COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

AGENDA

FOR the **Council Meeting,** to be held on Monday, September 30, 2019
from 9:00 a.m. to 4:30 p.m. at
705-55 Commerce Valley Drive West, Thornhill, Ontario.

Item	Open/ In-Camera	Time	Speaker
1. Welcome and Call to Order	Open Session	9:00 a.m.	J. Dunsdon *Chair*
2. Declarations of Conflicts of Interest	Open Session		J. Dunsdon *Chair*
3. Briefing on Meeting Procedure	Open Session		J. Dunsdon *Chair*
4. Adoption of the Agenda	Open Session	9:05 a.m.	J. Dunsdon *Chair*
5. Consent Agenda a) June 20, 2019 Meeting Minutes b) September 18, 2019 Meeting Minutes 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 Practice Committee Report j) Examination Appeals Committee 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. **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. The remaining components of the Consent Agenda can then be approved.	Open Session	9:10 a.m.	J. Dunsdon *Chair*
6. President & Vice-President Remarks	Open Session	9:15 a.m.	R. Dong *President* M.C. Cha *Vice-President*

Item	Open/ In-Camera	Time	Speaker
7. Registrar's Remarks	Open Session	9:45 a.m.	A. Zeng *Registrar & CEO*
8. Draft Audited Statement Review a) Audit Findings b) Financial Statement c) Appointment of Auditors for 2019-2020	Open Session	10:00 a.m.	L. Bell Hilborn LLP J. Dunsdon *Chair*
9. Meeting Evaluation Review a) Review of June 20, 2019 meeting	Open Session	10:30 a.m.	J. Dunsdon *Chair*
BREAK		10:35 a.m.	
10. Standards a) Infection Control b) Consent Standard c) Maintaining Professional Boundaries	Open Session	10:50 a.m.	S. Cassman *Policy Analysis* L. Cheng *QA Coordinator*
11. Work Plan a) Work Plan update	Open Session	11:20 a.m.	A. Zeng *Registrar & CEO*
12. Annual Report Review a) Draft of the 2018-2019 Annual Report	Open Session	11:30 a.m.	D. Cook *Executive Assistant*
13. Public Members a) Briefing Note	Open Session	11:40 a.m.	A. Zeng *Registrar & CEO*
14. Elections a) Briefing Note – Districts 4 & 5 b) Briefing Note – District 1 By-Election	Open Session	11:50 a.m.	D. Cook *Executive Assistant*
LUNCH			
15. Doctor Title a) Draft Dr. Title Report	Open Session	1:00 p.m.	B. Baumal *Malatest*
BREAK		2:30 p.m.	
16. Working Groups a) Dr. Title i) Briefing Note ii) Terms of Reference b) School Program Approval i) Briefing Note		2:45 p.m.	A. Zeng *Registrar & CEO*

Item	Open/ In-Camera	Time	Speaker
17. Financials a) Highlights and Points of Interest b) Statement of Operations Q1 c) Reserve Account	Open Session	3:00 p.m.	F. Ortale *Director IT, Finance & Corp Services*
IN-CAMERA SESSION **The following agenda items will be held In-Camera in accordance with Section 7.(2)b and 7.(2)d of the *Health Professions Procedural Code*, [7. (2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that, (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public; (d) personnel matters or property acquisitions will be discussed;]**		3:15 p.m.	
18. Other Business	Open Session	3:40 p.m.	J. Dunsdon *Chair*
19. Meeting Evaluation a) Meeting Evaluation Form	Open Session	3:45 p.m.	J. Dunsdon *Chair*
20. Next Meeting Tuesday, December 10, 2019 – Council Training Wednesday, December 11, 2019 – Council meeting Council Dinner – Tuesday Dec 10th.	Open Session	3:55 p.m.	J. Dunsdon *Chair*
13. Adjournment for September 30, 2019	Open Session	4:00 p.m.	J. Dunsdon *Chair*

FOR YOUR INFORMATION:

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Grey Areas #239, September 2019 Page

FOR: Information

SUBJECT: Executive Committee Report

Executive Committee Members:

Richard Guo Qing Dong, President R. TCMP, R. Ac	Professional Member
Ming C. Cha, Vice-President R. TCMP, R. Ac	Professional Member
Feng Li Huang R. TCMP, R. Ac	Professional Member
Martial Moreau	Public Member
Pixing Zhang	Public Member

The Executive Committee met 1 time in person, since the previous Council meeting held on June 20, 2019 (September 12, 2019).

FOR INFORMATION

1. Public Council Members

The Executive Committee recommended Committee appointment for new public member Deborah Sinnatamby.

2. 2018 – 2019 Annual Audit

The Executive Committee was provided with an in-depth review of the 2018 – 2019 draft Audited Statements by Liana Bell of Hilborn Accountants. The statements will be brought forward to Council at the September 30, 2019 meeting for approval.

3. Standards of Practice

The Executive Committee reviewed the Consent and Infection Control Standards as approved by the Quality Assurance Committee. The Infection Control Standard will be brought to Council for approval at the September 30, 2019 meeting. The Committee had some questions regarding the Consent Standard and asked it be sent back to QA for more information.

4. Doctor Title

The Executive Committee received a briefing from Brian Baumal of Malatest on the Draft Final Report from the research done. This report marks the end of Phase One of the Doctor Title Project. Mr. Baumal will present this report at the Council meeting on September 30, 2019

5. Elections – Districts 4 & 5

The Executive we provided with an update on the nomination process for Districts 4 and 5. Ming C. Cha and Xianmin Yu have been acclaimed to District 4 and Hai Su has been acclaimed to District 5.

6. Elections – By-Election District 1

Two nominations have been received for the By-Election in District One to fill the term ending 2020 with the resignation of Martin Perras. Joanne Pritchard-Sobhani and Yuqiu Guo are nominated for District 1 and the election will be held ending October 29, 2019.

FOR: Information

SUBJECT: Patient Relations Committee Report

Patient Relations Committee Members

Ferne Woolcott (Chair)	Public Member
Barrie Haywood	Public Member
Christine Kit Yee Fung R. TCMP, R. Ac	Professional Member
Feng Li Huang R. TCMP, R. Ac	Professional Member
Jin Qi (Jackie) Zeng R. TCMP, R. Ac	Professional Member
Martial Moreau	Public Member
Yvonne Blackwood	Public Member

Since the last Council meeting, the Patient Relations Committee held one meeting by teleconference on September 16, 2019.

1. Standards of Practice: External Consultation

At the June 20, 2019 Council meeting, two standards of practice: Maintaining Professional Boundaries and Preventing Sexual Abuse were approved for external consultation. The consultation ended on September 10, 2019. The Committee is moving the Standard for Maintaining Professional Boundaries forward for approval by Council. It is suggested that the standard takes into effect on January 1, 2020 for time to develop educational tools.

The Standard for Preventing Sexual Abuse was deferred to the next meeting. The Committee was made aware that the Executive Committee returned the Standard for Consent to the Quality Assurance (QA) Committee for further review. These standards have overlapping principles regarding written consent for treatment that involves contact with the sensitive areas. To ensure consistency, the Committee will review the standard upon the decision of the QA Committee.

2. Funding for Therapy

No applications for funding were received during this reporting period.

This report is current to September 19, 2019 in anticipation of the Council meeting scheduled for September 30, 2019.

FOR: Information

SUBJECT: Quality Assurance Committee Report

Quality Assurance Committee Members

Feng Li Huang (Chair) R. TCMP, R. Ac	Professional Member
Barrie Haywood	Public Member
Heino (Henry) Maeots	Public Member
Lihui Guo R. TCMP, R. Ac	Professional Member
Martial Moreau	Public Member
Matthew Colavecchia R. Ac	Professional Member
Ming C. Cha R. TCMP, R. Ac	Professional Member
Pixing Zhang	Public Member

Since the last Council meeting, the Quality Assurance (QA) Committee has held two in-person meetings on July 26, 2019 and September 4, 2019.

1. Career-Span Competencies

The Committee received a proposal from Dr. Cane and Kania-Richmond to establish a framework for career-span competence and quality assurance. The proposal includes the development and validation of the career-span competencies, and its introduction to the membership. The proposal was defeated at the July 26, 2019 and September 4, 2019 meeting. It was expressed that the College does not need career-span competencies. The QA Program should remain as it is, based off the Standards of Practice.

2. Peer and Practice Assessment: Random Selection

As per the Quality Assurance Regulation of the *Traditional Chinese Medicine Act, 2006*, a random selection of members shall undergo a peer and practice assessment each year. Twelve members have been notified of their selection and provided with information on the process. It is expected that 3 assessments will be completed per quarter. The Committee will review the assessment reports to determine if each member's knowledge, skills and judgement are satisfactory.

3. Standards of Practice: In Draft

Two standards of practice are under review by the Committee: Record-Keeping and Fees and Billing. These standards have also been reviewed by legal counsel and the plain language editor. The Committee continues to improve the standard for the specific needs of the profession. It is anticipated that these standards will be approved at the next meeting.

4. Standards of Practice: External Consultation

At the June 20, 2019 Council meeting, two standards of practice: Infection Control and Consent were approved for external consultation. The consultation ended on September 10, 2019. The Committee is moving both standards forward for approval by Council. It is suggested that the standards take into effect on January 1, 2020 for time to develop educational tools.

This report is current to September 19, 2019 in anticipation of the Council meeting scheduled for September 30, 2019.

FOR: Information

SUBJECT: Inquiries, Complaints and Reports Committee Report for 2019 – Q2 (July 1, 2019 – Sept. 30, 2019) as at September 18, 2019

Committee Members:

Panel 1
P. Zhang, Public Member (Chair of ICRC)
Y. Blackwood, Public Member
R. Dong, R. TCMP, Professional Member
L. Guo, Professional Member
M. Hopman, Public Member

Panel 2
H. Maeots, Public Member (Chair of Panel 2)
S. Liu, Public Member
X. Yu, R. Ac, Professional Member
J. Zeng, R. TCMP, R. Ac, Professional Member
M. Colavecchia, R. Ac, Professional Member
F. Ip, R. Ac, non-Council Member

The Committee 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.

The Committee met four times in Q2. The Panel met on July 5, 2019 for a teleconference and on September 9, 2019 for an in-person meeting. The Panels are scheduled to meet two more times on Sept. 19, 2019 and on Sept. 25, 2019.

