



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Council Meeting

Thursday, December 8, 2022



Excerpt from the Regulated Health Professions Act, 1991

Schedule 2 Health Professions Procedural Code

Duty of College

- 2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of College

3. (1) The College has the following objects:
1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.
 2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
 3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
 4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
 5. To develop, establish and maintain standards of professional ethics for the members.
 6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the Regulated Health Professions Act, 1991.
 7. To administer the health profession Act, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
 8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
 9. To promote inter-professional collaboration with other health profession colleges.
 10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.

Duty

11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).
- (2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

SCHEDULE 1 TO THE BY-LAWS

Code of Conduct for Members of the Council and All Committees

1. This Schedule applies to members of the Council and of all committees of the College.
2. Council and Committee Members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:
 - a. be familiar and comply with the provisions of the RHPA, its regulations and the Code, the Act, its regulations, and the By-Laws and policies of the College;
 - b. promote the public interest in his/her contributions and in all discussions and decision making;
 - c. direct all activities toward fulfilling the College's objects as specified in legislation;
 - d. diligently take part in committee work and actively serve on committees as appointed by the Council;
 - e. regularly attend meetings on time and participate constructively in discussions;
 - f. offer opinions and express views on matters before the College, Council and committee, when appropriate;
 - g. participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of members on Council and committees;
 - h. uphold the decisions made by a majority of Council and committees, regardless of the level of prior individual disagreement;
 - i. place the interests of the College, Council and committee above all other interests;
 - j. avoid and, where that is not possible, declare any appearance of or actual conflicts of interest;
 - k. refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards.
 - l. preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s. 36(1) of the RHPA;
 - m. refrain from communicating to Members, including other Council or Committee Members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or fitness to practice proceedings which could be perceived as an attempt to influence a statutory decision or a breach of confidentiality, unless he or she is a member of the panel or, where there is no panel, of the statutory committee dealing with the matter;
 - n. respect the boundaries of staff whose role is not to report to or work for individual Council or Committee Members;
 - o. be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment; and
 - p. regularly evaluate his or her individual performance, and that of the collective to assure continuous improvement.

PROVISION 11.16 OF THE BY-LAWS - Language of Meetings

Meetings of the Council and Committees shall be conducted in English.

SCHEDULE 2 TO THE BY-LAWS

Rules of Order of the Council

1. In this Schedule, "Member" means a Member of the Council.
2. Each agenda topic will be introduced briefly by the person or committee representative raising it. Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Member must second the motion before it can be debated.
3. When any Member wishes to speak, he or she shall so indicate by raising his or her hand and shall address the presiding officer and confine himself or herself to the matter under discussion.
4. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.
5. Observers at a Council meeting are not allowed to speak to a matter that is under debate.
6. A Member may not speak again on the debate of a matter until every other Member of Council who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Members will not speak to a matter more than twice without the permission of the chair.
7. No Member may speak longer than five minutes upon any motion except with the permission of Council.
8. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a committee.
9. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
10. When it appears to the presiding officer that the debate in a matter has concluded, when Council has passed a motion to vote on the motion or when the time allocated to the debate of the matter has concluded, the presiding officer shall put the motion to a vote.
11. When a matter is being voted on, no Member shall enter or leave the Council room, and no further debate is permitted.
12. No Member is entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any Member so interested will be disallowed.
13. Any motion decided by the Council shall not be re-introduced during the same session except by a two-thirds vote of the Council then present.
14. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the By-Laws, he or she shall rule the motion out of order and give his or her reasons for doing so.
15. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
16. The above rules may be relaxed by the chair if it appears that greater informality is beneficial in the particular circumstances unless the Council requires strict adherence.
17. Members are not permitted to discuss a matter with observers while it is being debated.

18. Members shall turn off cell phones during Council meetings and, except during a break in the meeting, shall not use a cell phone, blackberry or other electronic device. Laptops shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
19. Members are to be silent while others are speaking.
20. In all cases not provided for in these rules or by other rules of Council, the current edition of Robert's Rules of Order shall be followed so far as they may be applicable.
21. These rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the By-Laws, including audio or teleconference.

SCHEDULE 3 TO THE BY-LAWS - Code of Ethics for Registered Members

Code of Ethics for Registered Members

All registered members of the College shall strive to attain the ideals identified in the College's Code of Ethics. The College's Code of Ethics for registered members is as follows:

1. General Responsibility

- Practise within the scope of TCM practice and abide by the laws of the jurisdiction;
- Maintain high competence (i.e., skills, knowledge and judgment) at all times;
- Practise professionally, honestly and with integrity;
- Respect the authority of the College and uphold the principles of self-regulation;
- Place the health and care of patients above personal gain.

2. Responsibility to Patients

- Recognize that the primary duty of a practitioner is the health and well-being of their patients;
- Respect a patient's value, needs, dignity and choices;
- Provide care to patients regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability;
- Listen and explain to patients the available treatment options, and their goal, risks, effectiveness and cost. Provide the best treatment plan to the patient after the patient understands his or her options;
- Provide timely and quality care that is consistent with the standards of the profession;
- Provide the best care to patients, recognizing one's own limitations and referring patients to other practitioners, or other health care providers when the level of care needed is beyond one's competence;
- Being honest and fair when charging fees for services and any products or prescriptions;
- Protect patients from unsafe, incompetent and unethical care;
- Respect the physical, emotional or financial integrity of patients;
- Protect the privacy and confidentiality of the health information of patients.

3. Responsibility to Oneself and the Profession

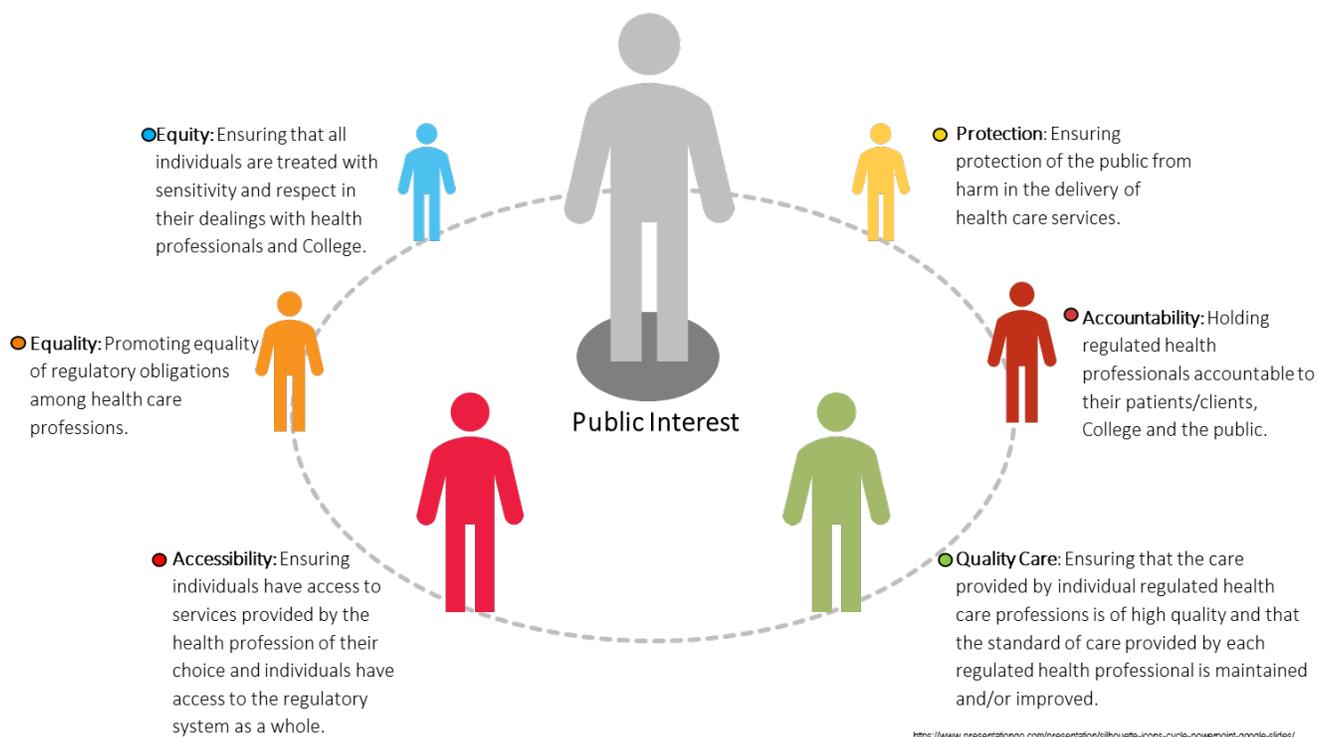
- Acknowledge the limitation of one's knowledge, skills and judgment;
- State one's qualification and experience honestly and fairly;
- Continually upgrade one's knowledge, skills and judgment to improve one's services to patients;
- Respect other health professionals and members of the TCM profession;
- Refrain from passing judgment on the services of another health professional or another member of the TCM profession, except when required in the interest of the patient and after obtaining appropriate information;
- Collaborate with other members of the TCM profession and with other health professionals in the interest of the patient and the public;
- Be transparent and timely in providing information to patients, or a third party when requested or authorized by the patient or by law;
- Contribute to the ongoing development of TCM practices and pass on one's knowledge and skills to others;
- Uphold the honour and dignity of the TCM profession.

4. Responsibility to the Public

- Contribute to improving the standards of health care in general;
- Contribute in matters of public health, health education, environmental protection and legislation issues that affect the quality of care to the public;
- Offer help in emergency situations, if appropriate;
- Promote and enhance inter-professional collaboration;
- Represent the profession well.

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



Decision Making Tool for Council

It is the mandate of the College to regulate the profession of traditional Chinese medicine and acupuncture in the public interest. As such, all decision made by Council must uphold the public interest. Below are a series of considerations for Council members to help guide their decision-making process. Council members should consider each question prior to making any policy decision.

1. The proposed policy is related to the practice of traditional Chinese medicine and acupuncture.
2. The proposed policy falls within the College's statutory mandate in that it reflects a government directive or the duty, object of the College.
3. The proposed policy is related to the public interest.
4. The proposed policy is supported by the College's strategic plan, mission or goals.
5. The proposed policy impacts on: a) health care system, b) patients, c) College resources, d) College reputation, e) legal, f) stakeholders, or g) members?
6. The proposed policy is consistent with current College policies/positions and best practices amongst regulatory colleges.
7. The policy is being proposed to address a particular issue or concern.
8. There are consequences for NOT supporting this policy at this time.
9. After having considered all other alternatives the policy is the most effective solution at this time.

BRIEFING ON MEETING PROCEDURE

Guideline for Observers Attending a Virtual Council Meeting

Council meetings are open to the public. However, the public may be excluded from any Council meeting or part of a meeting pursuant to section 7 of the *Health Professions Procedural Code*.

Individuals attending as observers are requested to:

- Turn off or mute all electronic devices;
- Refrain from recording of proceedings by any means, including the taking of photographs, video recordings, voice recordings or via any other means;
- Ensure that your audio is on mute for the duration of the virtual meeting;
- Avoid using any of the virtual meeting features such as chat, reactions, etc.;
- Stop streaming video so that only Council members are visible to the Council;
- Refrain from disruptive behaviour;
- Refrain from addressing or speaking to the Council while the meeting is in process;
- Refrain from lobbying of Council members during the meeting, even during breaks;
- Respect that observers are not allowed to participate in debate of any matter before the Council, or ask any questions of the Council;
- Respect the authority of the presiding officer.

The College reserves the right to remove any observer from a Council meeting if these guidelines are not met. Once removed, you are prohibited from returning to the meeting.

In the event that the Council goes in-camera pursuant to Paragraph (d) of Section 7(2) of the Code, all observers will be returned to the “waiting room/lobby” until the Council completes its in-camera discussions. When Council returns, observers who remain in the waiting room/lobby will be returned to the meeting.

Robert's Rules of Order – Quick Reference

1. All those who wish to speak to an item **MUST** go through the Chair.
2. The Chair will keep a list of who wishes to speak. The Chair will call on you to speak.
3. Please raise your hand to let the Chair know you wish to speak.
4. To speak more than once to the same item, you need to wait till everyone else has had a chance to speak.
5. You may ask only one question at a time.
6. Voting is done by a show of hands. If a secret ballot is necessary (i.e. elections) paper ballots are used. For teleconference meetings, members are asked to voice their vote.
7. Each item to be decided will have a **MOTION**. A motion will be moved and seconded prior to discussion.
8. Should an amendment be made to the motion, the amended motion will be the item to be discussed and voted upon.
9. An amendment to a motion may be done as a “friendly” amendment, meaning the person who made the motion agrees with the change. And once again, the amended motion is the one that is voted upon.
10. Once the Chair calls an end to the discussion, a vote will be taken on the motion or amended motion.
11. Council members will be asked to vote:
 - a. in favour of the motion;
 - b. opposed to the motion; or
 - c. abstain from voting.

(Abstentions do not affect the outcome of the vote)
12. A simple majority is required to pass a motion. (50% plus 1)
13. All votes will be noted by the minute taker.



