than DOCTOR title. Medical doctors, dentists, and naturopathic doctors all use DR. as the short form for doctor; we should do the same. This will ensure absolutely no confusion, and the public will have perfect clarity at which level their specific practitioner has achieved.
100	I would be happy if the Regulation for the Traditional Chinese Medicine Doctor Class is admitted.

101	<p>I support the creation of a Doctor Class and the intention behind Section 20.4. My main interest is ensuring that the pathways remain fair and reflective of the diverse ways TCM knowledge has been learned and practiced. TCM has both institutional and traditional modes of training, and many experienced practitioners in Ontario were trained in jurisdictions where Doctor-level TCM education already existed. Because of this, I appreciate that multiple pathways are included, and I simply want clarification to ensure they remain accessible to practitioners with deep clinical experience, even when their training doesn't follow a Canadian academic format. My questions are rooted in supporting a fair transition for both new graduates and seasoned clinicians.</p> <ol style="list-style-type: none"> <li>1. How will the College recognize traditional or mentorship-based training when assessing equivalency under Section 20.4?</li> <li>2. Will international Doctor-level programs be clearly recognized as substantially equivalent?</li> <li>3. Can flexibility be considered for visit-count requirements in cases of maternity leave, illness, or other interruptions?</li> <li>4. How will the competency pathway ensure fairness for experienced clinicians whose documentation differs from Canadian academic structures?</li> <li>5. Will guidance be provided to help applicants understand assessment timelines and expectations?</li> </ol>
102	<p>The way it is written is confusing. Looks like there are different requirements for persons with different education and experience who are currently members of the College. It is not clear who are the applicants referred to in 20.4(1) 2.</p> <p>It is also not clear what examinations the applicants must undergo. Do all applicants go through the same examinations? Are applicants required to go through the registration for General class before taking the examinations for Doctor class? What is the logic in requiring an applicant who fails the 4th examination attempt to retake the full doctor of TCM education program before applying again? What is the evidence that an education program can guarantee success in a professional licensing examination where a high level of extensive knowledge and practical experience is expected.</p>
103	<p>No. They are important to guarantee high quality of TCM doctor in the future and benefits for the public.</p>
104	<p>The regulations are over reach and authoritorean imo</p>
105	<p>1) Observation</p> <p>Section 20.4 introduces two major pathways for entry into the Doctor of TCM class:</p> <p>Pathway A — Existing R.TCMPs in good standing  Either 3 years / 2,400 patient visits + Bachelor-level education, or  10 years / 8,000 patient visits(no bachelor education required).</p> <p>Pathway B — New Graduates  Five-year post-secondary DTCM program (≥ 560 theory hours/year + 1,200 clinical hours).</p> <p>Comments / Concerns</p> <p>Positive: Two-pathway model recognizes both experienced practitioners and new entrants from formal programs.</p> <p>Concern 1: No recognition of foreign doctoral or master-level degrees (e.g., China, Hong Kong, Taiwan, Australia etc...). Language “Ontario university or substantially equivalent” leaves ambiguity, who judges equivalence and by what rubric?</p>

Concern 2: Equivalency policy is delegated to the Registration Committee without explicit criteria, risking inconsistent outcomes or barriers for international applicants.

Question: Will the equivalency policy mirror WES or use a profession-specific academic benchmark?

2) Observation: “Two Years of Study at the Bachelor Level” Is Too Low for a Doctor Title

Observation

Section 20.4(1)(a)(i) allows applicants to meet the educational prerequisite for the Doctor class by completing two years of bachelor-level study (or equivalent) — not a full degree.

This effectively means an applicant could qualify with partial undergraduate education (e.g., “university dropout” status), provided they complete the College’s professional and clinical requirements.

Comparison with Other Ontario Doctor-Title Professions: Chiropractor

Academic requirement: 3 years of undergraduate study plus a 4-year Doctor of Chiropractic program

Degree status: Doctoral degree (DC)

Regulatory basis: Chiropractic Act, 1991

Optometrist

Academic requirement: 3 years of undergraduate study plus a 4-year Doctor of Optometry (OD) program

Degree status: Doctoral degree

Regulatory basis: Optometry Act, 1991

Naturopathic Doctor

Academic requirement: 3 years of undergraduate study plus a 4-year professional Doctor of Naturopathy (ND) program

Degree status: Doctoral degree

Regulatory basis: College of Naturopaths of Ontario –O. Reg. 168/15

Doctor of Traditional Chinese Medicine (proposed)

Academic requirement: Only 2 years of undergraduate study + 5-year TCM program

Degree status: Not required to hold any degree

Regulatory basis: O. Reg. 27/13 s. 20.4 (1)(a)(i)

Concerns:

Inconsistent with “doctor title” expectations — All other Ontario “doctor” professions require a completed professional or doctoral degree.

The proposed TCM standard lowers that bar, which may appear academically or symbolically weak.

	<p>Public perception and inter-professional parity — Allowing entry with two years of incomplete undergraduate study risks the perception that TCM “Doctor” designation is not equivalent to other regulated doctor titles. Lack of academic credential verification — “Two years of study” is not a credential; it has no transcript-based equivalency (unlike diplomas or degrees).</p> <p>The regulation doesn’t specify how partial completion will be validated.</p> <p>No link to degree-granting oversight (PEQAB / MCU) — The proposed standard bypasses Ontario’s Post-secondary Education Quality Assessment Board benchmarks, which define “degree-level” learning outcomes at a full four-year level.</p> <p>Recommendations: Raise the educational threshold to require completion of a recognized bachelor’s degree (or equivalent), not merely two years of attendance. Align Doctor of TCM requirements with other Ontario professions that hold the “Doctor” title to maintain parity and protect the credibility of the profession.</p> <p>Include transitional allowances for current R.TCMPs, but not as a permanent minimum for all future Doctor-class applicants.</p>
106	<p>ii. Within twelve years of applying, has practised the profession as a member of the College, in both traditional Chinese acupuncture and traditional Chinese herbal medicine in a manner acceptable to the College for ten years with a minimum of 8,000 patient visits; Should change to: and</p> <p>ii. Within twelve years of applying, has practised the profession as a member of the College, in both traditional Chinese acupuncture and traditional Chinese herbal medicine in a manner acceptable to the College for nine years with a minimum of 8,000 patient visits.</p>
107	<p>does this section take into account transfer of credentials from another Canadian jurisdictions where someone may hold a valid Dr.TCM registration title?</p>
108	<p>1. The TCM not only including Acupuncture that based on the original Meridian Theory, but also including Tuina (Massage), Chinese Herbal Medicines, Cupping, Guasha. 2. The Meridian Theory is as abstract as the Atomic Structure theory, its feasibility has been proven by practice for thousands of years.</p>
109	<p>Section 20.4 list the non exemptible requirements for those members with 3 years and 10 years of practice. I understood those with 10 years were to be exempt from the 2 year undergraduate requirement as explained in the rationale. However, what is currently written does not align with the stated expectation under rationale.</p>
110	<p>I have been practicing as an acupuncturist for 18 years, 4 of them in London, England after graduating with a BSc Hons degree and Lic.Ac. in Acupuncture (3600 hours of lectures and 700 hours of clinical) with an upper 2nd class degree. From CICM associated with Kingston University, London. Would I need to re-train?</p>
111	<p>If a candidate holds a master's or doctoral degree from a Chinese university of traditional Chinese medicine and has a licensed physician qualification certificate for traditional Chinese medicine, they can be deemed eligible to use the title "doctor".</p>
112	<p>I would like to see further updates about this proposal.</p>
113	<p>All practitioners who graduate from accredited 5-year Traditional Chinese Medicine (TCM) programs at official universities in China may not follow the Western “two-year undergraduate plus graduate” model, but they are the ones who receive the most comprehensive and authentic TCM education. They are the true TCM doctors.</p>

	<p>Denying these practitioners the “Doctor” title simply because their education system does not align with Western structures is fundamentally unfair. TCM originated in China — yet practitioners trained at the very source of this ancient and effective medical system are being told they are not qualified to be called doctors.</p> <p>This is not just a technical issue — it reflects a serious disregard for the origins of TCM and the cultural and academic foundations it stands on. To exclude the most qualified TCM professionals from the doctor title is not only unreasonable — it is a form of forgetting the roots of the medicine itself.</p>
114	I believe this should be extended to acupuncturists and not just TCMP's
115	<p>The outlined pathways are well structured; however, the regulation would benefit greatly from a defined Bridge or Transition Pathway for existing experienced R.TCMPs. Many current practitioners have completed advanced training and have over five years of full-time clinical experience with thousands of patient visits. Requiring them to re-enroll in full programs or duplicate prior education is not a fair reflection of their established competencies.</p> <p>A one-year, part-time bridging program —focused on advanced diagnostics, ethics, integrative clinical reasoning, and leadership would ensure these practitioners can meet doctoral-level standards without redundancy. This approach maintains quality, supports fairness, and acknowledges the profession’s maturity.</p>
116	<p>I support s.20.4 provided Ontario adopts the BC aligned title format and display rule. Ex. “Doctor of Traditional Chinese Medicine (Dr.TCM)” shown adjacent to “Dr.” For portability and clarity, please:</p> <ol style="list-style-type: none"> <li>1. Recognize BC Dr.TCM registrants in good standing for Ontario’s Doctor class without re-writing a separate Ontario Doctor exam (Ontario jurisprudence/safety still required).</li> <li>2. Deem the BC Dr.TCM written and clinical exams equivalent for labour mobility entry.</li> <li>3. Confirm title portability BC trained Dr.TCMs registered in Ontario may use “Doctor/Dr.” with the qualifier “of Traditional Chinese Medicine (Dr.TCM).”</li> <li>4. Publish an implementation timeline and transitional rules so 2026–2027 graduates know whether a 2027 BC Dr.TCM exam will be fully recognized in Ontario upon registration.</li> </ol> <p>If Ontario mirrors BC’s Dr.TCM usage and these portability measures are included, I have no objection to s.20.4.</p>
117	Hoping get approval for Doctors level to provide more services
118	The requirement for currently TCM practitioners that we need 3years, 2400 patients visit with evidence from patient records. From time to time TCM practioners may change different clinics and have no excess to previous clinics’ online charting so how can we provide the evidences of patients’ treatments that in the work contract it indicated patients’ records are clinic property?
119	I personally think it dilutes the title of doctor if you do not definitively require university education of ALL who wish to be considered a doctor. I am not a fan of this title, it creates tiered membership and does not encourage interprofessional collaboration.
120	I believe we need a grandparenting program of Dr title on first year. eg. 5 years registered as RTCMP, may allow to just write multiple choice exam, 10 year registered, may allow to no exam.
121	Restricting the qualification to only R.TCMP may unintentionally disadvantage R.Ac practitioners.

**Question: Do you have any comments, questions, or concerns about the proposed section under “Additional Terms” (section 20.5)?**

**Responses**

1	I support the additional terms as outlined.
2	It is clear and reasonable.
3	Any ratio TCM/ acupuncture visits?
4	I agree with the additional terms in section 20.5. They appear resonable and well-structured, and I do not have concerns with the proposed wording.
5	<p>Concern:</p> <p>Section 20.5 requires Doctor-class members to either complete 500 traditional Chinese medicine patient visits every three years or complete a refresher program approved by the Registration Committee within the last 12 months of the three year period. This framework is reasonable in principle, because it recognizes that not all practitioners will meet the 500 visit threshold and provides an alternative route to demonstrate maintenance of competence. However, the regulation does not define what counts as a patient visit, nor does it provide any guidance on the expected structure or content of the refresher program. In Ontario To practice, it is common for initial visits to be 75 minutes to 2 hours and for follow up visits to be 45 minutes to 1 hour. These longer appointment lengths naturally limit the number of patients that can be seen, even when a practitioner is maintaining an active and responsible practice. Without clarification, members may be uncertain how to count visits, when they should rely on the refresher option, and how to plan their practice to remain in compliance.</p> <p>There is also no explanation of how the requirement will be applied to practitioners who take parental leave, medical leave, or experience temporary clinic closures or reduced hours.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Provide a clear definition of "patient visit" and include examples that reflect typical TCM practice patterns in Ontario, where longer appointments are the norm.</li> <li>• Clarify how the refresher program option is intended to be used, and give guidance so practitioners can make informed decisions about whether they should rely on visits, a refresher program, or a combination over time.</li> <li>• Publish criteria for refresher programs, including core competencies to be addressed and how programs will be approved.</li> <li>• Explain what documentation practitioners should keep to demonstrate compliance with the visit requirement or completion of a refresher program.</li> <li>• Indicate how documented leaves of absence or significant life events will be considered when applying the three year requirement, so that members can plan realistically while still maintaining Doctor-level standards.</li> </ul>
6	This section outlines the ongoing requirements for individuals who hold a Doctor certificate of registration within a regulatory framework. These requirements prevent those who do not currently hold a certificate from qualifying for the Doctor of TCM title.
7	I am concerned that the restrictions proposed in Section 20.5 create an unnecessary hierarchy within the profession. Allowing only certain practitioners to use the “Doctor” title may devalue skilled general practitioners who have already undergone rigorous training, clinical hours, and national examination. Public confusion may also arise if the title becomes associated with Western medical expectations, which does not reflect the philosophy or lineage of TCM. The current protected titles already serve the public well, and further stratification is not necessary to ensure safety or competence. Ontario should maintain inclusivity rather than create barriers rooted in titles rather than skill.

8	I have concerns about the requirement of 500 patient visits every three years. While maintaining clinical activity is important, this number may be challenging for practitioners who work part-time, take parental or medical leave, or work in smaller communities with lower patient volume. Competence does not always correlate with visit numbers. There should be more flexibility, such as prorated requirements or recognition of continuing education and professional development. Also, more clarity is needed on what qualifies as a “traditional Chinese medicine patient visit,” especially for those who integrate multiple modalities. The refresher program option is helpful, but details about its length, cost, and availability should be clearly provided to ensure fairness.
9	I could not get access to read the exact terms but I hope that the terms are going to be fair and will also protect patients.
10	License required
11	I don't have any concerns about the proposed section under “Additional Terms” (section 20.5).I think these terms make sense because they help keep the profession accountable, protect patients, and make sure the Doctor of Traditional Chinese Medicine (DTCM) title is used responsibly. Overall, I support adding these requirements since they build trust and strengthen recognition of the profession.
12	Removing title of Doctor of Chinese Medicine from those who have graduated or practiced in this area is insulting.
13	I read it and I think it is OK, although I don't see why we need this temporal status in this profession
14	Finally this is changing and moving forward.
15	The additional terms outlined in Section 20.5 appear appropriate for maintaining accountability and ensuring that members of the Doctor Class continue to meet advanced standards of practice. As an R.TCMP and R.Ac, I support measures that promote public safety. My only suggestion is to ensure that the ongoing obligations are clearly defined, reasonable, and not overly burdensome for practitioners who are already meeting high professional expectations. Clear guidance on continuing education, supervision (if applicable), and renewal requirements would help practitioners better understand what is expected and allow for consistent application across the profession
16	my comment is regarding the non exemptible examination for members who have been in practice for more than 10 years and been a member of the college in good standing since2013. they should be exempted and grandfather to get the doctor title given they have a bachelor degree (in science preferably) and years of clinic experience . why retest them when they have been proven to help thousands of patients throughout their work experience in BC they grandfather the members into this class, then did the exams for those with less experience and new students.
17	Why the acupuncture is not in the list of the dentiste and the chiropractie
18	I believe that a person who has gone through university to practice more traditional medicine, being Chinese medicine, naturopathie etc should be seen as a valued Dr. This way it'll be easier for the public to avoid charlatans.
19	Decision for the doctor class title should be based on an individuals experience in the medical industry and prior knowledge. Not by undergraduate
20	Chiropractors with extensive training and several years of experience should b addressed as doctors
21	What exactly will practitioners who have been practicing for 10 years or more have to do to qualify? How much will this cost? How will this affect their insurance rates? Other than being a Doctor of TCM, what does this mean in terms of medical requisitions, teaching, practicing? Is it just for a status symbol?
22	Doctor title is really unnecessary unless the practitioners would be able to work in hospital setting along with western medical doctors like in China.
23	I support stronger education, clearer competencies, and higher standards. These goals can be met within Ontario's existing training pathways. Other regulated professions (naturopathic medicine and chiropractic) have demonstrated that rigorous private college programs combined with regulatory oversight can uphold doctoral-level titles. The current proposed pathway maintains accessibility and aligns with BC's model by focusing on competency and approved training rather than requiring a university degree.

24	<p>My comment for Section 20.5 is about clarity and consistency. The “Additional Terms” should clearly outline any limits, conditions, or expectations placed on the TCM Doctor Class so that registrants fully understand their scope.</p> <p>I recommend that the College define these terms in plain language, ensure they align with current TCM practice standards, and provide examples where needed. Clear definitions will help protect the public, prevent misunderstandings, and support practitioners in meeting regulatory expectations.</p>
25	<p>As a registered Acupuncturist in good standing with the College, with clinical experience in Ontario (including work in small clinics) and teaching roles at institutions, I appreciate the opportunity to provide input on the proposed Doctor Class during this public consultation. I’ve reviewed the draft regulation (O. Reg. 27/13 amendments) and supporting documents, and while I support efforts to advance our profession, I have concerns about the lack of clear, tangible motivations for ordinary practitioners to pursue this title.</p> <p>From my perspective as frontline clinician and educator, the Doctor Class appears heavily influenced by TCM schools ‘goals to increase enrollment in extended programs (e.g., 4,000+ hour doctoral equivalents). This is understandable for academic growth, but it leaves a gap: what meaningful benefits does it offer established General Class members like myself? The current framework emphasizes prestige and mastery in areas like complex diagnostics and interprofessional collaboration, but without expanding the scope of practice or providing exclusive privileges, the incentive to invest additional time, money, and resources feels insufficient.</p> <p>For instance: Tangible Hierarchy Needed: To create a true career ladder, the title should confer specific advantages, such as eligibility for advanced procedures within TCM scope, participation in government-funded health plans (e.g., enhanced integration with OHIP or public wellness programs), or prioritized roles in multidisciplinary teams. This would mirror hierarchies in other regulated health professions and motivate mid-career practitioners to upgrade, rather than relying on vague promises of enhanced recognition.</p> <p>Addressing Practitioner ROI: Indirect perks like improved marketability or teaching opportunities are appealing but often intangible for those not in academia. Many of us in private practice already handle diverse cases effectively under General Class—why pursue exemptions, bridging programs, or exams without direct payoffs like reduced liability through advanced QA ties or better insurance reimbursements? Risk of Limited Adoption: If benefits remain symbolic, adoption may be low among experienced practitioners, potentially limiting the class to new graduates pushed by schools.</p> <p>This could undermine the project's aim to elevate overall standards and public trust. I suggest incorporating feedback from grassroots surveys to add practitioner-focused incentives, such as pilot programs linking the title to billing enhancements or leadership certifications.</p> <p>Overall, project like this must serve clear motivations for applicants to succeed. If practitioners don’t see substantial value beyond a title, its implementation may not achieve the intended professional elevation. I urge the College to refine the regulation with more explicit, clinician-centered benefits before submission to the Ministry of Health.</p>
26	<p>I understand the intent behind requiring Doctor-class members to complete 500 patient visits every three years, but this expectation may be difficult for practitioners who work part-time or experience temporary breaks in practice. While the refresher program provides an alternative, additional flexibility such as recognizing supervised practice or broader continuing education activities could help ensure fairness without compromising competency. It would also be helpful to have clearer guidance on how these requirements will be evaluated.</p>
27	<p>Use “Dr. TCM”, not “DTCM”</p> <p>The College is proposing the title “DTCM”. This acronym is confusing and inconsistent with national standards. Many practitioners support the clearer and more appropriate title “Dr. TCM”, which aligns with BC model, follows international norms, and avoids confusion with diploma abbreviations.</p>

28	<p>1. We Support the Education Requirements as Proposed: There has been a push to change the educational requirements to make a university-based TCM degree the only acceptable pathway to a Doctor Title. If adopted, every practitioner trained in Ontario and across North America would be excluded from eligibility, as there is no university TCM program in this province or this country, and our private colleges are not university-accredited. TCMO supports the education requirements as outlined in the current Registration Regulation amendments.</p> <p>2. We Support Raising Standards, Not Barriers TCMO supports stronger education, career competencies, and higher standards. These goals can be met within Ontario’s existing training pathways. Other regulated professions (naturopathic medicine and chiropractic) have demonstrated that rigorous private college programs combined with regulatory oversight can uphold doctoral-level titles. The current proposed pathway maintains accessibility and aligns with BC’s model by focusing on competency and approved training rather than requiring university degree.</p> <p>3. Use “Dr. TCM”, not “DTCM” The College is proposing the title “DTCM”. This acronym is confusing and inconsistent with national standards. Many practitioners support the clearer and more appropriate title “Dr. TCM”, which aligns with BC model, follows international norms, and avoids confusion with diploma abbreviations.</p>
29	<p>It would be better if the college can provide details on "proof" of patient visits so that members can properly prepare such documentation, and not having to spend extreme effort to provide such documentation on top of their clinical practical burden.</p>
30	<p>These measures are essential requirements to effectively ensure the clinical competence of registered Chinese medicine practitioners.</p>
31	<p>From: Mary Wu – President To: Students, Graduates, Faculty and Staff Refer to: CTCMPAO Consultation and Survey: Draft Regulation for the TCM Doctor Class.</p> <p>Dear Students, Graduates and Faculty, The CTCMPAO is consulting all stakeholders on the Draft Regulation for the “Doctor Title”, conducting a SURVEY (<a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a>) and the deadline is December 1st 2025.</p> <p>We are aware that some people are pushing for doctor of TCM “degree” as the minimum education requirement. This means that no one trained in Canada could qualify for the “Doctor of TCM” registration, and the doctor title for the TCM profession in Ontario may be jeopardized forever. We encourage you all to complete the survey and to help moving this forward in the right direction.</p> <p>We are sharing our answers to questions 4-7 with you so that you can understand the issues involved and in hopes that you can complete the survey. You may modify them as you feel appropriate. This survey opens to everyone interested including the general public.</p> <p>If you would like to learn more about the process you can visit this link: <a href="https://www.ctcmpao.on.ca/public/consultation/">https://www.ctcmpao.on.ca/public/consultation/</a>. The Survey is Anonymous. Please click on the link to start: <a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a></p> <p>Questions 1 - 3 are simple.</p>

Question 4

Do you have any comments, questions, or concerns about the proposed section under "Registration Requirements" (section 20.4.)?

Answer

1. I support the draft registration regulation 20.4 (1) 2: a,b,c,d,e,f,g

2. 3. I support that in 20.4 (1) 2b: the post-secondary doctor of TCM program offered by private or public institutions must be approved by CTCMPAO. The title DTCM for Doctor of Traditional Chinese Medicine is confusing and misleading. To make it clear, Dr. TCM should be used instead of DTCM.

Question 5

Do you have any comments, questions, or concerns about the proposed section under "Additional Terms"(section 20.5)?

Answer

I support the additional terms as outlined.

Question 6

Do you have any comments, questions, or concerns about the proposed section under "Labour Mobility" (section 20.6)?

Answer

I support the Labour Mobility sections outlined.

Question 7

Do you have any other comments, questions, or concerns for Council to consider regarding the draft regulation amendments for the Doctor Title Project?

Answer

I am in favor of the draft regulation in its current format. I am strongly against a "Doctor of TCM Degree" (currently being proposed by some groups) being set as a minimum requirement at this time in Ontario for the following reasons:

1. There is a vocal group of people making proposals to CTCMPAO to require a Doctor of TCM Degree as the minimum education requirement. If accepted, the class of doctor registration will be hindered for a very long time until a doctor of TCM degree program at a Canadian university is developed, approved, and has successful graduates. This proposal will exclude nearly all applicants. It could be detrimental to the doctor title project.
- 2.
3. 4. 5. 6. 7. 8. Both naturopaths and chiropractors authorized to use the title doctor are trained in private institutions and with a diploma program for over 40 years.

Their doctor title requirements DO NOT require degree for long time.