New Cases and Nature of Concerns

Complaints	Nature of Concerns		Registrar Report Investigations	Nature of Concerns	
1	0	Breach of a Standard	4	1	Breach of a Standard
	0	Improper Billing		1	Sexual Abuse
	0	Advertising		1	Advertising
	0	Record Keeping		1	Unprofessionalism

	1	Submitting false claims		1	Practice beyond the scope
				1	Contravening the Act / Failing to comply

Completed Cases and Outcomes*

Note: Some decisions have more than one outcome

Complaints	Outcomes		Registrar Reports Investigations	Outcomes	
8	2	Take no action	3	0	Take no action
	1	Advice		0	Advice
	3	Written Caution		0	Written Caution
	1	Oral Caution		1	Oral Caution
	3	SCERP		1	SCERP
	1	Refer to Discipline		3	Refer to Discipline

Complaints cases before Health Professions Appeal and Review Board

New Cases	Pending Cases
	1

Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # cases
7	18	0	25

FOR: Information

SUBJECT: Discipline Committee Report by Quarter (Q2- July 1, 2019 – Sept. 30, 2019)

Every member of council is a member of the Discipline Committee.

The Committee scheduled 3 discipline hearings in Q2. Two of which are a stay of proceedings and one was an uncontested hearing.

The Committee completed and released their decision in two cases. They are as follows:

1. Svetlana, Sheina
2. Joeie, Pak Lam Tsang

These decisions are made available on the College's website and also published on CanLii.

2 pre-hearing conferences were scheduled in this quarter.

As at September 18, 2019, there are 3 open cases which have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee.

	Member Name	Status
1	Xu, Howard Zhilong	The Notice of Hearing was served to the Member on February 21, 2019. The Pre-Hearing Conference was held on August 21, 2019. The Discipline Hearing has been scheduled to occur on November 26, 2019.
2	Tupeika, Uladzimir	The Notice of Hearing was served to the Member on March 9, 2019. An uncontested hearing was heard on July 10, 2019. The Decision and Reasons document of the Discipline Panel is pending.
3	Moon, David	The Notice of Hearing was served to the Member on August 1, 2019. A Pre-Hearing Conference has been scheduled to occur on October 24, 2019.

There are two discipline decisions currently under appeal by the Member. These matters relate to the Nathalie Xian Yi Yan and George Li decisions.

This report is current as at September 18, 2019.

FOR: Information

SUBJECT: Fitness to Practice Committee Report– Q2 (July 1, 2019 – Sept. 30, 2019)

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

The committee has not had a meeting since the last Council report. There have not been any referrals to date in Q2.

Cases referred to Committee

New Cases	Pending Cases
0	0

This report is current to September 18, 2019.

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

AUDIT FINDINGS COMMUNICATION

FOR THE YEAR ENDED MARCH 31, 2019

HILBORN LLP

HILBORN LLP

Executive Committee Members
College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario
705-55 Commerce Valley Drive West
Thornhill, Ontario
L3T 7V9

August 14, 2019

Dear Executive Committee Members,

This Audit Findings Communication has been prepared to assist you as Members of the Executive Committee in fulfilling your responsibility of overseeing the financial reporting process of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

We look forward to discussing this communication and answering any questions that you may have.

This communication is prepared solely for the information of the Members of the Executive Committee and is not intended for any other purpose. We accept no responsibility to a third party who uses this communication.

At Hilborn LLP, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls. We believe this Audit Findings Communication embodies our commitment to audit quality.

We would be pleased to discuss further any of the matters described in the Audit Findings Communication in more depth or to make further investigations of areas where you may believe there are issues with which we may assist you.

Yours very truly,

Hilborn LLP

Liana Bell, CPA, CA/jl

Chartered Professional Accountants

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Engagement status

Audit Engagement

We have completed our financial statement audit of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College") for the year ended March 31, 2019, with the exception of certain remaining procedures which include:

- Inquiry of management and confirmation from management that no significant events that could affect the financial statements have transpired after the end of the fiscal year;
- Performance of certain procedures to review subsequent events to the date of the auditor's report;
- Receipt of a signed representation letter by management;
- Receipt of bank confirmation;
- Completing our discussions; and
- Obtaining evidence of the approval of the financial statements by the Council.

We will update you on significant matters, if any, arising from the completion of the audit, including completion of the above procedures.

The scope of our audit engagement remained unchanged from that communicated to you in our Pre-Audit Communication.

Final materiality is consistent with planning materiality set at $73,000.

No difficulties were encountered while performing the audit engagement and no unresolved disagreements remain outstanding. We were assisted by management's timely provision of required information and responses to our requests.

Please refer to Appendix A for our draft auditor's report.

Our auditor's report will be dated upon completion of any remaining procedures and upon obtaining evidence of the Council's approval of the financial statements.

Changes from the audit plan

Our audit approach was consistent with our audit plan as presented in our Pre-Audit Communication. No modifications to our plan were required.

Significant matters arising from the audit

We have not identified any significant matters that we wish to bring to your attentions at this time.

Significant qualitative aspects of accounting practices

Our professional standards require that we communicate our views regarding the matters below, which represent judgments about significant qualitative aspects of accounting policies and practices. Judgments about quality cannot be measured solely against standards or objective criteria.

Accounting policies	Management is responsible for the appropriate selection and application of accounting policies under Canadian accounting standards for not-for-profit organizations. Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Summary of Significant Accounting Policies, in the financial statements. There were no significant changes in the previously adopted accounting policies or their application. Based on the audit work done, the accounting policies are appropriate for the College and applied consistently.
Accounting estimates	Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgements and assumptions are based on management's knowledge of the business and past experience about current and future events. The following significant estimates/judgements are contained in the financial statements: • Allowance for doubtful accounts • Estimated useful life of capital assets Based on audit work performed, we are satisfied with the estimates made by management.
Financial statement disclosure and presentation	We did not identify any financial statements disclosures that are particularly significant, sensitive or require significant judgements, that we believe should be drawn to your attention.

Misstatements

Misstatements identified during the audit have been categorized as corrected and uncorrected misstatements and include financial statement disclosures.

Corrected misstatements

During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required in the financial statements. All the adjustments proposed by Hilborn were approved and made by management.

Uncorrected misstatements

We have not identified misstatements that remain uncorrected.

Written representations requested

Management is responsible for the preparation and presentation of the financial statements in accordance with Canadian accounting standards for not for profit organizations and for the design, implementation and maintenance of internal controls to prevent and detect error and fraud.

We have appended a copy of the draft management letter of representations as Appendix B of this document.

Control deficiencies

Background and professional standards

As your auditors, we are required to obtain an understanding of internal control over financial reporting ("ICFR") relevant to the preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on internal control. Accordingly, we do not express an opinion on the effectiveness of internal control.

Our understanding of ICFR was for the limited purpose described above and was not designed to identify all control deficiencies that might be significant deficiencies and therefore, there can be no assurance that all significant deficiencies and other control deficiencies have been identified. Our awareness of control deficiencies varies with each audit and is influenced by the nature, timing, and extent of audit procedures performed, as well as other factors.

We did not identify any control deficiencies that, in our judgement, would be considered as significant deficiencies. It should be noted that due to the size of the College and the limited number of personnel involved, adequate segregation of duties is not always practical; therefore, reliance is placed on supervision and approvals by the Treasurer, Executive Committee and the Council.

Independence and objectivity

We last communicated our independence to you through our pre-audit communication dated June 17, 2019. We have remained independent throughout the engagement and reconfirm our independence through to the date of this communication.

Professional standards require that we communicate the related safeguards that have been applied to eliminate identified threats to independence or to reduce them to an acceptable level. Although we have policies and procedures to ensure that we did not provide any prohibited services and to ensure that we have not audited our own work, we have applied the following safeguards:

- We instituted policies and procedures to prohibit us from making management decisions or assuming responsibility for such decisions
- We obtained pre-approval of non-audit services, and during this pre-approval process we discussed the nature of the engagement and other independence issues related to the services
- We obtained management's acknowledgement of responsibility for the results of the work performed by us regarding non-audit services, and we have not made any management decisions or assumed responsibility for such decisions

An important aspect of the delivery of audit quality is the exercise of independence and objectivity of the audit team. We believe that promoting to our audit team the exercise of professional scepticism by maintaining a respectful but questioning approach throughout the audit is important to ensuring any perceived institutional familiarity threats are addressed in an appropriate manner.

APPENDIX A

HILBORN LLP

Independent Auditor's Report

To the Members of Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Opinion

We have audited the financial statements of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations and net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.

HILBORN LLP

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
Date

Chartered Professional Accountants
Licensed Public Accountants

APPENDIX B

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Hilborn LLP
Chartered Professional Accountants
401 Bay Street, Suite 3100
P.O. Box 49
Toronto, Ontario
M5H 2Y4

Dear Sirs/Madams:

This representation letter is provided in connection with your audit of the financial statements of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College") for the year ended March 31, 2019, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for not-for-profit organizations.

We acknowledge that we are responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for the design, implementation and maintenance of internal controls to prevent and detect fraud and error. Further, we acknowledge that your examination was planned and conducted in accordance with Canadian generally accepted auditing standards so as to enable you to express an opinion on the financial statements. We understand that while your work includes an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, it is not designed to identify, nor can it necessarily be expected to disclose fraud, shortages, errors and other irregularities, should any exist.

Certain representations in this letter are described as being limited to matters that are material. An item is considered material, regardless of its monetary value, if it is probable that its omission from or misstatement in the financial statements would influence the decision of a reasonable person relying on the financial statements.

We confirm, to the best of our knowledge and belief, having made such enquiries as we consider necessary for the purpose of informing ourselves as of TBD, the following representations made to you during your audit.

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated June 17, 2019, for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations; in particular, the financial statements are fairly presented in accordance therewith. We hereby approve the financial statements.

2. We have reviewed and approved the adjusting journal entries and trial balance.

Going Concern

3. The financial statements have been prepared on a going concern basis, which we believe to be appropriate and consistent with our assessment of the College.

Completeness of Information

4. We have made available to you all financial records and related data and all minutes of the meetings of Executive Committee and Council.

5. All transactions have been recorded in the accounting records and are reflected in the financial statements.

6. We are unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements.

7. We are unaware of any violations or possible violations of laws or regulations the effects of which should be considered for disclosure in the financial statements or as the basis of recording a contingent loss.