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

AGENDA

Council Meeting

Thursday, December 8, 2022

9:00 a.m. – 4:30 p.m.

via Webex

Item	Open/ In-Camera	Time	Speaker	Action
1. Welcome and Call to Order a. Declarations of Conflicts of Interest b. Briefing on Meeting Procedure	Open Session	9:00 a.m. (10 mins)	D. Worrad <i>Chair</i>	Information
2. Appointment of External Chair	Open Session	9:10 a.m. (5 mins)	J. Pritchard- Sobhani <i>President</i>	Motion
3. Adoption of the Agenda	Open Session	9:15 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion
4. Consent Agenda a. Draft Minutes of September 21, 2022 Council Meeting b. Executive Committee Report c. Registration Committee Report d. Inquiries, Complaints and Reports Committee Report e. Quality Assurance Committee Report f. Patient Relations Committee Report g. Discipline Committee Report h. Fitness to Practise Committee Report i. Dr. Title Working Group Report A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda. As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda. However, if a person wishes to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.	Open Session	9:20 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion

Item	Open/ In-Camera	Time	Speaker	Action
5. President's Remarks	Open Session	9:25 a.m. (10 mins)	J. Pritchard-Sobhani <i>President</i>	Information
6. Registrar's Report	Open Session	9:35 a.m. (10 mins)	A. Zeng <i>Registrar & CEO</i>	Information
IN CAMERA SESSION The meeting will move in-camera in accordance with Section 7.(2)b of the Health Professions Procedural Code.		9:45 a.m.		Motion
BREAK		11:05 a.m. (10 mins)		
ELECTION OF OFFICERS				
7. Election Process Overview a. Appointment of Scrutineers	Open Session	11:15 a.m. (10 mins)	D. Worrad <i>Chair</i>	Motion
8. Election: President	Open Session	11:25 a.m. (20 mins)	D. Worrad <i>Chair</i>	
9. Election: Vice-President	Open Session	11:45 a.m. (20 mins)	D. Worrad <i>Chair</i>	
10. Election: Executive Committee Members	Open Session	12:05 p.m. (30 mins)	D. Worrad <i>Chair</i>	Motion
11. Executive Committee Meeting	In-Camera	12:35 p.m. (30 mins)	President	Motion
LUNCH		12:35 p.m. (60 mins)		
12. Committee Appointments	Open Session	1:35 p.m. (5 mins)	President	Motion
13. Finance	Open Session	1:40 p.m. (10 mins)	F. Ortale <i>Director IT, Finance & Corporate Services</i>	Information
14. College Performance Measurement Framework a. Council Competencies b. Diversity, Equity, and Inclusion (DEI)	Open Session	1:50 p.m. (30 mins)	S. Cassman <i>Manager of Policy & Governance</i>	Motion
15. O. Reg. 508/22 Registration Requirements Regulation a. Language Fluency Policy	Open Session	2:20 p.m. (20 mins)	S. Cassman	Motion

Item	Open/ In-Camera	Time	Speaker	Action
			<i>Manager of Policy & Governance</i> A. Zeng <i>Registrar & CEO</i>	
IN CAMERA SESSION The meeting will move in-camera in accordance with Section 7.(2)b and e of the Health Professions Procedural Code.		2:40 p.m.		Motion
BREAK		3:25 p.m. (10 mins)		
16. Council Update a. Public Appointments b. By-Elections of District 3 and 5	Open Session	3:35 p.m. (10 mins)	A. Zeng <i>Registrar & CEO</i>	Motion
17. Dr. Title Working Group Update	Open Session	3:45 p.m. (10 mins)	A. Zeng <i>Registrar & CEO</i>	Information
18. Risk Management Report	Open Session	3:55 p.m. (15 mins)	S. Cassman <i>Manager of Policy & Governance</i>	Information
19. Other Business	Open Session	4:10 p.m. (5 mins)	D. Worrad <i>Chair</i>	Information
20. September 21, 2022 Meeting Evaluation Review	Open Session	4:15 p.m. (5 mins)	D. Worrad <i>Chair</i>	Information
21. Next Meeting Dates and Meeting Effectiveness Survey	Open Session	4:20 p.m. (5 mins)	D. Worrad <i>Chair</i>	Information
22. Adjournment	Open Session	4:25 p.m. (5 mins)	D. Worrad <i>Chair</i>	Motion

FOR INFORMATION

List of Commonly Used Acronyms



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

MEETING OF COUNCIL

MINUTES

September 21, 2022 from 9:00 a.m. to 3:50 p.m.
Via Webex

IN ATTENDANCE

External Chair

Deborah Worrada

Council

Joanne Pritchard-Sobhani	President / Professional Member
Xianmin Yu	Vice-President / Professional Member
Kimberley Bishop	Public Member
Ming C. Cha	Professional Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Matthew Colavecchia	Professional Member
Justin Lee	Professional member
Ryan Longenecker	Professional member
Maureen Morton	Public Member
Hai Su	Professional member (as of 9:50 a.m.)
Jin Qi (Jackie) Zeng	Professional Member (joined in-camera session)

Regrets

Mark Handelman	Public Member
Deborah Sinnatambu	Public Member

Staff

Ann Zeng	Registrar and CEO
Francesco Ortale	Director, IT, Finance and Corporate Services
Ryan Chu	Manager, Professional Conduct
Claudia Frisch	Manager of Quality Practice
Sean Cassman	Manager of Policy and Governance
Mohan Cappuccino	Manager of Registration and Examinations
Felicia Ng	Executive Assistant
Temí Adewumi	Recorder

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

September 21, 2022

Legal Counsel

Rebecca Durcan

Steinecke, Maciura LeBlanc

Guests

Fiona Zou

Hilborn LLP (9:50 a.m. to 10:07 a.m.)

Chris Steer

Santis Health (12:35 a.m. to to 1:07 p.m.)

Ian Chesney

Santis Health (12:35 a.m. to 1:07 p.m.)

Stephanie Gawur

Santis Health (12:35 a.m. to 1:07 p.m.)

Bradley Metlin

Santis Health (12:35 a.m. to 1:07 p.m.)

Alexandra Valcour

Hill + Knowlton Strategies (1:07 p.m. to 1:46 p.m.)

Laura Greer

Hill + Knowlton Strategies (1:07 p.m. to 1:46 p.m.)

James Lin

Hill + Knowlton Strategies (1:07 p.m. to 1:46 p.m.)

Observers

Pierre Chen

Heather Kenny

Vivian Pang (Ministry of Health)

Ben Wu

Mary Wu

Jacky Zhang

Nathalie Xian Yi Yan

1. WELCOME AND CALL TO ORDER

After calling the meeting to order at 9:01 a.m., the Chair welcomed participants to the September 21, 2022 Council meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

2. DECLARATIONS OF CONFLICT OF INTEREST AND REMINDER OF CONFIDENTIALITY

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

3. BRIEFING ON MEETING PROCEDURE

Ms. Worrada provided an overview of the meeting procedure.

4. ADOPTION OF THE AGENDA

The agenda was adopted as presented.

MOTION: I. Choudry - K. Bishop

THAT the Agenda of the September 21, 2022 Meeting of the Council of the College

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

September 21, 2022

of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario be adopted as presented.

CARRIED

5. CONSENT AGENDA

- a) Draft Minutes of June 15, 2022 Council Meeting
- b) Draft Minutes of June 16, 2022 Council Meeting
- c) Executive Committee Report
- d) Registration Committee Report
- e) Inquiries, Complaints and Reports Committee Report
- f) Quality Assurance Committee Report
- g) Patient Relations Committee Report
- h) Discipline Committee Report
- i) Fitness to Practise Committee Report
- j) Dr. Title Working Group Report

The Registration Committee report was removed from the consent agenda for further discussion.

MOTION: J. Cohen - J. Pritchard-Sobhani
THAT the Consent Agenda of the September 21, 2022 Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as amended.

CARRIED

5b) Registration Committee report

After answering Council member questions, the Report was accepted as presented.

MOTION: J. Pritchard-Sobhani - M. Morton
THAT the Registration Committee report is accepted as presented.

CARRIED

6. PRESIDENT'S REMARKS

The President provided an overview of current projects in the College. These include working on initiatives pertaining to the implementation of the CPMF, work on the Doctor Title, and the commencement of the strategic planning process.

The College has signed an MOU for the Chinese Pan-Canadian exams with CARB-

Council Meeting
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
September 21, 2022

TCMPA and CTCMA-BC. The exam will be offered in October 2022 and April 2023.

The College has also met with representatives of FOTCMA, and will be discussing further registration options for its members.

7. REGISTRAR and CEO REMARKS

Ms. Zeng provided an overview of the College's activities, which are aligned with the priorities of good governance, practitioner competence, stakeholder communications, and public confidence. Examples included approval of a consultant for Phase 2 of the QA Program development project, meetings with various stakeholders, as well as working with CARB to administer the Pan-Canadian exam.

The College has now filled the position of Manager of Registration and Examinations, and welcomes Mohan Cappuccino to the College.

8. JUNE 15 AND 16, 2022 MEETING EVALUATION REVIEW

Eight responses were received and reviewed. All Council members were encouraged to participate in future meeting reviews.

9. DRAFT AUDITED STATEMENT REVIEW

- a) Audit findings
- b) Financial Statements

Ms. Zou joined the meeting at 9:55 a.m., and left at 10:07 a.m.

Ms. Zou presented the audit findings and financial statements, which were accepted by Council.

MOTION: M. Cha - I. Choudry

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario accepts the Audit Findings for the year ending March 31, 2022.

CARRIED

10. FINANCE

- a) 1st Quarter Financial Statements
- b) Appointment of Auditors for 2022-2023

Mr. Ortale reported on the first quarter financial statement from April 1, 2022 to June 30,

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
September 21, 2022

2022.

Mr. Ortale highlighted that two new General Ledger Codes had been added to the financial books in the related Revenue and Expenses sections. These 2 general ledger codes represent the Government Funds Revenue and the budget expenses approved by the MOH.

Revenue is at 85.52% and comprises membership, income from cost orders, and the Pan-Canadian exam revenue, as well as banking interest and cost awards.

Expenses are below budget at 20.27%. Most components are below budget or on target, with the exception of Professional services, mainly due to litigation expenses.

b) Appointment of Auditors for 2022-2023

Council approved the appointment of Hilborn LLP for the 2022-2023 fiscal year.

MOTION: J. Cohen - J. Pritchard-Sobhani
THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appoint Hilborn LLP as the financial auditors for the 2022-2023 fiscal year.

CARRIED

11. **COUNCIL UPDATES**

- a) Public Member Reappointment
- b) Election Update

Ms. Zeng reported that as of September 14, 2022, Ms. Sinnatamby has been re-appointed as a public member to the Council, for another three year term.

Mr. Forget had resigned earlier in the year. His appointment was revoked on August 25, 2022.

b) Election Update

Three nominations have been received for the by-election in District 3. Members can start voting online from September 27 to October 27.

Two nominations were received for District 4. As neither party has withdrawn their nomination, both members will be acclaimed to Council, and their terms will commence December 7.

There have been no nominations received for District 5. According to the By-laws, the

Council Meeting
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
September 21, 2022

Registrar will hold a by-election if the seat has remained vacant for more than 12 months. Another election timeline will be presented at the next Council meeting.

12. STRATEGIC PLANNING UPDATE

Ms. Zeng reported that, as directed, a service agreement has been signed with Optimus SBR. Work has commenced on various aspects of the planning, which includes surveys, interviews, and focus group meetings.

Given the College's multiple priorities, Optimus is recommending a five-year plan. The draft strategic plan will be presented at the December Council meeting.

Strategic planning sessions with Council members will be held on October 19 and 31.

Council members agreed that public documents pertaining to the strategic plan will be translated into Chinese, and French, at the College's cost.

13. COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK

- a) Council Competencies
- b) Diversity Equity and Inclusion (DEI)

Mr. Cassman provided an overview of the CPMF, its role in the evaluation of regulatory colleges and the requirements outlined by the Ministry.

An overview was provided of the requirement to create Council competencies, as well as the addition of DEI to the College's decision making.

Council will determine its priorities and discuss with the strategic consultant how to meet the CPMF requirements.

14. DRAFT 2021-2022 ANNUAL REPORT

Council members were referred to the Annual Report draft, which is submitted to the Ministry of Health each year. It is also made available to the public and stakeholders.

Council members were invited to provide their comments. The report will be published in October, along with the audited financial statements.

15. DR. TITLE WORKING GROUP UPDATE

The new Doctor Title Working Group has been appointed by Council and met in July to review the Phase 1 report.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

September 21, 2022

Council approved the recommendations to publish the Phase 1 summary report on the College website, as well as the RFP for a consultant to start Phase 2.

MOTION: J. Pritchard-Sobhani – R. Longenecker
THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the Request for Proposals for a consultant to facilitate Phase 2 of the Dr. Title project.

CARRIED

MOTION: I. Choudry – M. Colavecchia
THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the Phase 1 report summary as presented to be published on the College website.

CARRIED

IN-CAMERA SESSION

The discussions held during the in-camera session are recorded separately.

MOVING OUT OF CAMERA

MOTION: J. Pritchard-Sobhani – I. Choudry
THAT the meeting be moved out of camera at 3:12 p.m.