	<p>In British Columbia, the registration for doctor of TCM has existed for over 20 years. BC requires 2 years of university, 5 years of professional TCM program, a minimum of 3250 hours including a minimum of 1000 hours of clinical training. BC also has well established competencies and registration examinations for TCM doctors. As with other professions, the educational requirements should be a combination of length of program and competency based.</p> <p>There is no “Doctor of TCM Degree” program in BC up to date. There is no “Doctor of TCM Degree” program in Ontario, there is no “Doctor of TCM Degree” program in Canada. It will take many years until a “Doctor of TCM Degree” can be developed, approved, and then have successful graduates so this would only be available to internationally trained TCM Practitioners such as those from China or US.</p> <p>There have been Advanced TCM Diploma programs (previously called Doctor of TCM Diploma programs) at the doctoral level in Ontario for over 20 years. These programs are 5-year full time, over 4200 total hours including 1200 hour of clinical training with a minimum of 2 years post-secondary education. Graduates of these programs have been approved and passed the BC doctor exams and successfully registered as Dr.TCM in BC.</p> <p>In order to ensure that Canadian trained TCM Professionals are eligible for the “Doctor of TCM” exams and registration title, a degree cannot be and should not be mandatory.</p> <p>There is no TCM degree program in Ontario and in Canada for “Doctor of TCM”! It is NOT realistic or reasonable to require a “Doctor of TCM degree” as the minimum education for the Dr.TCM registration requirements.</p> <p>There are Advanced TCM Diploma Programs offered by several private TCM schools in Ontario already and CTCMPAO is in the process of starting program approval to ensure the standard and quality of these programs.</p> <p>I suggest that the educational requirements for doctor of TCM should be: “Successful completion of a post-secondary TCM program at the doctoral level that meets the competency requirements and approved by CTCMPAO.”</p>
32	<p>It is ok, but special time period such as Covid pandemic, it might be thinking about it.</p>
	<p>I think to have a doctor title. Minimum requirement should have a degree and also trained in Western Medicine. TCM doctor should have both TCM and Western Medicine knowledge so they can have an ability to do cross referencing what kind of TCM herbal medicine should use in any condition. In Canada, TCM doctor should be fluent in English as well. Any medical profession such as dentist, chiropractor, physiotherapist they are all practice in English. If we want to match the level of Dr title, we should have the same level of knowledge and time of training to earn that title. Dentist and chiropractor must have a degree and then further train in 4-year in their field. Dentist from other country, they need to take English class and retraining the standard of techniques using in Ontario or Canada. After they will have to go for a board exam. So I think if we want to get the doctor title, we need to match with the same kind of standard. I don’t have a degree. I never thought I could have a doctor unless I go back to the University to study a medical degree. Otherwise, I don’t think I could carry that title.</p>
33	<ol style="list-style-type: none"> <li>1. Experience trained and practicing in the Canadian healthcare system should be valued and included in the evaluation of clinical experience. This will help improve the effectiveness of TCM clinical diagnosis and treatment.</li> <li>2. The academic backgrounds of doctors who received higher education in China should be investigated. Some of these backgrounds are fabricated, and those who reside in Canada but later easily obtained master's or doctoral degrees in TCM deserve even more investigation. Their advanced</li> </ol>

	<p>degrees may have been purchased, as some Chinese universities use the sale of advanced degrees as a commercial and exchange tool. Several TCM doctors I know have obtained their doctoral degrees suspiciously.</p> <p>3. Some TCM practitioners should be arranged to conduct actual case analyses and write complete case records on-site. I know a very active TCMP who practiced medicine in Canada for over ten years without writing any case records in Chinese or English, and his medical skills were questionable. However, he recently obtained a "doctoral degree" and has close ties with Chinese medicine merchants.</p>
34	<p>In 20.5(1)(ii), the refresher requirement is referenced but never defined in this section. Questions:</p> <ul style="list-style-type: none"> <li>• How many hours?</li> <li>• What content?</li> <li>• How often can it be repeated?</li> <li>• Is it equivalent to the DTCM competencies?</li> <li>• Must it include both herbs and acupuncture?</li> </ul>
35	<p>I support the draft registration regulation 20.4 (1) 2: a,b,c,d,e,f,g and I support that in 20.4 (1)2b: the post-secondary doctor of TCM program be approved by CTCMPO. The title DTCM for Doctor of Traditional Chinese Medicine is confusing and misleading. To make it clear, Dr. TV should be used instead of DTCM.</p>
36	<p>There have been Advanced TCM Diploma programs (previously called Doctor of TCM Diploma programs) at the doctoral level in Ontario for over 20 years. These programs are 5-year fulltime, over 4200 total hours including 1200 hour of clinical training with a minimum of 2 years post-secondary education. Graduates of these programs have been approved and passed the doctor exams and successfully registered as Dr.TCM in BC.</p>
37	<p>I think that the current suggested competency requirements put forth by the college are fair and reasonable. No degree in TCM should be required as it does not exist and will not exist for many years. The most important thing is Successful completion of a formal doctoral level TV program that meet the competency requirements and approved by CTCMPO.</p>
38	<p>Including the total 1200 clinic hours should not be limited in 5 years, but ring 8-10 years; since western doctor needs almost 10 years study, TCM studies is even harder since we diagnoses over the material based body</p>
39	<p>NUMBER OF PATIENTS REQUIRED TO TREAT IN THREE YEARS SHOULD 300 OR LESS.</p>
40	<p>Also it makes sense to grandparent people who have practiced TCM for a long time as was done for regulation was implemented.</p>
41	<p>Growing industry needs to o have a Dr title</p>
42	<p>support the intent behind Section 20.5 and agree that maintaining ongoing clinical currency is important for public safety and for upholding the advanced standards of the Doctor Class. Only seek clarification on how this requirement will be applied in situations where a practitioner may have legitimate gaps in practice, such as maternity leave, illness, caregiving responsibilities, or cultural obligations. Ensuring that the refresher-program option remains accessible and fair in those circumstances would support a balanced and equitable approach. Will the College provide clear guidance on how maternity leave, medical leave, or other legitimate interruptions will be accommodated within the 3-year/500-visit requirement?</p> <p>How accessible and reasonably timed will refresher programs be for members who need them?</p> <p>If someone completes most, but not all, of the 500 visits, is there flexibility short of mandatory QA review?</p> <p>How will the College ensure consistent application of this requirement across different practice settings (e.g., smaller clinics, rural practices, community-based care)?</p>

43	What does 500 patient visit mean? If it refers to 500 face-to-face diagnosis and treatment encounters between doctor and patients, 500 in 3 years is minimal - averaging 150 encounters in a year. Consider how many patients a family physician has to deal with every day!
44	too complicated
45	<p>Key Concerns &amp; Questions:</p> <p>1. Disproportionate Burden for Part-Time or Academic Practitioners  Concern: Many future Doctor-class members are likely to work as educators, researchers, or clinical supervisors rather than full-time clinicians. These practitioners could easily fall below 500 visits in 3 years despite maintaining high-level expertise.</p> <p>Suggestion: Add flexibility—e.g., allow teaching, research, or supervised clinical hours to count toward maintaining competence.</p> <p>2. Automatic QA Referral  Concern: Mandatory QA referral for any non-compliance could create excessive workload for the College and anxiety among members. Suggestion: Add an intermediate administrative step (e.g., Registrar review) before mandatory referral to assess context such as illness, parental leave, or part-time practice.</p>
46	"patient visits" may alienate registrants who are working in educational institutions or within regulatory regimes/other who are providing TCM expertise but may not be in full time practice
47	1. The TCM not only including Acupuncture that based on the original Meridian Theory, but also including Tuina (Massage), Chinese Herbal Medicines, Cupping, Guasha. 2. The Meridian Theory is as abstract as the Atomic Structure theory, its feasibility has been proven by practice for thousands of years.
48	Excellent work! So happy to see the different pathways. Noted that those with 10 years experience are exempt from the 2 year undergraduate degree. However, the regulations did not say this. It is under rationale. I think this needs to be in the regulation under 20.4.I would not trust another Council.
49	Candidates on BA degree on TCM or medical background would be better for the basic requirements for doctor title
50	The ongoing competency requirement of 500 patient visits every three years is reasonable for full-time practitioners but could disadvantage those in specialized or lower-volume practices(e.g., fertility, geriatrics, home visits). A more flexible model — such as allowing CE credits, mentorship, or supervision hours to substitute part of this requirement would ensure inclusivity while maintaining accountability.
51	<p>As an additional term, require “Doctor/Dr.” to appear immediately with “of Traditional Chinese Medicine (Dr.TCM)” across signage, consent forms, ads, websites, social media, e-booking, and include registration class/number.</p> <p>Prohibit using “DTCM” alone to imply the regulated title.QA/CPD expectations for the Doctor class</p> <p>Publish an annual CPD minimum and eligible activities, prioritizing herb-drug interactions, diagnostics/triage, research literacy, and supervision/teaching credits.</p>
52	visits should be changed to hours. A 10 minute community acupuncture session is not the same as 30 or 60 minutes of direct patient care

**Question: Do you have any comments, questions, or concerns about the proposed section under "Labour Mobility" (section 20.6)?**

**Responses:**

1	I support the Labour Mobility section as outlined.
2	I support the labour mobility provisions as written. They maintain fairness for practitioners relocating from other provinces while ensuring appropriate regulatory oversight.
3	<p>Comment:</p> <p>Section 20.6 correctly supports labour mobility for applicants who already hold a Doctor of TCM registration in another Canadian jurisdiction. This is especially relevant for British Columbia, where CTCMA has an operational Dr.TCM registration class. The use of the Pan Canadian examination as a common standard already helps align Doctor-level assessment across provinces. Concern:</p> <p>Section 20.6(3) requires the applicant to show that, within the last three years, they have “practised the profession of traditional Chinese medicine to the extent that would be permitted by a Doctor of Traditional Chinese Medicine certificate of registration.” In practice, there are already practitioners who:</p> <ul style="list-style-type: none"> <li>• hold Dr.TCM registration in British Columbia, but</li> <li>• moved to Ontario before the Doctor class existed, and</li> <li>• are currently registered and practicing in Ontario as R.TCMP.</li> </ul> <p>These practitioners may be providing full-scope TCM care in Ontario, but they are not able to use the Doctor title here yet, because the class is only now being introduced. It is not clear whether their Ontario practices R.TCMP will be recognized as Doctor-level practice for the purpose of meeting the three year recency requirement in section 20.6(3). Without clarification, there is a risk that applicants who have been actively practising in Ontario could be treated as if they have not been practising at the Doctor level simply because the Doctor class was not previously available in Ontario.</p> <p>Questions:</p> <ul style="list-style-type: none"> <li>• If a practitioner holds Dr.TCM registration in British Columbia but has been practising in Ontario R.TCMP, will this Ontario practice be accepted as Doctor-level practice for the purposes of the three year residency requirement in section 20.6(3).</li> <li>• Will the College focus on the scope and nature of the actual clinical work performed, rather than the Ontario class label, when deciding whether the practitioner has been practising “to the extent” permitted by a Doctor certificate.</li> <li>• What documentation will such practitioners need to provide in order to demonstrate that their Ontario R.TCMP practice has been equivalent to Doctor-level practice in terms of scope and complexity.</li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Clarify in policy or guidance that, for labour mobility applicants, Ontario will consider the substance of the applicant’s clinical work, including their BC Dr.TCM registration and their Ontario R.TCMP practice, when determining whether they have practised at a Doctor-equivalent level within the last three years.</li> <li>• Provide specific examples that address the situation of BC Dr.TCM registrants who relocated to Ontario and registered only as R.TCMP, so they can understand how their practice will be evaluated under section 20.6(3).</li> </ul>

	<ul style="list-style-type: none"> <li>• Include instructions on the types of records and documentation that such practitioners should submit to demonstrate that their Ontario practice meets the expected Doctor-level standard.</li> </ul>
4	<p>Section 20.6 appears to narrow eligibility pathways toward a single, formalized educational route, which is not aligned with the essence of TCM. Some of the most respected TCM masters in history—and today—were trained through mentorship, apprenticeship, and specialized lineage schools. Ontario’s existing structure already allows multiple legitimate training routes while maintaining high standards through examination. I strongly oppose any amendments that restrict access to becoming a qualified practitioner or that invalidate non-college training models. TCM thrives when diverse educational pathways are honoured, and any new regulation should preserve—not diminish—this cultural and historical foundation.</p>
5	<p>I genuinely wonder why Practitioners (and Doctors) of TCM can’t just practise freely across Canada. The training and professional standards are already well-established, and several provinces regulate TCM in very similar ways. If those standards are comparable, why not recognize them across the country?</p> <p>It could really help with access to care too -especially for people in smaller or rural communities who may not have many options. Plus, it supports practitioners who want to move for family, work, or personal reasons without having to jump through a whole new set of hoops each time.</p> <p>It seems like a practical, patient-friendly idea that could strengthen the health-care landscape overall.</p>
6	<p>I support labour mobility, but Section 20.6 could be clearer. The requirement for “additional training or assessments” for out-of-province applicants is very broad, and more transparency is needed on how these decisions are made. It would also help to clarify what documents count as acceptable proof of good standing to prevent delays or confusion for applicants moving to Ontario.</p>
7	<p>It is important the doctor speaks and understands English and can perform an in-depth patient intake in English in Ontario. It is important that education and practice can be verified. Even verified through government registration of the business and tax filings, patient records and audits as there are too many fake documents easily accessible.</p>
8	<p>This is important as labor mobility may increase in the coming decade.</p>
9	<p>I don’t have any concerns about the proposed section under “Labour Mobility” (section 20.6). I think it’s important to make it easier for qualified practitioners from other provinces or regions to work in Ontario. This helps keep standards consistent, supports the new Doctor of Traditional Chinese Medicine (DTCM) title, and makes sure patients have access to well-trained professionals no matter where they come from.</p>
10	<p>The proposed Labour Mobility provisions in Section 20.6 are important to ensure fairness and consistency for practitioners entering Ontario from other regulated jurisdictions. I support the intention to uphold the same high standards for all applicants. My suggestion is to ensure that the process remains transparent and clearly outlines what documentation, assessments, or competency verification will be required. This will help prevent confusion and ensure that qualified practitioners from other provinces can transition smoothly while still meeting Ontario’s expectations for public safety and professional competency</p>
11	<p>my comment is regarding the non exemptible examination for members who have been in practice for more than 10 years and been a member of the college in good standing since 2013. they should be exempted and grandfather to get the doctor title given they have a bachelor degree (in science preferably) and years of clinic experience . why retest them when they have been proven to help thousands of patients throughout their work experience. in BC they grandfather the members into this class, then did the exams for those with less experience and new students.</p>
12	<p>Put them in the same level that every other one in the list of the docteur. ( chiropractie)</p>
13	<p>Most of it sounds fine. But what about TCM Doctors who are certified in China? If there English or French language skills are lacking will they be exempt from practising a medicine deeply rooted in their culture?</p>

14	It is not necessary to have Doctor title. Please advocate more of R.Ac and R.TCMP to publics. a lot of them are not exposed or aware of the benefit of TCM yet.
15	Nothing. I just want to make sure having clear distinction between naturopathic doctors.
16	<p>My concern regarding Section 20.6 is the lack of detail about how labour mobility will apply to experienced practitioners from other provinces or jurisdictions.</p> <p>To support fairness and workforce mobility, the regulation should:</p> <ul style="list-style-type: none"> <li>• clearly define equivalent standards,</li> <li>• outline how clinical hours and advanced training from other jurisdictions will be recognized,</li> <li>• ensure timely assessments, and</li> <li>• provide a transparent pathway for practitioners seeking to transfer into Ontario’s TCM Doctor Class. Clear guidelines will strengthen interprovincial mobility while maintaining public safety and consistent professional standards.</li> </ul>
17	<p>As a registered Acupuncturist in good standing with the College, with clinical experience in Ontario (including work in small clinics) and teaching roles at institutions, I appreciate the opportunity to provide input on the proposed Doctor Class during this public consultation. I've reviewed the draft regulation (O. Reg. 27/13 amendments) and supporting documents, and while I support efforts to advance our profession, I have concerns about the lack of clear, tangible motivations for ordinary practitioners to pursue this title.</p> <p>From my perspective as a frontline clinician and educator, the Doctor Class appears heavily influenced by TCM schools' goals to increase enrollment in extended programs (e.g., 4,000+ hour doctoral equivalents). This is understandable for academic growth, but it leaves a gap: what meaningful benefits does it offer established General Class members like myself? The current framework emphasizes prestige and mastery in areas like complex diagnostic and interprofessional collaboration, but without expanding the scope of practice or providing exclusive privileges, the incentive to invest additional time, money, and resources feels insufficient.</p> <p>For instance:</p> <p><b>Tangible Hierarchy Needed:</b> To create a true career ladder, the title should confer specific advantages, such as eligibility for advanced procedures within scope, participation in government-funded health plans (e.g., enhanced integration with OHIP or public wellness programs), or prioritized roles in multidisciplinary teams. This would mirror hierarchies in other regulated health professions and motivate mid-career practitioners to upgrade, rather than relying on vague promises of enhanced recognition.</p> <p><b>Addressing Practitioner ROI:</b> Indirect perks like improved marketability or teaching opportunities are appealing but often intangible for those not in academia. Many of us in private practice already handle diverse cases effectively under General Class—why pursue exemptions, bridging programs, or exams without direct payoffs like reduced liability through advanced QA ties or better insurance reimbursements?</p> <p><b>Risk of Limited Adoption:</b> If benefits remain symbolic, adoption may be low among experienced practitioners, potentially limiting the class to new graduates pushed by schools. This could undermine the project's aim to elevate overall standards and public trust. I suggest incorporating feedback from grassroots surveys to add practitioner-focused incentives, such as pilot programs linking the title to billing enhancements or leadership certifications.</p>

	<p>Overall, a project like this must serve clear motivations for applicants to succeed. If practitioners don't see substantial value beyond a title, its implementation may not achieve the intended professional elevation. I urge the College to refine the regulation with more explicit, clinician-centered benefits before submission to the Ministry of Health.</p>
18	<p>I value that the labour mobility section is designed to meet national standards, but further clarity would be helpful. Many jurisdictions do not have a Doctor-level TCM designation, so it is unclear how the College will assess whether an out-of-province applicant's education and experience are equivalent. More detailed guidance, or the possibility of transitional or bridging pathways for qualified practitioners moving to Ontario, would help ensure fairness and consistency in the evaluation process.</p>
19	<p>From: Mary Wu – President  To: Students, Graduates, Faculty and Staff  Refer to: CTCMPAO Consultation and Survey:  Draft Regulation for the TCM Doctor Class.</p> <p>Dear Students, Graduates and Faculty,  The CTCMPAO is consulting all stakeholders on the Draft Regulation for the “Doctor Title”, conducting a SURVEY (<a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a>) and the deadline is December 1st 2025.</p> <p>We are aware that some people are pushing for doctor of TCM “degree” as the minimum education requirement. This means that no one trained in Canada could qualify for the “Doctor of TCM” registration, and the doctor title for the TCM profession in Ontario may be jeopardized forever. We encourage you all to complete the survey and to help moving this forward in the right direction.</p> <p>We are sharing our answers to questions 4-7 with you so that you can understand the issues involved and in hopes that you can complete the survey. You may modify them as you feel appropriate. This survey opens to everyone interested including the general public.</p> <p>If you would like to learn more about the process you can visit this link:  <a href="https://www.ctcmpao.on.ca/public/consultation/">https://www.ctcmpao.on.ca/public/consultation/</a>.  The Survey is Anonymous. Please click on the link to start: <a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a></p> <p>Questions 1 - 3 are simple.</p> <p>Question 4  Do you have any comments, questions, or concerns about the proposed section under “Registration Requirements” (section 20.4.)?</p> <p>Answer  1. I support the draft registration regulation 20.4 (1) 2: a,b,c,d,e,f,g  2. 3. I support that in 20.4 (1) 2b: the post-secondary doctor of TCM program offered by private or public institutions must be approved by CTCMPAO. The title DTCM for Doctor of Traditional Chinese Medicine is confusing and misleading. To make it clear, Dr. TCM should be used instead of DTCM.</p>

Question 5

Do you have any comments, questions, or concerns about the proposed section under "Additional Terms"(section 20.5)?

Answer

I support the additional terms as outlined.

Question 6

Do you have any comments, questions, or concerns about the proposed section under "Labour Mobility" (section 20.6)?

Answer

I support the Labour Mobility sections outlined.

Question 7

Do you have any other comments, questions, or concerns for Council to consider regarding the draft regulation amendments for the Doctor Title Project?

Answer

I am in favor of the draft regulation in its current format. I am strongly against a "Doctor of TCM Degree" (currently being proposed by some groups) being set as a minimum requirement at this time in Ontario for the following reasons:

1. There is a vocal group of people making proposals to CTCMPAO to require a Doctor of TCM Degree as the minimum education requirement. If accepted, the class of doctor registration will be hindered for a very long time until a doctor of TCM degree program at a Canadian university is developed, approved, and has successful graduates. This proposal will exclude nearly all applicants. It could be detrimental to the doctor title project.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
8. Both naturopaths and chiropractors authorized to use the title doctor are trained in private institutions and with a diploma program for over 40 years.

Their doctor title requirements DO NOT require degree for long time.

In British Columbia, the registration for doctor of TCM has existed for over 20 years. BC requires 2 years of university, 5 years of professional TCM program, a minimum of 3250 hours including a minimum of 1000 hours of clinical training. BC also has well established competencies and registration examinations for TCM doctors. As with other professions, the educational requirements should be a combination of length of program and competency based.

There is no "Doctor of TCM Degree" program in BC up to date. There is no "Doctor of TCM Degree" program in Ontario, there is no "Doctor of TCM Degree" program in Canada. It will take many years until a "Doctor of TCM Degree" can be developed, approved, and then have successful graduates so this would only be available to internationally trained TCM Practitioners such as those from China or US.

	<p>There have been Advanced TCM Diploma programs (previously called Doctor of TCM Diploma programs) at the doctoral level in Ontario for over 20 years. These programs are 5-year full time, over 4200 total hours including 1200 hour of clinical training with a minimum of 2 years post-secondary education. Graduates of these programs have been approved and passed the BC doctor exams and successfully registered as Dr.TCM in BC.</p> <p>In order to ensure that Canadian trained TCM Professionals are eligible for the “Doctor of TCM” exams and registration title, a degree cannot be and should not be mandatory.</p> <p>There is no TCM degree program in Ontario and in Canada for “Doctor of TCM”! It is NOT realistic or reasonable to require a “Doctor of TCM degree” as the minimum education for the Dr.TCM registration requirements.</p> <p>There are Advanced TCM Diploma Programs offered by several private TCM schools in Ontario already and CTCMPAO is in the process of starting program approval to ensure the standard and quality of these programs.</p> <p>I suggest that the educational requirements for doctor of TCM should be: “Successful completion of a post-secondary TCM program at the doctoral level that meets the competency requirements and approved by CTCMPAO.”</p>
20	<p>Training received in China should be included in Doctor title transfer and 500 hours / 3 years continuing education program, since the huge knowledge is still in China, it is important to encourage the exchange through the Canadian- Chinese when they travel back to their original country.</p>
21	<p>I am in favor of the draft regulation in its current format.</p> <p>I am strongly against a “Doctor of TCM Degree” (currently being proposed by some groups) being set as a minimum requirement at this time in Ontario for the following reasons:</p> <ol style="list-style-type: none"> <li>1. There is a vocal group of people making proposals to CTCMPAO to require a Doctor of TCM Degree as the minimum education requirements. If accepted, the class of doctor registration will be hindered for a very long time until a doctor of TCM degree program at a Canadian university is developed, approved, and has successful graduates. This proposal will exclude nearly all applicants. It could be detrimental to the doctor title project.</li> <li>2. Both naturopaths and chiropractors authorized to use the title doctor are trained in private institutions and with a diploma program for over 40 years. Their doctor title requirements DO NOT require degree for long time.</li> <li>3. In British Columbia, the registration for doctor of TCM has existed for over 20years. BC requires 2 years of university, 5 years of professional TCM program, a minimum of 3250 hours including a minimum of 1000 hours of clinical training. BC also has well established competencies and registration examinations for TCM doctors. As with other professions, the educational requirements should be a combination of length of program and competency based.</li> <li>4. There is no “Doctor of TCM Degree” program in BC up to date. There is no “Doctor of TCM degree” program in Ontario, there is no “Doctor of TCM Degree” program in Canada. It will take many years until a “Doctor of TCM Degree” can be developed, approved, and then have successful graduates so this would only be available to internationally trained TCM Practitioners such as those from China or US.</li> <li>5. There have been Advanced TCM Diploma programs(previously called Doctor of TCM Diploma programs) at the doctoral level in Ontario for over 20 years. These programs are 5-year full time, over 4200 total hours including 1200 hour of clinical training with a minimum of 2 years post-secondary education. Graduates of these programs have been approved and passed the BC doctor exams and successfully registered as Dr.TCM in BC.</li> </ol>

	<p>6. In order to ensure that Canadian trained TCM Professionals are eligible for the “Doctor of TCM” exams and registration title, a degree cannot be and should not be mandatory.</p> <p>7. There is no TCM degree program in Ontario and in Canada for “Doctor of TCM”! It is NOT realistic or reasonable to require a “Doctor of TCM degree” as the minimum education for the Dr.TCM registration requirements.</p> <p>8. There are Advanced TCM Diploma Programs offered by several private TCM schools in Ontario already and CTCMPAO is in the process of starting program approval to ensure the standard and quality of these programs.</p>
22	<p>1. Experience trained and practicing in the Canadian healthcare system should be valued and included in the evaluation of clinical experience. This will help improve the effectiveness of TCM clinical diagnosis and treatment.</p> <p>2. The academic backgrounds of doctors who received higher education in China should be investigated. Some of these backgrounds are fabricated, and those who reside in Canada but later easily obtained master's or doctoral degrees in TCM deserve even more investigation. Their advanced degrees may have been purchased, as some Chinese universities use the sale of advanced degrees as a commercial and exchange tool. Several TCM doctors I know have obtained their doctoral degrees suspiciously.</p> <p>3. Some TCM practitioners should be arranged to conduct actual case analyses and write complete case records on-site. I know a very active TCMP who practiced medicine in Canada for over ten years without writing any case records in Chinese or English, and his medical skills were questionable. However, he recently obtained a "doctoral degree "and has close ties with Chinese medicine merchants.</p>
23	<p><b>COMPETENCY &amp; PUBLIC-SAFETY CONCERNS</b></p> <p>2.1. Full exemptions may allow underqualified practitioners to be registered as Doctor Class. Section 20.6(1) deems out-of-province applicants to have met:</p> <ul style="list-style-type: none"> <li>• undergraduate requirement</li> <li>• 5-year DTCM program requirement</li> <li>• 1200 hours clinical</li> <li>• safety program</li> <li>• jurisprudence</li> <li>• registration exams</li> <li>• panel competency assessment</li> </ul> <p>This is extremely broad. It effectively makes labour-mobility applicants exempt from most Doctor-Class requirements.</p> <p>Concern: A practitioner from another province who is licensed only as “TCM Practitioner” (not Doctor) could be deemed to meet all advanced DTCM competencies without ever having completed:</p> <ul style="list-style-type: none"> <li>• a doctoral-level program</li> <li>• 1200 supervised clinical hours</li> <li>• doctor-level assessments</li> </ul> <p>This is a serious public-safety and fairness issue. What happens if an out-of-province “TCM Practitioner” applies?</p> <p>Would the College:</p> <ul style="list-style-type: none"> <li>• treat them as equivalent to Ontario’s General Class TCMP?</li> </ul>