8. We are aware of the environmental laws and regulations that impact our College and we are in compliance. There are no known environmental liabilities that have not been accrued for or disclosed in the financial statements.

9. We have disclosed to you the identity of all known related parties and all related party relationships and transactions, including guarantees, non-monetary transactions and transactions for no consideration. We have appropriately accounted for and disclosed such relationships and transactions in accordance with Canadian accounting standards for not-for-profit organizations.

Fraud and Error

10. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

11. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the College and involves:

    - Management;
    - Employees who have significant roles in internal control; or
    - Others where the fraud could have a material effect on the financial statements.

12. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the College's financial statements communicated by employees, former employees, analysts, regulators or others.

13. There are no uncorrected financial statement misstatements or uncorrected presentation and disclosure departures.

Recognition, Measurement and Disclosure

14. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

15. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.

16. There have been no events subsequent to the statement of financial position date up to the date hereof that would require recognition or disclosure in the financial statements. Further, there have been no events subsequent to the date of the comparative financial statements that would require adjustment of those financial statements and the related notes.

Yours very truly,

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Mr. Stamatis Kefalianos, Acting Registrar & CEO

Francesco Ortale,
Director IT, Finance and Corporate Services

HILBORN

LISTENERS. THINKERS. DOERS.

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COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2019

INDEPENDENT AUDITOR'S REPORT

To the Members of Council of the
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Opinion

We have audited the financial statements of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations and net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2019

	2019	2018
ASSETS		
Current assets		
Cash	**$ 7,016,435**	$ 6,700,169
Accounts receivable *(note 3)*	**427,460**	62,438
Prepaid expenses	**44,041**	28,216
	7,487,936	6,790,823
Capital assets *(note 4)*	**538,716**	672,817
	8,026,652	7,463,640
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities *(note 5)*	**298,143**	673,286
Deferred membership dues	**2,915,050**	2,492,614
	3,213,193	3,165,900
Deferred capital contributions *(note 6)*	**-**	36,106
Deferred lease inducements *(note 7)*	**148,924**	176,847
	3,362,117	3,378,853
NET ASSETS		
Unrestricted	**4,664,535**	4,084,787
	$ 8,026,652	$ 7,463,640

The accompanying notes are an integral part of the financial statements

Approved on behalf of the Council:

_____, President _____, Vice-President

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

STATEMENT OF OPERATIONS AND NET ASSETS

YEAR ENDED MARCH 31, 2019

	2019	2018
Revenues		
Membership dues	**$ 2,763,411**	$ 3,143,482
Examination fees	**344,550**	267,881
Other	**502,549**	213,309
	3,610,510	3,624,672
Expenses		
Salaries and employee benefits	**1,352,049**	1,281,099
Council and committees	**656,409**	1,140,481
Consulting and professional services *(Schedule)*	**117,993**	128,762
Special programs and project *(Schedule)*	**445,884**	257,836
Office and general operational costs *(Schedule)*	**355,336**	493,019
	2,927,671	3,301,197
Excess of revenues over expenses from operations before the following	**682,839**	323,475
Depreciation *(note 4)*	**(139,196)**	(145,915)
Amortization of deferred capital contributions *(note 6)*	**36,105**	36,105
Excess of revenues over expenses for the year	**579,748**	213,665
Net assets - at beginning of year	**4,084,787**	3,871,122
Net assets - at end of year	**$ 4,664,535**	$ 4,084,787

The accompanying notes are an integral part of the financial statements

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2019

	2019	2018
Cash flows from operating activities		
Cash received from members	**$ 3,596,656**	$ 5,568,271
Interest received	**85,152**	51,509
Cash paid to employees and suppliers	**(3,360,444)**	(2,814,126)
	321,364	2,805,654
Cash flows from investing and financing activities		
Purchase of capital assets	**(5,098)**	(72,580)
Lease inducement received	**-**	15,140
	(5,098)	(57,440)
Change in cash during the year and cash at end of year	**316,266**	2,748,214
Cash - at beginning of year	**6,700,169**	3,951,955
Cash - at end of year	**$ 7,016,435**	$ 6,700,169

The accompanying notes are an integral part of the financial statements

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2019

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College") regulates the practice of traditional Chinese medicines and governs the actions and conduct of its members to ensure the public has access to safe, competent and ethical services from qualified traditional Chinese medicine professionals.

The College is a not-for-profit organization, incorporated without share capital by a special act of the Ontario Legislature and, as such, is generally exempt from income taxes. The College is governed by the Regulated Health Professions Act, 1991 and the Traditional Chinese Medicine Act, 2006.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and are in accordance with Canadian generally accepted accounting principles. These financial statements have been prepared within the framework of the significant accounting policies summarized below.

Financial Instruments

(i) Measurement of financial instruments

The College initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The College subsequently measures its financial assets and financial liabilities at amortized cost. Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment. Financial assets and liabilities measured at amortized cost include cash, accounts receivable and accounts payable and accrued liabilities.

(ii) Impairment

Financial assets measured at amortized cost are tested for impairment when there are indicators of possible impairment. When a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset or group of assets, a write-down is recognized in net income. The write down reflects the difference between the carrying amount and the higher of:

- the present value of the cash flows expected to be generated by the asset or group of assets;
- the amount that could be realized by selling the assets or group of assets;

When the events occurring after the impairment confirm that a reversal is necessary, the reversal is recognized in net income up to the amount of the previously recognized impairment. The amount of the reversal is recognized in income in the period that the reversal occurs.

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2019

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Capital Assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as capital assets, otherwise, costs are expensed as incurred. The cost of capital assets comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Depreciation is provided for, upon the commencement of the utilization of the assets, using methods and rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates and methods are as follows:

Furniture and equipment	- straight line over 5 years
Computer equipment	- straight line over 3 years
Computer software	- straight line over 3 years
Customized computer software	- straight line over 10 years
Leasehold improvements	- over the term of the lease

Capital assets are tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital assets to its fair value. Any impairment of capital assets is recognized in income in the year in which the impairment occurs. An impairment loss is not reversed if the fair value of the capital assets subsequently increases. There were no impairment indicators in 2019.

Deferred Capital Contributions

Contributions for the acquisition of capital assets that will be depreciated are deferred and amortized over the life of the related capital assets acquired.

Deferred Lease Inducements

Deferred lease inducements are amortized on a straight line basis over the term of the premise lease.

Revenue Recognition

The College's principal source of revenue is membership dues which are recognized as revenue in the period to which the membership dues relate. Membership dues received in the current year, applicable to a subsequent year are recorded as deferred revenue on the Statement of Financial Position and will be accounted for as revenue in the year to which they pertain.

Other fees and revenue include application fees, examination fees, course fees and interest. Fees are recognized as revenue when the services and courses have been provided. Interest is recorded when earned. Fees received in the current year, applicable to a subsequent year are recorded as deferred revenue on the Statement of Financial Position and will be accounted for as revenue in the year to which they pertain.

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2019

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

The preparation of the College's financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made difficult, complex or subjective judgments include allowance for doubtful accounts and useful lives of capital assets. Actual results could differ from these and other estimates, the impact of which would be recorded in future affected periods.

2. FINANCIAL INSTRUMENT RISK MANAGEMENT

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

	Risks				
			Market risk		
Financial instrument	Credit	Liquidity	Currency	Interest rate	Other price
Cash	X				
Accounts receivable	X				
Accounts payable and accrued liabilities		X			

Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk on its cash and accounts receivable. Accounts receivable includes sales tax recoverable to be collected from the government and receivables from members and the landlord.

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College mitigates its exposure to the credit risk of accounts receivable by monitoring receivable balances on a regular basis and providing for receivables that are uncollectible. Management has included a provision for doubtful accounts receivable in these financial statements (see note 3).

Liquidity Risk

Liquidity risk is the risk that the College will encounter difficulty in meeting obligations associated with financial liabilities. The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities and lease commitments. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is not exposed to significant currency, interest rate or other price risks.

Changes in Risk

There have been no changes in the College's risk exposure from the prior year.

3. ACCOUNTS RECEIVABLE

Accounts receivable includes an amount receivable for cost awards totalling $371,115 ($10,165 - 2018) net of an allowance for doubtful accounts of $215,815 ($215,815 - 2018).

4. CAPITAL ASSETS

Details of capital assets are as follows:

2019	***Cost***	***Accumulated Depreciation***	***Net Book Value***
Furniture and equipment	**$ 248,524**	**$ 246,672**	**$ 1,852**
Computer equipment and software	**73,418**	**69,769**	**3,649**
Customized computer software	**533,628**	**153,792**	**379,836**
Leasehold improvements	**302,859**	**149,480**	**153,379**
	$ 1,158,429	**$ 619,713**	**$ 538,716**

2018	*Cost*	*Accumulated Depreciation*	*Net Book Value*
Furniture and equipment	$ 248,524	$ 197,447	$ 51,077
Computer equipment and software	71,212	63,446	7,766
Customized computer software	533,628	100,430	433,198
Leasehold improvements	299,970	119,194	180,776
	$ 1,153,334	$ 480,517	$ 672,817

5. GOVERNMENT REMITTANCES

Accounts payable and accrued liabilities includes government remittances totalling $NIL ($269,933 - 2018).

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2019

6. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent the unamortized amount of contributions received for the purchase of capital assets. The changes in deferred capital contributions are as follows:

		2019		*2018*
Balance - at beginning of year	**$**	**36,106**	$	72,211
Amortization of deferred capital contributions		**(36,106)**		(36,105)
Balance - at end of year	**$**	**-**	$	36,106

7. DEFERRED LEASE INDUCEMENTS

Deferred lease inducements represent the unamortized amount of a leasehold improvement allowance under the premise lease and free rent at various times during the lease.

		2019		*2018*
Balance - at beginning of year	**$**	**176,847**	$	204,771
Amortization of lease inducements		**(27,923)**		(27,924)
Balance - at end of year	**$**	**148,924**	$	176,847

8. LEASE COMMITMENT

The College has entered into a lease for its premises which expires on July 31, 2024. The minimum annual lease payments are as follows:

Fiscal year ending March 31	2020	$	110,473
	2021		114,384
	2022		114,384
	2023		114,384
	2024		114,384
	2025		38,128
		$	606,137

In addition, the College is obligated to pay its proportionate share of operating costs and taxes which amounted to $79,438 ($61,513 - 2018).