CARRIED

MOTION: M. Cha – J. Pritchard-Sobhani
THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appoint Hill+Knowlton Strategies as the College's Government Relations consultant.

CARRIED

MOTION: J. Pritchard-Sobhani – J. Cohen
THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario direct staff to work with legal counsel to propose a new class of registration or amend the current temporary class.

CARRIED

19. CHINESE LANGUAGE ENTRY TO PRACTICE EXAMINATION

Ms. Zeng reported that College staff have been in regular communication with CARB concerning the delivery of the exam. The College also worked with a marketing firm to reach out to the community regarding the exam. 22 candidates have applied to write the Chinese language exam in October.

The memorandum between CARB, CTCMPAO and CTCMA-BC has been signed for the October 2022 and April 2023 sittings.

Staff have resumed biweekly meetings with Ministry staff. Confirmation was provided that the direction from the Ministry regarding the exam and funding remains the same. Ministry staff are currently following up on this matter, and further updates on funding will be provided.

20. NON-COUNCIL COMMITTEE MEMBER APPOINTMENTS

The Executive Committee has reviewed the applications and recommended the appointment of the following members to committees as non-Council members:

Patient Relations Committee	Registration Committee	Investigation, Complaints and Reports Committee
Akari Yokokawa Christine Lang Nisha Thadan	Akari Yokokawa Brendan Cheung Melody Hon	Christine Lang Hui Liu Melody Hon
Quality Assurance Committee	Discipline Committee	Fitness to Practice Committee
Evelyn Cho Julia Chuang	Akari Yokokawa Bo Feng Evelyn Cho Hui Liu	Bo Feng

MOTION: M. Colavecchia – M. Cha
THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the recommended list of non-Council committee member appointments as presented.

CARRIED

21. REMUNERATION FOR TRAVEL EXPENSES

Peer and practice assessors have informed the College that the remuneration for mileage and meals is insufficient, given the increase in prices. QA staff have investigated and presented recommendations from the Quality Assurance Committee for increases.

To ensure consistency, it was proposed that the increased rates also be applied to professional Council and/or Committee members.

The increases are as follows:

Mileage is now set to \$0.6 per km

Meals

- Breakfast: \$15.00
- Lunch: \$20.00
- Dinner: \$30.00

Per diems and preparation rates will remain the same.

MOTION: I. Choudry - J. Cohen

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the proposed increases for travel related remuneration for Peer and Practice Assessors effective immediately.

CARRIED

MOTION: J. Lee - H. Su

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the proposed increases for travel related remuneration for professional Council/Committee members effective immediately.

CARRIED

22. RISK MANAGEMENT REPORT

Mr. Cassman provided an overview of minor updates to the report.

The new strategic plan will lead to the creation of an updated risk management plan, which will provide a wider review of the College's risks.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

September 21, 2022

23. OTHER BUSINESS

Council members were asked to complete the survey indicating their willingness to attend the December meetings in person.

24. NEXT MEETING DATES AND MEETING EFFECTIVENESS SURVEY

The next meeting of the Council will be held on December 7 and 8.

Council members were asked to complete the meeting effectiveness survey.

25. ADJOURNMENT

The meeting was adjourned at 3:50 p.m.

MOTION: M. Morton - J. Lee

THAT the meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of September 21, 2022 be adjourned until the next meeting or at the call of the President.

CARRIED



FOR: Information

SUBJECT: Executive Committee Report

Executive Committee Members

Joanne Pritchard-Sobhani (President)	Professional Member
Xianmin Yu (Vice-President)	Professional Member
Ming Cha	Professional Member
Judy Cohen	Public Member
Deborah Sinnatamby	Public Member

Since the last Council meeting held on September 21, 2022, the Executive Committee met once on November 9, 2022 for an Executive Committee meeting.

FOR INFORMATION

1) Government Relations Consultant Update

The Executive Committee was advised that the contract with Hill + Knowlton Strategies (H+K) is signed. Following a discussion with H+K regarding cost options, staff will schedule a kick-off meeting in the coming week. It was noted that a 30-day notice was required to terminate the contract.

2) Strategic Plan Update

Following the strategic planning sessions held with Council, the draft strategic plan will be prepared for staff review. The plan will then be presented to Council at the December 8 Council meeting. Council will have an opportunity to review the plan, ask questions, and then decide to approve the plan or ask for revisions.

3) Council and Committee Update

It was brought to the Committee's attention that several public members' terms would be expiring in the near future. Staff will follow up with the Public Appointments Secretariat for their potential reappointment.

An overview of the election results of District 3 and 4 were provided. It was noted that a by-election would be held for District 5 since no nominations were received.

The Committee was advised that a professional member from District 3 officially resigned from Council. As a result, a by-election would be held for District 3.

4) College Office Space Update

Due to the hybrid work model and virtual meeting format that the College has adopted, its office space needs have changed to potentially reduce costs. It was reported that the College distributed a



Request for Proposals to potential vendors to assist the College in finding a new office space. Two proposals were received.

5) CARB-TCMPA Updates

Staff reported that the October administration of the Chinese language entry to practice examination was successfully completed. Subject matter experts from Ontario were recruited to the Chinese Examinations Committee. The Committee was also provided an update on the CARB governance review, school program approval and other important projects.

6) Finance

An overview of the 2nd quarter financial statements was provided to the Executive Committee.

7) Registration Regulation Amendment

The Executive Committee discussed the developments to the proposed potential regulation changes

8) Civil Claim Update

The Executive Committee was provided an update on the ongoing civil litigation process with a registrant of the College.

This report is current to November 18, 2022 in anticipation of the Council meeting scheduled for December 8, 2022.



FOR: Information

SUBJECT: Registration Committee Report

Registration Committee Members

Ming C. Cha (Chair)	Professional Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Justin Lee	Professional Member
Maureen Morton	Public Member
Joanne Pritchard-Sobhani	Professional Member
Xianmin Yu	Professional Member
Jin Qi (Jackie) Zeng	Professional Member

Since the last quarterly report, the Registration Committee met on September 14, 2022. Additionally, two panel meetings were held on September 14, 2022 and October 27, 2022. All meetings were held via Webex meeting.

FOR INFORMATION

1. PAN-CANADIAN EXAMINATIONS

Oct 2022 Pan-Canadian Examinations

For the first time, the College is offering the October 2022 Pan-Canadian Examinations in Chinese and English pursuant to the request of the Ministry of Health.

The Traditional Chinese Medicine Practitioners (English) examination was held on October 5 and 6, 2022. The Traditional Chinese Medicine – Herbology (Chinese) examination was held on October 3, 4, 26, and 27, 2022. The Acupuncturists (English and Chinese) examination was held on October 26 and 27, 2022. Note that applicants wanting to write the TCMP examination in Chinese were required to write both the Acupuncturist and Herbalists examination instead, as the Practitioners examination was not available in Chinese.

232 candidates were eligible to sit the October 2022 examinations:

	TCMP	ACU	Total
English	86	124	210
Chinese Simplified	5	15	20
Chinese Traditional	0	2	2
Total	91	141	232

Examination results are expected to be released in December 2022.



April 2023 Pan-Canadian Examinations

The Traditional Chinese Medicine Practitioners examination is scheduled on April 5 and 6, 2023. The Acupuncturists examination is scheduled on April 26 and 27, 2023. Both of these exams will be offered in English and in Chinese (Simplified and Traditional).

Applications for the April 2023 Pan-Canadian Examinations will be open on December 1, 2022.

2. REGISTRATION COMMITTEE PANEL UPDATES (From August 20, 2022 – November 15, 2022)

	Decisions made by the Registration Committee			
	Approved	Approved with TCLs	Refused	Total
General Class application	1	5	0	6
Title Variation	0	0	0	0
Remove TCL	2	0	0	2
Transfer from Inactive Class	0	5	0	5
Totals	3	10	0	13

The Registration Committee Panel reviewed 12 cases in the September 14, 2022 and 6 cases in October 27 2022 meetings. The Registration Committee directed staff to contact 10 applicants to determine if the applicants will consent to the Terms, Conditions, and Limitations.

3. QUARTERLY MEMBERSHIP STATS (As of November 15, 2022)

Registration by District

	District 1	District 2	District 3	District 4	District 5	Practicing outside ON	Unknown	Total
General	196	140	1582	549	73	66	18*	2624
Inactive	15	4	101	11	3	20	7	161
Student	0	1	6	1	0	0	0	8
Total Members	211	145	1689	561	76	86	25	2793

**Please note that General Class members who recently registered with the College are given 30 days to submit their business address. We are following up with 25 General Class members who did not provide their business address information to the College.*

Registration updates as of November 15, 2022

	28-Feb-2022	1-Jun-2022	19-Aug-2022	15-Nov-2022
General R. Ac	1285	1243	1285	1318
General R. TCMP	1288	1246	1279	1306
Student R. Ac	4	4	4	4



Student R. TCMP	2	0	1	4
Inactive R. Ac	75	84	80	81
Inactive R. TCMP	69	81	78	80
Current Members	2723	2658	2727	2793
Resigned*	422	489	491	494
Expired	661	662	663	662
Revoked	85	82	85	85
Suspended	121	165	164	165
Total Registrants	4012	4056	4130	4199

*Please note that the CTCMPAO provides a "cooling off" period of 30 days from the date the CTCMPAO receives the Resignation Form.

Changes within the Quarter

	Nov 19, 2021 – Feb 28, 2022	Mar 1, 2022 – May 31, 2022	Jun 1, 2022 – Aug 19, 2022	Aug 20, 2022 – November 15, 2022
New members	35	49	74	68
Resignations	7	31	2	2
Revocation	0	0	0	0
Suspensions	0	46	2	2
Expired	3	1	1	0
Net Change	25	-29	69	77

Members practicing with terms, conditions and limitations: 276

2022 Jurisprudence Course Tests (From August 20, 2022 – November 15, 2022)

Passed	Failed	Total
59	0	59

2022 Safety Program Tests (From August 20, 2022 – November 15, 2022)

Passed	Failed	Total
68	0	68

This report is current to November 15, 2022 in anticipation of the Council Meeting scheduled for December 8, 2022.



FOR: Information

SUBJECT: Inquiries, Complaints and Reports Committee Report

Inquiries, Complaints and Reports Committee Members

Xianmin Yu	Professional Member (Chair)
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Matthew Colavecchia	Professional Member
Ryan Longenecker (resigned)	Professional Member (until October 14, 2022)
Maureen Morton	Public Member
Deborah Sinnatamby	Public Member
Hai Su	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Fanny Ip	Professional Member (Non-Council Member)

The Inquiries, Complaints and Reports Committee (the “ICRC”) is divided into two main panels to accommodate the number of ongoing matters, and to accommodate the selection of panel members, should the need arise for a discipline hearing. Since the last quarterly report, the ICRC met five times on September 1, 2022 and September 27, 2022, October 6, 2022 and October 21, 2022 and October 27, 2022.

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	
4	1	Advertising	2		Advertising
		Billing and Fees			Billing and Fees
	1	Communication			Communication
	2	Competence / Patient Care		1	Competence / Patient Care
	1	Fraud		2	Fraud
		Professional Conduct & Behaviour			Professional Conduct & Behaviour
		Record Keeping		2	Record Keeping
		Sexual Abuse / Harassment / Boundary Violations			Sexual Abuse / Harassment / Boundary Violations



		Unauthorized Practice			Unauthorized Practice
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Completed Cases and Outcomes*

Note: Some decisions have more than one outcome

Complaints	Outcomes		Registrar Reports Investigations	Outcomes	
9	4	Take no action	1		Take no action
	1	Advice			Advice
		Written Caution			Written Caution
	2	Oral Caution			Oral Caution
	2	SCERP			SCERP
	1	Refer to Discipline		1	Refer to Discipline
	1	Undertaking			Undertaking

Complaints cases before Health Professions Appeal and Review Board

New Cases	Pending Cases
	1

Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # cases
15	77		92

This report is current as of November 21, 2022, in anticipation of the Council meeting scheduled for December 8, 2022.



FOR: Information

SUBJECT: Quality Assurance Committee Report

Quality Assurance Committee Members

Iftikhar Choudry (Chair)	Public Member
Kimberley Bishop	Public Member
Ming C. Cha	Professional Member
Judy Cohen	Public Member
Matthew Colavecchia	Professional Member
Justin Lee	Professional Member
Hai Su	Professional Member

Since the last quarterly report, the Quality Assurance Committee (QAC) met on the following dates:

1. September 8, 2022 (Panel)
2. September 22, 2022 (Panel)
3. October 13, 2022 (Panel)
4. November 2, 2022
5. November 14, 2022 (Panel)
6. November 17, 2022 (Panel)

FOR INFORMATION

1. Quality Assurance Enhancement Program

Following the reposting of a Request for Proposals (RFP) for the Development of Self, Peer and Practice Assessment Components of the Quality Assurance (QA) Program, the QA Committee approved a consultant for Phase 2 of the QA Program development project on August 22, 2022.

In follow-up the College has begun work with a consultant on Phase 2 of the Project. To date, the Consultant has circulated surveys to and has had a good response rate from members/registrants, assessors and other stakeholders. In addition, focus group sessions have been held with the QA Committee members, members/registrants who have participated in past Self, Peer and Practice assessments, as well as Peer and Practice Assessors and the Practice Advisor.