	<ul style="list-style-type: none"> <li>• or as equivalent to Doctor Class?</li> </ul> <p>The regulation does not say, leading to ambiguity and potential misinterpretation.</p> <p><b>FAIRNESS &amp; UNINTENDED CONSEQUENCES</b></p> <p>5.1. Ontario-trained applicants would be held to a higher standard</p> <p>Ontario DTCM applicants must:</p> <ul style="list-style-type: none"> <li>• complete 2 years undergrad (recommend 3-4 years Degree completed)</li> <li>• finish a5-year DTCM program</li> <li>• complete 1200 hours clinical</li> <li>• pass Doctor-level examinations</li> <li>• pass competency assessment panel</li> </ul> <p>An out-of-province applicant (with no DTCM credential) may bypass all of these. This creates:</p> <ul style="list-style-type: none"> <li>• inequity for Ontario members</li> <li>• potential reputational damage</li> <li>• • risk of undermining the credibility of the Doctor Class</li> </ul>
24	The two years of study at bachelor level seems too short to master solid theories of TCM.
25	<p>Although we have to satisfy a labour mobility act, there are some prerequisites to the labour mobility app, which means that if other provinces requirement is inferred to the province, we have the right to require the other provinces candidates to increase their training to comparable that of the province</p> <p>This means that other province with two years training or other province with lesser than a degree requirements would need to comply to a degree requirement of the Ontario province</p>
26	How about the recognition of training or practice that receives or executed in China? I understand that for the moment, they are not recognized by CTCMPAO even not for 500hours /3 years continuous education plan, I feel it is not normal since TCM is from CHINA, and there are much more information there, in addition as Chinese origin, I want to study more there during my family visiting time. Please consider it seriously.
27	It would be great to keep the labour mobility currently have. It will help the professional practice and communication among TCM experts in different regions and countries.
28	This a good to have DR title as Chinese medicine is growing industry and helping the suffering patients looking more natural treatments.
29	<p>I support the purpose of Section 20.6 in facilitating labour mobility for Doctor-class practitioners within Canada. I appreciate that the section respects out-of-province credentials while still ensuring public safety through checks like good standing and recent practice. I only seek clarification on how certain parts will be applied so applicants can understand expectations clearly.</p> <p>Equivalency: Will the College provide clear guidance on which out-of-province Doctor-level credentials are considered equivalent for automatic recognition under 20.6(1)?</p>

	<p>Recent Practice: How will the College evaluate whether someone has practised “to the extent permitted by a Doctor certificate” within the past three years, especially where scope of practice differ between provinces?</p> <p>Gaps in Practice: For applicants with legitimate breaks in practice (e.g., maternity leave, illness, caregiving), what options will be available to meet the requirement in 20.6(3) or any additional training that might be required?</p>
30	<p>1. Risk of Uneven Standards If another province establishes a less rigorous DTCM pathway, Ontario’s automatic recognition could import weaker qualifications.</p> <p>Suggestion: Include a clause allowing the Registration Committee to review equivalency of Doctor-class standards across jurisdictions before automatic acceptance.</p> <p>2. Undefined “Good Standing” and Practice Recency “Good standing” and the required scope of recent practice are not explicitly defined. Interpretation could vary and lead to inconsistent application.</p> <p>Suggestion: Specify measurable criteria—for example, “no disciplinary findings within five years” and “minimum 500 patient visits in preceding three years.”</p> <p>3. Public Transparency and Verification The proposal relies heavily on letters of standing from other regulators but lacks public verification mechanisms. Suggestion: Require cross-jurisdiction data sharing or inclusion in a national registry of Doctor-class members to support transparency.</p> <p>4. Equity Between Current Members and Out-of-Province Applicants Current Ontario R.TCMPs will face lengthy transitional and examination requirements, while out-of-province DTCMs could enter more easily once one province opens a path.</p> <p>Suggestion: Maintain symmetry of effort—if Ontario members must meet specific exam and education standards, these should apply equally to incoming applicants.</p>
31	<p>1. The TCM not only including Acupuncture that based on the original Meridian Theory, but also including Tuina (Massage), Chinese Herbal Medicines, Cupping, Guasha.</p> <p>2. The Meridian Theory is as abstract as the Atomic Structure theory, its feasibility has been proven by practice for thousands of years.</p>
32	<p>Will this allow RTCMP from B.C to apply? Will we accept 10 years in their province? Should they not have to practice in Ontario for a minimum of 3 years?</p>
33	<p>This is important! B.C., is the only province with members who hold a Doctor of TCM. However, if they are Registered as an R.TCMP are they eligible to apply for the Doctor Class in Ontario as an RTCMP or would they first apply through labour mobility as an RTCMP in Ontario and then apply for the Doctor of TCM?</p>

34	It would be valuable for the regulation to clarify the process for recognizing equivalent credentials or doctorates earned outside Ontario (e.g., DAOM or recognized TCM doctoral programs from other jurisdictions). Clear equivalency assessment criteria will ensure fairness for applicants relocating to Ontario while maintaining national and international alignment.
35	I support s.20.6 if it guarantees exam equivalency, streamlined registration for BC Dr.TCM, clear definitions of currency/standing, transparent timelines, and standardized title display as “Doctor of Traditional Chinese Medicine (Dr.TCM)” beside “Dr.”

**Question: Do you have any other comments, questions, or concerns for Council to consider regarding the draft regulation amendments for the Doctor Title Project?**

**Responses**

1	<p>I am in favor of the draft regulation in its current format. I am strongly against a “Doctor of TCM Degree” (currently being proposed by some groups) being set as a minimum requirement at this time in Ontario for the following reasons: There is a vocal group of people making proposals to CTCMPAO to require a Doctor of TCM Degree as the minimum education requirements. If accepted, the class of Doctor registration will be hindered for a very long time until a doctor of TCM degree program at a university is developed, approved, and has successful graduates. This proposal will exclude nearly all applicants. Both naturopaths and chiropractors authorized to use the title doctor are trained in private institutions and with a diploma program for over 40 years. Their Doctor Title requirements DO NOT require the education be in a degree program. In British Columbia, the registration for doctor of TCM has existed for over 20 years. BC requires 2 years of university, 5years of TCM doctor program, a minimum of 3250 contact hours including a minimum of 1000 hours of clinical training. BC also has well established competencies and registration examinations for TCM doctors. As with other professions, the educational requirements should be a combination of length of program and competency based. There is no Doctor of TCM degree program in BC up to date. There is no “Doctor of TCM” degree in Ontario, there is no “Doctor of TCM Degree in Canada. It will take many years until a Doctor of TCM Degree can be developed, approved, and then have successful graduates so this would only benefit internationally trained TCM Practitioners. There have been Advanced TCM programs at the doctoral level in Ontario for 20 years. Graduates have been approved and passed the BC doctor exams and successfully registered as Dr.TCM in BC. These programs are over 4000 contact hours including over 1000 clinical internship hours. In order to ensure that Canadian trained TCM Practitioners and Acupuncturists are eligible for the “Doctor of TCM” exams and title, a degree can not be mandatory. There is no TCM degree program in Ontario for “Doctor of TCM” and it is NOT realistic or reasonable to require a “Doctor of TCM degree” as the minimum education for the Dr.TCM registration requirements. The educational requirements should be: “Successful completion of a formal doctoral level TCM program that is of sufficient length, meets the competency requirements and is approved by CTCMPAO.” I agree that programs must be approved by the CTCMPAO to ensure their quality. There is no accrediting body for Acupuncture and TCM programs in Ontario so “accreditation” can not be a minimum requirement.</p>
2	<p>again: Thank you to the Council for the thoughtful work in elevating our profession and strengthening public trust. As antrum in good standing with over 30 years of safe, competent practice, I support higher standards for the Doctor class. However, I respectfully recommend that the regulation include a pathway that recognizes extensive clinical experience and ongoing CE without requiring an additional exam. Many long-standing practitioners already demonstrate the advanced competencies expected at the doctor level, and a recognition-of-prior-learning or grandparenting route would support fairness, retain leadership within the profession, and uphold public safety.</p>
3	<p>Again, the university level education in TCM is not readily available in Canada, which makes the whole requirement unnecessarily difficult. I happen to have university level training in anatomy and physiology which has made a significant contribution to my practice through more thorough understanding of health and science.</p>
4	<p>The table crossing page 3 and 4 of the draft document assigns the designation of DTCM for Doctor of Traditional Chinese Medicine. "D" can be read with many different meanings as an abbreviation. "Dr." is the generally accepted abbreviation for Doctor. I wonder why the draft document did not suggest "Dr. TCM" which would be a clear designation for Doctor of Traditional Chinese Medicine. In BC where Doctor of Traditional Chinese Medicine has been regulated for long, Dr. TCM is used. The same designation should be adopted in Ontario.</p>
5	<p>Overall , i support the draft regulation in its current form. However, I do not support the idea - currently proposed by some groups-of making a DOCTOR of TCM degree the mandatory minimum requirement. Doing so would create several problems:</p>

	<ol style="list-style-type: none"> <li>1. A degree requirement would prevent almost all Canadian-trained professionals from qualifying, as no such degree program presently exists in Canada. It could indefinitely delay the Doctor title pathway for Ontario practitioners.</li> <li>2. Other professions that use the title "doctor", such as naturopathy and chiropractic, traditionally did not require a university degree for decades, despite being educated in private institutions.</li> <li>3. British Columbia has successfully regulated Dr.TCM practitioners for over 20 years without requiring a doctoral degree. Their model -two years of university plus a five -year TCM professional program with extensive clinical training-has proven effective and competency-based.</li> <li>4. No Doctor of TCM degree exists in BC, Ontario or anywhere in Canada. developing and approving such program would take many years, during which only internationally-trained practitioners could qualify.</li> <li>5. Ontario has long offered advanced TCM diploma program at the doctoral level (formerly called Doctor of TCM Diploma) , with over 4200 hours of training and 1200 clinical hours. Graduates of these programs have successfully passed BC`s DR.TCM exams.</li> <li>6. To ensure that Canadian-trained TCM professionals maintain a path to doctor registration, a degree requirement should not be imposed.</li> <li>7. Since Canadian institution currently offers Doctor of TCM degree, requiring one would be unrealistic and would effectively block Ontario practitioners from achieving this title.</li> <li>8. Several Ontario institutions already provide high-level Advanced TCM Diploma programs, and CTCMPAO is working on program approval processes to ensure educational quality.</li> </ol> <p>The educational requirement for Doctor of TCM class should be described as: "Completion of a post-secondary TCM program at the doctoral level that meets competency expectations and is approved by the CTCMPAO."</p>
6	Change the designation to Dr.TCM instead of DTCM. The latter designation is confusing!
7	I'm not sure if I'm writing in the right section, but I don't like the idea that non-TCM practitioners are also given the opportunity to use the "Doctor" title in TCM. It doesn't feel fair to those who have dedicated their time and energy to studying TCM, and it could lower the overall standards of the profession.
8	<p>Overall, I support the creation of a Doctor of Traditional Chinese Medicine registration class in Ontario and the general structure set out in sections 20.4, 20.5, and 20.6. The higher entry requirements, the bachelor level education standard, the use of the Pan Canadian examination, the practice or refresher requirement, and the inclusion of labour mobility for Doctor level registrants from other jurisdictions are all appropriate and consistent with expectations for a Doctor level health professional.</p> <p>My main concerns do not relate to the intention of the Doctor class, but to the clarity and practical application of the regulation. In particular:  The title and abbreviation for the Doctor class should be easy for the public to understand and consistent with existing usage, for example using "Dr. TCM" instead of "DTCM".  Section 20.4 would benefit from clearer wording and supporting guidance that explain the different pathways, recency requirements, exam attempt rules, and what "another program" means in relation to existing R.TCMP level education.</p> <p>The bachelor level requirement is appropriate, but the way "substantially equivalent" education is determined should be supported by transparent criteria so that internationally educated and older practitioners can understand how their backgrounds will be assessed.  The exam attempt limits and further education requirements should be expressed in a way that focuses on targeted, competency based remediation rather than any implication of automatically repeating a full five year program.</p>

	<p>Section 20.5 should be supported with clear definitions of what counts as a “patient visit”, what documentation is required, and how the refresher program option is intended to work in the context of TCM practices that commonly use longer appointment times.</p> <p>Section 20.6 should clearly explain how recent Doctor level practice will be interpreted for labour mobility applicants, including those who hold Dr.TCM in British Columbia but have been practising in Ontario as R.TCMP while the Doctor class was not yet available.</p> <p>Across all three sections, there is a strong need for plain language guidance, examples, documentation checklists, and possibly decision trees so that current members, future applicants, and education providers can understand how to comply with the regulation in a predictable and fair way.</p> <p>Closing Statement</p> <p>In summary, I am strongly in favour of establishing a Doctor of TCM class in Ontario with rigorous educational, clinical, and examination standards that are consistent with other Doctor level health professions and with national expectations. My comments are intended to support the College in refining the wording and implementation details so that the regulation is clear, workable in real clinical settings, fair to both Ontario trained and labour mobility applicants, and understandable to the public. With these clarifications, the Doctor of TCM class can become a credible, practical, and respected addition to the regulatory framework for traditional Chinese medicine in Ontario.</p>
9	<p>Yes, this process has taken far too long. Since the college was established over 12 years ago, many existing members have been unable to obtain the Doctor of TCM title before reaching retirement. The college has consistently failed to recognize and address the needs of its members. As a result, the Doctor of TCM qualification has not been acknowledged publicly for years. I am concerned that I may reach retirement—or even pass away—before receiving proper recognition for my qualifications.</p>
10	<p>My concern is that the proposed Doctor Class narrows TCM into a doctor-only, college-only pathway that does not reflect its 3,000-year lineage. Many of Canada’s most respected practitioners—including those trusted by prominent public figures—come from lineage-based and mentor-led training, not formal academic routes. The current system already ensures competency through rigorous training and the Pan-Canadian exam. I urge Council to preserve multiple pathways into the profession so we can protect both public safety and the cultural integrity of TCM.</p>
11	<p>More clarification regarding OSCE testing would be helpful</p>
12	<p>Members should be made aware of the ongoing process.</p>
13	<p>Creating a Doctor class for Canadian R.TCMPs is a powerful step toward elevating the profession while remaining collaborative with mainstream healthcare. It would expand patient access to safe, evidence-informed care at a time when conventional systems face increasing wait times and capacity challenges. Recognizing R.TCMPs at a higher professional tier reinforces accountability, education standards, and interprofessional respect. Most importantly, it strengthens an integrated model of care - one where patients benefit from timely, diverse, and complementary health options without replacing or undermining existing medical services.</p>
14	<p>TCM practitioners are one of the few, if not the only, healthcare professions that do not hold a Doctor title. In my opinion, this hurts the profession and limits the public's level of understanding and acceptance of TCM practitioners educational standards and professional credibility. TCM practitioners in Ontario have high levels of training and education which is comparable to chiropractors and naturopaths who have the Doctor title and who use acupuncture in their treatment plans. Yet these professions have significantly less training in TCM. Professionals who don't have the same depth and breadth of training as compared to TCM practitioners are sought out due to the public's perceived trust because of the use of the Doctor title. This creates confusion and it is unfair for the public as they are seeking out TCM provided through a doctor with limited training in acupuncture and TCM. Without the Doctor title insurance companies fail to consider TCM practitioners as legitimate healthcare providers and decline coverage for clients who benefit greatly from our care. Many individuals do not have access to acupuncture and TCM through their insurance plans and I firmly believe that</p>

	without a doctor title, this will continue. Without a doctor title the profession will continue to become invisible and it will prevent and block more people from accessing this effective and relatively safe traditional medicine which can address a multitude of chronic health issues such as pain. As a registered nurse, I can personally attest to the wonder of this medicine. I have been fortunate enough to stumble upon TCM through my own curiosity and personal health struggles. In the western world however, the public looks for titles as proof of competencies. In our system the word Doctor signifies a high level of training and this equals trust among the public. I firmly believe that not taking a crucial step of creating a doctor class of TCM providers will hinder our progress and integration into the current healthcare system.
15	Overall, I support establishing a clear pathway for the Doctor title; however, I encourage the Council to ensure that the final regulations balance rigor with fairness and accessibility. The requirements should recognize the diverse backgrounds of R.TCMPs in Ontario while maintaining high standards. More clarity, flexibility, and transparency—especially around assessments, patient-visit requirements, and educational equivalencies—would help ensure that competent practitioners are not unnecessarily restricted from progressing to the Doctor title.
16	A qualified and experienced practitioner of Traditional Chinese Medicine deserves the right to use the title of doctor because my personal life the advice and treatment I have received from my TCM practitioner, the late David Bray, over a period of 39 years has been equal and often superior to the diagnosis and treatment by practitioners of OHIP-funded medicine. In fact, without exaggeration, David Bray saved my life when I was 30 years old. I am now close to celebrating my 70th birthday, recently retired from my own profession and in relatively good health for my age. I am confident that my new TCM practitioner, Dylan Kirk, will continue providing a similar level of medical competence.
17	The title "Doctor of Traditional Chinese Medicine" is preferred and is clear for members of the public.
18	The title should be Dr. TCM. NOT DTCM. Dr. TCM aligns with BC model, follows international norms, and avoids confusion with diploma abbreviations. Education should be public or private schools upholding university standards...as example Naturopathic college of Ontario. All teachers education must be 3rd party verified. Education outside of Canada must be 3rd party certified by original Government as a registered school, registered business and filed income with a lawyer signature verification of the practice and clients and income existing to ensure accuracy of documents. Records of proof submitted with applications. Protection against fake documents and fake schools needs to be considered. English speaking and full comprehension is necessary in Ontario for all doctors. The area of TCM is not different. English is mandatory in Ontario to ensure proper care and safety.
19	Maybe the words can be made more clear to understand (20.4 a. iii. Within five years of applying, has practiced the profession as a member of the College, in both traditional Chinese acupuncture and traditional Chinese herbal medicine in manner acceptable to the College, for three years with a minimum of 2,400 patient visits;) - is the 2,400 visits within 5 years or 3 years?
20	TCM doctor who has corresponding PhD title has priority when registering for TCM doctor in Canada.
21	Are there going to be other implications? As an example, if exams and conditions would be the same for each province? Will this title be recognized internationally?
22	My TCM doctor is absolutely deserving of the title of doctor, having done extensive training in both western and Chinese medicine with ongoing professional development and research.
23	I am in favor of the draft regulation in its current format. I am strongly against a "Doctor of TCM Degree" (currently being proposed by some groups) being set as a minimum requirement at this time in Ontario for the following reasons:  1. There is a vocal group of people making proposals to CTCMPAO to require a Doctor of TCM Degree as the minimum education requirements. If accepted, the class of doctor registration will be hindered for a very long time until a doctor of TCM degree program at a Canadian university is developed, approved, and has successful graduates. This proposal will exclude nearly all applicants. It could be detrimental to the doctor title project.

	<p>2. Both naturopaths and chiropractors authorized to use the title doctor are trained in private institutions and with a diploma program for over 40 years.</p> <p>Their doctor title requirements DO NOT require degree for long time.</p>
24	<p>The doctor title DTCM is misleading and undermines the credibility and respectability of the class. The province of BC has solved many of these challenges in a satisfactory manner. The designation should be Dr. TCM to be unified with BC as well as other professions</p>
25	<p>A degree should be the minimum requirement for a Doctor title. It's imperative to gain respect in our Regulated Healthcare Group as it's required by all/most of the other colleges. No need to attract any negative focus on us.</p>
26	<p>I don't have any additional concerns beyond what I've already shared. Overall, I support the draft regulation amendments for the Doctor Title Project. I believe recognizing the Doctor of Traditional Chinese Medicine (DTCM) title will strengthen the profession, improve public understanding, and align Ontario with broader international standards. Thank you for considering input from the community.</p>
27	<p>I strongly oppose the proposal that a Doctor of TCM Degree be required as the minimum standard for using the "Dr." title in Ontario. While supporting high standards in Traditional Chinese Medicine (TCM) is essential, requiring a university-based doctoral degree at this time is unrealistic, exclusionary, and inconsistent with Canadian regulatory precedent.</p> <p>1. Requiring a Doctor of TCM "Degree" is Premature and Unreasonable in Ontario  A small but vocal group is pressuring the CTCMPAO to require a Doctor of TCM degree as the baseline credential. This standard is currently impossible to meet, as no such degree exists in Ontario—or anywhere in Canada.</p> <p>Implementing this requirement would effectively freeze the Doctor class of registration for many years, until a university program is created, accredited, and produces its first graduates. This unnecessarily disadvantages Canadian-trained TCM practitioners while benefiting only internationally trained applicants.</p> <p>2. Other Health Professions Using the "Doctor" Title Do Not Require a University Doctoral Degree  Naturopaths and chiropractors—both permitted to use the title "Doctor"—have been trained through private educational institutions using diploma-based programs for over 40 years. Their pathways do not require university doctorates.</p> <p>It is inconsistent and discriminatory to impose a higher standard on TCM practitioners than what exists in comparable professions.</p> <p>3. Established Precedent in British Columbia Demonstrates a Functional, Non-Degree Model  British Columbia has recognized the Doctor of TCM class for over two decades without requiring a university degree.</p> <p>BC requirements include:</p> <ul style="list-style-type: none"> <li>• 2 years of university education</li> <li>• A 5-year TCM doctor program</li> <li>• A minimum of 3250 contact hours, including 1000+ clinical hours</li> <li>• Established competencies and formal registration examinations</li> </ul>

	<p>This model has produced competent TCM doctors for more than 20years and proves that program length and competency—not a university degree—are what ensure safe, effective practice.</p> <p>4. Ontario Has Existing Advanced Doctoral-Level TCM Programs Ontario has offered advanced-level TCM programs for over 20 years, totaling more than 4000 contact hours and over 1000 clinical hours. Graduates of these programs have passed BC’s Dr.TCM examinations and have successfully registered as Doctor of TCM in British Columbia. These programs demonstrate that Ontario already trains practitioners at the doctoral level, even without a formal degree framework.</p> <p>5. To Protect Canadian-Trained Practitioners, a Degree Cannot Be Mandatory If Ontario requires a university doctoral degree, Canadian-trained practitioners are automatically excluded for many years—despite having the training, experience, and competency to qualify.</p> <p>This would unfairly disadvantage domestic practitioners, undermine Ontario’s TCM educational institutions, and restrict access to the Doctor class for an entire generation.</p> <p>6. The Only Realistic and Fair Standard Given the absence of any Doctor of TCM degree in Canada, the appropriate standard for Doctor registration must be based on: “Successful completion of a formal doctoral-level TCM program that is of sufficient length, meets established competencies, and is approved by the CTCMPAO.”</p> <p>This aligns with:</p> <ul style="list-style-type: none"> <li>• BC precedent</li> <li>• Standards used by other regulated professions</li> <li>• Existing Ontario educational pathways</li> <li>• A competency-based regulatory model</li> </ul> <p>Conclusion Ontario should adopt a fair, competency-based pathway that allows qualified TCM practitioners to obtain the “Doctor” title, consistent with other health professions and provincial precedents. Requiring a degree that does not exist is exclusionary, impractical, and harmful to Canadian-trained practitioners. The focus must remain on program length, quality, and demonstrated competency—not an unattainable credential.</p>
28	Practitioners of Traditional Chinese Medicine should continue to carry the title of doctor. Other health care professionals maintain the dr title. No reason to exclude TCM practitioners.
29	Doctor should be allowed to be used for graduates of Traditional Chinese Medicine Practitioners and Acupuncturists in Ontario. Their training and knowledge is at least on par with: Chiropractors Optometrists Psychologists Naturopaths
30	I think it is a very fair and if this action is proceeded TCM will gain recognition by community partners, policymakers, and other healthcare professionals. It also provides a bigger connection and trust between practitioner and and patient as patients will have higher trust.