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

SCHEDULE OF EXPENSES

YEAR ENDED MARCH 31, 2019

		2019		2018
Consulting and professional services				
Professional services	**$**	**117,993**	$	128,762
		117,993		128,762
Special programs and projects				
Special projects and programs		**295,263**		129,969
Information technology		**150,621**		106,122
Subscriptions and professional development		**-**		21,745
		445,884		257,836
Office and general operational costs				
General operating costs		**355,336**		493,019
	$	**355,336**	$	493,019

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

15 members at meeting with 13 responses

Note: not all members answer every question

Council Meeting Evaluation

Please complete this form at the conclusion of the meeting and place in the red folder.

Meeting Date: June 20, 2019

1. At CTCMPAO Council and staff work collaboratively, each in distinct roles, to carry out self-regulation of the TCMP and Acupuncture profession in the interest of the public and in the context of our mission statement and legislated mandate. How would you evaluate the meeting overall?

	Always	Frequently	Often	Occasionally	Never
1. Topics were related to the interest of the public and the purpose of CTCMPAO	11		3		
2. Members were well prepared to participate effectively in discussion and decision making	9	3	2		
3. There was an effective use of time	8	3	3		
4. The discussion was focused, clear, concise and on topic	8	1	5		
5. There was an appropriate level of discussion of issues	6	4	4		
6. The issues brought forward to Council are appropriate and timely.	5	4	4		

2. Did the meeting further the public interest? Yes 11 No 1 – Not sure

3. Identify the issue for which you felt the discussion and decision-making process worked best, and why?

- Making changes has to be put forward so that Council members are aware in advance of the changes
- Standards of practice
- All everyone to speak without interruption
- Follow the rules

4. Identify the issue(s) for which you have felt the discussion and decision-making process was not effective, and why. Note any areas where the distinction between governance and operations was unclear.

- All motions should be in the meeting package
- Allow enough time for voting on motions made during the meeting
- Give a bit more time for discussion
- Disturbing the explanation there was not reason given for the previous registrar's dismissal was a good enough reason for no explanation for Allan's dismissal. After all the discussion still not clear why he was dismissed

Council Meeting Evaluation Survey – Page 2 **June 2019**

5. Using the Code of Conduct and Procedures for Council and Committee Members as your guide, in general, how satisfied are you with Council members' ability to demonstrate the principles of accountability, respect, integrity and openness?

Answer Choices	
Completely Satisfied	3
Mostly Satisfied	7
Neither Satisfied No Dissatisfied	1
Mostly Dissatisfied	
Completely Dissatisfied	

6. Suggestions for improvement and general comments

- Please do not add something to meeting for decision that is not in the package!
- A member expressed concern they are not heard even though they speak to each issue. Perhaps a count should be taken of how often a member speaks during a meeting to alleviate this perception.

7. Technical

	Yes	**No**	**Comments**
1. I was able to access the meeting materials on the Cloud easily?	11		
2. I found using the iPad in the meeting helpful and easy to use.	11		
3. The information on the screen assist in my ability to follow the meeting.	11		

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

Meeting Date:	September 30, 2019
Issue:	Standard for Infection Control Survey Update
Reported By:	Sean Cassman
Action:	For Decision

Issue

The College is providing an update on the survey results for the Standard for Infection Control.

Background

At the June 20, 2019 Council meeting, the Standard for Infection Control was approved for external consultation. A survey to collect feedback on the standard was release on July 12, 2019. The deadline to complete the survey was September 10, 2019.

The College has received 90 responses to the survey. Over 90% have indicated that they live in Ontario and were either a member of the College or a student of TCM. The format and language of the standard received following feedback:

- 93% agreed that the standard is easy to understand
- 91% agreed that the standard is clearly written
- 91% agreed that the standard is well organized
- 91% agreed that the standard is comprehensive

Feedback was also sought on the principles within the standard.

Principle 1: Members must keep their knowledge of infection control current.

100% of the respondents agreed that it is important for members to keep their knowledge of evidence-based infection control procedures up to date.

Some respondents commented that the College should provide members with the most up-to-date information regarding infection control. This request seems reasonable and can be accomplished by keeping the safety program handbook updated, and further education tools for members.

Principle 2: Members must assess the risks for contamination and transmission of infectious agents.

Respondents generally agreed with the information presented in this principle:

- 99% of respondents agreed that infection risks outside a member's practice should be considered in their risk assessment

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

- 91% of respondents agreed that it is clear what is expected of members when assessing the infection control risks for their practice

Comments on this section again asked for more education from the College on proper procedures.

Principle 3: Members must carry out infection control procedures.

Respondents generally agreed with the information presented in this principle:

- 94% agree that it is clear what is expected of members for creating and implementing infection control procedures.
- 97% agree that as a minimum, members must have infection control procedures in place for: hand washing and personal hygiene, using personal protective barriers, cleaning, disinfecting, and sterilizing equipment and the practice environment.

The comments in this section again ask the College to provide more education on infection control procedures.

Summary of Feedback

Based on the feedback received, respondents seem in favour of the standard as is. However, it appears that there is desire for the College to provide more instruction on proper infection control procedures.

Motion

1. To approve the standard without any revisions. Staff recommend that the standard will take effect on January 1, 2020. This allow time for members to adjust their practice and for the College to develop education tools.

Standard for Infection Control

Members are responsible for maintaining a safe, clean work environment. They must follow evidence-based procedures to minimize the risk of transmitting infectious agents.

Infectious agents are micro-organisms that cause infection or disease. The four most common types of infectious agents are viruses, bacteria, fungi, and parasites.

This standard addresses the following principles:

Principle 1: Members must keep their knowledge of infection control current.

Infection control procedures are the steps that healthcare workers must take to prevent infection from taking place or spreading in the healthcare setting. Infection control procedures are based on how an infectious agent is transmitted. This includes transmission between patients, from patients to healthcare workers, and from healthcare workers to patients.

Evidence-based procedures are steps that the member follows based on solid, up-to-date research. Members must keep their knowledge of evidence-based infection control procedures up to date.

Applying the principle to practice

Members should use resources such as the College's Safety Program Handbook. They must be able to identify the infection risks that can occur in the practice of traditional Chinese medicine, and any changes to infection control procedures.

Record Keeping

Members should keep infection control resources on file to help guide their practice.

Principle 2: Members must assess the risks for contamination and transmission of infectious agents

Members must identify the risks within their practice setting (the internal practice environment). They must also be aware of risks present in their community and region (the external practice environment).

Applying the principle to practice

When they assess risks in the internal practice environment, members should consider:

- The type of treatment planned for the patient
- The patient's overall health condition
- The health and immunization status of people in the practice environment. This includes other patients, practitioners, and staff.

When they assess risks in the external practice environment, members should consider:

- The time of year (For example, winter months will likely have an increase in colds and the flu.)
- Outbreaks of infectious diseases in the community
- Information released by public health officials (Public Health Agency of Canada, Ontario Public Health, municipal health authorities)

Record Keeping

Members should keep a record of their risk assessments to guide their infection control procedures.

Principle 3 – Members must carry out infection control procedures.

Members must create and carry out infection control procedures guided by the results of their risk assessment.

Applying the principle to practice

As a minimum, members must have infection control procedures in place for:

- Hand washing and personal hygiene
- Using personal protective barriers (such as gloves, gowns, and masks)
- Cleaning, disinfecting, and sterilizing equipment and the practice environment
- Safely using and disposing of sharps and other biohazard waste.

Equipment and supplies

Members must have the resources needed to support infection control procedures. This includes:

- Sinks, liquid soap, and alcohol-based hand rubs
- Disinfectants
- Personal protective barriers
- Sharps disposal containers
- Biohazard waste containers

Workplace training

Members must ensure that all practitioners, staff, and patients are familiar with the infection control procedures.

Record Keeping

Members should keep a detailed inventory of infection control supplies.

Infection control procedures should be easy for members and staff to access.

Learn more about infection control:

World Health Organization – Tools for Infection Control in Healthcare

Public Health Ontario – Infection Prevention and Control (IPAC) – Online Learning

Public Health Ontario – Performing a Risk Assessment Related to Routine Practices and Additional Precautions

Public Health Ontario – Routine Practices Fact Sheet for all Healthcare Settings

Public Health Ontario – Best Practice Guidelines for Hand Hygiene

Public Health Ontario – Best Practice Guidelines for Infection Prevention and Control

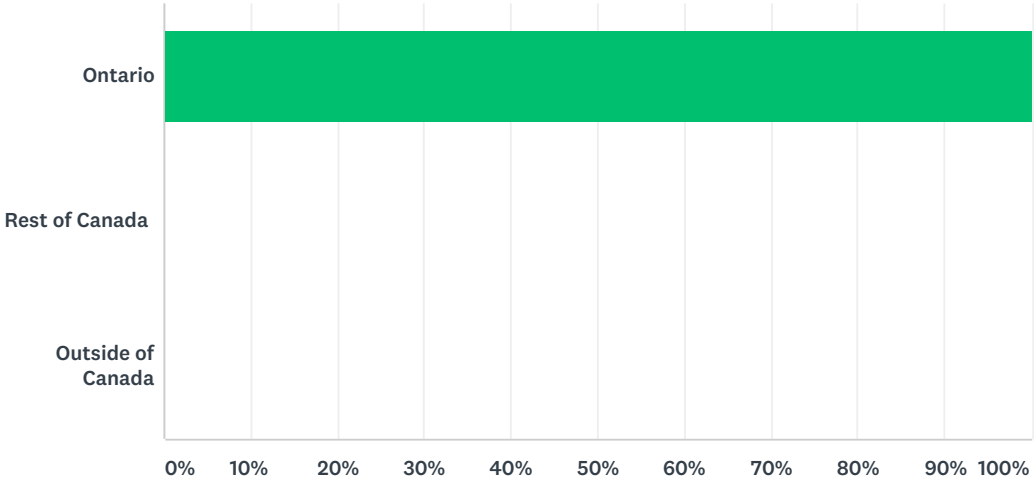
Public Health Ontario – Best Practice Guidelines for Cleaning, Disinfection and Sterilization