The College will continue to provide updates on the project and also referenced the Quality Assurance Program Enhancement Project in the latest issue of the Qi Newsletter.



2. Quality Assurance Program

a) 2019* Peer and Practice Assessments

Status	Total
Completed (Satisfactory)	10
Inactive status	1
Resigned	1

*The College's Peer and Practice Assessments were originally placed on hold in April 2020 in response to the COVID-19 pandemic.

b) 2021* Peer and Practice Assessments

Status	Total
Selected Members	78
Assessed (awaiting initial review)	2
Assessed (pending review of resubmission)	10
Assessment Satisfactory	13
Pending assessment	10
Confirmed deferral	5
Inactive status	6
Suspended	9
Resigned	23

*Information current as of November 17, 2022

c) Random Selections for 2022

- The Peer and Practice Assessment (PPA) - According to the General Requirements Policy (Peer and Practice Assessment), each year, a percentage of members in the General Class of Registration will be selected at random to undergo a Peer and Practice Assessment (PPA). The College randomly selected 2 members in December 2021 to undergo a PPA in 2022. One member has undergone the assessment, which is currently being reviewed, and the other was deferred to 2023.
- Self-Assessment and Professional Development - Every member of the College must participate in self-assessment and continuing professional development each year. As per the College's General Requirements Policy for Self-Assessments and Professional Development, each year, a percentage of all members are selected at random to submit their Self-Assessment Tool (SAT) and professional development plan (PDP). All 53 (2%) selected members have submitted their documentation and were approved.

- ### d) Quality Assurance staff were provided with a list of 19 members who declared non-compliance with the QA Program on their 2022 renewal applications.
- 5 members were exempt from the 2021 QA Program period, as they had completed their initial registration in the same year.



- 8 members submitted their completed Self-Assessment Forms and were found to be satisfactory.
- 6 members have received deferrals from the 2021 Self-Assessment. The members have been notified that they will be required to submit their Self-Assessment and Professional Development Forms in 2023.

3. 2022-2023 QAC Workplan

In follow-up to the Quality Assurance Committee (QAC) approved 2022-2023 QAC Workplan and consistent with the recently approved Practice Standards Procedure document, the QA Committee adopted a systemic approach to developing, reviewing and monitoring the Standards of Practice. As part of this approach, the Committee commenced the process of reviewing the Standards on Communication, Diagnosis and Treatment, Legislation and Ethics, as well as Advertising.

The College continues to issue short educational tips to provide guidance to members on safe practice, changes in the regulatory environment and members' professional responsibilities. Aside from the Telepractice Considerations, other QA related topics covered included Professional Development Requirements and Expressed vs Implied Consent.

4. QA Peer and Practice Assessor Remuneration

In follow-up to September Council's approval of the QA Committee's recommendation to consider updates to the allocated travel expenses for Peer and Practice Assessor Remuneration, the new allocations have been implemented with the Peer and Practice Assessors and the relevant QA Policy and forms have been updated to reflect this.

5. Self, Peer and Practice Assessment – Random Selections

Random Selection to Submit Self-Assessment

The QA Committee directed that 2% of members be selected at random to submit the Self-Assessment Tool (SAT) and professional development plan (PDP) in 2023.

Note: As part of the Qi Newsletter, members/registrants were provided with a reminder notice about Professional Development and the upcoming random selection to submit a Self-Assessment.

Random Selection to Participate in a Peer and Practice Assessment

The QA Committee directed that 1.1% of members be selected at random to undergo a Peer and Practice Assessment in 2023.

This report is current to November 21, 2022, in anticipation of the Council meeting scheduled for December 8, 2022.



FOR: Information

SUBJECT: Patient Relations Committee Report

Patient Relations Committee Members

Deborah Sinnatamby (Chair)	Public Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Ryan Longenecker (resigned)	Professional Member (until October 14, 2022)
Joanne Pritchard-Sobhani	Professional Member
Jin Qi (Jackie) Zeng	Professional Member

The Patient Relations Committee (PRC) has not met since the last quarterly report.

FOR INFORMATION

1. Funding for Therapy

No new applications for funding have been received or are outstanding.

This report is current to November 21, 2022, in anticipation of the Council meeting scheduled for December 8, 2022.



FOR: Information

SUBJECT: Discipline Committee Report

Discipline Committee Members

Matthew Colavecchia (Chair)	Professional Member
Ming C. Cha	Professional Member
Hai Su	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Justin Lee	Professional Member
Ryan Longenecker (resigned)	Professional Member (until October 14, 2022)
Xianmin Yu	Professional Member
Deborah Sinnatamby	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Kimberley Bishop	Public Member
Mark Handelman	Public Member
Maureen Morton	Public Member

The Discipline Committee released four decisions in this quarter.

1. [Sen Ching Cheung](#)
2. [Hongxing Xiao](#)
3. [Shuangjin Zhang](#)
4. [Kyung Chun Oh](#)

As of November 21, 2022, there are five open cases which has been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

	Member Name	Status
1	Jeff McMackin	The Notice of Hearing was served on the Member on October 29, 2021. A pre-hearing conference proceeded on June 2, 2022. The hearing is scheduled to proceed on November 28, 2022.
2	Kyung Chun Oh	The hearing proceeded on a contested basis on July 20, 2022 and August 3, 2022. The Discipline Panel released their decision on liability as indicated above. The Discipline Panel is scheduling for a penalty hearing.



3	Yaqing Sun	The hearing proceeded on consent on November 10, 2022. The Discipline Panel reserved their reasons to be released at a later date. The Order for suspension was issued immediately.
4	Peter Witz	The Notice of Hearing was served on the Member on January 4, 2022. Hearings office canvassing the parties for pre-hearing conference availability.
5	Christine Richards	The Notice of Hearing was served on the Member on August 30, 2022. Hearings office canvassing the parties for pre-hearing conference availability.

There is one discipline decision currently under appeal by the Member. This matter relates to the [Nathalie Xian Yi Yan](#) decision.

This report is current as at November 21, 2022 in anticipation of the Council meeting scheduled for December 8, 2022.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

FOR: Information

SUBJECT: Fitness to Practise Committee Report

Fitness to Practise Committee Members

Matthew Colavecchia (Chair)	Professional Member
Ming C. Cha	Professional Member
Hai Su	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Justin Lee	Professional Member
Ryan Longenecker (resigned)	Professional Member (until October 14, 2022)
Xianmin Yu	Professional Member
Deborah Sinnatamby	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Kimberley Bishop	Public Member
Mark Handelman	Public Member
Maureen Morton	Public Member

Pursuant to the College By-law, every member of Council is a member of the Fitness to Practise Committee.

Since the last quarterly report, the Fitness to Practise Committee did not meet.



FOR: Information

SUBJECT: Doctor Title Working Group Report

Doctor Title Working Group Members

Joanne Pritchard-Sobhani (Chair)	Professional Member
Ming C. Cha	Professional Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Deborah Sinnatamby	Public Member
Xianmin Yu	Professional Member

Since the last quarterly report, the Doctor Title Working Group (the Working Group) did not meet. The Working Group will meet once proposals are received for Phase 2 of the project.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 5

President's Remarks

Speaker: J. Pritchard-Sobhani, President

Action: Information



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 6

Registrar's Report

Speaker: A. Zeng, Registrar & CEO
Action: Information



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 7

Strategic Plan Presentation

Speaker: Optimus SBR, A. Zeng, Registrar & CEO, Sean Cassman, Manager of Policy & Governance

Action: Discussion, Motion



Meeting Date:	December 8, 2022
Issue:	Strategic Planning Presentation
Reported By:	Optimus SBR, Ann Zeng, Sean Cassman
Action:	Discussion, Motion

Issue

Optimus SBR to present the strategic plan at the December 8, 2022 Council meeting.

Public Interest Rationale

Strategic planning is a crucial aspect in upholding the public interest as it allows the College to identify needs and establish a long-term plan to grow and improve as an organization.

Background

Optimus SBR have completed the first three steps of the strategic planning project, which includes the project launch and discovery, the current state assessment, and the strategic planning workshops. Following the information collected from the strategic planning sessions with Council on October 19 and 31, Optimus completed a draft strategic plan which was circulated for Council's review.

Optimus SBR will also present the strategic plan at the December 8, 2022 Council meeting. The Council will have an opportunity to review the plan, ask questions of Optimus, and then decide to approve the plan or ask for revisions.

Next Steps

Once the plan is approved, immediate steps will need to be taken. This includes communicating the plan to our stakeholders, and adjusting our workplan to any new strategic direction of the plan.

Additionally, the CPMF is requiring Colleges to be more transparent in how they are achieving their strategic plans. The College will need to keep this in mind and work towards publicly conveying our progress on implementing the plan, and ensuring the plan is feasible.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 8

Election Process Overview

Speaker: D. Worrada, Chair

Action: Motion



FOR: FYI

SUBJECT: Elections Process Overview

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

President	Page
Vice-President	Page
Executive Committee Member	Page

With the concurrence (i.e. approval) of Council, two members of the College staff and Rebecca Durcan of Steinecke Maciura LeBlanc will act as scrutineers for the voting process.

1. Where there is only one candidate for the office, the said candidate shall be acclaimed.
2. Where there is more than one candidate for the office, voting shall be conducted by secret ballot. The candidate who receives a majority of the votes cast (i.e. 50% + 1) on a ballot shall be declared elected.
3. Where no candidate receives a majority of the votes cast on the ballot, the one receiving the lowest number of votes on the ballot shall be deleted from the next ballot and a fresh vote shall take place.
4. If there is a tie on the lowest number of votes for two members, there shall be a recount. If there is still a tie, one of the Scrutineers 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 will be conducted virtually. The following voting process will be used.

1. Once the candidates have made their opening comments, a scrutineer will send an email with the list of candidates to all Council members.



2. Council members will reply to the email with the name of their selected candidate.
3. Council members will be given a 5-minute time limit to respond with their vote.
4. The scrutineer will tally the votes, verify with the other scrutineers, and relay the winner to the Chair. The Chair will announce the result.

Executive Committee's Exercise of Council's Powers

The Executive Committee's exercise of Council's powers is subject to Section 12 of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*.

Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 9

Election: President

Speaker: D. Worrada, Chair



FOR: FYI

SUBJECT: Elections – President

Election of the President

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

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

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

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

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

Duties of the President

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

- (i) The President, in conjunction with the Council, is ultimately responsible for fulfilling the mandate, objectives and strategic plans of the College. He or she is directly accountable to the Council and indirectly accountable to the government, the public and the profession for the effective governance of the College in accordance with all applicable legislative requirements.
- (ii) Specific duties of the President include:



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

- 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.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 10

Election: Vice-President

Speaker: D. Worrada, Chair



FOR: FYI

SUBJECT: Elections – Vice-President

Election of the Vice-President

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

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

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

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

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

Duties of the Vice-President

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

- (i) The Vice-President shall have all the powers and shall perform all the duties of the President in the event of the absence, or the inability of the President to act. The Vice-President is directly accountable to the Council and indirectly accountable to the government, the public and the profession for the effective governance of the College in accordance with all applicable legislative requirements.
- (ii) Specific duties of the Vice-President include:



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

- 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.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 11

Election: Executive Committee Members

Speaker: D. Worrada, Chair

Action: Motion



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

FOR: FYI

SUBJECT: Elections – Executive Committee Members

Election and Composition

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

The three Executive Committee Members shall be elected following a procedure similar to the election of the President. The Executive Committee shall be composed of the President, the Vice-President and three (3) Members of the Council. Two of the Members of the Executive Committee shall be Public Members. The President shall be the chair of the Executive Committee.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 12

Executive Committee Meeting

Speaker: President

Action: Motion



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 13

Committee Appointments

Speaker: President

Action: Motion



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 14

Finance

Speaker: F. Ortale, Director IT, Finance & Corporate Services

Action: Information

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

2nd Quarter (April - September 2022)