31	The knowledge these practitioners have I feel they earned the doctor title
32	I would use a clause that other health care professionals in ON with Doctor title i.e. Naturopaths or MD, etc, have an easier access to TCM Doctor title after they met examination requirement for profession - especially if they also graduated from TCM school/collage in ON and have double licensing in ON or other provinces I would like to see what can be included in school of practice for TCM practitioners when Doctor title will be implemented, and see which advantages we get with this title.
33	This treatment is effective with no side effects. I hope that the importance of evaluating taking this practice and the benefits is truly considered. It is invaluable as part of the tapestry of Canadian medicine.
34	I definitely think TCM practitioners should be called "doctor"
35	I appreciate the extensive work the Council and Working Group have put into developing the Doctor Title framework. My main recommendation is to ensure that the final regulation clearly outlines all pathways, expectations, and competency requirements so that practitioners have a transparent understanding of how to progress toward this new class. Providing detailed guidance on recognition of prior clinical experience, transitional routes, and equivalency assessments would help ensure fairness and accessibility while maintaining high standards. Overall, I support the direction of the amendments and believe they will strengthen the profession and enhance public confidence in the advanced competencies of the Doctor Class.
36	my comment is regarding the non exemptible examination for members who have been in practice for more than 10 years and been a member of the college in good standing since 2013. they should be exempted and grandfather to get the doctor title given they have a bachelor degree (in science preferably) and years of clinic experience . why retest them when they have been proven to help thousands of patients throughout their work experience. in BC they grandfather the members into this class, then did the exams for those with less experience and new students.
37	Yes the should be in the liste on the régulation amendments for the Doctor Title Project. I need this treatment. It is the best treatments that everybody should have.
38	Proper university training and practicum should apply like any other Medical Doctors.
39	I strongly believe TCM practitioners should be allowed to use the term doctor. They have helped me maintain my health far more than any other health care practitioner. They have more holistic training that so many practitioners who can call themselves doctors.
40	Qualified professional TCM doctors should be allowed to use the "Doctor" title in Ontario. Given the long list of others who use the title, there is no reason this specialty shouldn't be similarly recognized based on their extensive education training.
41	I believe including Chinese medicine practitioners as "doctors" will only strengthen our medical system
42	Practitioner of TCM should absolutely be considered Doctors along with other professionals. Their training is comprehensive& worthy of the designation.
43	A Doctor title should exist for TCM practitioners with the proper credentials in place.
44	The documents sent by the College read like stereo instructions. As much as I appreciate the transparency of leaving it as is, there needs to be more literature and explanation given as to how this will work, what will this entail and what privileges does this provide?
45	I agree with the draft regulation amendment for the doctor title project
46	Qualified TCM practitioners, given their level of training, should be allowed the doctor title.
47	From the perspective of a patient determined to take a preventative path, I've had far superior experiences and outcomes from my TCM "doctor" than from my family doctor. The title of Doctor seems undeniably applicable, as evidenced by knowledge, education, training, and application. Long overdue.
48	It is not necessary to have this title in Canada. Doctor TCMP are not working in hospital setting with western medical doctor. It would create confusion to public. It would create competition to R.TCMP vs Doctor TCMP. The scope of practice is similar TCMP vs Doctor TCMP. no point to have this title.
49	I support the draft regulation I do not support the Dr. TCM degree

50	<p>1. I Support the Education Requirements as Proposed: There has been a push to change the educational requirements to make a university-based TCM degree the only acceptable pathway to a Doctor Title. If adopted, every practitioner trained in Ontario and across North America would be excluded from eligibility, as there is no university TCM program in this province this country, and our private colleges are not university-accredited. TCMO supports the education requirements outlined in the current Registration Regulation amendments.</p> <p>2. I Support Raising Standards, Not Barriers: I am in favour of stronger education, clearer competencies, and higher standards, which can be met within Ontario’s existing training. Other regulated professions (naturopathic medicine and chiropractic) have demonstrated that rigorous private college programs combined with regulatory oversight can uphold doctoral-level titles. The current proposed pathway maintains accessibility and aligns with BC’s model by focusing on competency and approved training rather than requiring a university degree.</p> <p>3. Use “Dr. TCM”, not “DTCM” The “DTCM” acronym proposed is confusing and inconsistent with national standards. A more appropriate title “Dr. TCM” aligns with BC model, and makes clear that this is a Doctor class, similar to Doctor of Naturopathy, Chiropractic, etc. It also follows international norms, and avoids confusion with diploma abbreviations.</p>
51	The College is proposing the title “DTCM”. This acronym is confusing and inconsistent with national standards. Many practitioners support the clearer and more appropriate title “Dr. TCM”, which aligns with BC model, follows international norms, and avoids confusion with diploma abbreviations.
52	DTCM is a confusing term versus Dr. TCM for the general public both locally and globally. How will you consider practitioners fully educated with TCM degrees and licensed in Ontario, that voluntarily choose to only practice acupuncture(as trained traditionally), and not work with herbal medicine as an alternate modality, for various reasons within the Canadian environment?
53	I believe there should be a minimum of a 3 year university degree or a Bachelor of Science, not 2 years.
54	I think a degree program isn’t necessary taking in consideration the successful professionals and programs already inexistence.
55	Since we don't have "Doctor of TCM degree" program in Canada, it is encouraging and beneficial to support students who have successfully completed a post-secondary TCM program at the doctoral level to attend the Doctor of TCM certification test and gain the title. I am sure this will benefit more people in Ontario for their overall health.
56	I strongly support the Doctor Title Project and believe it will enhance public recognition of advanced TCM training in Ontario. Clear equivalency pathways defined professional titles (e.g., “Dr. TCMP,” “Dr. TCM,” or “Doctor of Traditional Chinese Medicine”), and transparent registration requirements will ensure fairness and protect the public. Establishing clear, accessible standards will help experienced clinicians transition into the Doctor Class while upholding the integrity and safety of the profession.
57	<p>As a registered Acupuncturist in good standing with the College, with clinical experience in Ontario (including work in small clinics) and teaching roles at institutions, I appreciate the opportunity to provide input on the proposed Doctor Class during this public consultation. I've reviewed the draft regulation (O. Reg. 27/13 amendments) and supporting documents, and while I support efforts to advance our profession, I have concerns about the lack of clear, tangible motivations for ordinary practitioners to pursue this title.</p> <p>From my perspective as a frontline clinician and educator, the Doctor Class appears heavily influenced by TCM schools' goals to increase enrollment in extended programs (e.g., 4,000+ hour doctoral equivalents). This is understandable for academic growth, but it leaves a gap: what meaningful benefits does it offer established General Class members like myself? The current framework emphasizes prestige and mastery in areas like complex diagnostic</p>

	<p>and interprofessional collaboration, but without expanding the scope of practice or providing exclusive privileges, the incentive to invest additional time, money, and resources feels insufficient.</p> <p>For instance:</p> <p><b>Tangible Hierarchy Needed:</b> To create a true career ladder, the title should confer specific advantages, such as eligibility for advanced procedures within scope, participation in government-funded health plans (e.g., enhanced integration with OHIP or public wellness programs), or prioritized roles in multidisciplinary teams. This would mirror hierarchies in other regulated health professions and motivate mid-career practitioners to upgrade, rather than relying on vague promises of enhanced recognition.</p> <p><b>Addressing Practitioner ROI:</b> Indirect perks like improved marketability or teaching opportunities are appealing but often intangible for those not in academia. Many of us in private practice already handle diverse cases effectively under General Class—why pursue exemptions, bridging programs, or exams without direct payoffs like reduced liability through advanced ties or better insurance reimbursements?</p> <p><b>Risk of Limited Adoption:</b> If benefits remain symbolic, adoption may be low among experienced practitioners, potentially limiting the class to new graduates pushed by schools. This could undermine the project's aim to elevate overall standards and public trust. I suggest incorporating feedback from grassroots surveys to add practitioner-focused incentives, such as pilot programs linking the title to billing enhancements or leadership certifications.</p> <p>Overall, a project like this must serve clear motivations for applicants to succeed. If practitioners don't see substantial value beyond a title, its implementation may not achieve the intended professional elevation. I urge the College to refine the regulation with more explicit, clinician-centered benefits before submission to the Ministry of Health.</p>
58	I appreciate the work the Council has put into developing these draft regulation amendments. As the Doctor Title Project moves forward, it may be helpful to ensure that processes around equivalency, transitional pathways, and access to appropriate education programs are as clear and accessible as possible. Maintaining transparency and fairness in these areas will support both practitioners and the public throughout the implementation of the new Doctor class.
59	<p>“DTCM” is confusing and inconsistent with national standards. Many practitioners support the clearer and more appropriate title “Dr. TCM”, which aligns with BC model, follows international norms, and avoids confusion with diploma abbreviations. Raise standards of profession within existing TCM colleges and not require it to be exclusively university based - current practitioners would have to retrain or be grandparented if university was the only pathway</p> <p>A Dr. TCM university degree would exclude all existing practitioners as there is no current university based degree for TCM - if this is adopted there must be an accessible route for all existing practitioners and instructors to be able to transfer to the doctoral program</p>
60	My only concern is regarding the University degree, which we don't have in Ontario
61	The Council and Doctor Title Work team they have done a great job for all of us and public. I really appreciate.
62	This is a legislative proposal aimed at better promoting the development of traditional Chinese medicine. Utilizing professional titles for Doctor not only provides patients with a positive professional image but also boosts the confidence of practitioners. Appreciation goes to CTCMPAO for their dedication!

63	I respect the efforts the college is making but I feel there are far greater issues that could be addressed with the resources put forth. I.e: educating the public about what TCM and acupuncture are, supporting the members in matter of everyday practice such as limited insurance coverage, the ability to sell packages
64	<p>From: Mary Wu – President  To: Students, Graduates, Faculty and Staff  Refer to: CTCMPAO Consultation and Survey:  Draft Regulation for the TCM Doctor Class.</p> <p>Dear Students, Graduates and Faculty,  The CTCMPAO is consulting all stakeholders on the Draft Regulation for the “Doctor Title”, conducting a SURVEY (<a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a>) and the deadline is December 1st 2025.</p> <p>We are aware that some people are pushing for doctor of TCM “degree” as the minimum education requirement. This means that no one trained in Canada could qualify for the “Doctor of TCM” registration, and the doctor title for the TCM profession in Ontario may be jeopardized forever. We encourage you all to complete the survey and to help moving this forward in the right direction.</p> <p>We are sharing our answers to questions 4-7 with you so that you can understand the issues involved and in hopes that you can complete the survey. You may modify them as you feel appropriate. This survey opens to everyone interested including the general public.</p> <p>If you would like to learn more about the process you can visit this link:  <a href="https://www.ctcmpao.on.ca/public/consultation/">https://www.ctcmpao.on.ca/public/consultation/</a>.  The Survey is Anonymous. Please click on the link to start: <a href="https://www.surveymonkey.com/r/2D8G983">https://www.surveymonkey.com/r/2D8G983</a></p> <p>Questions 1 - 3 are simple.</p> <p>Question 4  Do you have any comments, questions, or concerns about the proposed section under “Registration Requirements” (section 20.4.)?</p> <p>Answer  1. I support the draft registration regulation 20.4 (1) 2: a,b,c,d,e,f,g  2. 3. I support that in 20.4 (1) 2b: the post-secondary doctor of TCM program offered by private or public institutions must be approved by CTCMPAO. The title DTCM for Doctor of Traditional Chinese Medicine is confusing and misleading. To make it clear, Dr. TCM should be used instead of DTCM.</p> <p>Question 5  Do you have any comments, questions, or concerns about the proposed section under “Additional Terms”(section 20.5)?</p> <p>Answer</p>

I support the additional terms as outlined.

#### Question 6

Do you have any comments, questions, or concerns about the proposed section under "Labour Mobility" (section 20.6)?

#### Answer

I support the Labour Mobility sections outlined.

#### Question 7

Do you have any other comments, questions, or concerns for Council to consider regarding the draft regulation amendments for the Doctor Title Project?

#### Answer

I am in favor of the draft regulation in its current format. I am strongly against a "Doctor of TCM Degree" (currently being proposed by some groups) being set as a minimum requirement at this time in Ontario for the following reasons:

1. There is a vocal group of people making proposals to CTCMPAO to require a Doctor of TCM Degree as the minimum education requirement. If accepted, the class of doctor registration will be hindered for a very long time until a doctor of TCM degree program at a Canadian university is developed, approved, and has successful graduates. This proposal will exclude nearly all applicants. It could be detrimental to the doctor title project.
- 2.
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8. Both naturopaths and chiropractors authorized to use the title doctor are trained in private institutions and with a diploma program for over 40 years.

Their doctor title requirements DO NOT require degree for long time.

In British Columbia, the registration for doctor of TCM has existed for over 20 years. BC requires 2 years of university, 5 years of professional TCM program, a minimum of 3250 hours including a minimum of 1000 hours of clinical training. BC also has well established competencies and registration examinations for TCM doctors. As with other professions, the educational requirements should be a combination of length of program and competency based.

There is no "Doctor of TCM Degree" program in BC up to date. There is no "Doctor of TCM Degree" program in Ontario, there is no "Doctor of TCM Degree" program in Canada. It will take many years until a "Doctor of TCM Degree" can be developed, approved, and then have successful graduates so this would only be available to internationally trained TCM Practitioners such as those from China or US.

There have been Advanced TCM Diploma programs (previously called Doctor of TCM Diploma programs) at the doctoral level in Ontario for over 20 years. These programs are 5-year full time, over 4200 total hours including 1200 hour of clinical training with a minimum of 2 years post-secondary education. Graduates of these programs have been approved and passed the BC doctor exams and successfully registered as Dr.TCM in BC.

	<p>In order to ensure that Canadian trained TCM Professionals are eligible for the “Doctor of TCM” exams and registration title, a degree cannot be and should not be mandatory.</p> <p>There is no TCM degree program in Ontario and in Canada for “Doctor of TCM”! It is NOT realistic or reasonable to require a “Doctor of TCM degree” as the minimum education for the Dr.TCM registration requirements.</p> <p>There are Advanced TCM Diploma Programs offered by several private TCM schools in Ontario already and CTCMPAO is in the process of starting program approval to ensure the standard and quality of these programs.</p> <p>I suggest that the educational requirements for doctor of TCM should be: “Successful completion of a post-secondary TCM program at the doctoral level that meets the competency requirements and approved by CTCMPAO.”</p>
65	I am appreciating out College and the College’s Doctor Title Working Group, they have done a great work in our health field in Ontario.
66	There is no “Doctor of TCM Degree” program in BC up to date. There is no “Doctor of TCM Degree” program in Ontario, there is no “Doctor of TCM Degree” program in Canada. It will take many years until a “Doctor of TCM Degree” can be developed, approved, and then have successful graduates so this would only be available to internationally trained TCM Practitioners such as those from China or US.
67	I suggest that the educational requirements for doctor of TCM should be: “Successful completion of a post-secondary TCM program at the doctoral level that meets the competency requirements and approved by CTCMPAO.”
68	<p>I am in favor of the draft regulation as outlined in its current revision.</p> <p>Naturopaths and chiropractors are authorized to use the title doctor and are trained in private institutions with a diploma program for over 40 years.</p> <p>In BC, the registration for doctor of TCM has existed for over 20 years. There is equally no Doctor of TCM Degree in BC or anywhere in Canada.</p> <p>I suggest that the requirements for Dr of TCM should be successful completion of a post-secondary TCM program at the doctoral level that meets the competency requirements and approved by CTCMPAO</p>
69	If people are trained well and pass the exam they should be given titles
70	<p>I think it is very important to have a significant distinction regarding academic expectations for someone who is wanting to be a Doctor of Traditional Chinese Medicine. I believe that this education must include university level academic studies. It is very concerning to me as an acupuncture student at OCTCM to see my school sending out an email encouraging people to complete this survey with copy and paste instructions on how to answer. Private institutions benefit from having lower educational requirements. I believe this to be a conflict of interest. The CTCMPAO is here to protect the public and to keep the quality of our education at a high standard. It's concerning that non-accredited institutions that currently offer diploma programs and that don't offer university level courses, are wanting to have their education recognized at a doctorate level. in Canada other programs that have Doctor titles have significantly higher education requirements including but not limited to: Naturopathic, and Chiropractic. In Canada the schooling for both the previously mentioned professions, graduate with a doctorate level degree.</p> <p>I do not believe that the education provided from a private non-accredited institution meets the high academic standard of what I believe a professional holding a doctor title should have. It is extremely misleading to the public and in my opinion will cause harm.</p>
71	I do not believe it is necessary to require a degree program. Most TCM education in Ontario is through private institutions; several of these have been providing doctor-level training in anticipation of the Dr. title (and generally to improve the level of TCM practice in Ontario!).

	<p>Programs that offer an adequate level of training should be accepted whether degree-granting or not. This would, for example, match practice in BC, where a Dr. TCM title has existed over 20 years, without a doctoral level degree-granting program existing.</p>
72	<p>I think we should match the minimum standard of doctor title with other health care professionals. Basic entry should have a degree. Western medicine training is essential in Canada too. We are in Canada, not in China. To earn a doctor title, we need have the standard requirement to match with Dentist, Chiropractor and etc...</p>
73	<ol style="list-style-type: none"> <li>1. Experience trained and practicing in the Canadian healthcare system should be valued and included in the evaluation of clinical experience. This will help improve the effectiveness of TCM clinical diagnosis and treatment.</li> <li>2. The academic backgrounds of doctors who received higher education in China should be investigated. Some of these backgrounds are fabricated, and those who reside in Canada but later easily obtained master's or doctoral degrees in TCM deserve even more investigation. Their advanced degrees may have been purchased, as some Chinese universities use the sale of advanced degrees as a commercial and exchange tool. Several TCM doctors I know have obtained their doctoral degrees suspiciously.</li> <li>3. Some TCM practitioners should be arranged to conduct actual case analyses and write complete case records on-site. I know a very active TCMP who practiced medicine in Canada for over ten years without writing any case records in Chinese or English, and his medical skills were questionable. However, he recently obtained a "doctoral degree" and has close ties with Chinese medicine merchants.</li> </ol>
74	<p>It is critically important that the Doctor of Traditional Chinese Medicine (DTCM) in Ontario be structured as a second-entry degree, meaning it is taken after the completion of an undergraduate degree or equivalent level of university education. This is the only way the DTCM designation can be considered academically and professionally equivalent to other doctor-level health professions in Ontario.</p> <p>All regulated professions in Ontario that grant a clinical doctor-level title—including Chiropractic (DC), Naturopathic Medicine (ND), Optometry (OD), Dentistry (DDS/DMD), Medicine (MD), and even Physiotherapy (MScPT)—follow a second-entry program model. These programs all require applicants to complete a full undergraduate degree or a minimum of three years of structured university-level study, usually with defined science prerequisites. The professional program is then completed after this foundational academic preparation.</p> <p>This structure is not accidental; it ensures:</p> <ol style="list-style-type: none"> <li>1. Academic equivalency across doctor-level professions.</li> <li>2. Maturity and foundational scientific literacy for advanced clinical practice.</li> <li>3. Protection of the public, ensuring practitioners entering these programs have the cognitive, academic, and professional readiness appropriate for doctoral-level training.</li> <li>4. Public confidence that a person using the "Doctor" title has completed a long, rigorous, layered educational pathway comparable to other Ontario health professions.</li> </ol> <p>For the Doctor of TCM title to maintain credibility, alignment, and fairness—and to prevent the designation from being seen as academically weaker or structurally inconsistent compared with other doctor-level professions—the DTCM program must similarly be defined as a second-entry degree, situated after completion of an undergraduate degree substantial, clearly defined undergraduate-level equivalency.</p> <p>Without this requirement, the Doctor of TCM risks being:</p> <ul style="list-style-type: none"> <li>• Perceived as a lower-tier doctor title compared to ND, DC, OD, MD, or DDS.</li> <li>• Misaligned with the academic frameworks used across the Ontario health sector.</li> <li>• Vulnerable to public misunderstanding or mistrust.</li> <li>• Out of step with Ministry expectations for professional doctor-degree structure.</li> </ul>

	<p>In short: If Ontario's DTCM is not explicitly a second-entry degree, it cannot be considered equivalent in academic level, training depth, or public perception to other doctor-level health professions in Ontario.</p> <p>Ensuring this clarity in the regulation is essential to protecting both the public and the integrity of the profession.</p>
75	I don't agree
76	The approval process should be accelerated. Thanks.
77	<p>I strongly agree that a higher level of education should be required for the Doctor class of TCM. In Canada, all other health professions that use the doctor title require at least a bachelor's degree as the minimum standard—so why should Doctor of TCM be an exception? Having practiced massage therapy for over eight years and acupuncture and TCM for more than five, I've witnessed firsthand the incompetency of a significant number of practitioners in this field. If the doctor title is to be granted in Ontario, stricter educational requirements and stronger regulation are essential to ensure the quality and credibility of the profession.</p>
78	Totally support TCM, it has been helping my patients for all kinds of health issues
79	I see no reason why the Dr. TCM designation would/should require a university degree if the acceptable ADV TCMP training has been achieved...just as in BC.
80	<p>There is no TCM degree program in Ontario for doctor of TCM and it is NOT realistic and reasonable to required TCM doctor degree for the Dr.TCM registration.</p> <p>The current competencies required of a doctoral level TCM program that meets the competency requirements and approved by CTCMPAO is enough. Dr. TCM should be the title, not DTCM.</p>
81	Yes, we don't accept university dropouts to be a doctor
82	And how about the global recognition standard for TCM doctor? TCM has a so long history since the Chinese manuscript exists, it's theory is so profound, its effects is so amazing, it helps the human being to regain the balance of energy flow, to understand the importance of the harmony between the human, the society and the nature. Its meaning is much more broad than the medicine itself. Canada should promote this world wide recognition of TCM.
83	There is no TCM degree program in Ontario for doctor of TCM and it is NOT realistic and reasonable to required TCM doctor degree for the Dr.TCM registration. The bottom line of educational requirements: Successful completion of a formal doctoral level TCM program that meet the competency requirements and approved by CTCMPAO.
84	complete the program of ATCM, highest program should be finished and meet the Dr.TCM compencentancy requirement .Should write the proper Dr.TCM level exam to be approved by CTCMPAO.
85	Successful completion of a formal doctoral level TCM program that meet the competency requirements and approved by CTCMPAO.
86	Qualifications should be according to education, reasonable training, and passing the qualifications of the listed competencies, - we do not NEED a degree to qualify new practitioners. IF the degree clause comes back in to the future, this will stop the development of Dr TCM title regulation in its tracks. Clarifying: we do not want a clause to request a degree to be part of the Dr TCM training and qualifications. The bottom line of educational requirements: Successful completion of a formal doctoral level TCM program that meet the competency requirements and approved by CTCMPAO

87	A TCM degree like the ones offered at universities will deprive current experienced TCM professional to pursue the Dr. Title. So it is very reasonable to ask applicants to have enough hours of education as they have obtained at different colleges (private colleges) and a couple of years of university. I think successful completion of a TCM program that meets the competency requirements of education assessed by CTCMPAO, should be enough to pursue the Dr. Title for TCM.
88	We appreciate the requirements to regulate the Doctor Title. Since there has no degree program of Doctor of TCM in Ontario, it is very important that we accept the candidates with the formal doctoral level TCM programs that meet the competency requirement required by CTCMPAO, such as 5 years TCM programs, 1200+ clinic hours, etc.
89	As long as the diploma program meets the Doctor of TCM competency requirements and other requirements, it should be good enough. Doesn't need to be a degree diploma.
90	Complete college TCM
91	Overall, I support the direction of the Doctor Title Project and appreciate the effort to formalize advanced competencies within TCM. My remaining considerations relate to clarity, fairness, and consistency. Because Doctor-level applicants may come from diverse backgrounds, including emerging Ontario programs, established international Doctor programs, and traditional mentorship-based pathways, it would be helpful for Council to provide clear guidance on how equivalency and competency will be assessed across these different routes. In addition, as new Doctor programs are developed in Ontario, ensuring consistency across educational standards, program content, and competency expectations will be important for fairness to students and for maintaining coherence within the profession. Clear communication about assessment processes, timelines, and program-approval criteria would support smooth implementation and transparency for everyone entering the Doctor Class.
92	I don't see why there is to be a Doctor class, apart from giving a group of members with the title. There is no explicit explanation on how the Doctor class members are different from the General class. How are their diagnostic or treatment abilities different from General members?
93	Too much association meddling and interference
94	As a Chinese medicine practitioner, we deserve the doctor title in any ways!
95	<ul style="list-style-type: none"> <li>• Are there any studies or evidence supporting the threshold criteria for entry into the Doctor class?</li> <li>• How will the public benefit from the introduction of the Doctor class?</li> <li>• How will the Doctor class impact the existing registration classes?</li> <li>• Why not maintain a single - Doctor - registration class instead?</li> <li>• How is a multiple-choice format relevant or appropriate for assessing cognitive competence?</li> <li>• Why is a cognitive examination necessary, and what evidence or rationale supports its inclusion? [re this survey - this question alone is sufficient as it covers others]</li> </ul>
96	why is our doctor title different from the one in BC? theirs is more distinguished and easily understood as a doctor "Dr.TCM" whereas ours will be "DTCM" which kind of defeats the purpose of a doctor title if it doesn't communicate easily to the public as a reputable and highly esteemed title. it is not fair for ontarians compared to the people in BC in this case.
97	Reiterate: 1) Educational Requirements and Academic Parity: Issue: Requiring two years of undergraduate study allows entry by university drop-outs, creating weaker parity with other Ontario "Doctor" professions (e.g., Chiropractors, Optometrists, Naturopaths, all require three years + completion of a professional doctorate).