Public Health Ontario – Best Practice Guidelines for Environmental Cleaning

Infection Prevention and Control (IPAC) Canada – Evidence-based Guidelines

Q1 Do you live in…

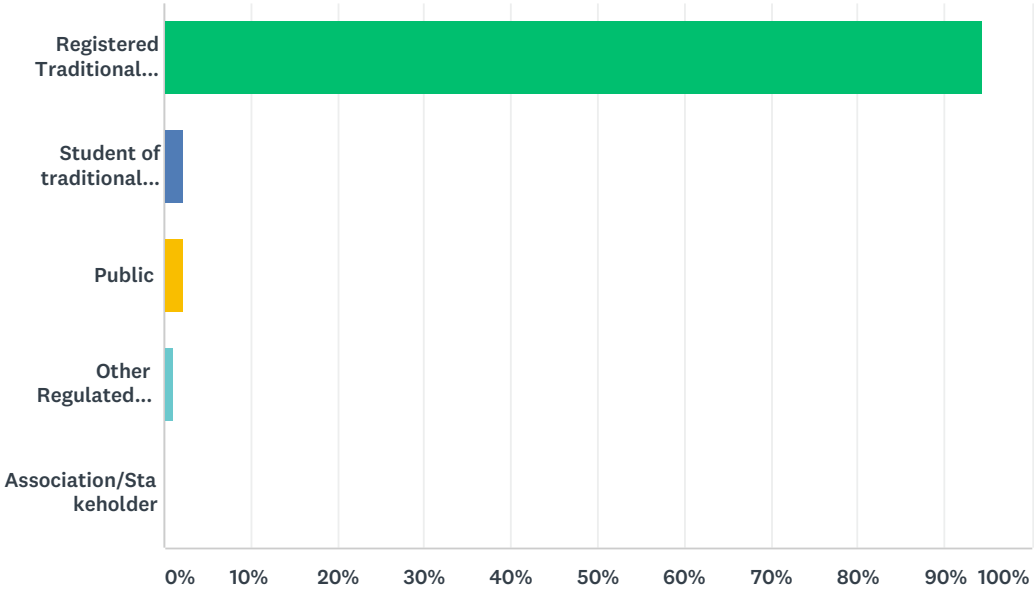
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
Ontario	100.00%	89
Rest of Canada	0.00%	0
Outside of Canada	0.00%	0
TOTAL		89

Q2 Are you a …? (Select one)

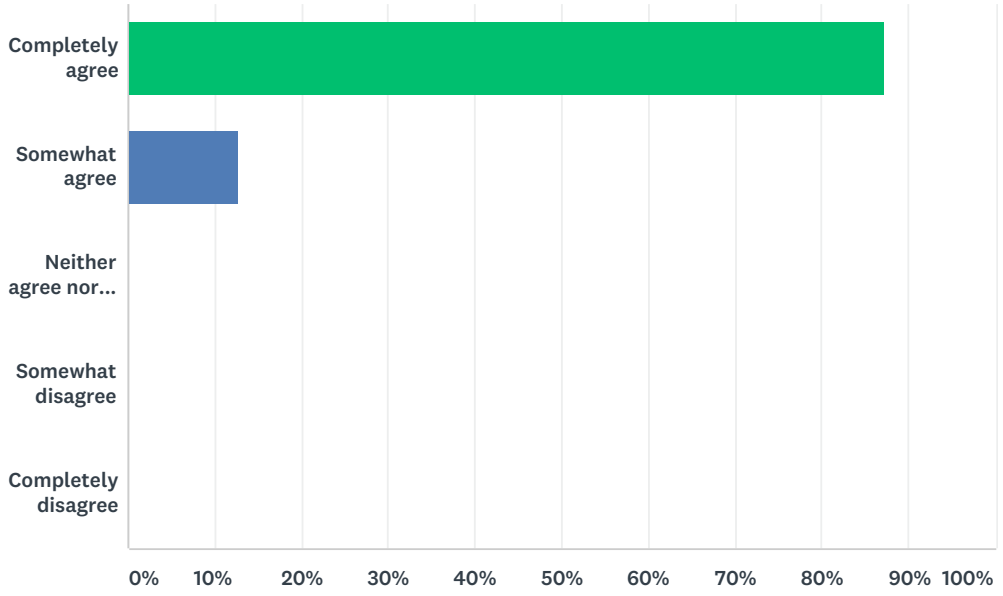
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
Registered Traditional Chinese Medicine Practitioner/Registered Acupuncturist	94.38%	84
Student of traditional Chinese Medicine	2.25%	2
Public	2.25%	2
Other Regulated Health Professional	1.12%	1
Association/Stakeholder	0.00%	0
TOTAL		89

Q3 It is important for member to keep their knowledge of evidence-based infection control procedures up to date

Answered: 79 Skipped: 11



ANSWER CHOICES	RESPONSES	
Completely agree	87.34%	69
Somewhat agree	12.66%	10
Neither agree nor disagree	0.00%	0
Somewhat disagree	0.00%	0
Completely disagree	0.00%	0
TOTAL		79

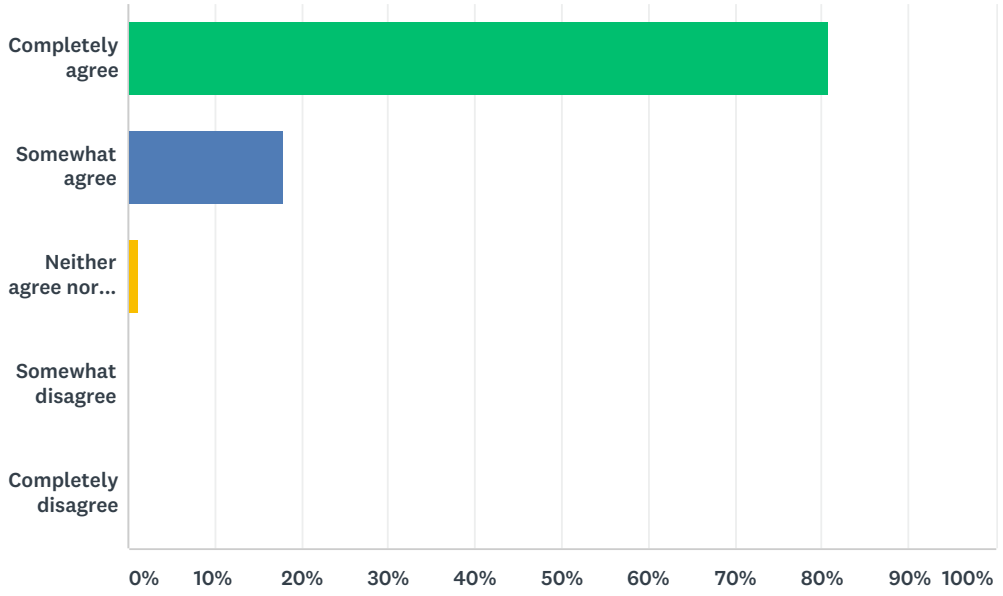
Q4 Please provide any additional comments to this principle.

Answered: 11 Skipped: 79

#	RESPONSES	DATE
1	n.a	9/8/2019 4:43 PM
2	Examples of how and when to do this would be helpful	9/2/2019 4:29 AM
3	Й	8/30/2019 3:24 PM
4	no	8/30/2019 2:49 PM
5	everything is correct	8/30/2019 6:14 AM
6	what is the best resource to look for any updates on infection control?	8/29/2019 3:05 PM
7	0	8/14/2019 11:53 AM
8	no	7/25/2019 2:22 PM
9	Once a practitioner has effective procedures to break the chain of infection and prevent any cross contamination, there should be no need for new procedures. In this case, they either work or they don't and introducing new procedures can cause more complications. Except, of course, when new therapies or processes are added which require new procedures. What the CTCMPAO needs to do is teach practitioner HOW to apply the theory to practice. This can be done by simply ensuring that Schools teach it in an acceptable way.	7/18/2019 11:05 AM
10	Easy access to updated information should be provided	7/15/2019 2:09 AM
11	It is also the responsibility of the CTCMPAO to provide and keep current infection control resources distributed and communicated to the membership.	7/12/2019 7:48 AM

Q5 Infection risks outside a member's practice (e.g. outbreaks in the community) should be considered in their risk assessment

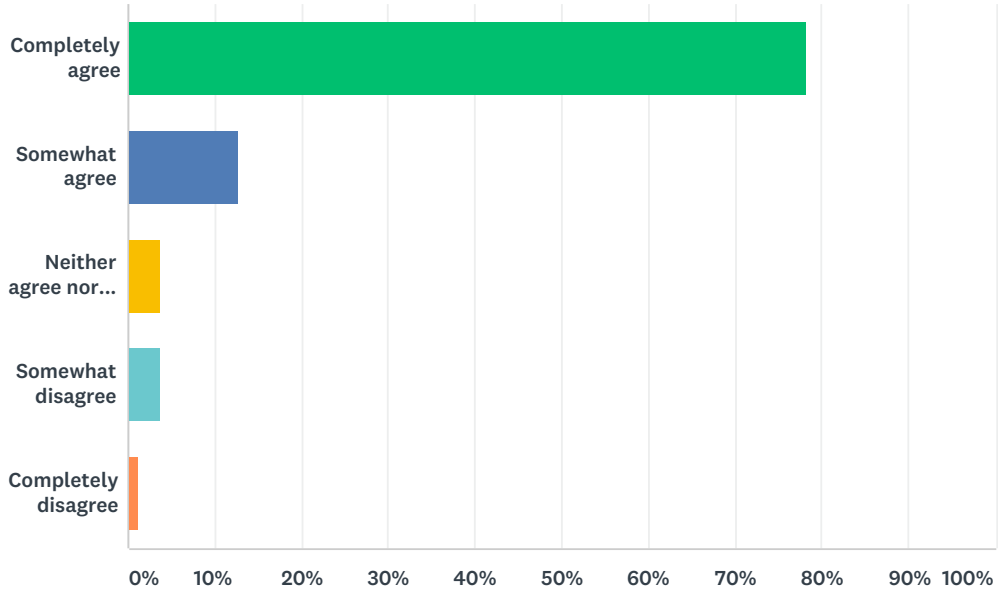
Answered: 78 Skipped: 12



ANSWER CHOICES	RESPONSES	
Completely agree	80.77%	63
Somewhat agree	17.95%	14
Neither agree nor disagree	1.28%	1
Somewhat disagree	0.00%	0
Completely disagree	0.00%	0
TOTAL		78

Q6 It is clear what is expected of members when assessing the infection control risks for their practice