		Actuals of Q2 2022-2023	Annual Budget 2022-2023	Actual to Budget %	Budget Remaining (balance of Year)
GL Code	Revenue				
4101000	Registration Fees	\$ 162,675.00	\$ 143,750.00	113.17%	\$ (18,925.00)
4102000	Renewal Fees	\$ 3,246,275.00	\$ 3,290,000.00	98.67%	\$ 43,725.00
4200000	Administration Fees	\$ 65,103.00	\$ 47,950.00	135.77%	\$ (17,153.00)
4300000	Pan Can Examination Fees	\$ 486,323.00	\$ 387,000.00	125.66%	\$ (99,323.00)
4400000	Other Income-Government Funds	\$ -	\$ 251,800.00	0.00%	\$ 251,800.00
4500000	Other Fees	\$ 24,100.00	\$ 30,000.00	80.33%	\$ 5,900.00
4600000	Other Income	\$ 36,598.00	\$ 30,000.00	121.99%	\$ (6,598.00)
	Total Income	\$ 4,021,074.00	\$ 4,180,500.00	96.19%	\$ 159,426.00
GL Code	Expenses				
	Council & Committees	\$ 582,445.18	\$ 953,000.00	61.12%	\$ 370,554.82
6100000	Council	\$ 68,853.21	\$ 94,000.00	73.25%	\$ 25,146.79
6201000	Executive Committee	\$ 20,099.20	\$ 29,000.00	69.31%	\$ 8,900.80
6202000	Registration Committee and Panel	\$ 15,968.61	\$ 50,500.00	31.62%	\$ 34,531.39
6203000	ICRC Committee	\$ 233,330.02	\$ 228,000.00	102.34%	\$ (5,330.02)
6204000	Quality Assurance Committee	\$ 23,986.06	\$ 130,500.00	18.38%	\$ 106,513.94
6205000	Patient Relations Committee	\$ 4,093.78	\$ 48,750.00	8.40%	\$ 44,656.22
6206000	Discipline Committee	\$ 215,801.80	\$ 368,000.00	58.64%	\$ 152,198.20
6207000	Fitness to Practice Committee	\$ 312.50	\$ 4,250.00	7.35%	\$ 3,937.50
6300000	Professional Services	\$ 60,113.14	\$ 109,000.00	55.15%	\$ 48,886.86
6301000	Legal Fees	\$ 52,058.48	\$ 65,000.00	80.09%	\$ 12,941.52
6302000	Accounting Fee	\$ 3,903.77	\$ 31,500.00	12.39%	\$ 27,596.23
6303000	Other Fees	\$ 4,150.89	\$ 12,500.00	33.21%	\$ 8,349.11
6400000	Special Programs/Projects	\$ 179,029.42	\$ 677,000.00	26.44%	\$ 497,970.58
6401000	Pan-Canadian Examinations	\$ 130,210.00	\$ 297,000.00	43.84%	\$ 166,790.00
6402000	Doctor Title	\$ 11,232.21	\$ 100,000.00	11.23%	\$ 88,767.79
6403000	Strategic Planning	\$ 21,357.00	\$ 100,000.00	0.00%	\$ 78,643.00
6404000	School Program Approval	\$ -	\$ 50,000.00	0.00%	\$ 50,000.00
6405000	Safety and Jurisprudence Test	\$ 16,230.21	\$ 130,000.00	12.48%	\$ 113,769.79
6500000	Salaries and Benefits	\$ 710,535.31	\$ 1,579,580.00	44.98%	\$ 869,044.69
6500000	Salaries and Benefits	\$ 703,240.99	\$ 1,554,580.00	45.24%	\$ 851,339.01
6502000	Casual Labour	\$ 7,294.32	\$ 25,000.00	29.18%	\$ 17,705.68
6600000	Information Technology	\$ 86,160.38	\$ 275,400.00	31.29%	\$ 189,239.62
6602000	Equipment Expenses	\$ 1,005.38	\$ 10,000.00	10.05%	\$ 8,994.62
6603000	Software Development	\$ 29,723.19	\$ 151,000.00	19.68%	\$ 121,276.81
6604000	Maintenance and Support Contracts	\$ 27,575.72	\$ 59,500.00	46.35%	\$ 31,924.28
6605000	Online Services	\$ 23,194.84	\$ 47,400.00	48.93%	\$ 24,205.16
6606000	Network Security	\$ 4,661.25	\$ 7,500.00	62.15%	\$ 2,838.75
6700000	Operating Expenses	\$ 166,734.83	\$ 525,450.00	31.73%	\$ 358,715.17
6701000	General Operating Costs	\$ 118,248.56	\$ 290,450.00	40.71%	\$ 172,201.44
6702000	Payment Gateway	\$ 21,084.47	\$ 120,000.00	17.57%	\$ 98,915.53
6703000	Subscriptions and Conferences	\$ 24,371.76	\$ 60,000.00	40.62%	\$ 35,628.24
6704000	Communications and Publications	\$ 3,030.04	\$ 55,000.00	5.51%	\$ 51,969.96
6800000	Pan Can Chinese Language Examination	\$ 69,214.71	\$ 251,800.00	27.49%	\$ 182,585.29
6801000	Exam Translation Fee	\$ -	\$ 140,000.00	0.00%	\$ 140,000.00
6802000	Professional Fee	\$ 739.59	\$ 11,800.00	6.27%	\$ 11,060.41
6803000	HR & Salary Expenses	\$ 24,405.12	\$ 50,000.00	48.81%	\$ 25,594.88
6804000	Information Technology	\$ 9,040.00	\$ 12,000.00	75.33%	\$ 2,960.00
6805000	Communication & Publications	\$ 35,030.00	\$ 38,000.00	92.18%	\$ 2,970.00
45	Total Expenses	\$ 1,854,232.97	\$ 4,371,230.00	42.42%	
46	Net Income	\$ 2,166,841.03	\$ (190,730.00)		



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 15

College Performance Measurement Framework

Speaker: S. Cassman, Manager of Policy & Governance

Action: Motion



Meeting Date:	December 8, 2022
Issue:	College Performance Measurement Framework
Reported By:	Sean Cassman
Action:	Motion

Issue

College staff would like to provide and update on CPMF progress, and an introduction to the topic for new Council members.

Public Interest Rationale

The CPMF has been implemented by the Ministry of Health to ensure colleges are regulating in the public interest according to Ministry standards. The College will be required to make changes to meet these standards.

Background

The Ministry of Health has conducted their annual “soft launch” of the CPMF to introduce changes for this year’s report and get feedback from Colleges. College staff are asked to keep the soft launch of the CPMF confidential, as it is a draft, but we hope to receive the official report shortly. If it is received by the time of the Council meeting, it will be shared with Council. This year, there has been no updates to the 7 domains and 14 standards within those domains. However, this year, the Ministry has a major update to the required evidence.

Staff previously informed Council that the first two years of the report were intended to be a benchmarking exercise, and that starting this year higher expectations may be put on Colleges. The Ministry has followed through on this by benchmarking certain required evidence. This means that if a College does not meet required evidence that is benchmarked, they will need to submit an improvement plan on how they intend to meet that evidence in the future. College staff will inform Council of the benchmarked evidence once they are confirmed in the final draft.

Council Competencies

While staff have not yet confirmed the benchmarked evidence yet, it is likely that the requirement for Council and committee competencies will be benchmarked. For this reason, staff have drafted an improvement plan for Council’s review. The Ministry expects that improvement plans include specific steps and dates for addressing the issue. Attached below is the draft improvement plan.

Equity Impact Assessment

The 2021 CPMF report began asking Colleges on diversity, equity, and inclusion measures being taken by Colleges. Part of this requires Colleges to include an equity impact assessment in decisions to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Staff have prepared an equity impact assessment for the College to use going forward.

Equity impact assessments are decision making tools which walks users through the steps of identifying how a program, policy or similar initiative will impact population groups in different ways. It intends to limit negative consequences, and maximize positive ones by focusing on unintended potential impacts.



This will help ensure that patients are receiving fair treatment from our members, and that we are not unnecessarily creating barriers in our policies and processes.

Next Steps

- Motion to approve Council competencies improvement plan
- Staff provide overview of equity impact assessment. Assessment will be implemented at next Council meeting.

Encl: [Council Competencies Improvement Plan](#), [Equity Impact Assessment](#)

TASKS / ACTIVITIES	TARGET DATES
<p>Phase 1: Research and Environmental Scan</p> <ul style="list-style-type: none"> • Challenges and best practices from other regulators (assessing soft skills) • Who reviews candidates and how • Training programs 	<p>March 2023</p>
<p>Phase 2: Development of Competencies, Indicators, and Assessment Process</p> <ul style="list-style-type: none"> • Present draft competencies and indicators for Council discussion • Staff revise based on Council discussion • Staff begin drafting assessment process • Draft competencies and indicators brought back for Council approval • Draft assessment process presented to Council 	<p>March 2023</p> <p>March – May 2023</p> <p>March – May 2023</p> <p>June 2023</p> <p>June 2023</p>
<p>Phase 3: Implementation</p> <ul style="list-style-type: none"> • Finalize assessment process • By-law amendment consultation <ul style="list-style-type: none"> – Eligibility requirements – Creation of new committee • Competencies in force as a requirement 	<p>September 2023</p> <p>September 2023 - December 2023</p> <p>2024 elections</p>

HEIA

Health Equity Impact Assessment

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program, or initiative on specific population groups.

NOTE: The *HEIA Template* is designed to be used alongside the accompanying *HEIA Workbook*, which provides definitions, examples, and more detailed instructions to help you complete this template.

Date:

Organization:

Name and contact information for the individual or team that completed the HEIA:

Project Name:

Project Summary:

Objective for Completing the HEIA:

(e.g. to determine where to best invest resources in a new policy, program, or initiative?)

NOTE: This section to be filled in after completing the following HEIA template.

Conclusions:

(e.g. what decisions were made following completion of the HEIA tool?)

HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations*	b) Determinants of Health	Unintended Positive Impacts.	Unintended Negative Impacts.	More Information Needed.	Identify ways to reduce potential negative impacts and amplify the positive impacts.	Identify ways to measure success for each mitigation strategy identified.	Identify ways to share results and recommendations to address equity.
Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	Identify determinants and health inequities to be considered alongside the populations you identify.						
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.).							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic or social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation , (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

* NOTE: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e. Aboriginal women).



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 16

O. Reg. 508/22 Registration Requirements Regulation

Speaker: S. Cassman, Manager of Policy & Governance

Action: Motion



Meeting Date:	December 8, 2022
Issue:	O. Reg. 508/22 Registration Requirements Regulation
Reported By:	Sean Cassman, Ann Zeng
Action:	Information and Motion

Issue

The Provincial government has approved Ontario Regulation 508/22 (Registration Requirements Regulation), which sets the requirements initially approved in Bill 106. Colleges have a deadline of January 1, 2023 to meet most requirements, and so Council must take urgent action to approve a change to our Language Fluency Policy to keep the College in compliance.

Public Interest Rationale

The College must ensure that it is remaining in compliance with all applicable legislation so that we may continue to effectively regulate the profession.

Background

On April 14, 2022, Bill 106 received Royal Assent. Following this, the Provincial government enacted the Registration Requirements Regulation to set the specifics of the new requirements. The Registration Requirements Regulation sets requirements on:

- A prohibition on requiring applicants to have Canadian experience for registration;
- timely registration decisions;
- streamline requirements for demonstrating language proficiency; and
- required emergency class of registration for all health regulatory colleges.

The Registration Requirements Regulation will come into force on January 1, 2023, and at this time, Colleges must be in compliance with the first 3 requirements. The fourth requirement (emergency class) has a deadline of August 31, 2023.

Status Updates

Prohibition on Canadian Experience

The College is already in compliance with this requirement.

Timely Registration

The College's internal process for staff already sets a timeline of two weeks to review an application, which is in compliance with the Regulation. The College website will be updated with more detailed information on our timelines for transparency purposes. We have not yet been informed how the Ministry intends to track this information; however the College is prepared to provide whatever data is necessary.

Language Proficiency

The College does not currently accept any language proficiency tests. An update to the College's Language Fluency Policy has been reviewed by the Registration Committee, and is being presented for approval by Council. Council members can find a more detailed briefing note and supporting documents on this matter below.



As this is the last scheduled Council meeting before the January 1, 2023 deadline, Council is strongly urged to approve a policy change at this meeting.

Emergency Class

Staff have confirmed with the Ministry that the regulations amendments for the Emergency Class must be approved before August 31, 2023. This means the proposed amendments must be submitted in advance of this date. The Ministry will provide Colleges with a timeline for the regulation amendments, but we should anticipate this to be on the Council agenda at either the March or June meeting.

As all Colleges must enact an Emergency Class, there is opportunity to speed up this process by working with our regulatory partners. Staff will explore the potential to develop a framework for the class with HPRO Colleges, which can then be adjusted to fit our specific needs.

Next Steps

- Discuss new requirements
- Review briefing note, proposed policy change, and supporting documents below.

APPENDIX A - Language Proficiency Policy

Environmental Scan

	Reading	Writing	Listening	Speaking
College of Homeopaths of Ontario	7.0	7.0	7.0	7.0
College of Opticians of Ontario	6.0	7.0	8.0	7.0
College of Registered Psychotherapists of Ontario	7.0	7.0	7.0	7.0
Min.	6.0	7.0	7.0	7.0
Max.	7.0	7.0	8.0	7.0

Tbl. 1 Canadian Language Benchmarks (CLBs) requirements for professional regulation in ON.

	Reading	Writing	Listening	Speaking
College of Denturists of Ontario	7.0	7.0	7.0	7.0
College of Homeopaths of Ontario	7.0	7.0	7.0	7.0
College of Naturopaths of Ontario	8.0	8.0	8.0	8.0
Min.	7.0	7.0	7.0	7.0
Max.	8.0	8.0	8.0	8.0

Tbl. 2 Canadian English Language Proficiency Index Program (CELPIP) requirements for professional regulation in ON.