	<p>Recommendation: Upgrade entry to a completed bachelor’s degree or equivalent to align with Ontario’s broader academic standards for doctor title health professions.</p> <p>2) Public Communication The Doctor class does not expand controlled acts or clinical scope relative to the General class. Without clear differentiation, public misunderstanding of “Doctor” status is inevitable.</p> <p>Recommendation: Require all Doctor-class members to use the full title “Doctor of Traditional Chinese Medicine”, and implement a public education campaign clarifying its meaning.</p> <p>3) Labour Mobility (Section 20.6) Other jurisdictions doctor title are not equivalent therefore should have a clear equivalency requirements. If they hold out of province doctor license. Alberta education:</p> <p>For those seeking registration, this document serves as a guide to the theoretical and experiential aspects they should be provided with in their education and training to prepare them with the minimum competencies (knowledge and skills) necessary to meet the minimum standard for practice as an acupuncturist. To date, a program consisting of 1,350hours of theoretical instruction and 500 hours of clinical instruction/practice experience has been considered acceptable to attain this minimum level of competency</p> <p>British Columbia:</p> <ul style="list-style-type: none"> <li>• Pacific Rim College</li> <li>• Theory 3840 hours</li> <li>• Clinical Doctor of Traditional Chinese Medicine program complete 1065 hours of direct clinical practice</li> </ul> <p>Suggestion: Council maintain an “equivalency table” that identifies known Doctor-of-TCM programs or regulatory jurisdictions (e.g. BC) and pre-maps them to Ontario’s requirements, with explicit margins for adjustment.</p> <p>4) Economic and System Impact Analysis No cost–benefit study has been provided regarding examination fees, administrative workload, or market demand. Recommendation: Undertake a financial and workforce impact assessment before final approval to ensure sustainability and fairness to members.</p>
98	<p>the proposed DTCM title in addition to Doctor of traditional Chinese medicine could be misleading to the public when school programs offer DTCM diplomas without a person being registered as a Doctor of traditional Chinese medicine with the College. If possible using Dr. TCM as the title by the College might be clearer. If concerns arise about the abbreviation of the Dr. title, could be stipulated that registrants in this title class be responsible to market themselves in a way where it is clear that they are not practicing medical doctors.</p>
99	<p>1. The TCM not only including Acupuncture that based on the original Meridian Theory, but also including Tuina (Massage), Chinese Herbal Medicines, Cupping, Guasha. 2. The Meridian Theory is as abstract as the Atomic Structure theory, its feasibility has been proven by practice for thousands of years.</p>
100	<p>No! The 5 year post secondary Doctor of TCM is the equivalent of a degree program that will allow students and postgraduates to meet the equivalent requirements. The DTWG and Council have done an excellent job in considering what is in the public interest while ensuring those who meet the requirements are not discriminated against</p>

101	Amazing that this is happening as we have waited for so long! I support the educational requirement identified as a postsecondary doctor of traditional Chinese Medicine program that consists of at least 5 years. Very impressed that you increased the hours of theory and practice to correspond to the 5 years.
102	Seems like its not an option for someone trained only as an acupuncturist.
103	On behalf of CMAAC, we appreciate the effort to improve the registration framework. However, the draft places excessive emphasis on formal education while underrepresenting the importance of clinical competency. We believe public safety depends on ensuring that all candidates demonstrate genuine skill in both theoretical knowledge and clinical practice. Clinical experience remains a key element of quality patient care. We also recommend that Chinese characters be included in the herbal medicine written examination to prevent confusion caused by differing romanization systems.
104	Thanks for all members of CTCMPAO's effort on proceeding this proposal over years
105	<p>Traditional Chinese Medicine (TCM) originated in China. Therefore, graduates of China's official 5-year TCM university programs — especially those with many years of clinical experience — deserve to be recognized with the title of "Doctor."</p> <p>If a two-year undergraduate education is considered a necessary requirement under Canadian regulations, we strongly suggest that 10 years of verified clinical experience in TCM should be accepted as an equivalent.</p> <p>The clinical experience gained over a decade of hands-on practice directly benefits patients far more than two years of general undergraduate study. These senior practitioners bring not only deep knowledge, but also proven skills and professional maturity that are critical in delivering safe and effective care.</p> <p>It is time for the regulatory system to recognize experience-based qualifications and respect the original sources of medical knowledge — especially when they are supported by both education and long-term clinical success</p>
106	<p>Other Comments or Concerns for Council Consideration:</p> <ul style="list-style-type: none"> <li>• Establish a Practitioner Advisory Committee composed of active R.TCMPs to guide the implementation details — particularly the bridge program structure, exam format, and continuing competence framework.</li> <li>• Include a clear public education component explaining the scope and use of the "Doctor of TCM" title to prevent confusion with medical doctors and to enhance professional transparency.</li> <li>• Ensure the transition framework allows early adopters (experienced TCMPs) to apply during an initial implementation phase with supportive timelines. Overall, the draft regulation is a major and positive step forward. Including a well-defined Bridge Program will make it truly equitable and attainable, honoring both emerging graduates and long-standing clinicians who have built the profession's credibility in Ontario. Thank you!</li> </ul>
107	Thank you to Council, the Working Group, and College staff for advancing the Doctor Title Project and recognizing a Doctor class in Ontario. I support the amendments and appreciate the public interest focus.
108	The educational requirements for a doctor class are difficult to achieve in Canada. Therefore, the majority of doctors in this field will be foreign trained.



Meeting Date:	March 18, 2026
Issue:	Governance Manual
Reported By:	Sean Cassman
Action:	Motion

### **Issue**

The College Performance Measurement Framework (CPMF) includes a standard that Council and Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College. Staff have drafted a governance manual to provide members with the necessary resources that they can refer to as needed.

### **Public Interest Rationale**

The College has a mandate to regulate the profession in the public interest. Council plays a crucial role in the College fulfilling this mandate, and it is important that all members have a solid understanding of the governance practices to ensure the Council continues to function well. In addition to meeting the Council competencies, the governance manual will provide new members with more specific information regarding the governance of the College.

### **Background**

A governance manual intends to be a resource Council can refer to on regular procedures and processes. It ensures that these processes are written down and saved to ensure continuation of knowledge over time. Although many processes are in place for Council already, there is no governance manual to document them. Staff drafted a governance manual with the intention that all members of the Council and Committees would receive it as a part of the onboarding process and can be used by current staff and Council as needed.

It includes the following topics:

1. Introduction
2. Corporate Profile
3. Structure of the College
4. Council and Committee Roles and Responsibilities
5. Council and Committee Operations
6. Registrar and Staff
7. Communication Protocols
8. Finance
9. Risk Tolerance
10. Succession Planning
11. Council and Committee Evaluation

### **Next Steps**

Council is asked to review and discuss the content or provide a final approval.



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

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# Governance Manual

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College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Modified Date: 2026-03-04

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# 1. INTRODUCTION

## 1.1 Introduction

The [College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario \(CTCMAPO\)](#) is the governing body established by the government of Ontario.

In Ontario, the self-regulated practice of traditional Chinese medicine (TCM) and acupuncture is governed by the professional and public members of Council. Public members are appointed by the Lieutenant Governor of Ontario.

To direct the College to serve and protect the public, the Council must understand the structure and goals of the organization, and the procedures and policies that enable them to function in an efficient and effective way.

## 1.2 Purpose

This manual outlines the policies and procedures in place for how the Council will govern, beyond what is contained in the [By-Laws](#). It is meant to be a resource for Council in determining how to function within and interact with the College.

The content is meant to be considered in the context of other important documents, which also guide Council and non-council members. They include the College [By-Laws](#), the Council Member Orientation Package, the [Regulated Health Professions Act, 1991 \(RHPA\)](#) and the [Traditional Chinese Medicine Act, 2006 \(TCM Act\)](#).

This document will be subject to regular review, as the organization continues to evolve and update its policies, procedures, strategic plan, etc.

# 2. CORPORATE PROFILE

## 2.1 Mandate

The College's mandate is protecting the public through a transparent and effective regulatory environment while guiding the Traditional Chinese Medicine profession.

CTCMAPO serves and protects the public interest and governs its members in accordance with the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, the *TCM Act*, and the regulations, policies and By-Laws of the College.

## 2.2 Vision

Full public confidence in the safe and effective practice of Traditional Chinese Medicine.

## 2.3 Core Values

CTCMPAO has a set of core values that underlie all its activities:

**Ethical** - To always behave with integrity in a manner that is fair, honest and professional.

**Collaborative** - To work openly with our health system partners including the public, government, and with the profession to achieve a common purpose.

**Accountable** - To be responsible for everything we do (e.g., actions and decisions) by providing evidence and reasoning.

**Transparent** - To have fair, simple, clear and easy to understand processes and communications.

## 2.4 Equity, Diversity, and Inclusion

The College believes in and practices the philosophy that every person has a right to equal treatment with respect, and without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, family status, disability or any other ground that is protected by the Ontario Human Rights Code. The College will use all reasonable efforts required by law to guarantee these rights are respected.

## 2.5 Accessibility

The College supports the full inclusion of persons with disabilities pursuant to the [Accessibility for Ontarians with Disabilities Act \(AODA\)](#).

Reasonable efforts will be made to ensure that policies, practices and procedures governing the provision of its goods and services to persons with disabilities are consistent with the following principles:

- Services are provided in a way that respects the dignity and independence of persons with disabilities;
- Persons with disabilities are able to benefit from the same services in a similar way as others; and
- Persons with disabilities have opportunities equal to others to obtain, use and benefit from the College's services.

## 2.6 Objects of The College

The College has the following objects, as set out in the S.3 of the *Health Professions Procedural Code (the Code)* being Schedule 2 to the *RHPA*:

1. To regulate the practice of the profession and to govern the members in accordance with the *Health Profession Act*, this Code and the *Regulated Health Professions Act, 1991* and the regulations and By-Laws.

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

## 2.7 Legislation

### 2.7.1 Regulation Health Professions Act, 2001 (RHPA)

The [\*Regulated Health Professions Act, 2001 \(RHPA\)\*](#), provides a legislative framework under which all regulated health professions in Ontario must function. There are 28 regulated health professions under the *RHPA*.

The underlying objectives of the *RHPA* are:

- To protect the public from harm and from unqualified, incompetent or unfit providers;
- To promote safe, high quality care;
- To make regulated health professions accountable to the public;
- To provide patients/clients access to health care professionals of their choice;
- To achieve equality and consistency by requiring all regulated health professions adhere to the same purposes, procedures and public interest principles;
- To treat individual patients/clients and health professionals in an equitable manner.

It assigns duties and responsibilities to:

- The Minister of Health;
- The Colleges that regulate health professions;
- The Health Professions Regulatory Advisory Council; and
- The Health Professions Appeal and Review Board.

The *RHPA* also identifies “controlled acts” that only qualified persons of regulated health professions are authorized to perform, as these activities could cause harm to the public. Members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario are authorized to perform two controlled acts which are defined in the Traditional Chinese Medicine (TCM) Act, 2006.

### 2.7.2 Traditional Chinese Medicine Act, 2006 (TCM Act)

As with every regulated health profession in Ontario, CTCMPO also has a profession specific Act which establishes a regulatory college responsible for governing the profession to ensure public protection. The [Traditional Chinese Medicine Act, 2006 \(TCM Act\)](#) established the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario in English and Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l’Ontario in French.

The *TCM Act* sets out:

- The scope of practice of traditional Chinese medicine (TCM), “...the assessment of body system disorders through traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health”;
- The “controlled acts” that members of the College are authorized to perform, namely:
  1. Performing a procedure on tissue below the dermis and below the surface of a mucous membrane for the purpose of performing acupuncture;
  2. Communicating a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person’s symptoms using traditional Chinese medicine techniques.
- Title protection, authorizing only members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario the use of the titles “traditional Chinese medicine practitioner” or “acupuncturist”, a variation or abbreviation or an equivalent in another language (Doctor title authorization is found in the *RHPA*);
- The composition of the College Council.

### 2.7.3 By-Laws

The CTCMPO has [By-Laws](#) that details the operations of the organization with respect to regulatory, policymaking and internal operations. By-Laws are consistent with the duties and objectives of the College and include the duties and responsibilities of Council, committees, the Registrar/CEO, registration and fees.

The College's By-Laws may be made, amended or revoked in the same manner as other resolutions or motions that appear before Council. A motion to amend or revoke these By-Laws requires a vote of the majority of those in attendance and voting at the meeting.

By-Laws are reviewed regularly ensure they are reflective of legislative changes and College policy.

#### Circulation of certain By-Laws

(2) A by-law shall not be made under clause (1) (l.2), (l.3), (s), (t), (v), (w) or (y) unless the proposed by-law is circulated to every member at least 60 days before it is approved by the Council. 1998, c. 18, Sched. G, s. 22 (5).

#### Exception

(2.1) Despite subsection (2), the Council may, with the approval of the Minister, exempt a by-law from the requirement that it be circulated or abridge the 60-day period referred to in subsection (2) to such lesser period as the Minister may determine. 1998, c. 18, Sched. G, s. 22 (5).

## 2.8 Strategic Direction

Council determined a strategic direction from which a five-year work plan was established. The Strategic Plan included these areas:

### 1. Effective Right Touch Regulation

We will ensure we are clear, consistent, and transparent in our approach to regulation of the profession. We will have a process for identifying, communicating, managing and measuring risks and continuously improve this process. We will target activities to prevent the greatest risks and harms to the public. We will maintain an appropriate level of agility in our measured approach to regulation and be accountable for the decisions we make. We will work with our Government partners to ensure alignment with legislative requirements.

### 2. Continuous Quality Improvement

We will continue to establish a culture of objective decision-making and quality assurance in how we operate. We will ensure we appropriately understand and monitor the educational needs of our members, the public and college staff working to identify educational and/or professional development needs and opportunities. We will improve and monitor compliance to standards of practice and guidelines to set professional expectations. We will continue to improve our Quality Assurance Program to create alignment and understanding amongst stakeholders.

### 3. Informed and Interactive Stakeholders

We will create a culture in which members understand expectations and provide the highest level of care. We will define and articulate the value-proposition of the College and the benefits provided to the public, government, and practice. We will lead and support diverse and inclusive public communication and engagement efforts that build confidence and trust in the profession. We will formalize input and involvement of the public and the profession incorporating this into

decision-making processes. We will collaborate with system partners who will further our vision and mandate and learn from best practices.

#### 4. Modernize Governance

We will ensure transparency in our governance activities and governance structure. We will identify and implement best practices in regulatory governance. We will establish required committees and recruit for participation based on diversity, equity, inclusion considerations as well as expertise and competency.

The College will reevaluate its strategic direction threat the end of each strategic plan period and develop a new strategic plan for the following 3-5 years. The College engages the services of experienced consultants to work closely with Council and the Registrar to develop a strategic plan.

## 3. STRUCTURE OF THE COLLEGE

The CTCMPAO operates through an established Council and committee structure to fulfill its responsibility to serve and protect the public. This structure is based on the requirements as set out in the *RHPA* and the College By-Laws. A general description of the composition and duties of the CTCMPAO Council and committees follows; however, full details can be found within the By-Laws.

### 3.1 Council

The Council of the College shall consist of no more than seventeen (17) members;

- Nine (9) professional members (elected from all five districts of the province by their peers who are also governed by the same College); and
- No less than five (5) and no more than eight (8) members of the public appointed by Lieutenant Governor of Ontario (these public appointees cannot be TCM practitioners or College employees).

The Council annually elects a President, Vice-President and Executive Committee from among its members.

### 3.2 Council Structure

The Council is the main governing and decision-making body of the College. The role, responsibilities and powers of the Council are set in the *TCM Act*, the *Code*, Schedule 2 of the *RHPA* and By-Laws.

Council manages and administers the College's affairs. Members of Council bring individual perspectives to the collective decision-making process that has at the forefront the protection of the public interest through effective regulation of its members. The Council aims for excellence in governance through the monitoring and directing of the affairs of the College to instill public confidence and trust.

### 3.3 Council Role

In carrying out its role, the College Council will:

- Uphold the College’s responsibilities in protecting the public;
- Maintain a working knowledge of the legislation under which the College operates;
- Read and become familiar with the College’s By-Laws and governance policies;
- Stay current on issues and events important to the profession and its stakeholders;
- Prepare for each Council meeting by reviewing meeting materials in order to understand the topics to be discussed, and the implications of policy and directional decisions;
- Attend each Council meeting and debate issues and policies pertaining to the College’s mandate. Once a decision has been taken, align fully with the decision and uphold its implementation;
- Adhere to, respect and model behaviour described in the Council Code of Conduct, Conflict of Interest Policy and Confidentiality Policy;
- Apply prudent and responsible thinking to the management of the affairs of the College in order that fiscally sound policies are applied in safeguarding the College’s assets;
- Actively participate in the strategic as well as the short and long-term planning for the College;
- When appointed to the College committees, participate in the work of the committee toward the fulfillment of the purpose of the College;
- Participate in the selection and appointment; monitor the performance of the Registrar through feedback reports by the College President;
- Ensure that appropriate succession planning of both Council leadership and the Registrar occurs so that the ongoing successful management of the College is maintained;
- Engage in the Council evaluation process to maintain successful performance of Council members.

### 3.4 Public Members

Public members are appointed to Council by the Lieutenant Governor of Ontario. Council will have a minimum of five (5) and no more than eight (8) appointed members. Public members may not be members of the traditional Chinese medicine profession, members of a health regulatory college as defined in the *RHPA*, or members of a Council of another health regulatory college. Public members, as with all Council members, will uphold the College’s mandate to serve and protect the public.

### 3.5 Professional Members

Professional members are members of the traditional Chinese medicine profession. They are elected to Council by members in the five districts, up to a maximum of nine (9) Professional members. Professional members bring a unique perspective through their knowledge of the profession and to serve as a Council member to protect the public.

The five districts are defined as:

- (i) **Electoral District #1 – North East (2 members)** comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming, and Sudbury; the district municipality of Muskoka; and the city of Greater Sudbury; the counties of Frontenac,

- Hastings, Lanark, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas, Glengarry; and the cities of Prince Edward and Ottawa.
- (ii) **Electoral District #2 – Central East (1 member)** comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, and the regional municipality of Durham.
  - (iii) **Electoral District #3 – Central (3 members)** comprised of the City of Toronto and the Regional Municipality of York.
  - (iv) **Electoral District #4 - Central West (2 members)** comprised of the counties of Dufferin, Wellington, Haldimand, Brant and Norfolk, the regional municipalities of Halton, Niagara, Peel, and Waterloo, and the city of Hamilton.
  - (v) **Electoral District #5 – West (1 member)** comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth, Oxford, and the regional municipality of Chatham- Kent.

## 3.6 District Elections & Eligibility

### 3.6.1 Eligibility to Vote

The election process is governed by By-Laws 4.01 - 4.26.

A Member is eligible to vote in the electoral district in which the Member, within 30 days of the election, primarily practices, or if the Member is not engaged in the practice of Traditional Chinese Medicine, in which the Member has primary residence in accordance with the College By-Law 4.02.

An election of members to Council shall be held in staggered terms:

1. In 2017, and in every third year after that for Members from electoral districts 1 and 2;
2. In 2018, and in every third year after that for Members from electoral district 3; and
3. In 2019, and in every third year after that for Members from electoral districts 4 and 5.

### 3.6.2 Eligibility for Election

The term of office for a member of Council is approximately three years, commencing with the first regular meeting of Council immediately following the election, until the Member's successor takes office in accordance with the By-Laws. A Member who has served on Council for nine (9) consecutive years is ineligible for election to Council until a full three-year term has passed since that Member last served on Council.

In accordance with By-Law 4.08, a Member is eligible for election to Council in an electoral district, if on the closing date of nominations and anytime up to and including the date of the election:

- (i) the Member holds a General class of certificate of registration;
- (ii) the Member is eligible to vote in the electoral district in which the Member is nominated;
- (iii) the member is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside of Ontario;

- (iv) no findings of professional misconduct, incompetence or incapacity has been made against the Member in the preceding six years by a body that governs a profession, inside or outside of Ontario;
- (v) a period of six years has elapsed since the Member complied with all aspects of an order imposed by the Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;
- (vi) the Member's certificate of registration has not been revoked or suspended in the six years preceding the date of nomination;
- (vii) the Member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practice Committee or the Quality Assurance Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;
- (viii) the Member is not in default of payment of any fees or costs to the College;
- (ix) the Member is not at present nor has been at any time within the last two years, a director, owner, board member, officer or employee of any Professional Association;
- (x) The Member is not at present nor has been at any time within the last two years, a director, owner, board member or officer of an educational institution relating to traditional Chinese medicine;
- (xi) the Member has not been disqualified from the Council or a Committee of the Council in accordance with section 5.01 in the preceding three years;
- (xii) the Member has not resigned from the Council in the preceding three years;
- (xiii) the Member does not have a conflict of interest to serve as a member of Council or has agreed to remove any such conflict of interest before taking office;
- (xiv) the Member is not a member of the Council or of a Committee of the College of any other college regulated under the RHPA;
- (xv) the Member has not been a member of the staff of the College at any time within the preceding one year;
- (xvi) the Member has not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College;
- (xvii) the member has satisfied the Nominations Committee that the member has all of the competencies to be an effective member of Council as set out in a list of competencies approved by Council;
- (xviii) the member has successfully completed the College's current training program relating to the duties, obligations and expectations of Council and committee members;
- (xix) has not been found guilty of a criminal offence within the preceding eight years.

### 3.6.3 Nominations

- (i) The Registrar shall supervise the nomination of candidates.
- (ii) No later than 120 days before the date of an election, the Registrar shall notify every Member eligible to vote of the date, time and electoral district of the election and of the nomination procedure.
- (iii) The nomination of a candidate for election as a member of Council shall be in writing and shall be given to the Registrar at least 60 days before the date of the election (the "nomination deadline").

- (iv) The nomination shall be signed by the candidate and by at least three Members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.

### 3.6.4 Competency Assessment by Nominations Committee

- (i) A member wishing to satisfy the competency requirement as set out in section 4.08(xvii) shall provide to the Registrar the completed form, a current CV, and supporting documentation no later than 90 days before the date of the election so as to allow the Nominations Committee time to decide if the member meets the requirement of that article.
- (ii) The Nominations Committee shall notify each member affected and the Registrar of any decision at least 60 days before the date of the election.
- (iii) The Nominations Committee decision under section 4.08(xvii) is solely within the discretion of the Nominations Committee, final and not subject to challenge and an election result is not subject to challenge on the basis that a member of the College was not permitted to stand for election as a result of the decision of the Nominations Committee.

## 3.7 Committees

All members of Council sit on a variety of committees. In addition, Non-Members of Council Professional members may be appointed to specific committees. The Executive sets the committee composition, which is approved by Council.

There are seven statutory committees as set out in the *RHPA*:

1. Executive
2. Registration
3. Inquiries, Complaints and Reports
4. Quality Assurance
5. Patient Relations
6. Discipline
7. Fitness to Practice

The College also has two non-statutory committees:

1. Doctor Title Working Group
2. Standard for Acupuncture Ad Hoc
3. Nominations

The Executive Committee structure is unique, in so far as the Council votes for each member of the committee at the first regular Council meeting of the calendar year. As of April 1, 2019, the election of officers will take place at the first regular meeting following the election of Professional members. The

composition of the Executive Committee is five members: President, Vice-President, and three members of Council. Two of the members of the Executive Committee shall be public members.

All committees of the College develop and recommend College policies for Council approval. In addition to policy recommendations, the following committees also render decisions regarding specific members:

- Registration,
- Investigations, Complaints and Reports,
- Discipline,
- Fitness to Practice, and
- Quality Assurance

Any decision rendered regarding specific members by the above committees or panels are not subject to approval by Council.

Committee panels are a smaller group of committee members, as allowed under the *RHPA* to facilitate decisions on specific members. Having a committee be comprised of two or three smaller panels increases the number of files that can be evaluated as well as easing the time commitment of all committee members.

All committees submit quarterly reports to Council.

### 3.8 Committee Chair

In accordance with By-Laws 9.04 and 9.05, except for the Executive Committee, chairs are elected from among its members. Committee chairs must be members of Council.

The President chairs the Executive Committee.

The role of the Committee Chair is to preside over meetings of the Committee, keeping good order and decorum and adhering to the rules of order, the By-Laws, regulations, and governing legislation. In addition, chairs work with staff to finalize meeting agendas, approve drafts of meeting minutes and reports before they are circulated; and approve individual committee sections of the College annual reports.

Chairs may also be called upon to introduce committee reports and items at Council meetings and to move motions at Council related to committee work. Chairs are expected to start and end meetings on time and to indicate the meeting duration just prior to adjournment.

### 3.9 Non-Council Member

As per College By-Law 9.02, Non-Council committee members are professional members appointed by Council and assist the Council in carrying out the duties of the committee to which they are assigned. Non-Council committee members may bring specific expertise relating to the committee they serve.

## 3.10 Statutory Committees

### 3.10.1 Executive Committee

The committee reports to and assists Council by taking on tasks delegated, suggesting priorities for agenda items and acting in emergencies in between Council meetings. The committee recommends the composition of all committees; sets Committee Composition; evaluates the performance of the Registrar; focuses on governance, leadership and Council training, education and evaluation.

In accordance with By-Law Section 12.01 the Executive Committee shall be composed of the:

- President;
- Vice-President; and
- Three (3) Members of the Council.
- Two of the members of the Executive Committee shall be Public Members and three shall be Professional Members.

The President shall be the chair of the Executive Committee.

### 3.10.2 Registration Committee

This committee (or a panel of the committee) is mandated to ensure the protection of the public interest by providing strategic direction with respect to registration requirements. It reviews applications for registration referred by the Registrar because the applicant does not fulfill the requirements for the certificate of registration; considers and approves terms, conditions and limitations (TCLs) to be imposed on certificates of applicants; considers and approves requests to remove or modify a TCL previously imposed through a registration proceeding; and considers additional information resulting from a proceeding to be included in the register.

Decisions regarding individual members made by the Registration Committee are not shared with Council.

In accordance with By-Law Section 12.02 the Registration Committee shall be composed of:

- At least two (2) members of Council who are Professional Members;
- At least one (1) Public Member; and
- One (1) or more members of the College who are not members of Council if Council so wishes.

#### **Panel for Registration Committee as per the *RHPA* Sections 17 (2) Schedule 2**

A Panel shall consist of at least two (2) Professional Members; one (1) Public Member of Council and one (1) or more members of the College who are not member of Council.

Three (3) members of a panel constitute a quorum.

### 3.10.3 Inquiries, Complaints and Reports Committee (ICRC)

This committee (or panel of the committee) reviews complaints and considers reports related to the conduct or capacity of a TCM practitioner or acupuncturists. Through a risk-based assessment, determines appropriate dispositions that serve to mitigate risk of harm to the public.

If a referral to the Discipline Committee is not merited in a particular case, the ICRC may make other decisions in accordance with the legislation. These options include:

- ordering a member to complete a Specified Continuing Education or Remediation Program (SCERP);
- referring the member to the Fitness to Practice Committee for incapacity proceedings;
- issuing a written warning, advice or reminder;
- requiring the member to appear before the ICRC to receive an oral caution or take any other action it considers appropriate that is not inconsistent with *the Act*, the *Code*, the regulations or the By-Laws of the College.

The ICRC can also decide to take no action in the matter.