Answered: 78 Skipped: 12



ANSWER CHOICES	RESPONSES	
Completely agree	78.21%	61
Somewhat agree	12.82%	10
Neither agree nor disagree	3.85%	3
Somewhat disagree	3.85%	3
Completely disagree	1.28%	1
TOTAL		78

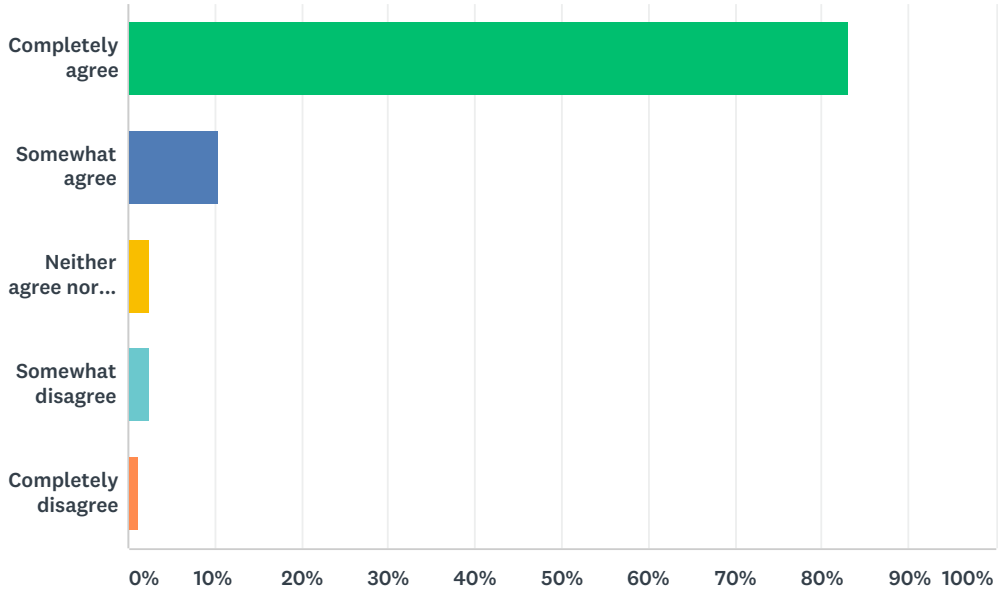
Q7 Please provide any additional comments to this principle.

Answered: 12 Skipped: 78

#	RESPONSES	DATE
1	Our standards should be maintained whether there is an outbreak in the community or not. I would like to see the college create guidance on best practices for the common tools in our profession other than needles, i.e. disinfecting glass, plastic and silicon cups; guasha tools; e-stim device attachments, etc.	9/9/2019 6:42 PM
2	n.a	9/8/2019 4:43 PM
3	I think this is all dependant on how the information is spread throughout the community about outbreaks and not entirely reliable. Using universal precautions for every patient is the most effective way to stop the spread of outbreaks, known and unknown	9/8/2019 12:21 PM
4	More examples	9/2/2019 4:30 AM
5	N	8/30/2019 3:24 PM
6	no	8/30/2019 2:49 PM
7	everything is correct	8/30/2019 6:14 AM
8	Immunization status of other co-workers or employees may be considered confidential information. Immunization is a risk itself and must be considered as a source of infection. What kind of record would be kept for the assessment of infection control? this is not clear.	8/29/2019 3:07 PM
9	0	8/14/2019 11:54 AM
10	It feels like a difficult task to keep track of the immunization status of every patient seen. It is not clear what is required to keep a record of risk assessments.	7/31/2019 11:13 AM
11	no	7/25/2019 2:23 PM
12	Everything is theoretical while not addressing how the principles should be applied in practice.	7/18/2019 11:06 AM

Q8 It is clear what is expected of members for creating and implementing infection control procedures

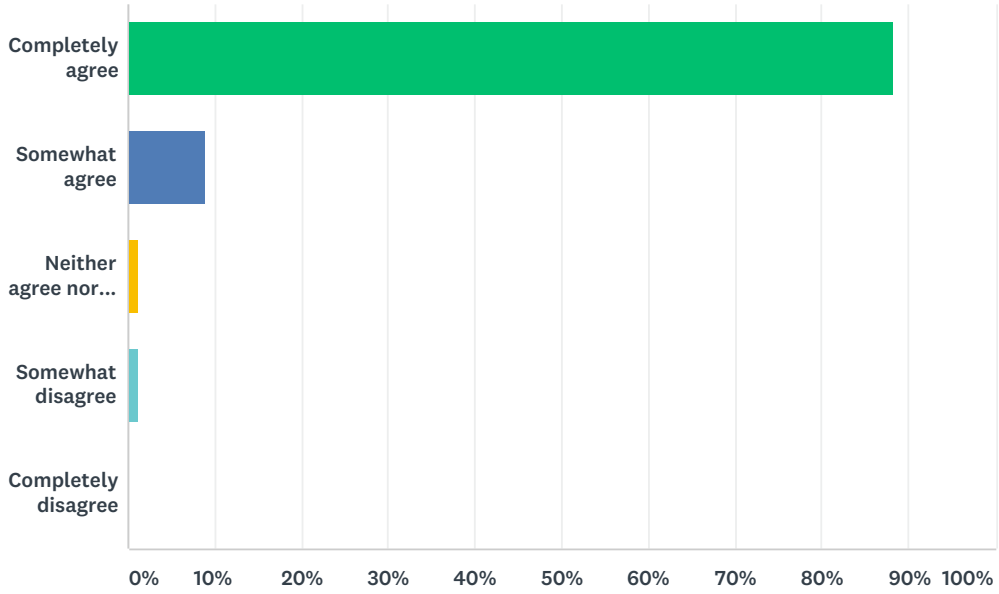
Answered: 77 Skipped: 13



ANSWER CHOICES	RESPONSES	
Completely agree	83.12%	64
Somewhat agree	10.39%	8
Neither agree nor disagree	2.60%	2
Somewhat disagree	2.60%	2
Completely disagree	1.30%	1
TOTAL		77

Q9 As a minimum, members must have infection control procedures in place for: hand washing and personal hygiene, using personal protective barriers, cleaning, disinfecting, and sterilizing equipment and the practice environment

Answered: 77 Skipped: 13



ANSWER CHOICES	RESPONSES	
Completely agree	88.31%	68
Somewhat agree	9.09%	7
Neither agree nor disagree	1.30%	1
Somewhat disagree	1.30%	1
Completely disagree	0.00%	0
TOTAL		77

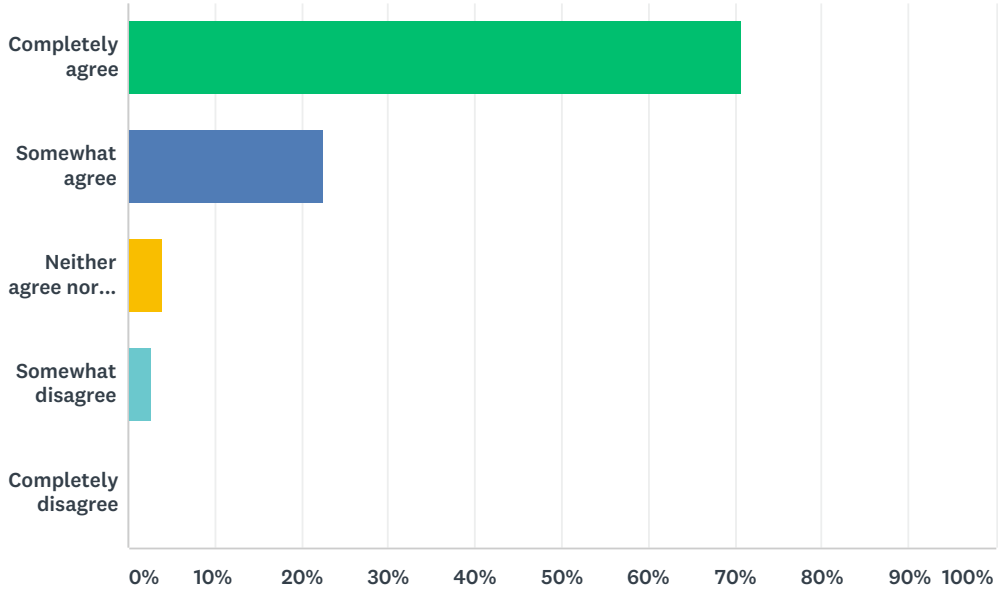
Q10 Please provide any additional comments to this principle.

Answered: 17 Skipped: 73

#	RESPONSES	DATE
1	I would like to see the college create guidance on best practices for the common tools in our profession other than needles, i.e. disinfecting glass, plastic and silicon cups; guasha tools; e-stim device attachments, etc.	9/9/2019 6:43 PM
2	n.a	9/8/2019 4:44 PM
3	members should provide clean needle technique at all times to prevent infections.	9/2/2019 8:47 AM
4	N/a	9/2/2019 4:30 AM
5	N	8/30/2019 3:25 PM
6	no	8/30/2019 2:50 PM
7	everything is correct	8/30/2019 6:14 AM
8	what kind of inventory report would be expected? This is not clear. What surfaces and how often are they expected to be disinfected i.e. door handles, chairs, pens vs treatment tables vs cupping equipment etc? What is considered the appropriate sterilization process?	8/29/2019 3:14 PM
9	0	8/14/2019 11:54 AM
10	Keep a detailed inventory of infection control supplies - what information is required? who is this information for? why is this information required beyond recognizing when an item is low and needs to be restocked?	7/31/2019 11:18 AM
11	no	7/25/2019 2:23 PM
12	Again, the document does not detail how to apply the theory to practice nor address controversial issues.	7/18/2019 11:08 AM
13	It is certainly important to take special precautions when a patient is coughing or perspiring, or if their immune system is compromised. Since we are not dealing with wounds or patients who have fever/vomiting, practices that are designed for use in hospitals are not necessarily practical for a TCM clinic.	7/15/2019 5:39 AM
14	you must provide clearer detailed information that pertains to disinfecting the tools that acupuncturists use - cups and gua sha tools. the links are great for further information, but linking to 9 very lengthy documents (many hundreds of pages long) is not all that helpful. You can't expect that practitioners will go through and process all that information. what does the College consider best practices for the disinfection of cups/gua sha tools?	7/12/2019 12:17 PM
15	can the college specify what kind of waste is cotton ball with blood ? Do they go into regular garbage or biohazard waste?	7/12/2019 11:22 AM
16	A written template provided by the CTCMPAO would be very helpful to the member to clearly define the acceptable procedure content.	7/12/2019 7:49 AM
17	Derry D, (2009), Iodine: the Forgotten Weapon Against Influenza Viruses, Thyroid Science 4(9):R1-5.	7/12/2019 7:42 AM

Q11 The standard is easy to understand.