	Band Score	Reading	Writing	Listening	Speaking
College of Audiologists and Speech-Language Pathologists of Ontario	8.0	-	-	-	-
Royal College of Dental Surgeons of Ontario	7.5	7.0	7.0	7.0	7.0
College of Denturists of Ontario	7.0	6.5	6.5	7.0	7.0
College of Dietitians of Ontario	6.5	6.0	5.0	6.0	8.0
College of Homeopaths of Ontario	6.0	6.0	6.0	6.0	6.0
College of Kinesiologists of Ontario	6.5	6.5	6.5	6.5	6.5
College of Massage Therapists of Ontario	-	6.5	6.0	7.5	6.5
College of Medical Laboratory Technologists of Ontario	7.0	7.0	7.0	7.0	7.0
College of Medical Radiation Technologists of Ontario	6.0	-	-	-	6.0
College of Midwives of Ontario	7.0	7.0	7.0	7.0	7.0

College of Naturopaths of Ontario	7.0	7.0	7.0	7.0	7.0
College of Nurses of Ontario	7.0	6.5	7.0	7.5	7.0
College of Occupational Therapists of Ontario	7.0	7.0	6.5	7.0	7.5
College of Opticians of Ontario	7.0	7.0	7.0	7.0	7.0
Ontario College of Pharmacists, OCP (Pharmacist A - Patient Care)	7.0	6.0	6.0	6.0	6.0
OCP (Pharmacist B - No Patient Care)	7.0	6.0	6.0	6.0	6.0
OCP (Pharmacy Technicians)	6.5	6.0	6.0	6.0	6.0
College of Psychologists of Ontario	-	7.0	7.0	7.0	7.0
College of Registered Psychotherapists of Ontario	-	6.0	6.0	6.0	6.0
College of Respiratory Therapists of Ontario	7.0	7.0	7.0	7.0	7.0
Min.	6.0	6.0	5.0	6.0	6.0
Max.	8.0	7.0	7.0	7.5	8.0

Tbl. 3 International English Language Testing System (IELTS) requirements for professional regulation in Ontario.

	Reading	Writing	Listening	Speaking
College of Naturopaths of Ontario	499	12	503	12
College of Occupational Therapists of Ontario	499	12	503	12
Ontario College of Pharmacists, OCP (Pharmacist A - Patient Care)	499	23	503	12
OCP (Pharmacist B - No Patient Care)	499	23	503	12
OCP (Pharmacy Technicians)	499	23	503	12
College of Registered Psychotherapists of Ontario	453	10	458	10
Min.	453	10	458	10
Max.	499	23	503	12

Tbl. 4 Test de connaissance du français pour le Canada (TCF Canada) requirements for professional regulation in Ontario.

	Reading /300	Writing /450	Listening /360	Speaking /450
Royal College of Dental Surgeons of Ontario	233	349	280	349
College of Homeopaths of Ontario	207	310	249	310
College of Kinesiologists of Ontario	349	310	280	215

College of Massage Therapists of Ontario	233	310	280	349
College of Naturopaths of Ontario	233	349	280	349
College of Nurses of Ontario	181	271	280	349
College of Occupational Therapists of Ontario	500	349	500	500
Ontario College of Pharmacists, OCP (Pharmacist A - Patient Care)	500	500	500	500
OCP (Pharmacist B - No Patient Care)	500	500	500	500
OCP (Pharmacy Technicians)	500	349	500	500
College of Psychologists of Ontario	233	349	280	349
College of Registered Psychotherapists of Ontario	207	310	249	310
Min.	181	271	249	215
Max.	500	500	500	500

Tbl. 5 Test d'évaluation de français pour le Canada (TEF Canada) requirements for professional regulation in Ontario.

	Overall Score	Reading	Writing	Listening	Speaking
Royal College of Dental Surgeons of Ontario	100	24	27	24	23
College of Denturists of Ontario	89	20	21	21	24
College of Dietitians of Ontario	80	15	13	15	26
College of Kinesiologists of Ontario	86	20	20	20	23
	560*	-	-	-	-
College of Massage Therapists of Ontario	-	19	20	24	20
College of Medical Laboratory Technologists of Ontario	90	21	21	21	24
	580*	-	-	-	-
College of Naturopaths of Ontario	100	25	25	25	25
College of Occupational Therapists of Ontario	92	22	22	22	26
College of Opticians of Ontario	81	19	19	19	24
Ontario College of Pharmacists, OCP (Pharmacist)	97	No minimum	25	No minimum	27
	580*	-	5	-	50
OCP (Pharmacy Technicians)	91	22	25	21	23
College of Psychologists of Ontario	-	24	27	24	24

College of Registered Psychotherapists of Ontario	80	18	20	19	20
College of Respiratory Therapists of Ontario	90	22	20	24	24
Min.	80	15	13	15	20
Max.	100	25	27	25	27

Tbl. 6 Test of English as a Foreign Language Internet-based Test (TOEFL iBT) requirements for professional regulation in Ontario. *Indicates TOEFL Paper-based Test (PBT). Minimum and maximum scores reported do not include PBT scores.

	Language Proficiency Policy	CELPPIP, IELTS, TCF, TEF Requirements
College of Audiologists and Speech-Language Pathologists of Ontario	N/A	N/A
College of Chiropractors	- Language Proficiency Policy - Successful completion of the qualifying exams.	N/A
College of Chiropractors of Ontario	N/A	N/A
College of Dental Hygienists of Ontario	- Language Proficiency Policy - Successful completion of the national entry-to-practice examination, or the written entry-to-practice competency evaluation, both of which are offered in English and French.	N/A
College of Dental Technologists of Ontario	N/A	N/A
Royal College of Dental Surgeons of Ontario	- Existing Language Proficiency Policy includes benchmark scores for the IELTS (academic) and TEF, which will continue to use.	We have not yet established benchmark scores for CELPIP and TCF, but will also be using the IRCC's language benchmarking equivalence as a guide.
College of Denturists of Ontario	- Existing Language Proficiency Policy includes cut scores for CLB among other tests that were not IRCC listed.	We will use the IRCC's benchmarking equivalence of CLB scores to create cut scores for TEF and TCF Canada.
College of Dietitians of Ontario	- Language Proficiency	IELTS

College of Homeopaths of Ontario	- Language Proficiency	Language test equivalency of CLB level 7
College of Kinesiologists of Ontario	- Language Proficiency	IELTS and TEF
College of Massage Therapists of Ontario	- Existing Language Fluency Policy will be reviewed by the Registration Committee in December 2022.	We will use IRCC's benchmarking equivalence of CLB scores to create the cut scores for TEF and TCF Canada.
College of Medical Laboratory Technologists of Ontario	- Language Proficiency	IELTS
College of Medical Radiation and Imaging Technologists of Ontario	- Language Proficiency	N/A
College of Midwives of Ontario	- Language Proficiency requirements - Successful completion of the Ontario Midwifery Language Proficiency Test (MLPT)	IELTS
College of Naturopaths of Ontario	- Language Proficiency Policy	CELP, IELTS, TCF, TEF
College of Nurses of Ontario	- Language Proficiency Policy	CELBAN, IELTS, TEF
College of Occupational Therapists of Ontario	- Language Proficiency Policy	IELTS, TCF, TEF
College of Opticians of Ontario	- Existing Language Proficiency Policy will be reviewed by the Registration Committee in early 2023.	Only CLB and IELTS benchmark.
College of Optometrists of Ontario	N/A	N/A
Ontario College of Pharmacists, OCP (Pharmacist A - Patient Care)	- Language Proficiency Policy	
OCP (Pharmacist B - No Patient Care)	- Language Proficiency Requirements	
OCP (Pharmacy Technicians)	- Language Proficiency Requirements	
College of Physicians & Surgeons of Ontario	N/A	N/A
College of Physiotherapists of Ontario	- "I am registered in Quebec and have not taken the PCE. Can I register in Ontario?"	IELTS

College of Psychologists of Ontario	- Language Fluency Policy	IELTS, TEF
College of Registered Psychotherapists of Ontario	- Language Proficiency Policy	IELTS, TCF, TEF
College of Respiratory Therapists of Ontario	- Language Proficiency Policy	IELTS, TEF
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	- Existing Language Fluency Policy requires successful completion of the entry to practice exams as the primary benchmark.	N/A

Tbl. 7 Language proficiency requirements for regulatory bodies in Ontario.

Each IELTS level with its corresponding description.

Band Score	Skill Level	Description
9	Expert user	The test taker has fully operational command of the language. Their use of English is appropriate, accurate and fluent, and shows complete understanding.
8	Very good user	The test taker has fully operational command of the language with only occasional unsystematic inaccuracies and inappropriate usage. They may misunderstand some things in unfamiliar situations. They handle complex and detailed argumentation well.
7	Good user	The test taker has operational command of the language, though with occasional inaccuracies, inappropriate usage and misunderstandings in some situations. They generally handle complex language well and understand detailed reasoning.
6	Competent user	The test taker has an effective command of the language despite some inaccuracies, inappropriate usage and misunderstandings. They can use and understand fairly complex language, particularly in familiar situations.
5	Modest user	The test taker has a partial command of the language and copes with overall meaning in most situations, although they are likely to make many mistakes. They should be able to handle basic communication in their own field.
4	Limited user	The test taker's basic competence is limited to familiar situations. They frequently show problems in understanding and expression. They are not able to use complex language.
3	Extremely limited user	The test taker conveys and understands only general meaning in very familiar situations. There are frequent breakdowns in communication.
2	Intermittent user	The test taker has great difficulty understanding spoken and written English.
1	Non-user	The test taker has no ability to use the language except a few isolated words.

0	Did not attempt the test	The test taker did not answer the questions.
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From <https://www.ielts.org/for-test-takers/how-ielts-is-scored>

IELTS and CLB Equivalency

CLB Level	Reading	Writing	Listening	Speaking
10	8.0	7.5	8.5	7.5
9	7.0	7.0	8.0	7.0
8	6.5	6.5	7.5	6.5
7	6.0	6.0	6.0	6.0
6	5.0	5.5	5.5	5.5
5	4.0	5.0	5.0	5.0
4	3.5	4.0	4.5	4.0

From <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/standard-requirements/language-requirements/test-equivalency-charts.html>

Each CELPIP level with its corresponding description

CELPIP Level	CLB Level	Test Level Descriptor
12	12	Advanced proficiency in workplace and community contexts
11	11	Advanced proficiency in workplace and community contexts
10	10	Highly effective proficiency in workplace and community contexts
9	9	Effective proficiency in workplace and community contexts
8	8	Good proficiency in workplace and community contexts
7	7	Adequate proficiency in workplace and community contexts
6	6	Developing proficiency in workplace and community contexts
5	5	Acquiring proficiency in workplace and community contexts
4	4	Adequate proficiency for daily life activities
3	3	Some proficiency in limited contexts
M	0, 1, 2	Minimal proficiency or insufficient information to assess
NA	/	Not Administered: test taker did not receive this test component

From <https://www.celpip.ca/take-celpip/test-results/>



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 19

Council Update

Speaker: A. Zeng, Registrar & CEO
Action: Motion



Meeting Date:	December 8, 2022
Issue:	Council Update
Reported By:	Ann Zeng
Action:	Motion

Issue

Updates relating to the College Council.

Background

a. Public Members

On November 15, 2022, Ms. Maureen Morton, a public appointee to the Council of CTCMAO, advised our Council's President that she is resigning from her position on Council. Ms. Morton was appointed on March 30, 2022 for a term of one year.

With the resignation of Ms. Morton, the Council of CTCMAO is left with five public appointees. As per the *TCM Act, 2006*, this is the minimum number of public members to maintain proper composition of the Council. Of the five members, four of them have terms due to expire very soon in the coming new year:

- Mr. Mark Handelman's term expires on February 17, 2023;
- Mr. Iftikhar Choudry's term expires on March 30, 2023;
- Ms. Judy Cohen's term expires on March 30, 2023; and
- Ms. Kimberly Bishop's term expires on March 30, 2023.

The Registrar has notified the Public Appointments Secretariat of the situation, including the possibility of Council becoming unconstituted again if the College were to lose another public member. Recommendation letters have been submitted to the Minister's attention for the reappointment of our current public appointees. Staff will continue to follow up with the Public Appointments Secretariat for additional public appointees and/or the reappointment of current public appointees.

b. Election Update

A by-election will be held for District 3 to fill the seat vacated by Mr. Ryan Longenecker, completing the term ending December 2024. In addition, a by-election will be held for District 5 for the one available position since no nominations were received earlier this year.

Proposed Dates and Time Lines

The chart below shows the proposed timelines along with the schedule of dates in line with By-Laws 4.01 – 4.26. An election notice and nomination information will be sent to all eligible members in



Districts 3 and 5 on **January 27, 2023**. Nominations will close on **March 3, 2023**. Members eligible to vote may cast their ballot beginning **April 11, 2023**, and ending **May 11, 2023** at 5:00 p.m.

ELECTION DATE	April 27
Nomination Package Out (minimum 90 days prior to election date)	January 27
Nominations due (minimum 60 days prior to election date)	March 3
Option to withdraw nomination deadline (minimum 30 days prior to election date)	March 22
Voting instructions sent to members	April 6
Voting Ballots sent to members (no more than 30 days prior to election date)	April 11
End of Voting timeline Election Day 5:00 p.m. EST	May 11
Ballot Report	May 12
Notification of candidates	May 12
Deadline for recount (no more than 15 days after the date of election)	May 24
Completion of recount, if required (no more than 10 days after receiving request)	May 31
Notification of candidates of results of recount	May 31
Notification to members & posting of results on website (if no recount is requested)	May 25

Following the by-elections, the newly elected Council members' terms will begin at the next scheduled Council meeting.