Decisions regarding complaints are subject to external appeal through the Health Professions Appeal and Review Board (HPARB).

In accordance with By-Law Section 12.03 the ICRC shall be composed of:

- At least two (2) members of Council who are Professional Members;
- At least one (1) Public Member; and
- One (1) or more members of the College who are not members of Council if Council so wishes.

#### **Panel for ICRC as per the *RHPA* Section 25 (2) Schedule 2**

A Panel shall consist of at least two (2) Professional Members; one (1) Public Member of Council and one (1) or more members of the College who are not member of Council.

Three (3) members of a panel constitute a quorum.

### 3.10.4 Discipline Committee

In accordance with By-Law 12.04, the Discipline Committee shall be composed of every member of Council and one or more Members of the College who are not members of Council if Council so wishes. However, it is a committee that is distinct and independent from the College.

This committee (or a panel of the committee) conducts formal hearings to review allegations of professional incompetence or misconduct referred from the ICRC.

The Discipline Committee determines appropriate penalties where the allegations are proven, to discipline in an effort to protect the public from future risk of harm. Consequently, the Committee must accomplish its work independent of Council and therefore does not represent the College at the hearings. For these reasons, the Discipline Committee generally employs independent legal counsel (ILC) to assist in their functions.

A decision of the Discipline Committee may only be appealed through divisional court.

#### **Panel for a discipline hearing as per the *RHPA* Sections 38 (2) Schedule 2**

A panel shall be composed of at least three and no more than five persons, at least two of whom shall be persons appointed to the Council by the Lieutenant Governor in Council (i.e., two Public Members).

Three (3) members of a panel constitute a quorum.

#### **3.10.5 Fitness to Practice Committee**

In accordance with By-Law 12.05, the Fitness to Practice Committee shall be composed of every member of Council and one or more Members of the College who are not members of Council if Council so wishes.

It should be noted that this is a committee that is distinct and independent from the College.

The committee (or a panel of the committee) conducts hearings on matters referred to it from a Panel of the ICRC to determine incapacity of a TCM practitioner and/or acupuncturist. Where warranted, determines whether a practitioner suffering from a physical or mental condition is deemed to no longer be fit to practise safely or must practice under specific restrictions.

Incapacitated is defined in the *Code* as follows:

Section 1 (1): ... the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's certificate or registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.

Decisions regarding individual members made by the Fitness to Practice Committee are not shared with Council.

A decision of the Fitness to Practice Committee may only be appealed through divisional court.

#### **Panel for a Fitness to Practice as per the *RHPA* Sections 64 (2) Schedule 2**

A Panel shall consist of at least two (2) Professional Members; one (1) Public Member of Council and one (1) or more members of the College who are not member of Council.

Three (3) members of a panel constitute a quorum.

### 3.10.6 Quality Assurance Committee

This committee ensures the continuing competence of members to protect the public. It is designed to promote lifelong learning, continued competence and supportive measures to ensure members engage in self-regulation.

There is no appeal process available regarding the decisions of this committee.

In accordance with By-Law Section 12.06 the Quality Assurance Committee shall be composed of:

- At least two (2) members of Council who are Professional Members;
- At least one (1) Public Member; and

One (1) or more members of the College who are not members of Council if Council so wishes.

### 3.10.7 Patient Relations Committee

This committee administers the Patient Relations Program. It develops preventative measures on patient sexual abuse, providing education and guidelines for members. The Committee also oversees the administration of the fund for therapy and counselling for patients who have been sexually abused by a member.

Sexual abuse is defined in the *RHPA* as:

- (i) Sexual intercourse or other forms of physical sexual relations between the member and the patient,
- (ii) Touching of a sexual nature, of the patient by the member, or
- (iii) Behaviour or remarks of a sexual nature by the member towards the patient.

In accordance with By-Law Section 12.07 the Patient Relations Committee shall be composed of:

- At least one (1) member of Council who is a Professional Member;
- At least two (2) Public Members of Council; and
- One (1) or more members of the College who are not members of Council if Council so wishes.

## 3.11 Non-Statutory Committees

### 3.11.1 Doctor Title Working Group

This working group was established as an ad hoc group by Council to conduct research, synthesize information, make recommendations and undertake project activities at the request of Council for the development of the “Dr.” Title Class regulation. They will oversee the three phases of bringing the doctor title forward. It is anticipated this will take approximately 5 – 10 years.

- **Phase 1** - Conduct an Environmental scan to consult with stakeholders from schools, associations, members, government, other health professional regulatory bodies, and the

public. The purpose of the Environmental scan will be to seek input for development of competencies, an assessment process, and class entry requirements, such as education, experience and training. The consultants are currently interviewing various stakeholders and conducting a literature review.

- **Phase 2** – Prepare the competencies for the Doctor class, development of an assessment process and determining the class entry requirements.
- **Phase 3** – Draft amendments to the Registration Regulation to include a Doctor class of Registration. This will involve extensive communications and consultation with the Ministry of Health.

The Working Group shall be appointed by Council and will consist of a minimum of six and a maximum of 10 members. Pursuant to section 12.10 of the By-laws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, quorum for meetings of the Working Group shall be three (3) members of the Working Group.

### 3.11.2 Standard for Acupuncture

The committee was established as an ad hoc group by Council to develop an evidence-based TCM Acupuncture Standard for TCM practitioners and acupuncturists.

The Committee shall be appointed by Council and shall include:

- Three (3) professional members who are members of the Council;
- Two (2) public members who are a member of the Council; and
- Three (3) professional members who are not members of Council.

### 3.11.3 Nominations Committee

The committee utilizes the Competency Framework to assist the Council in ensuring the members elected to Council have the necessary competencies to fulfil their roles and mandate to protect the public.

In accordance with By-Law 12.09, the Committee shall be composed of:

- Two (2) members of Council who are Professional Members; and
- Three (3) Public Members.

## 3.14 Orientation and Training

It is the responsibility of Council members to be familiar with objects of the College and the duties of being a Council member.

Orientation sessions will cover topics such as:

- The duties of Council;
- Self-Regulation;
- Conflicts of interest;
- Confidentiality;

- Remuneration;
- By-Laws; and
- How the College operates.

Council members must attend annual orientation and training, following the election of Professional Members.

Additionally, Council members receive on-going training and educative seminars throughout their time on Council by subject matter experts, legal counsel and staff. Council members are also encouraged to take part in specific training around Discipline through the Health Profession Regulators of Ontario (HPRO).

Each committee will hold orientation and training specific to the work of their committee as well as on-going training and information sessions.

## 4. COUNCIL AND COMMITTEE ROLES AND RESPONSIBILITIES

### 4.1 Code of Conduct

Schedule 1 to the [By-Laws](#) state:

Council and committee members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:

- Be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991*, its regulations and the *Health Professions Procedural Code*, the *Traditional Chinese Medicine Act, 2006*, its regulations, and the by-laws and policies of the College;
- Diligently take part in committee work and actively serve of committees as appointed by the Council;
- Regularly attend meetings on time and participate constructively in discussions;
- Offer opinions and express views on matters before the College, Council and committees, when appropriate;
- Participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Members on Council and committees;
- Uphold the decisions made by a majority of Council and committees, regardless of the level of prior individual disagreement;
- Place the interests of the College, Council and committee above all other interests;
- Avoid and, where that is not possible, declare any appearance of or actual conflicts of interest;
- Refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards;
- Preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s. 36(1) of the *RHPA*;
- Refrain from communicating to Members, including other Council or committee Members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or

fitness to practice proceedings which could be perceived as an attempt to influence a statutory decision or a breach confidentiality, unless he or she is a Member of the panel or, where there is no panel, of the statutory committee dealing with the matter;

- l. Respect the boundaries of staff whose role is not to report to or work for individual Council or committee Members;
- m. Be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

## 4.2 Preparation

Council and committee members shall:

- Make every reasonable effort to attend meetings of Council and committee;
- Acquire an understanding of the College objectives and the processes for carrying out these objectives;
- Commit sufficient time to prepare for meetings in order to be an active participant in discussions and decisions;
- Respect the decisions of Council once made and not publicly advocate against such decisions; and
- Declare a conflict of interest, where appropriate, in matters under discussion and not participate or be present during discussion or decision.

## 4.3 Speaking with One Voice

Council and committee members shall:

- Uphold all decisions made by Council and not speak against a decision once it has been made;
- Use the expertise of individual members to enhance the ability of the Council as a body, rather than to substitute their individual values for the groups' values; and
- Be accountable to the people of Ontario for competent, conscientious, and effective execution of its obligations as a body.

## 4.4 Confidentiality

Members of Council and committees, staff and persons retained or appointed by the College are required to maintain confidentiality at all times as members will become aware of sensitive and private information in the course of the work carried out. The *RHPA* Section 36(1) permits disclosure in a number of specific circumstances, for members of Council and committees. If a member is unsure, it is best to seek advice.

Section 36 (1) of the *RHPA* states, in part, as follows:

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council

or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person.

All Members of Council and committees are required to sign the confidentiality agreement every year.

## 4.5 Conflicts of Interest

As per the By-Laws 10.01:

- (i) All members of Council or its Committees have a duty to carry out their responsibilities to serve and protect the interest of the public. As such, they must not engage in any activities or in decision-making of any matters where they have a personal or financial interest, whether directly or indirectly.
- (ii) Council and Committee Members recognize that engaging in even an appearance of a conflict of interest can bring discredit to the College, would amount to a breach of the fiduciary obligation of the person to the College and can create liability for both the College and the person involved.
- (iii) A member of Council or its Committees shall be perceived to have a conflict of interest in a matter, if he or she holds a responsible position such as director, owner, board member or officer for, or is an employee of a Professional Association.
- (iv) A member of Council or its Committees would be perceived to have conflict of interest in a matter, if he or she holds a responsible position such as director, owner, board member or officer in or is an employee of another organization where his or her duties may be seen by a reasonable person as influencing his or her judgment in the matter under consideration of the Council or its Committees.
- (v) For the purposes of these By-Laws, the personal or financial interests, direct or indirect, of a parent, spouse, child or sibling of a member of Council or its Committees, or of a spouse of a parent, child or sibling of a member of Council or its Committees, are interpreted to be the interests of the member of Council or its Committees. Here, the term “spouse” includes a common-law spouse and a same sex partner of the person.
- (vi) Where a member of Council or its Committees believes that he or she may have a conflict of interest in any matter which is the subject of deliberation or action by the Council or its Committees, he or she shall consult, as needed, with the President, the Registrar or legal counsel and, if there is any doubt about the matter, declare the potential conflict to the Council or the Committee and accept Council’s or the Committee’s direction as to whether there is an appearance of a conflict.
- (vii) Where a member of Council or its Committees believes that he or she has a conflict of interest, including an appearance of a conflict of interest, in any matter which is the subject of deliberation or action by the Council or its Committees, he or she shall:
  - a. prior to any consideration of the matter at the meeting, disclose the fact that he or she has a conflict of interest;
  - b. not take part in the discussion of, or vote on, any question in respect of the matter;
  - c. absent himself or herself from the portion of the meeting relating to the matter; and

- d. not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.
- (viii) Any member of Council or a Committee who believes that another member of Council or a Committee has a conflict which has apparently not been declared, will, if possible, discuss the matter with the member. If the matter is not resolved to the satisfaction of the Member who perceives the conflict, she or he shall discuss it with the President. If the President believes it warrants further action he or she will:
- a. Cause an investigation of the alleged conflict to be had through the Executive Committee; Council will be informed.
  - b. The Executive Committee's findings will be presented to Council for resolution.
  - c. The decision of Council will be considered final.
- (ix) Every declaration of conflict of interest shall be recorded in the minutes of the meeting.
- (x) A member of Council or its Committees shall not use College property or information of any kind to advance his or her own interests, direct or indirect.

A member of Council or its Committees may not hold any other position, contract or appointment, with the College while serving as a member of Council or its Committees. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to positions as peer assessor, investigator, examiner or staff.

## 4.6 Remuneration

Council and committee members will be remunerated and receive reimbursement for expenses according to the College's financial policies. See Appendix for the Per Diem Policy.

Council and committee members who attend a meeting either in-person or via Microsoft Teams (online) are entitled to a per diem based on the length of the meeting. Forms are provided for both professional and public members to assist with the process of applying for the per diem.

All per diems are subject to deductions at source and members receive appropriate tax information for income tax reporting.

Public Members submit their remittance forms directly to the Health Board Secretariat while Professional Members submit them to the College.

## 4.7 Indemnification

The College will maintain adequate insurance coverage to ensure that every member of the Council or a committee, employee, appointee or other duly designated representative of the College and their heirs, executors and administrators, and estate and effects, shall from time to time and at all times be indemnified and save harmless out of the funds of the College from and against,

- (i) all costs, charges and expenses whatsoever that he or she sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against him or her, for or in respect of any act, deed matter or thing whatsoever, made done or permitted by him or her, in or about the execution of the duties of his or her office, and
- (ii) all other costs, charges and expenses that he or she sustains or incurs in or about or in relations to the affairs thereof, except such costs, charges or expenses as are occasioned by his or her own willful neglect or default.

## 4.8 President

### 4.8.1 Role and Responsibilities

The President, in conjunction with the Council, is ultimately responsible for fulfilling the mandate, objectives and strategic plans of the College. They are directly accountable to the Council and indirectly accountable to the government, the public and the profession for the effective governance of the College in accordance with all applicable legislative requirements.

The President, along with the Vice-President and Executive Committee are elected by Council Members at the first regular meeting of Council each calendar year. Prior to the meeting, the Registrar will invite members of Council to who wish to stand for election to the office of President, Vice-President and Executive Committee to indicate so in writing, supported by the signatures of two other Council Members and received by the Registrar at least seven days prior to the meeting.

The election of the President and Vice-President follow By-Law Sections 62 – 67.

The specific duties of the President include, but are not limited to:

- a. presiding as chair of all meetings of the Council, the Executive Committee and of Members, unless a non-voting chair has been appointed to facilitate the meeting;
- b. overseeing the operations and performance of the Council;
- c. working with the Registrar to ensure smooth, efficient conduct of all meetings and that decisions of the Council and Executive Committee are implemented;
- d. participating in cultivating, recruiting and orienting new Council Members, officers, Committee members and chairs, and volunteers;
- e. overseeing and ensuring that a process is in place to evaluate the performance and employment conditions of the Registrar;
- f. representing the College as the authorized spokesperson on Council policies and positions to promote the mandate and objectives of the College;
- g. signing contracts, documents or instruments in writing as required by the College;
- h. liaising with the Registrar on any issues relating to the interactions between members of the Council and College staff;

- i. is an ex officio member of all Committees; attendance at any Committee meetings will be at the discretion of the President; chairs of Committees shall file minutes and reports with the Registrar to keep the President informed; and
- j. other duties as assigned by the Council from time to time.

## 4.9 Vice-President

### 4.9.1 Role and Responsibilities

In the absence, inability or refusal to act of the President, the Vice-President shall have all the powers and shall perform all the duties of the President. The Vice-President is directly accountable to the Council and indirectly accountable to the government, the public and the profession for the effective governance of the college in accordance with all applicable legislative requirements.

Specific duties of the Vice-President include:

- a. serving on the Executive Committee;
- b. any duties delegated by the President unless not approved by the Council;
- c. acting as a signing officer on cheques and other documents as required by the Council; and
- d. other duties as assigned by the Council from time to time.

## 5. COUNCIL AND COMMITTEE OPERATIONS

### 5.1 Common Rules of Procedure

Meetings are governed by legislation and the CTCMPAO By-Laws, unless otherwise required by law. All committees meet from time to time at the direction of Council, the Executive Committee, the chairs of the committee. For meeting procedures that fall outside of the By-Laws and legislation, CTCMPAO follows **Robert's Rule of Order**.

Minutes are taken at all meetings and amended if needed before being approved at a following meeting. Meeting records once amended and approved are kept by College staff in accordance with the CTCMPAO's Records Management Policy and Schedule.

The committee chair or their appointee presides over the meeting.

All meetings are held in English.

### 5.2 Quorum

Except where otherwise provided by the Act, a majority of Council Members constitutes a quorum for the transaction of business for any meeting of the Council.

Unless otherwise specified, the quorum for any committee is three members.

## 5.3 Voting

Voting at meetings are usually through a show of hands. Secret ballot (e.g. election of a chair), may be used as directed by the Chair. If members or the meeting is being held online, each member will state their vote by voice.

**Abstentions** are not counted one way or another and are recorded in the minutes.

A **tie vote** (e.g. 3 to 3) means a motion is defeated.

- (i) Except where otherwise provided in the Act, regulations or By-Laws, every motion coming before any meeting shall be decided by a majority of votes cast at the meeting, including the chair, provided that the chair is a member of the Council. In the case of equality of votes, the chair shall not have a second vote and the motion shall be considered to be defeated.
- (ii) Every vote at a meeting shall be by a show of hands or as the chair (subject to a vote without debate by the Council) of the meeting shall otherwise determine. A roll call vote shall be taken if requested by a Council Member, unless the chair had determined voting by secret ballot. In the case of teleconference meetings, roll call votes shall be taken.

In the event of a roll call vote, the Registrar shall request each Council Member in turn to record his or her vote and such vote shall be recorded in the minutes of the meeting relating to the motion or resolution under consideration.

## 5.4 Motions

All motions have a mover and a seconder and are decided by a majority of votes including the presiding chair.

The mover and seconder may speak to the motion first and the chair will ensure that both those in favour and against the motion are given an opportunity to speak. If a motion is made to amend the main motion, a vote on the amendment must precede the vote on the main motion. If the amendment is approved, it comes part of the main motion.

Following discussion or debate on a motion, the Chair may ask the committee if they are ready to vote on the motion. If there is no objection, then the vote will commence.

The Chair, when putting a question (motion) to a vote will ask for those in favour, opposed or any abstaining.

## 5.5 Decorum and Order

Formal rules of order are found in Schedule 2 to the By-Laws, as well, the current edition of Robert's Rules of Order will be followed.

- Proactively declare and manage any conflicts of interest;
- The Chair or presiding official will keep a speakers list;

- If you wish to speak, raise your hand and wait to be acknowledged by the Chair or presiding official;
- Only speak once until all others have had an opportunity to speak;
- Keep comments to five minutes or less;
- Observers are not allowed to speak about an item up for discussion;
- Members cannot vote on a motion if they have a conflict of interest;
- Once a motion is under debate, no other motion can be made except to amend it;
- Members are to be respectful of different opinions, the Chair and of supporting staff, presenters and observers;
- Members should only address the Chair when speaking to an item;
- Staff and other experts may speak to an item when acknowledge by the Chair;
- The Chair needs to be fair, balanced and equitable in their rulings and in their interactions with other members.

## 5.6 Meeting Packages

One week prior to a scheduled meeting, agendas and supporting materials prepared by department staff, in consultation with the committee Chair, are made available online to members (i.e., via OnBoard or FileCloud). Financial packages for Council meetings are provided 2 weeks prior to the scheduled meeting.

On some occasions, additional materials will be added to the package after it has already been provided. An update will be sent to the committee letting them know of the additional material.

## 5.7 In Camera Session

In accordance with subsection 7(1) of the RHPA, all Council meetings shall be open to public. However, if discussions include subject matters set out in subsection 7(2) of the Code (as set out below), the Council may decide to exclude the public from the meeting by going in camera. The legislation for doing so will be noted in the meeting agenda and minutes.

### Exclusion of public

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- a. matters involving public security may be disclosed;
- b. financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- c. a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- d. personnel matters or property acquisitions will be discussed;
- e. instructions will be given to or opinions received from the solicitors for the College; or
- f. the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).

## 5.8 Online Meetings

The College has a hybrid system set up where Council and committee meetings may be held virtually via Microsoft Teams or in-person at the office.

All standard rules of order apply in online meetings and full minutes are recorded.

To help virtual meetings run smoothly, here are some helpful hints:

- Test the virtual meeting platform, screen, audio and any other equipment in advance.
- Contact College staff immediately if experiencing any technical issues that may prevent or delay joining the meeting.
- Join meetings from a quiet and private location to ensure confidentiality.
- Keep cameras on throughout the meeting, whenever possible.
- Use a blurred background or custom CTCMPAO branded background.
- Mute microphones or cell phones when not speaking. Headphones or earphones can help improve audio clarity but are not required.
- Use the “raise hand” feature to raise a question or make a comment to avoid interrupting others.
- On occasion, parts of or the whole meeting may be recorded. Members and participants will be notified if the meeting is to be recorded by College staff for training or record-keeping purposes.
- Maintain confidentiality and professionalism when using the chat function.
- Provide notice to the Chair and attendees when intending to use the “screen share” feature.

### Join a Teams Meeting from the Web

1. In your email invite, select **Join Microsoft Teams Meeting**.

You can also use a dial-in number and conference ID from the email to call in.

2. You have two choices:

- Download the Windows app: Download the Teams app.
- Join on the web instead: Join a Teams meeting on the web.

3. If you select to join via web, type in your name and select Join now.

### If you have a Teams account, select sign in to view the meeting chat and more.


4. Choose the audio and video settings you want.

5. Depending on meeting settings, you'll go to a lobby where attendees can admit you.

### Join a Teams Meeting from the App

1. In a Teams meeting invite, select Join.
2. You have two choices:
  - **Join Microsoft Teams Meeting:** Enter a meeting from your Teams meeting invite.
  - **Dial-in number and conference ID:** Use these if you need to call into the meeting.
3. Choose the audio and video settings you want.
4. Select **Join now**.

### How to Screen Share

- Select **Share** .
- Select what you want to share:
  - **Desktop** lets you show everything on your screen.
  - **Window** lets you show a specific app.
  - **PowerPoint** lets you show a presentation.
  - **Browse** lets you find the file you want to show.
- After you select what you want to show, a red border surrounds what you're sharing.
- Select **Stop sharing** to stop showing your screen.

## 5.9 Election of Officers

The process for the elections of officers (President, Vice-President and Executive Committee Members) to Council is subject to the By-Laws.

### Election: President and Vice-President

By-Law 7.05 Term of Office states in part:

7.05 (i) The term of office of the President and Vice-President commences immediately following their election and expires upon the election of the new President and Vice-President at the first regular meeting of the newly elected Council in the following year.

### Election: Executive Committee

The composition of the Executive Committee is outlined in the By-Law Section 12.01. The Executive Committee shall be composed of the President, the Vice-President and three (3) members of the Council. TWO (2) of the members of the Executive Committee shall be Public Members.

### Returning Officers

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

### Election Process Overview

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

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

The election can be conducted virtually or in-person.

The following voting process will be used when meetings are held online:

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

The following process will be used for when meetings are held in person:

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

Returning officers may make adjustments to the processes outlined above if necessary to conduct an orderly election.

## 6. REGISTRAR AND STAFF

### 6.1 Registrar

#### 6.1.1 Introduction

The Registrar is responsible for providing support to carry out both the core, mandated functions, as well as the Council's high-level policy direction. In addition to being the Chief Executive Officer (CEO) of the College, the Registrar also has statutory responsibilities relating to investigations, complains, discipline, registration and maintenance of the Register of members.

#### 6.1.2 Appointment

The Registrar is appointed by Council and is an employee of the College.

#### 6.1.3 Key Responsibilities and Reporting

The Registrar shall perform those duties and responsibilities set out in the *RHPA*, the *TCM Act*, the regulations and the By-Laws of the College as well as duties and responsibilities as shall be assigned by Council. The Registrar reports to the Council in:

1. providing support to the Council and its committees in developing and implementing regulations, by-laws and policies and ensuring compliance with statutory obligations;
2. assisting the Council in its strategic planning process;
3. establishing and maintaining administrative, human resource, and financial operations of the office, in collaboration with the Council or Executive Committee, to ensure effective management within approved policies and budgets;
4. acting as the custodian of the seal of the College and of all books, papers, records, correspondence, contracts and other documents belonging to the College;
5. signing contracts, documents, and other instruments in writing as assigned by the Council or as are incidental to the office of the Registrar;
6. recruiting and supervising staff, consultants and contractors;
7. promoting and maintaining good relations and communications with practitioners, other regulatory bodies and stakeholders, government (including the Minister of Health) and the public; and
8. working in collaboration with the President, represents the College to relevant organizations to promote and build external relations and to further the objectives of the College.

#### 6.1.4 Evaluation

The Executive Committee is responsible for the annual evaluation of the Registrar and CEO.

### 6.1.5 Deputy Registrar

The Council may appoint a Deputy Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.

## 6.2 Staff

All other persons employed by the College to assist in carrying out the various administrative and support functions are hired by and report to the Registrar through their direct manager (see Appendix for the Organizational Chart).

In keeping with best practices, the College provides each employee with a Human Resources Manual which outlines regular hours of work, dress code, benefits, statutory holidays, etc. Each employee has a signed employment contract, a copy of their job description, and participates in the Performance Evaluation Process.

The Performance Evaluation Process provides an opportunity for both the staff person and their manager to look at measurable performance indicators which are rated on a sliding scale as well a component for written comments in each area.

As well, each staff person defines at least 2 goals that fit with the Strategic Plan and are measurable and attainable in the timeframe allotted.

## 7. COMMUNICATION PROTOCOLS

### 7.1 Media/Speaking Engagements

Any contact from media or others with requests for statements, information or to be part of an event are to be directed to the Registrar or their delegate immediately.

- (i) All media contacts and requests for speaking engagements shall be channeled and coordinated through the Registrar's office. Any member of Council or Committee being asked by media representatives to provide interviews or to respond to inquiries or to comment on issues concerning the regulation of traditional Chinese medicine or the operation of the College should refer them to the Registrar's office.
- (ii) The President, or in the absence of the President, the Vice-President, and the Registrar are authorized spokespersons of the College. They may request a member of Council or staff to perform this function, if necessary, under the circumstances.
- (iii) Unless authorized by the President, or in the absence of the President, the Vice-President, and the Registrar, a member of Council or Committee shall not communicate with the media or the public to provide interviews or respond to inquiries or comment on issues concerning the regulation of traditional Chinese medicine or the operation of the College.