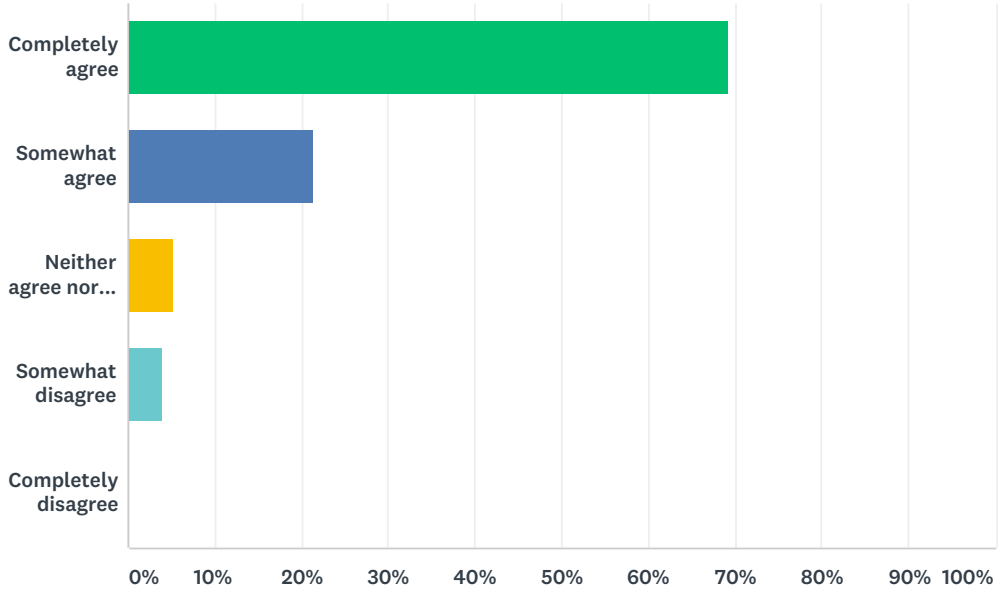
Answered: 75 Skipped: 15



ANSWER CHOICES	RESPONSES	
Completely agree	70.67%	53
Somewhat agree	22.67%	17
Neither agree nor disagree	4.00%	3
Somewhat disagree	2.67%	2
Completely disagree	0.00%	0
TOTAL		75

Q12 The standard is clearly written.

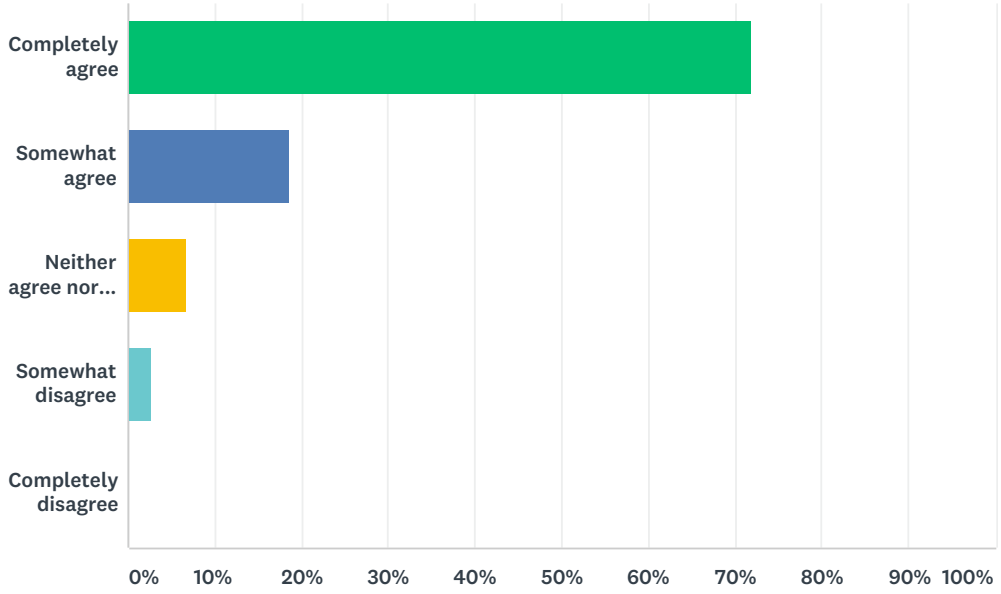
Answered: 75 Skipped: 15



ANSWER CHOICES	RESPONSES	
Completely agree	69.33%	52
Somewhat agree	21.33%	16
Neither agree nor disagree	5.33%	4
Somewhat disagree	4.00%	3
Completely disagree	0.00%	0
TOTAL		75

Q13 The standard is well organized.

Answered: 75 Skipped: 15



ANSWER CHOICES	RESPONSES	
Completely agree	72.00%	54
Somewhat agree	18.67%	14
Neither agree nor disagree	6.67%	5
Somewhat disagree	2.67%	2
Completely disagree	0.00%	0
TOTAL		75

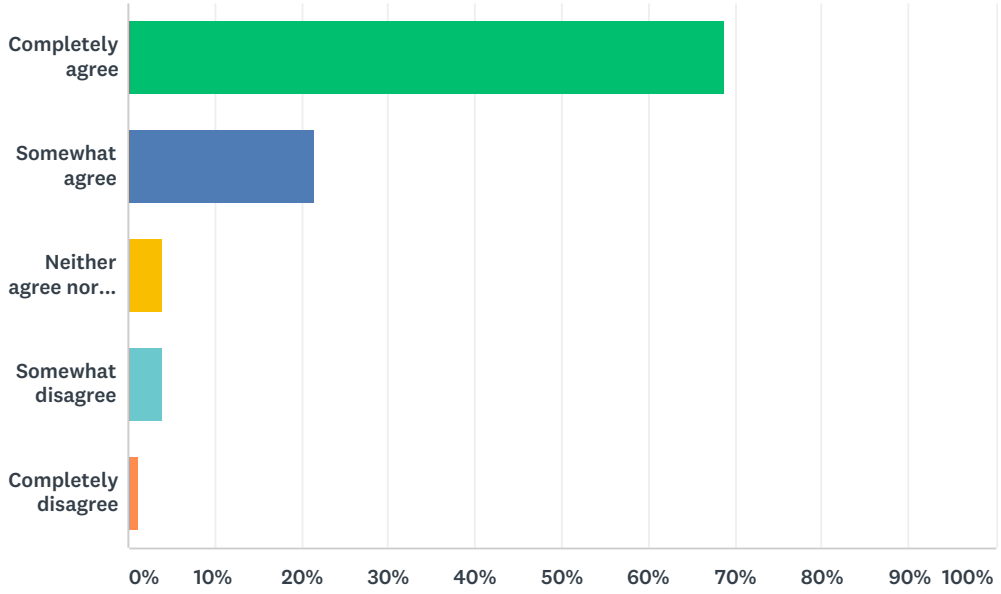
Q14 How can we improve the standard's clarity?

Answered: 16 Skipped: 74

#	RESPONSES	DATE
1	I would like to see the college create guidance on best practices for the common tools in our profession other than needles, i.e. disinfecting glass, plastic and silicon cups; guasha tools; e-stim device attachments; keeping raw herbs, etc.	9/9/2019 6:44 PM
2	n.a	9/8/2019 4:44 PM
3	More practice	9/5/2019 1:35 PM
4	Examples	9/2/2019 4:31 AM
5	N	8/30/2019 3:25 PM
6	no	8/30/2019 2:50 PM
7	everything is correct	8/30/2019 6:14 AM
8	provide more examples specific to TCM practice and resources for up to date information	8/29/2019 3:14 PM
9	0	8/14/2019 11:54 AM
10	Give more details about what information is required for record keeping of risk assessments and exactly what kind of inventory is needed for infection control supplies.	7/31/2019 11:18 AM
11	no	7/25/2019 2:24 PM
12	More details.	7/18/2019 11:08 AM
13	The standard on CTCMPAO site is clear. However, in order to fully understand it it requires more research. Several of the links within the Public Health document provided are broken. In addition, most of the information within is irrelevant to an outpatient clinic such as a typical TCM practice, so it is difficult to see what areas apply.	7/15/2019 5:51 AM
14	Clarify when practitioners are required to wear protective barriers - such as only during circumstances of potential risk, or at all times during all treatments. For examples: Many patients experience white coat syndrome. Gloves make it difficult to palpate fine details prior to needle insertion, and are no more sterile than thoroughly washed hands, and yet are important during needle withdrawal.	7/13/2019 3:14 PM
15	Lay out the key points and what is expected in plain simple English. Do not complicate infection control with unnecessary information.	7/13/2019 1:04 PM
16	please help identify biohazard waste, and inform where to dispose biohazard waste	7/12/2019 11:25 AM

Q15 The standard is comprehensive.

Answered: 74 Skipped: 16



ANSWER CHOICES	RESPONSES	
Completely agree	68.92%	51
Somewhat agree	21.62%	16
Neither agree nor disagree	4.05%	3
Somewhat disagree	4.05%	3
Completely disagree	1.35%	1
TOTAL		74

Q16 How can the standard be made more comprehensive?