Next steps

Council to approve the election date set for the by-elections of Districts 3 and 5.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 20

Dr. Title Working Group Update

Speaker: A. Zeng, Registrar & CEO
Action: Information



Meeting Date:	December 8, 2022
Issue:	Dr. Title Working Group Update
Reported By:	Ann Zeng
Action:	Information

Issue

An update to Council regarding the Doctor Title Project.

Public Interest Rationale

The TCM Act allows the College to make regulations to allow eligible members to use the Doctor title. The expectation of the public on those who are permitted to use the Doctor title is high. Council is tasked with overseeing the Doctor Title Working Group to ensure it is meeting the expectations of the public in their work.

Background

At the September 21 Council meeting, Council approved the RFP for a consultant to assist the Working Group with Phase 2 of the Doctor Title Project. The RFP was published in September with a deadline of November 4, 2022 however, no proposals were received.

Given the importance of the project, staff have re-posted the RFP with an extended deadline of January 31, 2023. In addition to the traditional distribution channels such as websites, social media, public bidding platform, and regulatory forums, staff also distributed the RFP to consultants that have worked with the College and/or other regulatory Colleges in the past.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 21

Risk Management Report

Speaker: S. Cassman, Manager of Policy & Governance

Action: Information



Meeting Date:	December 8, 2022
Issue:	Risk Management Plan
Reported By:	Sean Cassman
Action:	Information

Issue

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

Public Interest Rationale

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

Background

The College risk register was initially developed in 2018, and has had minor updates to address rising issues. However, it has been some time since an in-depth review of the risk register has been completed. A recommendation stemming from the governance review completed in 2021 was to conduct a more fulsome review of our risks on an annual basis. Since last Council meeting, staff have begun this process by having each department head provide input on the risk register.

Changes to Risk Register

Since the risk register was developed the College has gain more experience in managing risks and navigating through worst case scenarios. This has provided staff with better perspective on our risks, and how they should be prioritized. Based on this, 2 major changes to the register have been made:

- The risk matrix was changed to lower the priority level of some outcomes. Assigning a high level of priority to many risks is unhelpful when facing several issues at once. Lowering the priority of some outcomes will better enable staff to prioritize in times of emergency.
- The possibility/impact level of some risks have been updated. The experiences of the College since 2018 have given us a better understanding of how likely risks are to occurring and what their impacts are.
- New risks have been added, and the wording of others have been changed.

Next Steps

- Council discusses and provides input on risk register
- Staff will continue to review risk register for improvements

Encl: [Risk Management Plan](#)

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

Risk Management Vision

CTCMAO is committed to building and fostering an enterprise risk management culture that clearly faces reality through systematic process of risk identification, assessment, and management and will affect this through its strategic planning process. CTCMAO's value of serving and protecting the public interest, providing quality service, accountability and transparency, teamwork and collaboration are the foundation of the organizational risk culture and will guide our actions.

Stakeholder Roles and Responsibilities

Role	Risk Management Responsibility	Assignment
Council	Responsible for approving Risk Tolerance Evaluation, reviewing Risk Management Plan and periodically reassessing success of Risk Management strategies.	Council Members
President	Responsible for leading Council in reviewing the Risk Management Plan, implementing certain procedures needed in specified emergency situations, ensuring action is taken as necessary to protect the separation of Council from operations.	Joanne Pritchard-Sobhani
Registrar and CEO	Responsible for ensuring comprehensive risk assessment within the organization, development and implementation of mitigation strategies, and ongoing evaluation of effectiveness of risk management by the organization.	Ann Zeng
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, Claudia Frisch, Mohan Cappuccino, Sean Cassman



Risk Management Process and Activities

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

Risk Analysis Matrix

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

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

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

Types of Risk Identified:

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



Risk Occurrence Matrix

Consequence/ Impact		Likelihood (probability of occurring)		Rare	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		
Negligible	1	1	2	3	4	5		
Low financial/reputation loss, small impact on operations								
Minor	2	2	4	6	8	10		
Some financial loss, moderate impact on business								
Moderate	3	3	6	9	12	15		
Moderate financial loss, moderate loss of reputation, moderate business interruption								
Major	4	4	8	12	16	20		
Major financial loss, several stakeholders raised concerns, major loss of reputation, major business interruption								
Extreme	5	5	10	15	20	25		
Complete cessation of business, extreme financial loss, irreparable loss of reputation								

Risk Rating	Risk Priority	Description
<u>1-31-4</u>	L	Low Risk: May require consideration in any future changes to the work area or processes, or can be fixed immediately
<u>3-65-9</u>	M	Medium Risk: May require corrective action, planning and budgeting process



8-1210-16	H	High Risk: Requires immediate corrective action
15-2520-25	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.



CTCMAO Risk Registry – 2019 – 2021

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Governance	<p>Not reaching quorum to constitute a Committee resulting in or Council becomes unconstituted:</p> <ul style="list-style-type: none"> Public perception of not meeting College mandate of public protection Delays in decision-making affecting applicants (i.e. registration) or members (QA/ICRC/Discipline) 	<p>54 Likely</p>	<p>45 Extreme</p>	<p>20 Extreme</p>	<p>Council, President, Registrar</p>	<p>Current Treatment:</p> <ul style="list-style-type: none"> Staff try to accommodate Council/committees members' schedules to ensure quorum in all meetings. Continued ongoing communications with Public Appointments Secretariat The Registrar has acted on legal advice for procedures to ensure the College functions properly while the Council is unconstituted. <ul style="list-style-type: none"> Committees continue to function as per section 12.09 of College by-laws. Committees remain constituted as long as there is quorum. The College has hired a government relations consultant to help press this issue with the government. <u>Re-evaluate government relations approach to improve relationship with MoHt</u> <u>Allow non-council members to sit on statutory committees</u> <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Outreach to TCM associations and schools to reach prospective members to ensure understanding of the College's role and why regulation matters. Create and advertise opportunities for engagement with the College. <u>Allow non-council members to sit on statutory committees.</u>



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Governance	<p>Council/Committees operating outside of mandate or becoming engaged with operational matters resulting in:</p> <ul style="list-style-type: none"> Poor or inconsistent decisions Increased likelihood of conflict Inefficiencies in operations 	3 Possible	4 Major	12 High	President, Council, Registrar	<p>Current Treatment:</p> <ul style="list-style-type: none"> Council and Committee orientation to occur annually. Prepare Terms of References for all statutory/non-statutory committees <u>Conduct a governance review with a third party consultant to examine governance practices.</u> <u>New strategic plan in development to establish priorities for how to best achieve our mandate.</u> <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Prepare a College governance manual outlining major responsibilities and separation of roles between Council and operations.
Governance	<p>Council/Committee not adhering to Code of Conduct, Conflict of interest, bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> Inefficiencies Poor decision Negative reporting by stakeholders Decreased morale on Council/Committees 	4 Possible	4 Major	16 High	President, Registrar, Council	<p>Current Treatment:</p> <ul style="list-style-type: none"> Each Council/Committee are properly trained and prepared for their service. Legal Counsel delivers the orientation at the Council/Committee levels. Evaluate Council effectiveness on its performance through a council effectiveness survey after each meeting. <u>Have each Council/Committee member annually complete and signs a statement declaring any known conflicts and agreeing to comply with the Code of Conduct.</u> <u>Conduct regular Council/Committee training.</u> <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Conduct regular Council/Committee training. Competency requirements for prospective Council/Committee members



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
<u>Governance</u>	<u>CTCMPAO unable to retain current Council and Committee members</u>	<u>4 Major</u>	<u>3 Moderate</u>	<u>12 High</u>	<u>President, Council, Registrar</u>	<u>Current Treatment:</u> <ul style="list-style-type: none"> <u>Non-Council Committee members to better manage workload</u>
Loss of Confidence in CTCMPAO	Applicant/member disengagement resulting in: <ul style="list-style-type: none"> Lack of interest for election to Council Lack of membership on Committees/working groups Reduction in overall registration numbers 	<u>4 Major</u>	4 Major	<u>16 High</u>	Council, Registrar,	Current Treatment: <ul style="list-style-type: none"> <u>Create and advertise opportunities for engagement with College.</u> <u>Regular outreach meetings and educational sessions through professional associations, TCM schools, and other events as presented.</u> Additional Proposed Treatment: <ul style="list-style-type: none"> Continuous outreach to key stakeholders to ensure they are able to keep their members informed and engaged. Regular outreach meetings and educational sessions through professional associations, TCM schools, and other events as presented. Develop “stories” for publication, describing benefits of engagement. <u>Incorporate simple plain language in all college documents.</u> <u>Develop a recruitment plan for new Council and Committee members</u>



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Loss of Confidence in CTCMPAO	Public, government, stakeholders perceive the College as not being transparent and/or fair	43 Possible	34 Major	12 High	President, Council, Registrar	<p>Current Treatment:</p> <ul style="list-style-type: none"> Implementation of bylaws related to transparency i.e. posting additional information on public register. Conduct annual review of bylaws. Continuous outreach to TCM schools to reach prospective members to ensure understanding of the College's role and why regulation matters. Posting workplan update on College website <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Adoption of ARGE transparency principles. Update and post all statutory policies on website. Collaborate with other regulatory colleges on strategies to promote transparency.
Loss of Confidence in CTCMPAO	<u>CTCMPAO provides insufficient support to external stakeholders</u>	3 Possible	2 Minor	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none"> One point of contact. An enquirer is provided with the name by respondent and that person commits to and takes necessary action. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Research and develop internal organizational customer service standards and policies (i.e. client services policy part of AODA requirement). Statutory teams to prepare FAQs for each department. Invite feedback through customer service surveys. Review of website material to ensure accessible and easy to understand.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Financial	<p>Insufficient financial resources impact the ability of the College to meet its mandate. This will result in:</p> <ul style="list-style-type: none"> Lack of retained funds to carry out Low membership in College Uneven cash flow 	<p>3 2 Unlikely</p>	<p>4 Major</p>	<p>8 Medium</p>	<p>Registrar, Director, IT, Finance and Corporate Services</p>	<p>Current Treatment:</p> <ul style="list-style-type: none"> Prepare operating budgets using 5-year projections and outlook. Strategies in place for cost savings. Develop reserve funds to cover unexpected expenses <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Prepare multiple scenarios for forecasting and develop plans that are flexible. Calendarize revenue to predict cash flow.
Financial	<p>Poor financial management results in the College being unable to meet strategic initiatives</p>	<p>2 Unlikely</p>	<p>4 Major</p>	<p>8 Medium</p>	<p>Registrar, Director, IT, Finance and Corporate Services</p>	<p>Current Treatment:</p> <ul style="list-style-type: none"> Budget is prepared annually and approved by Council. Use of 5-year time horizon for financial planning. Prepare multiple scenarios for forecasting and develop plans that are flexible. Prepared a formal Reserve Fund Policy outlining specific purpose of each internally restricted fund to ensure funds are used for its intended purpose Calendarize revenue to predict cash flow.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Finance	Risk of Fraud/Theft	2 Unlikely	3 4 Major	8 Medium	Registrar, Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Financial audit completed annually by chartered accountants. Finance coordinator reviews and verifies invoices prior to submitting Registrar for approval. Bank cheques require documentation and two signatures Bank statements are reviewed and reconciled monthly. Financial update provided at each Council meeting. <p>Proposed Treatment:</p> <ul style="list-style-type: none"> Prepare formal financial policies to document financial procedures as part of the College's financial policies. Establish a procurement policy through a process that is open, fair and transparent.
Information Management	Information and computer systems are compromised due to: <ul style="list-style-type: none"> Viruses, worms and malicious software Security breach/hacking Loss of power 	3 Possible	4 Major	12 High	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Backup procedures carried out daily on electronic files. Processes such as encryption, access control procedures, and network firewalls in place. Adequate cyber security insurance in place. <p>Proposed Additional Treatment:</p> <ul style="list-style-type: none"> Prepare a disaster recovery plan. Solicit services of an external vendor to conduct an IT audit, vulnerability assessment and security penetration assessment.
Information Management	Improper handling of <u>digital</u> data by staff or vendors leads to exposure of sensitive data	3 Possible	3 4 Major	12 High	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> College ensures that personal information is stored in electronic and physical files that are secure. Physical files are under lock and key.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
						Additional Proposed Treatment: <ul style="list-style-type: none"> Add additional security measures to safeguard information which include restricting access to personal information to authorized personnel.
Information Management	Breach of confidentiality: <ul style="list-style-type: none"> Member/applicant personal information Public information Vendor information Council member information <u>Staff information</u> 	3 Possible	3 Major	12 High	All	Current Treatment: <ul style="list-style-type: none"> Applicant/registant information housed on secure external server (CRM). Use secure login protocols, data encryption, and passwords. Additional Proposed Treatment: <ul style="list-style-type: none"> Develop protocols for reporting, investigating and correcting security breaches to ensure PHIPA compliance. Require signed commitment to adhere to College confidentiality requirements by Council and College staff. Facilitate regular orientation and training on privacy and confidentiality for Council and College staff.
Information Management	Unintended destruction or loss of records results in: <ul style="list-style-type: none"> Inaccurate info posted on public register Duplication of records Inaccurate information provided to Council/committees 	2 Unlikely	3 Moderate	6 High	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none"> Staff adopt filing protocols for naming, deletion of copies, electronic and paper storage. Backup procedures carried out daily on electronic files. File room/cabinets are secured and locked daily. Proposed Additional Treatment: <ul style="list-style-type: none"> Increase security in the College server room.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Facility/Site Safety and Security	Permanent damage to equipment and/or furnishings due to water/fire damage.	2 Unlikely	24 Major	8 Medium	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Office building is code compliant for building and fire standards. Adequate insurance in place to recover replacement. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Ongoing annual fire training for all staff, Council and Committee members.
Facility/Site Safety and Security	Computers, servers and other items of value belonging to the College are stolen	2 Unlikely	14 Major	8 Medium	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Security cameras installed at each exit, common hallways and meeting rooms. College maintains a complete inventory of its electronic equipment, computers and technology systems. Adequate insurance in place to recover replacement of loss goods.
Human Resources	<p>Disruption in work due to unexpected and/or extended absence of an employee, or employee permanently leave organization resulting in:</p> <ul style="list-style-type: none"> Backlog of work Inability to meet required timelines Major interruption in work 	2 Unlikely	3 Moderate	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none"> Job descriptions have been created for all positions. Regular staff meetings are held to update all staff on work in progress. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Prepare succession plan for the Registrar position. All college departments to document procedures for all key functions.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Human Resources	Interpersonal conflicts result in: <ul style="list-style-type: none"> Complaints of harassment Decrease productivity Poisoned work environment Staff discontent and poor morale High turnover rate in staff 	2 Unlikely	42 Minor	4 Low	Registrar <u>Program Managers</u>	Current Treatment: <ul style="list-style-type: none"> HR policies in place. Staff receive legislated training on violence in the workplace and this is documented. Team-building events held involving all staff. Registrar addresses all issues of conflict promptly.
Statutory Obligations (Patient Relations)	College is not doing everything possible <u>taking appropriate measures</u> to keep client/patients safe from sexual abuse.	3 Possible	43 Major <u>Moderate</u>	429 High <u>Medium</u>	Registrar, Program Manager, Policy and Governance Analyst	Current Treatment: <ul style="list-style-type: none"> Therapy and counselling forms have been updated to be compliant with legislation. <u>New Available Standards for Maintaining Professional Boundaries and Preventing Sexual Abuse.</u> <u>Provide resources to the membership and public to be aware of the measures the College has in place to prevent and deal with sexual abuse.</u> <u>QA self and peer and practice assessment include a section on Sexual Abuse, also covering required consent for services provided in sensitive areas.</u> <u>Regular communication (e.g., Webinars, Education Tips and articles in Qi Newsletter) regarding Boundaries and Sexual Abuse.</u> Additional Proposed Treatment: <ul style="list-style-type: none"> Develop a comprehensive and effective Sexual Abuse Plan. Adopt a number of policies and measures that underpin a zero-tolerance approach to sexual abuse. Provide resources to the membership and public to be aware of the measures the College has in place to prevent and deal with sexual abuse;