- (iv) All messages to the media and to the public must be consistent with the approved policies and positions of the College.

## 7.2 Member/Applicants

There may be instances where members of the College or applicants may contact Council members to ask about a College process that they may be involved in (e.g., peer assessment, complaints, applications). Although members may mistakenly think you represent their interests on the Council, it is important to remember that you are not able to assist them directly, as it may appear that you are influencing the outcome. Always direct any members or applicants to the appropriate staff person or the Registrar and assure them that the staff person will be able to answer their questions.

This does not preclude you from helping your colleagues by providing basic information about the College that is available to the public and all members via the website (e.g., forms and timelines).

There may be grey areas when you may not be sure if you should provide the information requested. When in doubt, always err on the side of caution and encourage the member or the public to contact College staff directly.

# 8. FINANCE

## 8.1 Introduction

The College fiscal year is April 1<sup>st</sup> to March 31<sup>st</sup>. The College Council reviews financial practices, quarterly financial statements, the annual budget and independent auditors report.

The College follows accounting best practices. Including but not limited to:

- Banking at a major financial institution;
- More than one signing officer for payable invoices and cheques;
- Depositing funds in a timely manner;
- Regular checks and balances to ensure accurate and timely reports.

Additional information can be found in By-Law section 3.

## 8.2 Budget

The annual operating budget for the College is funded from the annual operating revenue base generated by membership fees and investment income.

The Director of Finance, working with the Registrar and Deputy Registrar, create a budget based on the information available from previous years for expenses. Revenue projections are based on expected growth and the retirement of members. The College strives to have a zero-deficit budget at all times. This means that expenses do not exceed income. In the event a zero-deficit budget can not be determined, a plan for recovery becomes part of the budgeting process.

The annual budget is first presented to the Executive Committee and then to Council at their first regular meeting of Council in the new calendar year.

### 8.3 Audit

The financial records of the College are audited annually by an independent auditor. The auditors are appointed by Council annually at the September meeting following the approval of the Audited Statements.

The Auditors visit the College office to review in detail all invoices paid, monies received, any monies owed to the College, depreciation of assets, and any decisions made by Council regarding finances. They review the processes used by the College to ensure safe financial practices are not only in place but are being followed.

The Audit is an opportunity to ensure financial accuracy, but to allow for open dialogue about processes and procedures that may assist the College be more efficient and effective in its financial dealings. The Audited Statement is presented to the Executive Committee and reviewed with the Auditors. Once approved by the Executive Committee, it is referred to Council for final approval.

The approved Audited Statement along with the Independent Auditor’s Report become part of the College’s Annual Report.

## 9. RISK TOLERANCE

### 9.1 Risk Management Vision

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

### 9.2 Approach to Risk Management

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 would happen, how and why it could happen, and the consequence of said risk.

### 9.3 Types of Risks Identified

1. Governance
2. Loss of Confidence in CTCMPAO
3. Finance
4. Information Management
5. Facility/Site Safety and Security
6. Human Resources

7. Statutory Obligations
8. Exam

The Registrar and Deputy Registrar work with management in the organization to identify and evaluate risks and create appropriate risk management plans. Working together, the College develops protocols, program standards, policies and incident response plans. This is reported to Council on Risk Management each quarter.

## 9.4 Stakeholder Roles and Responsibilities

Role	Risk Management Responsibility
Council	Responsible for approving Risk Tolerance Evaluation, reviewing Risk Management Plan and periodically reassessing success of Risk Management strategies.
President	Responsible for leading Executive Committee and Council in reviewing the Risk Management Plan, implementing certain procedures needed in specified emergency situations, ensuring action is taken as necessary to protect the separation of Council from operations.
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.
Deputy Registrar	Responsible for identifying risk factors relevant to statutory programs and for jointly working with the Registrar to identify organizational level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies.
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.
Program Managers	Responsible for complying with obligations outlined in the Health Professional Procedural Code respecting procedure, timelines, transparency, objectivity and fairness.

## 9.5 Risk Management Process and Activities

The College regularly undertakes risk management activities to protect the interests of the public, its members and the Government of Ontario to which it is accountable. Risk management involves complex processes of risk assessment, development and implementation of mitigation strategies and evaluation of effectiveness, change and opportunity.

The active engagement of everyone in the organization, which may include consultation with external experts such as the auditors, ensures effective risk management. The College adheres to a Risk Management Policy which requires regular review, evaluation and reporting to Council.

### 9.6 Risk Analysis Matrix

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.

### 9.7 Risk Occurrence Matrix

Likelihood (probability of occurring)		Rare	Unlikely	Possible	Likely	Almost Certain
		The event may occur in exceptional circumstances.  (0 – 5 %)	The event has happened at some time.  (6-33%)	The event has happened periodically  (34-65%)	The event has happened previously and could reasonably occur again.  (66-79%)	The event is extremely likely to occur  (80-100%)
Consequence/ Impact						
Level		1	2	3	4	5
<b>Negligible</b> Low financial/reputation loss, small impact on operations	1	1	2	3	4	5
<b>Minor</b> Some financial loss, moderate impact on business	2	2	4	6	8	10

<b>Moderate</b> Moderate financial loss, moderate loss of reputation, moderate business interruption	3	3	6	9	12	15
<b>Major</b> Major financial loss, several stakeholders raised concerns, major loss of reputation, major business interruption	4	4	8	12	16	20
<b>Extreme</b> Complete cessation of business, extreme financial loss, irreparable loss of reputation	5	5	10	15	20	25

## 9.8 Risk Assessment

This step involves analysing the likelihood and consequences of each identified risk using the measures outlined in the table above. Staff look at the existing controls for each risk and identified what we would do to control the risk. Then, using the chart, they rate 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.

## 10. SUCCESSION PLANNING

### 10.1 Council

The Executive Committee together with the Registrar recommend all committee compositions and Council education initiatives. These processes ensure those council members who have associated training, experience and commitment sit on the appropriate committees. The By-Laws of the College ensure committee compositions that allow for transfer of knowledge over time: experienced members may be retained on committees for up to six years, which then allows for novice Council members to committees to develop the knowledge and skill to participate more meaningfully over time.

### 10.2 Staff

Operationally, the College has several processes in place to ensure that the core functions of the College can continue despite possible interruptions through staff turn-over, extended absences and planned leaves or retirements.

At an operational level, each manager is responsible for capturing all detailed processes in an accessible format so that new hires could relatively seamlessly pick up where the last person left off. The Registrar and the Deputy Registrar also remain apprised of the status of the core programs on a regular basis through quarterly meetings and individual meetings.

## 10.3 Staff Succession Plan Policy

<b>NAME</b>	Succession Plan Policy		
<b>TYPE</b>	Administration – Human Resources		
<b>STATUS</b>	Final	<b>VERSION</b>	1
<b>DATE APPROVED</b>	December 5, 2024	<b>DATE REVISED</b>	

### PURPOSE

The *Regulated Health Professions Act, 1991* directs Council to appoint a Registrar for the College. In addition to the statutory responsibilities for the Registrar, the Registrar also acts as the Chief Operating Officer of the College. This policy guides Council in ensuring statutory obligations are fulfilled and College operations are continued in the event of a vacancy in the Registrar and CEO position, whether permanent or temporary.

### POLICY

#### a. Deputy Registrar

Section 14.02 of the College By-Laws allow Council to appoint a Deputy Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar. Council will maintain the position of Deputy Registrar to ensure the functions of the Registrar remain fulfilled at all times. Upon vacancies in the Deputy Registrar position, Council will prioritize the appointment of a new Deputy Registrar.

As the Deputy Registrar may be asked to fulfill the duties of the Registrar at any time, it is important that the Council retain the decision-making authority over this position. However, the Deputy Registrar will otherwise be an employee reporting to the Registrar. They must fulfill duties assigned by the Registrar and fit within the organizational structure of the College. In respect of this, Council will seek recommendations from the Registrar in regard to a suitable candidate.

#### b. Acting Registrar

Where the Registrar is absent or unable to act, or where there is a vacancy in the position, the Deputy Registrar will perform the duties, powers and functions of the Registrar. In circumstances where there is no Deputy Registrar, or they are unable to fulfil the role of the Registrar, the Council may temporarily appoint another CTCMPAO employee as Acting Registrar.

#### c. Appointment of a Registrar

Where there is a vacancy in the Registrar position, Council will commence a recruitment process to fill the vacancy. The Guiding Principles set out in this policy should act as a guide to the Council in this recruitment process.

## GUIDING PRINCIPLES

- a. Council supports the development and growth of internal human resources for key leadership positions. Council will support the Registrar in:
  - The development of well rounded, knowledgeable, and competent staff.
  - Nurturing internal talents for leadership positions.
  - Preparing for unexpected changes.
- b. While the development of internal candidate for the Registrar position is ideal, Council is not limited from seeking external candidates in the event of a vacancy in the position
- c. Council will maintain written procedures for a recruitment process that includes:
  - Creation of a Search Committee, and delegation of powers
  - Composition of the Search Committee, including members from Council, senior HR staff, and external members with subject matter expertise.
  - Hiring of a third-party recruitment firm to assist in the Registrar search.

## 11. COUNCIL AND COMMITTEE EVALUATION

Professional members wishing to nominate themselves for Council must meet pre-defined competency and suitability criteria and attend an orientation about the College's mandate and expectations pertaining to the member's role and responsibilities.

For current members of Council, the College evaluates how the Council functions at its meetings and therefore engages in regular evaluation. Each Council meeting and committee participates in a meeting evaluation quarterly.

## 12. APPENDICES

### 12.1 Per Diem Policy

<b>NAME</b>	<b>Per Diem Policy</b>		
<b>TYPE</b>	Council		
<b>STATUS</b>	Final	<b>VERSION</b>	1
<b>DATE APPROVED</b>	Sept 22, 2021	<b>DATE REVISED</b>	

#### Background

The purpose of the policy is to establish the amounts and process for compensation of professional Council and Committee members of the College. Professional members of CTCMPAO's Council or its committees will receive remuneration for participation in College business as set out in this policy.

#### Procedures

In order to ensure consistent and efficient processing of claims, the following process will apply to all per diem claims:

- Members may submit claims based on rates and eligibility as set out in this policy.
- Members must submit their claims via the College Per Diem Form to College staff designated by the Registrar.
- Receipts are required in support of all expense claims. Receipts must be submitted with Expense Form.
  - Exception for meals. Receipts not required for eligible meal claims.
- Claims will be verified by program managers, and processed by College staff.
- Members will submit one Per Diem Form per month, and include claims that occurred in that month.
  - Payment for each month will be processed following the College's payroll schedule. For members to receive payment on the first payroll date of the month, they should submit their form within 7 days of the end of the month. Forms received after 7 days may be processed on the second payroll date of the month. If a delay in processing happens, College staff will notify the member of the delay.
  - If members do not include a claim from a particular month on the Per Diem Form from that month, they may include it on future submissions, provided it is within the same fiscal year. Claims from a previous fiscal year, that are received more than 14 days after that fiscal year ends (current fiscal year is April 1 – March 31), will not be processed.
- Tax documents will be provided by staff annually.

To ensure the relevancy of this policy, College staff will bring it to Council for review on an annual basis. Items to be reviewed are per diem rates, items eligible for claims, and the procedure for

processing claims.

**Per Diem Rates**

The charts below set out the rates and maximum allowable per diems. Actual amounts will depend on the specifics of the claim. Members must follow the Per Diem Eligibility section below when entering their claims into the Per Diem Form.

Full and Half Per Diem Amounts

<b>Position</b>	<b>Full Per Diem</b>	<b>Half Per Diem</b>
Professional Council/Committee Member	\$275	\$137.50
Committee Chair	\$350	\$175
President	\$350	\$175
Vice-President	\$325	\$162.50

Additional Rates and Maximum Allowable Amounts

<b>Claim Type</b>	<b>Rate</b>	<b>Maximum</b>
Decision Writing and Deliberation	\$45/hour	\$275/item
Travel Time	\$20.69/hour	\$90/meeting
Preparation Time	\$45/hour	\$275/meeting
Meals	N/A	Breakfast: \$10 Lunch: \$12.50 Dinner: \$22.50

## Per Diem Eligibility

Below is a list of items that are eligible for Per Diem claims. Only claims that meet the requirements of this list will be honoured.

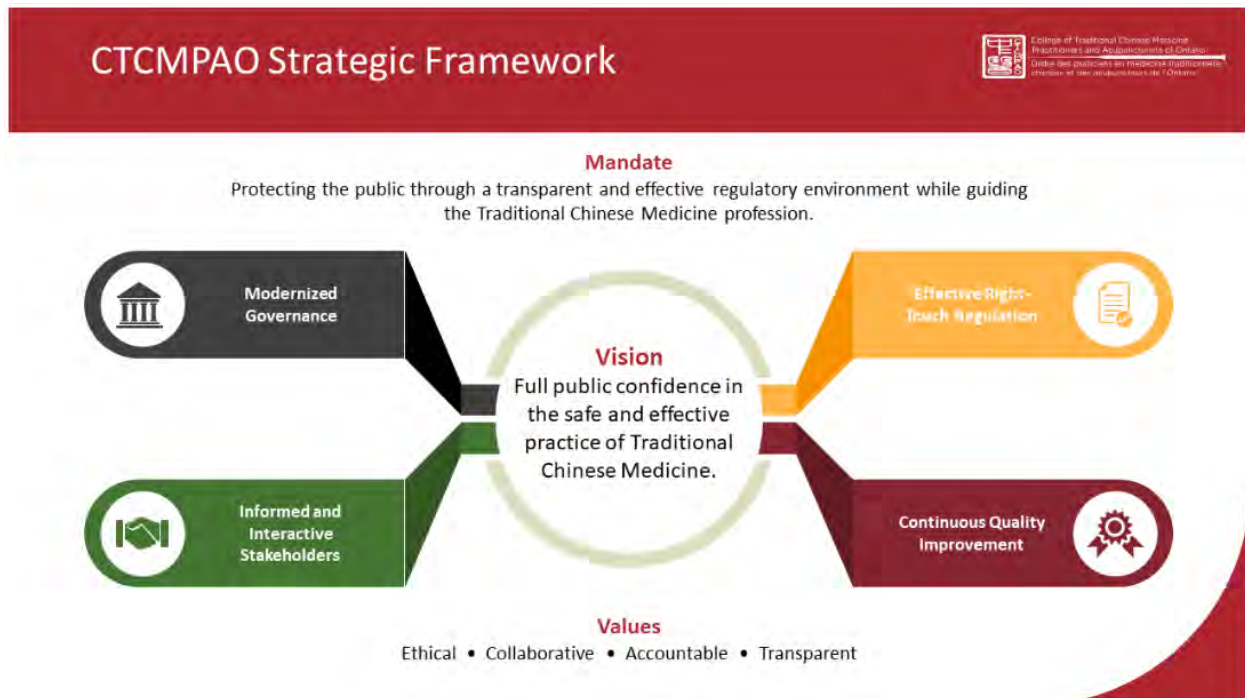
- Meeting attendance
  - Members are eligible for a per diem for any Council or Committee meeting they attend, whether in-person or remotely. This may include mandatory training and orientation, panel meetings, hearings, etc.
  - Meetings over 3 hours are eligible for a full per diem. 3 or fewer hours eligible for a half per diem.
  - Members are eligible to claim up to one full per diem per day, even if they attend multiple meetings in one day.
- Meeting preparation time
  - Members will be paid hourly for meeting preparation, up to the number of hours equal to the scheduled meeting time, unless this total exceeds the maximum allowable amount. In this case, the maximum for preparation time will be paid.
- Decision writing
  - Discipline Committee and Fitness to Practice members are eligible for 1 maximum claim per matter.
  - Inquiries, Complaints, and Reports Committee and Registration Committee members are eligible for Per Diem on an hourly basis for the review of decisions, up to the maximum allowable amount.
- Presidential duties
  - The President of the College Council is eligible for a per diem for activities necessary for the fulfilment of their role.
  - The per diem for presidential duties will be paid on an hourly basis, up to a maximum of a full per diem. Hourly rate will be based on 7 ¼ hours being a full per diem.
- Travel Time
  - Members are eligible for compensation of travel time if they are attending an in-person meeting that exceeds 7¼ hours and the travel time 1 way is 1 hour or more.
  - Only eligible for travel on day of meeting
- Travel Expenses
  - Air travel is permitted if it is the most practical and economical way to travel.
  - When air travel is necessary members are required to choose the most efficient, effective and/or economical rate. It is expected that members will fly economy (coach).
  - Where a personally-owned vehicle is used and the radius of distance between residence and meeting site exceeds 40 km (ie. is greater than 40 km one-way) the member will be reimbursed for mileage.
  - Lesser distances are considered to be part of a normal day's work.
  - The rate for Southern Ontario is \$0.40 and Northern Ontario \$0.41 per kilometer.

- Accommodations
  - If you reside outside of a 40 km radius of the meeting site you may be eligible to claim an accommodation expense at the lowest available hotel rate
  - Members should consult with College staff on hotels offering a discounted rate to the College
- Meals
  - For in-person meeting attendance only
  - To be eligible to claim a breakfast expense you must depart your residence 2-hours prior to start of scheduled meeting time. If breakfast is provided at the meeting, members may not claim a breakfast expense.
  - To be eligible to claim a lunch expense you must attend a full-day (7 ¼ hour day) meeting. If lunch is provided at the meeting, members may not claim a lunch expense.
  - To be eligible to claim a dinner expense you must:
    - Have attended a full day (7 ¼ hour day) meeting which extends past 4:00pm;
    - have not been provided dinner; and
    - your return trip exceeds 2 hours.
  - Alcohol is not eligible to be claimed.
- Cancellations
  - If an in-person meeting is cancelled three or fewer days before the meeting date, Council members are eligible to claim a Per Diem.
  - In all eligible cases, members will receive per diems for the planned duration of the canceled meeting.
  - Cancellation of remote (virtual, teleconference, etc.) or ad-hoc meetings is NOT eligible to claim a Per Diem.
  - Discipline Hearings that are cancelled in process and are multi-day can claim one additional Per Diem.
  - If the meeting is canceled without a new date being set, members may also claim preparation time for the canceled meeting. If the meeting is rescheduled, members may not claim preparation time.

## 12.2 Organizational Chart

## 12.3 Strategic Directions

### 12.3.1 Strategic Plan



### 12.3.2 Strategic Directions & Key Activities



A Strategic Direction is an element or focus area that needs to be in place to achieve the Vision and Mandate set out by the College. They form the basis of the actions and activities for the College going forward. Below are the College's four Strategic Directions.



## 12.4 Commonly Used Terms and Acronyms

### 12.4.1 Terms

"Act"	means the <i>Traditional Chinese Medicine Act, 2006</i> ;
"Auditor"	means the accountant or firm of accountants duly licensed under the <i>Public Accounting Act</i> who have been appointed by Council;
"By-Law" or "By-Laws"	means the By-Laws of the College;
"Code"	means the <i>Health Professions Procedural Code</i> , which is Schedule 2 of the RHPA;
"College"	means the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario;
"Committee"	means the committees established under section 10 of the Code, called statutory committees, and the committees established under these By-Laws, called By-law committees;
"Council"	means the Council of the College established under section 6 of the Act;
"Council Member" (sometimes referred to as a "member of Council")	means a Member elected to Council or a Public Member appointed to Council;
"Ex-officio"	means "by virtue of the office" and, for greater certainty, unless otherwise specifically provided for, an ex-officio member of a Committee has all of the rights, responsibilities and powers of any other member of the Committee, including the right to vote and to be counted as part of quorum;

“Member”	means a member of the College;
“non-Council member”	means a Member who is not a member of the Council who has been appointed to a Committee;
“Past President”	means the immediate past President of the College, who may be an advisory ex-officio non-voting member of the Executive Committee.
“President” and “Vice-President”	means, respectively, the President and the Vice-President of the College;
“Professional Association”	means an organized group of individuals who promote and advocate for the interests of the profession related to Traditional Chinese Medicine or acupuncture, but does not include a school whose sole purpose is to educate;
“Professional Member”	means a person described in clause 6(1)(a) of the Act;
“Public Member”	means a person described in clause 6(1)(b) of the Act;
“Register”	means the Register required to be kept pursuant to the Code;
“Registrar”	means the Registrar of the College; and
“RHPA”	means the <i>Regulated Health Professions Act, 1991</i> .

## 12.4.2 Acronyms

AODA	Accessibility for Ontarians with Disabilities Act, 2005
CARB	Canadian Alliance of Regulatory Bodies of TCM & Acupuncturists
CCS	Clinical Case Study
CEO	Chief Executive Officer
CFTA	Canadian Free Trade Agreement (Formerly AIT – Agreement on Internal Trade)
The Code	Health Professions Procedural Code
FOI	Freedom of Information
HCCA	Health Care Consent Act
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
HPRO	Health Profession Regulators of Ontario
HR	Human Resources
ICRC	Inquiries, Complaints and Reports Committee
IPC	Information and Privacy Commissioner
MCQ	Multiple Choice Questions
MOH	Ministry of Health
MOLTC	Ministry of Long-Term Care
MTCU	Ministry of Training, Colleges and Universities
MTCU - PCC	MTCU – Private Career Colleges
O. Reg	O. Reg. – Ontario Regulation
OFC	Office of the Fairness Commission
OHIP	Ontario Health Insurance Plan
OHRC	Ontario Human Rights Commission
P&L	Profit and Loss Statement
PHIPA	Personal Health Information Protection Act, 2004
PLI	Professional Liability Insurance
QA	Quality Assurance
R. Ac	Registered Acupuncturists
R. TCMP	Registered Traditional Chinese Medicine Practitioner
RFI	Request for Information
RFP	Request for Proposal
RHPA	Regulated Health Professions Act, 1991
SCERP	Specified Continuing Education & Remediation Program
SME	Subject Matter Expert
TCLS	Terms, Conditions and Limitations
TCM	Traditional Chinese Medicine
TCM ACT	Traditional Chinese Medicine Act, 2006
ToR	Terms of Reference
WSIB	Workplace Safety and Insurance Board

## 12.5 Council Meeting Evaluation

1. The agenda and supporting materials were available in OnBoard Meetings one week prior to the meeting.
2. The materials were presented in a clear, succinct, and timely manner to allow meeting preparation.
3. The meeting agenda was well planned and allowed for adequate time to deal with the necessary committee business.
4. The Chair managed the meeting well allowing each member an adequate opportunity to participate in discussion and decision-making.
5. The treatment of all persons was courteous, dignified and fair.
6. I received sufficient information and training to participate in deliberations and decision-making.
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.
8. Webex/Teams Meetings and other communication devices (if any) worked well.
9. Any additional comments?

## 12.6 Confidentiality Agreement

### CONFIDENTIALITY AGREEMENT

THIS AGREEMENT is made as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

#### BETWEEN:

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

(“CTCMPAO”)

**AND:**

(“You” or “Your”)

#### BACKGROUND

- A. You will be providing services to the CTCMPAO (the “Services”).
- B. As part of the Services you provide to the CTCMPAO, you must agree to and sign this Confidentiality Agreement (“Confidentiality Agreement”).

**IN CONSIDERATION** of the Background, the mutual covenants set out in this Confidentiality Agreement, and other good and valuable consideration (the receipt and sufficiency of which are hereby acknowledged), the undersigned parties agree as follows:

1. Whenever used in this Confidentiality Agreement, the following words and terms shall have the meanings set out below:

**“Confidential Information”** means

- (a) any and all technical and non-technical information including patents, copyrights, trade secrets, proprietary information, examination information, regulatory information, supply arrangements, budgets, financial information, techniques, sketches, drawings, models, know-how, processes, apparatus, and equipment;
- (b) all information related to any member or former member or prospective member of CTCMPAO, any CTCMPAO Council and Committee member, employee, and any CTCMPAO stakeholders, all of which includes but is not limited to any information about CTCMPAO’s registration, disciplinary, quality assurance and fitness to practise matters, investigations, complaints and reports, and any background materials related to all of the foregoing, whether originating from CTCMPAO or any other source;
- (c) proprietary or confidential information of any third party that may rightfully be

- (d) disclosed by CTCMPAO to you;
- (d) information which is expressly communicated as being or is marked as confidential;
- (e) information which by its nature and the context in which it is disclosed is confidential;
- (f) all information regarding CTCMPAO or any of its business affairs, liabilities, assets, plans or prospects, including any and all information in respect to the Services and the provision of those Services; and
- (g) all work product, including, without limitation, all research, reports, correspondence, memoranda, notes, technical documentation, user documentation, and all information generated by you specifically for CTCMPAO in connection with the provision of the Services.

**“Confidential Material”** means any notes or other documents relating to the Confidential Information.

2. You shall not disclose any Confidential Information unless such disclosure:
  - (a) is compelled:
    - (i) by law in connection with proceedings before a court, commission of inquiry or other public tribunal of competent jurisdiction; or
    - (ii) by law at the request of any regulatory or supervisory authority having jurisdiction; or
  - (b) is of information that is in the public domain or has come into the public domain other than by reason of a breach of this Confidentiality Agreement (for the purpose of this Confidentiality Agreement information is not considered to be in the public domain merely because it appears in a court file or other repository to which members of the public are capable of having access, but only if it has actually been disseminated to the general public, such as through the news media or the publication of annual or other reports);
  - (c) is of information that has been, or is hereafter, received by you other than from or at the request of CTCMPAO and other than during or as a result of providing the Services;
  - (d) is part of the performance of any part of the Services which is to be done on a shared, cooperative or joint basis with such other persons at the request, or with the concurrence of CTCMPAO who have signed an agreement similar in form and substance to this Confidentiality Agreement; or
  - (e) is made with the prior written consent of CTCMPAO.
3. If you believe that disclosure of Confidential Information is or is about to be required in one of the circumstances described in subsection 2(a), or in any circumstances not referred to in Section 2, you shall notify CTCMPAO orally as soon as reasonably possible and as much in advance of the impending disclosure as possible, of the circumstances and scope of the disclosure and shall immediately confirm such oral notice in writing.
4. You further acknowledge that CTCMPAO is subject to statutory and regulatory obligations, including through the *Regulated Health Professions Act, 1991*, as amended (the “RHPA”) and

you agree that when you provide the Services, you are obligated to comply with subsection 36(1) of the *RHPA*, which sets out your duty of confidentiality. You also agree that you are bound by subsection 40(2) of the *RHPA* which sets out that a breach of section 36(1) of the *RHPA* is an offence that may result in fines. For your reference subsections 36(1) and 40(2) of the *RHPA* are attached to this Agreement as Schedule "A".

5. You agree that no right, title or interest to any Confidential Information under this Confidentiality Agreement, except a limited right to use the Confidential Information in connection with the provision of the Services, shall be acquired by you. All Confidential Information remains the property of CTCMPAO and no licence or other right, title or interest in the Confidential Information is granted.
6. You agree to protect the Confidential Information and prevent any wrongful use, dissemination or publication of the Confidential Information not permitted under this Confidentiality Agreement by a reasonable degree of care.
7. On receipt of a written demand from CTCMPAO, you shall immediately return all Confidential Information and Confidential Material.
8. You acknowledge and agree that, in the event of any breach or anticipated breach of this Confidentiality Agreement, damages alone would not be an adequate remedy, and you agree that CTCMPAO shall be entitled to equitable relief, such as an injunction, in addition to or in lieu of damages and without being required to prove that it has suffered or is likely to suffer damages.
9. Your obligations set out in this Confidentiality Agreement shall survive the expiration or termination of this Confidentiality Agreement for any reason whatsoever, and shall also survive after you cease providing the Services.
10. All additions or modifications to this Confidentiality Agreement or any attachments thereto, must be in writing and executed by the parties hereto.
11. This Confidentiality Agreement is governed by the laws of Ontario and the federal laws of Canada applicable therein.

**Agreed to** as of the date first written above.

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

Signature:

Signature:

## 12.7 SCHEDULE 1 TO THE BY-LAWS

### Code of Conduct for Members of the Council and All Committees

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

## 12.8 SCHEDULE 2 TO THE BY-LAWS

### Rules of Order of the Council

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

used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.

19. Members are to be silent while others are speaking.
20. In all cases not provided for in these rules or by other rules of Council, the current edition of Robert's Rules of Order shall be followed so far as they may be applicable.
21. These rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the By-Laws, including audio or teleconference.

## 12.9 SCHEDULE 3 TO THE BY-LAWS

### Code of Ethics for Registered Members

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

#### 1. General Responsibility

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

#### 2. Responsibility to Patients

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

#### 3. Responsibility to Oneself and the Profession

- Acknowledge the limitation of one's knowledge, skills and judgment;
- State one's qualification and experience honestly and fairly;
- Continually upgrade one's knowledge, skills and judgment to improve one's services to patients;
- Respect other health professionals and members of the TCM profession;
- Refrain from passing judgment on the services of another health professional or another member of the TCM profession, except when required in the interest of the patient and after obtaining appropriate information;
- Collaborate with other members of the TCM profession and with other health professionals in the interest of the patient and the public;

- Be transparent and timely in providing information to patients, or a third party when requested or authorized by the patient or by law;
- Contribute to the ongoing development of TCM practices and pass on one's knowledge and skills to others;
- Uphold the honour and dignity of the TCM profession.

#### **4. Responsibility to the Public**

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



Meeting Date:	March 18, 2026
Issue:	College Policy Framework
Reported By:	Sean Cassman
Action:	Motion

### **Issue**

The College Performance Measurement Framework (CPMF) has a standard stating that policies, standards of practice, and practice guidelines should be based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges. Staff drafted a policy procedure to standardize how the College will develop new policies and review existing ones.

### **Public Interest Rationale**

The College regulates the practice and conduct of members by setting regulations, standards, policies and guidelines. This also includes the operational policies and practices that College staff use in program work. It is important to ensure that the guidance provided is up-to-date and based on the best available information and practices.

### **Background**

The CPMF requires that the College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. Staff are proposing a framework to ensure that this requirement is always met by formalizing policy reviews and having definitions for each type of document. The drafted framework is to aid in the review and recommendations to develop, edit, or modify the operational and program policies and guidelines.

The document includes:

- Procedure New Policies
- Procedure for Existing Policies
- Types of Documents

### **Next Steps**

Council is asked to discuss and review the content or provide a final approval.



<b>NAME</b>	<b>Policy Review Framework</b>		
<b>TYPE</b>	Administration		
<b>STATUS</b>	Draft	<b>VERSION</b>	
<b>DATE APPROVED</b>		<b>DATE REVISED</b>	

### Intent

Health regulatory Colleges regulate the practice and conduct of members by setting regulations, standards, policies and guidelines. This also includes the operational policies and practices that College staff utilizes to guide their program work.

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario's (CTCMPAO) reviews and makes recommendations to develop, edit, or modify the College's operational and program policies and guidelines. Any new policies or revisions to existing documents are submitted for Council approval.

### Procedure

The purpose of this procedure document is to:

1. Outline CTCMPAO's processes for developing and evaluating policies and guidelines and other supporting documents to determine whether they are appropriate or require revisions, or if new direction or guidance is required based on the current practices; and
2. Outline how CTCMPAO supports staff in applying the policies.

### Types of Documents

There are various types of documents that the College utilizes, such as policies, educational tips, standards, professional practice guidelines, position statements, and announcements. These documents can be categorized under professional practice and regulatory in nature.

### Professional Practice

These documents outline and explain the expectations for the practice of TCM and include the following:

- a. Standards of Practice – Sets out the minimum requirements for professional practice, in which members are accountable for meeting. They also inform the public of what to expect from members.
- b. Practice Guidelines – Provides direction to members regarding the adherence to the Standards of Practice.
- c. Practice Policies – Sets out the expectations and responsibilities for the profession, beyond what is outlined in the Standards of Practice.



- d. Position Statements – Outlines the College’s interpretation and stance on an emerging issue, trend, or topic.

## Regulatory

The legislation, regulations, and these specific documents provide direction for the College in conducting its regulatory functions. Documents include:

- a. By-Law – Rules adopted by the College for the governance of its members and the regulation of its affairs.
- b. Policy – Outlines the College’s direction or interpretation of legislation and regulations. Also, may provide a position or direction in areas that are not outlined in the existing regulatory documents.
- c. Procedures – Detailed steps that are taken by College staff to develop or implement a policy.

## Committee Responsibilities

Each statutory committee is responsible for maintaining and making recommendations to Council on policies within their program area. For example:

- Quality Assurance Committee is responsible for practice related matters (e.g. Standards, guidelines, practice policies).
- Registration Committee is responsible for registration related matters.
- Inquires, Complaints, and Reports Committee is responsible for conduct related matters.
- Executive Committee is responsible for strategic and Council operations (e.g. By-Laws, financial policies).

Staff will use Committee terms of reference in deciding which committees to bring new policy matters.

## Procedure for New Policies

Staff will monitor organizational trends and the regulatory environment to ensure that the College has the necessary policies in place. Staff will utilize internal data and information from stakeholders to monitor current policies and inform on when new policies are necessary.

If it is determined that a new policy needs to be developed, CTCMPAO will follow the following steps:

1. **Initial Discussion:** Staff will bring the policy matter to the relevant committee for an initial discussion. Staff may bring initial research or policy options to help inform the Committee.
2. **Research:** Staff conduct fulsome research to gather the most relevant information needed to inform a new policy. This may include for example, literature review, an environmental scan of other jurisdictions, membership surveys, external consultants and subject matter experts.
3. **Drafting:**
  - a. Based on the research conducted in step 1, staff will develop the first draft of the policy.
  - b. Draft policy is reviewed/ revised by the appropriate Committee.



- c. Draft policy is submitted to Council for approval.

When necessary,

- i. Draft policy is approved by Council for member consultation.
- ii. Draft policy is circulated for consultation.

#### **4. Final Review and Approval**

- a. Committee to review the feedback and make relevant changes to the draft policy.
- b. The finalized policy is submitted to Council for approval.

#### **5. Implementation**

- a. Staff will communicate with the specific departments to ensure that they are aware of and understand the new policy.
- b. The approved policy is posted on the College website.

#### **6. Monitoring**

- a. The College will develop materials on an as-needed basis to address arising issues and regulatory obligations.
- b. The College considers the following components when developing or amending policies, standards and practice guidelines:
  - i. evidence and data;
  - ii. the risk posed to patients / the public;
  - iii. the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology);
  - iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);
  - v. expectations of the public; and
  - vi. stakeholder views and feedback.

#### **Existing Policies**

- Once developed, the policies will be reviewed on a three-year cycle or as required. Staff will ensure policies are up-to-date and consistent with legislation, regulations, by-laws, other College policies, and current regulatory trends.
- Any information received in between review periods that may warrant a policy change will be brought to the attention of the relevant committee as soon as possible.
- If it is determined that a policy needs to be updated, CTCMPAO will follow the steps outlined above under Procedure for New Policies.
- Staff may amend policies without bringing the policy to its committee to fix minor wording, grammatical issues. This is provided that the intent, meaning, or effect of the policy is not changed and staff inform the committee at the next available meeting.



Meeting Date:	March 18, 2026
Issue:	By-Law Updates
Reported By:	Sean Cassman
Action:	Motion

### **Issue**

Staff have conducted a review of the College By-Laws and prepared recommendations. These are based on proposals made in 2020 by the Executive Committee and discussions with program managers.

### **Public Interest Rationale**

The College By-Laws are a set of binding rules and processes that are applicable to the Council, Committees, staff, and members of the College. They are intended to ensure the College is fulfilling its public safety mandate, and any changes to them must consider the public interest first and foremost.

### **Background**

Typically, the College should be regularly reviewing its by-laws to ensure they are up to date. However, due to a number of circumstances, this has not been done since 2020, and the changes recommended in 2020 were unable to be completed. To get the College back on track, staff have conducted a thorough review of the By-Laws and discussed several updates with the Executive Committee.

Following this discussion, the EC recommended that the amendments described below be adopted by Council.

A number of these recommendations were supported by the EC in 2020, but due to the College remaining unconstituted for an extended period, they were never finalized. The recommendations and additional information are outlined below.

For reference, the full current By-Laws can be found here : [https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO\\_ByLaws\\_2024-12-05.pdf](https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO_ByLaws_2024-12-05.pdf)

### **Recommendations**

#### a) 4.08 Eligibility for Election

This section describes the requirements for a member of the College to be eligible for election to Council.

- Recommendation – Add a requirement for being a member in the General Class for 3 years before being eligible for Council

#### b) 7.07 Transition Provisions

This provision realigned the election of officer dates to have them held in December. This is no longer necessary and should be removed.

- Recommendation – Remove entire section

#### c) 8.03 Delegation to Executive Committee



Stemming from previous process used to terminate the registrar, it was recommended in 2020 that a limit be put in place so that the EC does not exercise their powers to terminate the registrar. Rather, they should be limited to making a recommendation to Council to terminate, and only Council would be able to do so.

- Recommendation – Add: The Executive Committee may make a recommendation to Council to terminate a Registrar, but only Council shall have the authority to terminate.

d) 9.01 (iii) Appointment of Members to Committees

In 2020 it was recommended to add a process where the EC can fill committee vacancies mid-year. Typically, the EC already does this, but this change formally permits the EC to do so.

- Recommend – Add: “(iii)The Executive Committee may appoint both Council and Non-Council Members to committees when a vacancy occurs.”

e) 11.01 (iv) Meeting of the Council

In 2020 It was recommended to formalizing the procedures for an unconstituted Council. The process recommended is the same as the process used between 2019-2020. This will provide future staff and Council members with a process to use in the event of an unconstituted Council.

- Recommended – Add: “(iv)If Council does not maintain the minimum number of Council members as per s. 6 of the Act, the Executive Committee shall assume Council duties, as needed. The Executive Committee shall make all efforts to maintain the original schedule of Council meetings. The Executive Committee shall hold open Executive Committee meetings when meeting in lieu of Council. All decisions made by the Executive Committee shall be ratified at the first Council meeting after the composition requirements as set out in s. 6 of the Traditional Chinese Medicine Act have been met.”

f) 12.0 Committees

Currently, only professional members of the College are able to be appointed as non-council committee members. The College is not able to recruit members of the public to serve on Committees. This means that when the College has the minimum number of public appointees on Council, the work of public members on Council and all Committees is shared by only 5 public members. This asks for a lot of time and effort dedicated by public members, can limit the public voice on committees, and can lead to issues with conflicts in the investigations/discipline process. Other Colleges have addressed these issues through By-Law changes that allow for recruitment of public non-council committee members.

- Recommended – Direct staff to begin developing a process to recruit and appoint public members to committees.

g) 12.01 Executive Committee

In 2020 it was recommended to add wording to make EC responsibilities clear when making decisions on behalf of Council. The purpose was to build in a process to ensure Council is aware of decisions made by EC on their behalf, and that those decisions are supported by Council.



- Recommended – Add: “(iv) In accordance with s. 12(2) of the Code, all decisions made by the Executive Committee in between Council meetings shall be reported to and ratified by the Council.”

h) 13.04 (ii) k. Providing Information to the College

The College is aware of situations where an insurance company delists members of this College without notifying the College and going through the complaints process. This information is relevant to the College, and should be provided to us. In 2020, the College recommended an addition that requires members to notify the College if they are delisted by an insurance company.

- Recommended – Add: “k. any notification from any insurer that the Member has been delisted as a provider.”

i) 14.01. Council Appoints **and Terminates**

Similar to section 8, this comes from issues in the previous process used in to terminate the registrar. In 2020 it was recommended a change to specify that the EC can recommend a termination, but only the Council is able to terminate.

- Recommended – Add: The Executive Committee may make a recommendation to Council to terminate a Registrar, but only Council shall have the authority to terminate.

j) SCHEDULE 4 TO THE BY-LAWS

Schedule 4 is the fee schedule and sets out all of the fees of the College. Staff are recommending two changes to the fee schedule:

- Remove “Fees Related to Examinations” except for application fees. The other fees listed in this section are not set by the College, but by CARB. It is misleading for the College to have them here as they can change without a change to our By-Laws.
- Include a \$600.00 fee for Compliance Monitoring (ICRC and Discipline Orders). Currently this cost is built into SCERPS each time it is ordered. There are benefits to making it a set fee in the by-law (helps to enforce that the member actually pays the fee, transparency, reduction of administrative work).

k) SCHEDULE 2 TO THE BY-LAWS

Schedule 2 of the By-Laws set out the rules of order for Council. The rules of order set out the procedures for conducting an orderly Council meeting. Over the past few years, staff have received feedback from Council and Committee members on the use of cameras during virtual meetings. On occasion, members are unhappy when their colleagues have their cameras off for extended periods without an explanation. Currently Chairs do not have the ability to address this, as there are no actual rules around the use of cameras. Staff believe that this can be addressed with updating the rules of order.

However, in reviewing the rules of order and possible additions to them, staff expressed worry about these being included as a section in the By-Laws. Currently, minor infractions such as speaking for more than five minutes or speaking without raising your hand equate to by-law breaches. Staff do not believe this should be the case, and that the rules of order are better suited as an operational



policy. So, staff do have additions to the rules of order for the EC to consider, but staff would also like the EC to consider removing Schedule 2 entirely and making it an operational policy first.

- Recommended – Remove Schedule to of the By-Laws and create an operational policy “Rules of Order”.
- Recommended – Once removed, add items 22-27 (see attached document) to the Rules of Order Policy.

### **Next Steps**

Council is asked to review and discuss whether additional changes are required or if a motion for approval can be made.

If approved, some of the by-law amendments can be implemented right away upon approval. This includes the amendments to sections 7.07, 8.03, 9.01, 11.01, 12.01, and 14.01.

However, amendments to sections 4.08, 13.04, and Schedule 4 will be circulated for a 60-day public consultation period. After this time, the amendments will be brought back for final approval. In addition, the amendments to sections 12 (appointment of public members), and Schedule 2 (rules of order), will take time to prepare. Council will review these amendments again once more work has been completed.

## Revised Schedule 2 Provisions

### (Proposed Addition starting at Item 22)

**22. Electronic Participation Standards** All Council members participating in a meeting via electronic means are required to have their video camera activated for the duration of the meeting to ensure transparency and to confirm simultaneous and instantaneous communication.

**23. Quorum and Attendance Verification** A member must be visible on camera to be counted as "present" for the purposes of quorum and attendance records. If a member's video is deactivated for more than 5 minutes, the Chair may deem the member as having "left the meeting" until such time as the video is restored.

**24. Closed (In-Camera) Session Security** During sessions closed to the public, members participating electronically must: a) Maintain an active video connection at all times to verify they are the sole occupant of their physical location; b) Use a headset or ensure they are in a private room so that confidential audio is not overheard; and c) Immediately notify the Chair if their video feed fails, at which point the session may be paused to ensure the integrity of the confidential discussion.

**25. Exceptions for Technical Failure** In the event of significant bandwidth issues or hardware failure, the Chair may, at their discretion, allow a member to participate via audio-only for the open session. Such exceptions must be noted in the minutes. This exception does not apply to in-camera sessions where visual verification is required for security.

**26. Professional Decorum and Backgrounds** Members shall ensure they are in a professional setting. The use of a neutral or College-approved virtual/blurred background is required to protect personal privacy and minimize distractions.

**27. Electronic Voting Requirements** For a vote to be valid, a member participating electronically must be visible on camera during the call for the vote and while casting their vote, unless a secure authenticated electronic voting platform is used that overrides this requirement.



## COUNCIL

Meeting Date:	March 18, 2026
Issue:	Recommended Changes to Consent to Treatment (Sensitive Areas) Form and the Standard for Preventing Sexual Abuse
Reported By:	Mary Kennedy, Manager, Quality Practice
Action:	For Decision

### **Issue**

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

### **Background**

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

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

The original form is currently available on our website, obtaining written informed consent is the Standard when assessing or treating sensitive areas. The second page of the form is an example only if Members would like to obtain written consent on follow-up visits, this is not a requirement of the Standard however in consultation with Members asking questions on the process we included this as an example to support Members in their self-regulated process. Both pages of the form are for example only. Members can choose to vary the written form or integrate the form into their electronic system.

The goal is to first make the necessary changes to the Standard and example forms, then provide education webinars to Members to assist Members in meeting the Standard.

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

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

- Review of current form, environmental scan of other health College's form.
- Small group discussion with Subject Matter Experts (Akari Yokokawa and Meiying Chen).
- Review of documents by small group.
- QP team review of recommended changes and implemented into draft presented for PRC review.



## COUNCIL

- PRC made additional changes and recommended new draft form to Council for review and approval.
- Draft form was also presented to QAC for input.

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

### **The Standard for Preventing Sexual Abuse**

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

Changes Include:

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

1. Changed the list of Sensitive areas from:  
the upper and inner thigh, buttocks, penis, vagina, breasts, and chest wall muscles.  
To  
the upper inner thigh, buttocks, Pelvic floor (perineum) and/or external genitalia, breasts, and chest wall muscles.
2. Changed language in the following sentence to include all areas restricted and more explicitly that practicing in these areas are acts of professional misconduct.  
Original:  
If the touch involves the breast, members should not touch the nipple or the areola.  
  
Substitution:  
Members are strictly prohibited from touching the nipple or areola (if touching the breast). They are also forbidden from touching or treating internal genitalia (beyond the labia majora) or beyond the anal verge.
3. To be consistent with the requirements of the Standard on Consent and more clear language, under the Record Keeping section:  
Members must also fully chart if the patient has not provided consent to treatment in sensitive areas or at anytime has withdrawn their consent to treatment.

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



## COUNCIL

Implementing these changes will ensure alignment with relevant legislation and other Standards of Practice. Through the Quality Practice team, the PRC plans to launch educational initiatives for both members and the public focused on preventing the sexual abuse of patients. In addition to this training, the QAC recommends developing a practitioner guide. This guide will help members understand their obligations for obtaining specific consent, integrating trauma-informed care when treating sensitive areas, and providing culturally sensitive accommodations as outlined in the Jurisprudence Manual.

**Action:**

Review, discuss and direct changes to the Standard for Preventing Sexual Abuse and accompanying forms as of April 1, 2026.

## Standard for Preventing Sexual Abuse

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

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

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

This standard addresses the following principles:

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

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

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

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

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

#### *Applying the principle to practice*

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

#### **Former patients**

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

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

#### **Emergencies**

[Emergencies and Minor Services > Members must not provide services to a person with whom they have a sexual relationship, including spouses, except in an emergency or when providing only a minor service. Furthermore, this care is only permitted in circumstances where referring the individual to another practitioner is not possible. An emergency means that there is reason to believe that the person](#)

~~will suffer severely or is at risk of serious bodily harm unless treatment is provided. If possible, the member must transfer patient care to another health professional as soon as they can. Members must not provide services to a person with whom they have a sexual relationship, including spouses, except in an emergency. An emergency means that there is reason to believe that the person will suffer severely or is at risk of serious bodily harm unless treatment is provided. If possible, the member must transfer patient care to another health professional as soon as they can.~~

## Record keeping

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

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

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

### *Applying the principle to practice*

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

~~Members are strictly prohibited from touching the nipple or areola (if touching the breast). They are also forbidden from putting an instrument, hand or finger beyond the labia majora or beyond the anal verge.~~

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

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

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

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

## Record keeping

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

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

Members may secure the patients written consent for follow-up treatment, if written consent is not obtained, verbal consent should be recorded.

Members must complete a new Consent Form for Assessment and Treatment of Sensitive Areas for all new or modified sensitive area treatment plans.

## Principle 3: Members must report sexual abuse.

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

*Applying the principle to practice*

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

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

### Where and when to file the report

Members must file their written report with the Registrar of the regulated college that the health professional belongs to. To prevent continued abuse, the report must be filed as soon as possible, and no later than 30 days after learning of the alleged abuse. However, if it appears that patients are continuing to be harmed and there is an urgent need for intervention, the report must be made right away.~~Members must file their written report with the Registrar of the regulated college that the health professional belongs to.~~

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

### What to include in the report:

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

## Record keeping

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

*Learn more about the laws governing our practice:*

[CTCMPAO's Jurisprudence Course Handbook](#)

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

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

Clinic Name/Practitioner Name/Registration #

Clinic Address

Clinic Phone Number| any other relevant information

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

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

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

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

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

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

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

**Informed Consent**

My questions have been answered prior to signing this form.

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

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

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



# CURRENT FORM

## Patient Informed Consent to Treatment

Clinic Name/Practitioner Name/Registration #

Clinic Address

Clinic Phone Number

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

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

perform the following treatment\* on me:

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

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

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

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

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

has explained the following to me:

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

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

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

PATIENT INFORMED CONSENT TO TREATMENT

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

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

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

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

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

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

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



Meeting Date:	March 18, 2026
Issue:	Risk Management Plan
Reported By:	Sean Cassman
Action:	Information

**Issue**

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

**Public Interest Rationale**

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

**Changes to Risk Register**

The Risk Register Summary has been attached to provide a high-level report of the 2025 Q4 risk assessment. There have been no changes to the assessed risk since last Council meeting.

**Next Steps**

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

Encl.: Risk Register Summary

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

### Risk Management Vision

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

### Stakeholder Roles and Responsibilities

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



## **Risk Management Process and Activities**

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

## **Risk Analysis Matrix**

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

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

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

## **Types of Risk Identified:**

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

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



10-16	H	High Risk: Requires immediate corrective action
20-25	E	Extreme Risk: Requires immediate prohibition of the work, process and immediate corrective action

## **Risk Assessment**

This step involved analysing the likelihood and consequences of each identified risk using the measures provided in the table above. The College considers two types of risk:

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

The staff looked at the existing controls for each risk and identified what we would do to control the risk. Then, using the chart, they rated the effectiveness of existing controls in preventing the risk from happening or minimising its impact should it occur.

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



### Risk Register Summary

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



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

# December 4, 2025 Council Meeting Survey

## Survey Details



Open Date: 12/4/2025 9:00 AM EST

Close Date: 12/31/2025 5:00 PM EST

## Survey Results


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

Graphical Results

Selection	Percent	Count
Yes	 80%	4
Most of the time	 20%	1
No	0%	0
Write-In	0%	0
		Total 5



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

Graphical Results

Selection	Percent	Count
Yes	 100%	5
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 5


**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	 80%	4
Most of the time	 20%	1
No	0%	0
Write-In	0%	0
		Total 5


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

Graphical Results

Selection	Percent	Count
Yes	 100%	5
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 5


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

Graphical Results

Selection	Percent	Count
Yes	 100%	5
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 5


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

Graphical Results

Selection	Percent	Count
Yes	 100%	5
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 5


**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%	5
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 5

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


Graphical Results

Selection	Percent	Count
Yes	 100%	5
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 5

**Question 9. Any additional comments?**

The agenda was very full and the day was quite long. I felt a couple of important topics came up towards the end of the day when Council was tired. That said, I do not feel that time could be shortened as all business is important. Perhaps in this case one or two topics could have been done the day prior in conjunction with training.

Graphical Results

Selection	Percent	Count
Write-In	 100%	2
		Total 2