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (Registration)	Majority of TCM education programs are unregulated eroding public confidence CTCMPO not taking steps to mitigate lack of oversight in TCM education	43 Likely Possible	4 Major	126 High	Registrar, Program Managers	Current Treatment: <ul style="list-style-type: none"> Registration regulations outline entry requirements. College is working with provincial regulators to develop approval framework. Additional Proposed Treatment: <ul style="list-style-type: none"> Encourage the Ministry to accredit TCM education programs. <u>All departments assist in outreach to students/educators</u>
Statutory Obligations (Registration)	Ensuring The The College's registration process is <u>not fair, open and transparent, objective, impartial, and fair.</u>	32 Unlikely	24 Major	8 Medium	Registrar Program Managers	Current Treatment: <ul style="list-style-type: none"> College underwent an audit of its registration practices from the Office of the Fairness Commissioner (OFC). Recommendations from the OFC have been implemented
Statutory Obligations (QA)	Quality Assurance Program is not an effective tool for ensuring <u>maintaining</u> the continuing competency <u>of members</u>	43 Possible	3 Moderate	9 Medium	Registrar, Program Managers	Current Treatment: <ul style="list-style-type: none"> Only sSmall percentage of members randomly selected to submit paper-based self-assessment form. <u>All members are required to meet minimum professional development criteria and maintain a record of their self-assessment for a minimum of 3 years.</u> <u>Members are required to declare non-compliance if they do not meet the minimum criteria.</u> Current<u>Both random and targeted (i.e., directed based on identified criteria, non-compliance with professional development)</u> Peer and Practice Assessment are <u>conducted only done for members ordered by an ICRC/Discipline program.</u> <u>QA policies developed to support current QA program including a review of new and existing standards of practice.</u> <u>Redevelopment of the QA program under way. Will include features to support member engagement</u>



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
						<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> • Develop additional standards of practice, that outline practice expectations of members • Improved technology to support self-assessment will enable improved assurance that members are maintaining the minimum professional development requirements. • Develop a new QA program that supports member engagement
Statutory Obligations (ICRC/All Departments)	Lack of tools enabling for members to understand, and meet, their statutory obligations, who must complete additional education or remediation	43 Likely Possible	3 Moderate	429 High Medium	Registrar, Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none"> • Record-keeping guideline developed and webinar developed. • QA Confirmation of Completion Form •
						<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> • Develop working group to establish TCM specific standards of various modalities i.e. Acupuncture
Statutory Obligations (ICRC)	Complaints received are not resolved in a timely manner. Backlog of Registrar's reports.	23 Unlikely Possible	3 Moderate	69 Medium	Registrar, Program Managers	<p>Additional ProposedCurrent Treatment:</p> <ul style="list-style-type: none"> • Fast track complaints that are high risk to public safety (i.e. sexual abuse) using a risk chartComplaints and Reports are triaged by risk. <ul style="list-style-type: none"> - Depending on the risk level of a matter, higher risk matters are expedited, whereas lower risk matters are addressed through investigation process. - Once matters are triaged, they are processed based on chronological so that resources are devoted to addressing historical matters first prior to newer matters.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (ICRC/Discipline)	Ensuring fairness to member who receives a complaint or is going through discipline.	3 Possible	32 Minor Moderate	96 Medium	Registrar, Program Managers	Additional Proposed Treatment: <ul style="list-style-type: none"> Post more information on the website for members related to: <ul style="list-style-type: none"> Sexual abuse complaints and investigation process Mandatory reporting of sexual abuse <u>Providing additional information to the registrant when they are self-represented.</u> <u>Revamping the available information on the College website regarding the Discipline process.</u>
Statutory Obligations (CPMF)	The College must be able to demonstrate to the Ministry that it is meeting its statutory obligations in a clear and transparent way.	3 Possible	3 Moderate	9 Medium	All	Current Treatment: <ul style="list-style-type: none"> Staff have conducted a full review of the College based on CPMF requirements and to identify where we are deficient. Some deficiencies have been identified. Steps have been taken to either address the deficiency in the previous reporting period, or to address it in future reporting periods.
Exam	Exam security is breached	3 Possible	4 Major	12 High	Registrar Program Managers	Current Treatment: <ul style="list-style-type: none"> Examination and Item-Writing Committee sign confidentiality agreement and are provided with training from ASI. Computer-based examination developed with provincial regulators Additional Proposed Treatment: <ul style="list-style-type: none"> Strict protocols should be in place for handling examination materials. Any report of a breach of agreement will be referred to registration/ICRC for immediate action. No hard copies or electronic copies of the examination or items are retained by the College or any other person involved in the development of the exam.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Exam	Validity of the administration of the exam sitting is challenged due to: <ul style="list-style-type: none"> • Hydro failure • Illness • Medical Emergency 	2 Unlikely	2 Minor	4 Low	Registrar, Program Manager	Current Treatment: <ul style="list-style-type: none"> • Research sites to ensure stability of sites. • Procedures in place for invigilators to deal with emergencies. Additional Proposed Treatment: <ul style="list-style-type: none"> • Educate exam candidates on withdrawing prior to exam
Exam	Validity of examination is challenged	2 Unlikely	2 Minor	4 Low	Registrar, Program Manager	Current Treatment: <ul style="list-style-type: none"> • Examination development and administration conducted by highly qualified vendor with extensive experience and highly credible. • Each exam sitting undergoes extensive psychometric analysis and further review by examination committee. Additional Proposed Treatment: <ul style="list-style-type: none"> • Performance of vendor is reviewed annually and any concerns addressed at that meeting. • Clear separation between non-statutory committee (Examination/Item Writing Committee) and Council members so no perceived conflict of interest. • Work with provincial counterparts to establish proper governance channels.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 22

Other Business

Speaker: D. Worrada, Chair
Action: Information



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Agenda # 23

September 21, 2022 Meeting Evaluation Review

Speaker: D. Worrada, Chair

Action: Information



Committee Meeting Evaluation Results

Meeting Date: September 21, 2022

	Item	Yes	Most of the time	No	Other	Please provide comments
1.	The agenda and supporting materials were provided one week prior to the meeting.	4				As well as additional materials received closing to the meeting date.
2.	The materials were presented in a clear, succinct, and timely manner to allow meeting preparation.	4				Excellent
3.	The meeting agenda was well planned and allowed for adequate time to deal with the necessary committee business.	4				
4.	The Chair managed the meeting well allowing each member an adequate opportunity to participate in discussion and decision-making.	4				The Chair is very proficient at running and managing the meeting.
5.	The treatment of all persons was courteous, dignified and fair.	4				
6.	I received sufficient information and training to participate in deliberations and decision-making.	4				
7.	Technology: I was able to access the material on the Cloud easily. Webex Meetings and other communication devices worked well.	2	2			Webex is very slow even with packages being split up before sending.
8.	Any further comments? Everything was excellent. Great meeting!					



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Agenda # 24

Next Meeting Dates and Meeting Effectiveness Survey

Speaker: D. Worrad, Chair

Action: Information

Meeting Date: Month Day Year
 December 8 2022



2023 Council Meeting Dates

*Dates are tentative and are subject to change.

2023 Council Meeting Dates*	
March 22, 2023	June 14, 2023
September 20, 2023	December 6-7, 2023 <i>(Including orientation)</i>



List of Commonly Used Acronyms

Acronyms	Description
AODA	<i>Accessibility for Ontarians with Disabilities Act, 2005</i>
CARB-TCMPA	Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners & Acupuncturists
CAG	Citizen's Advisory Group
CBT	Computer-Based Testing
CCO	College of Chiropractors of Ontario
CELPPI	Canadian English Language Proficiency Index Program
CEO	Chief Executive Officer
CFTA	Canadian Free Trade Agreement (to replace AIT)
CLB	Canadian Language Benchmarks
CLEAR	Council on Licensure, Enforcement and Regulation
CMTO	College of Massage Therapists of Ontario
CNAR	Canadian Network of Agencies for Regulation
CNO	College of Nurses of Ontario
COCOO	College of Chiropodists of Ontario
COI	Conflict of Interest
COTO	College of Occupational Therapists of Ontario
CPMF	College Performance Measurement Framework
CPO	College of Physiotherapists of Ontario
CPSO	College of Physicians and Surgeons of Ontario
CRM	Customer Relationship Management (customized membership database)
CTCMA-BC	College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia
CTCMPAO	College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
DPRA	<i>Drug and Pharmacies Regulation Act</i>
EDI	Equity, Diversity, and Inclusion
EtP	<i>Entry to Practice</i>

FDA	<i>Food and Drugs Act</i>
FOI	Freedom of Information
HCCA	<i>Health Care Consent Act</i>
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
IELTS	International English Language Testing System
IPC	Information and Privacy Commissioner
MCI	Ministry of Citizenship and Immigration
MCQ	Multiple Choice Questions
MOH	Ministry of Health
MLTC	Ministry of Long-Term Care
MOU	Memorandum of Understanding
MCU	Ministry of Colleges and Universities
NHPD	Natural Health Products Directorate
NHPR	NHPR – Natural Health Products Regulation
O. Reg.	O. Reg. – Ontario Regulation
OBCA	Ontario Business Corporations Act
OCP	Ontario College of Pharmacists
OFC	Office of the Fairness Commissioner
OHIP	Ontario Health Insurance Plan
ORAC	Ontario Regulators for Access Consortium
OMA	Ontario Medical Association
OPS	Ontario Public Service
PAS	Public Appointments Secretariat
PCE	Pan-Canadian Examination
P&L	Profit and Loss Statement
PHIPA	<i>Personal Health Information Protection Act, 2004</i>
PLI	Professional Liability Insurance

PPA	Peer and Practice Assessment
PSOA	<i>Public Service of Ontario Act, 2006</i>
QA	Quality Assurance
RCDSO	Royal College of Dental Surgeons of Ontario
RFI	Request for Information
RFP	Request for Proposal
RHPA	<i>Regulated Health Professions Act, 1991</i>
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
TEF	Test d'évaluation de français
TOEFL	Test of English as a Foreign Language
ToR	Terms of Reference
WSIB	Workplace Safety and Insurance Board
YAS	Yardstick Assessment Strategies