Answered: 14 Skipped: 76

#	RESPONSES	DATE
1	I would like to see the college create guidance on best practices for the common tools in our profession other than needles, i.e. disinfecting glass, plastic and silicon cups; guasha tools; e-stim device attachments, etc.	9/9/2019 6:44 PM
2	n.a	9/8/2019 4:44 PM
3	N/a	9/2/2019 4:31 AM
4	N	8/30/2019 3:25 PM
5	no	8/30/2019 2:50 PM
6	everything is correct	8/30/2019 6:14 AM
7	provide more examples specific to TCM practice and up to date resources to refer to	8/29/2019 3:14 PM
8	0	8/14/2019 11:55 AM
9	no	7/25/2019 2:24 PM
10	Again, the document does not detail how to apply the theory to practice nor address controversial issues. For example, do we need to swipe the skin at each point before needling? Do we need to swipe with a new 70% cotton at each point before needling? Do we put a used cotton ball in the garbage or bio-hazard? What if there is visible blood on it vs no visible blood vs substantial blood? After I swipe, can I palpate with my finger if my hands were recently washed? These are the details that are necessary to provide a "standard of practice"	7/18/2019 11:11 AM
11	see previous answer: it would be helpful to have a document that specifically pertains to a TCM clinic	7/15/2019 5:52 AM
12	As stated in previous question.	7/13/2019 3:15 PM
13	Do not! Too much info can cause confusion. Simplify	7/13/2019 1:05 PM
14	detailed information on Cleaning, disinfecting,and sterilizing equipment and the practice environment. not just links to lots of general info not pertinent to acupuncturists.	7/12/2019 12:19 PM

Q17 Do you have any practical suggestions for members with regards to infection control?

Answered: 17 Skipped: 73

#	RESPONSES	DATE
1	I would like to see the college create guidance on best practices for the common tools in our profession other than needles, i.e. disinfecting glass, plastic and silicon cups; guasha tools; e-stim device attachments, etc.	9/9/2019 6:46 PM
2	n.a	9/8/2019 4:44 PM
3	NO.	9/8/2019 4:10 PM
4	No	9/8/2019 3:42 PM
5	The College should make clear, one-page info graphics that anyone can easily understand and follow for all aspects of hygiene, sterilization and disinfection	9/8/2019 12:29 PM
6	No	9/5/2019 1:38 PM
7	clean needle technique, wash hand with antibacterial soap before and after treatment , soak cups in soap hot water after using cupping therapy.	9/2/2019 8:49 AM
8	N/a	9/2/2019 4:32 AM
9	N	8/30/2019 3:25 PM
10	no	8/30/2019 2:50 PM
11	everything is correct	8/30/2019 6:14 AM
12	provide more examples and current resources specific to TCM practice to refer to	8/29/2019 3:14 PM
13	0	8/14/2019 11:55 AM
14	provide webinars and research materials	8/6/2019 12:17 PM
15	no	7/25/2019 2:24 PM
16	No	7/13/2019 1:06 PM
17	Derry D, (2009), Iodine: the Forgotten Weapon Against Influenza Viruses, Thyroid Science 4(9):R1-5.	7/12/2019 7:43 AM

Q18 Are there any other key resources on infection control that you think should be linked in the standard?

Answered: 19 Skipped: 71

#	RESPONSES	DATE
1	Links that directly relate to the tools we use, rather than general public health protocols.	9/9/2019 6:46 PM
2	should be updated with CDC guidelines	9/9/2019 4:56 PM
3	n.a	9/8/2019 4:44 PM
4	NO.	9/8/2019 4:10 PM
5	Hand washing	9/8/2019 3:42 PM
6	The College should make clear, one-page info graphics that anyone can easily understand and follow for all aspects of hygiene, sterilization and disinfection	9/8/2019 12:29 PM
7	No	9/5/2019 1:38 PM
8	N/a	9/2/2019 4:32 AM
9	N	8/30/2019 3:25 PM
10	no	8/30/2019 2:50 PM
11	everything is correct	8/30/2019 6:14 AM
12	not that I am aware of	8/29/2019 3:14 PM
13	0	8/14/2019 11:55 AM
14	other health care professions such as medicine	8/6/2019 12:17 PM
15	The resources provided are very comprehensive but are created for a primary or acute care facility like a doctor's office or walk-in clinic. It would be much more useful if a document was created that was more specific and relevant to an acupuncture clinic, given that we are not seeing, nor should we be seeing, nearly as many patients on a regular basis who have contracted an infectious disease.	7/31/2019 11:30 AM
16	no	7/25/2019 2:24 PM
17	yes. this site here by our Ontario government should be included as a learning resource for our members: https://www.publichealthontario.ca/en/about/our-organization/departments/ipac	7/25/2019 7:35 AM
18	The Safety Handbook needs an update.	7/18/2019 11:18 AM
19	No	7/13/2019 1:06 PM

Q19 Is there anything that relates to infection control that was not addressed?

Answered: 16 Skipped: 74

#	RESPONSES	DATE
1	Cupping, guasha tools can be reused and I have not seen clear guidance on what practitioners should be doing.	9/9/2019 6:46 PM
2	n.a	9/8/2019 4:44 PM
3	NO.	9/8/2019 4:10 PM
4	Images! People respond to & understand infographics easily with little to no confusion	9/8/2019 12:29 PM
5	No	9/5/2019 1:38 PM
6	N/a	9/2/2019 4:32 AM
7	N	8/30/2019 3:25 PM
8	no	8/30/2019 2:50 PM
9	everything is correct	8/30/2019 6:14 AM
10	more examples specific to TCM practice	8/29/2019 3:14 PM
11	0	8/14/2019 11:55 AM
12	i don't think so	8/6/2019 12:17 PM
13	no	7/25/2019 2:24 PM
14	Provide details on how to apply the principles, especially, there is a need to "clarify" to the membership what is or is not acceptable and why in a way where they can ask specific questions about how they practice. Guasha tools and pump cups cant be disinfected properly Metal kidney trays are not sterile Blankets that are "reused" may not be clean Pillows that don't have fluid barriers can't be used in acupuncture due to the risk of blood spots. Face rests and tables should be disinfected between patients. I can go on and on but these details must be outlined. For simplicity, I have copied another of my responses below: For example, do we need to swipe the skin at each point before needling? Do we need to swipe with a new 70% cotton at each point before needling? Do we put a used cotton ball in the garbage or bio-hazard? What if there is visible blood on it vs no visible blood vs substantial blood? After I swipe, can I palpate with my finger if my hands were recently washed? These are the details that are necessary to provide a "standard of practice"	7/18/2019 11:18 AM
15	The feedback already explained on previous page.	7/13/2019 3:16 PM
16	No	7/13/2019 1:06 PM

Q20 Are there any additional comments you would like to make?

Answered: 15 Skipped: 75

#	RESPONSES	DATE
1	n.a	9/8/2019 4:44 PM
2	NO.	9/8/2019 4:10 PM
3	No	9/8/2019 3:42 PM
4	The College should make clear, one-page info graphics that anyone can easily understand and follow for all aspects of hygiene, sterilization and disinfection	9/8/2019 12:29 PM
5	N/a	9/2/2019 4:32 AM
6	N	8/30/2019 3:25 PM
7	no	8/30/2019 2:50 PM
8	everything is correct	8/30/2019 6:14 AM
9	not at this time	8/29/2019 3:14 PM
10	0	8/14/2019 11:55 AM
11	Question: if it is found that a patient's immunization is not up to date should they be refused service? Is that contrary to our SOP?	7/31/2019 11:30 AM
12	no	7/25/2019 2:24 PM
13	What about disinfecting cups and guasha tools? Is bleach still acceptable at 1:50 for 20 minutes?	7/18/2019 11:18 AM
14	These surveys are too long. Answers may not be as accurate due to the person just wanting to get through the questions.	7/15/2019 2:12 AM
15	Simplify!!!!	7/13/2019 1:06 PM

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

Meeting Date:	September 30, 2019
Issue:	Standard for Consent Survey Update
Reported By:	Sean Cassman
Action:	For Decision

Issue

The College is providing an update on the survey results for the Standard for Consent.

Background

At the June 20, 2019 Council meeting, the Standard for Consent was approved for external consultation. A survey to collect feedback on the standard was release on July 12, 2019. The deadline to complete the survey was September 10, 2019.

The College has received 108 responses to the survey. Over 90% have indicated that they live in Ontario and were either a member of the College or a student of TCM. The format and language of the standard received following feedback:

- 89% agreed that the standard is easy to understand
- 92% agreed that the standard is clearly written
- 91% agreed that the standard is well organized
- 90% agreed that the standard is comprehensive

Feedback was also sought on the principles within the standard.

Principle 1: Members must assess whether the patient is able to consent or not. If not, they must confirm a substitute decision maker.

- 97% of respondents agreed that a patient is able to consent if they understand nature of the treatment, its possible outcomes, and what will happen if they decide not to have the treatment.
- 99% agreed that it was clear who can act as a substitute decision maker

Principle 2: Members must obtain informed consent before and throughout treatment.

Like principle 1, respondents generally agreed with the information presented:

- 93% of respondents agreed that it is clear what information must be given to the patient for informed consent
- 93% of respondents agreed that expressed consent should be the recommended method of obtaining consent

One respondent also commented that the College should be clear on what we expect on a consent form. A template for consent to treat sensitive areas has been attached. This template is based off the College's consent to treatment form.

Principle 3: Members must always get written consent for treatment that involves contact with sensitive areas.

The majority of respondents do agree with the requirements in this principle; however, it has seen the least consensus among respondents for this standard.

- 79% agree that the sensitive areas are the upper and inner thigh, buttocks, penis, vagina, breasts, and chest wall muscles.
- 71% agree that written consent will ensure the patient knows what will occur during treatment.
- 75% agree that a consent form template will be helpful

The College received some complaints stating that making patients sign a consent form for treatment on sensitive areas will make patients feel unsafe, or end up protecting abusers. This is a valid concern and Council may want to consider approving a revision to this section.

Principle 4: Members must respect the patient's right to withdraw consent at any time.

Most respondents agreed with the information provided in this principle:

- 99% agree that it is important that patients understand their right to withdraw consent
- 94% agree that it is clear what information must be recorded in the event that a patient withdraws their consent

No additional comments were received for this principle.

Principle 5: Members must follow the law for collecting, using, and sharing personal health information.

97% of respondents agree that it is clear when members must obtain consent to collect, use, or share personal health information.

However, one respondent commented that they have found patients find our template consent form for collecting personal health information confusing.

Summary of Feedback

Based on the feedback received, the standard did not receive any strong opposition, aside from the requirements in principle 3.

So respondents expressed concern that requiring written consent for sensitive areas will not serve the public, as sexual abusers may use the consent form to excuse their behaviour. Staff believe this is a valid

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
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concern, and recommend Council approve a revision to the standard to address this. The Executive Committee has also expressed their support for a revision to principle 3.

Motion

1. Revise principle 3 to **require** members obtain **expressed** consent for treating sensitive areas instead of written consent

2. Revise principle 3 to **recommend** members obtain **expressed** consent for treating sensitive areas instead of required written consent

3. Approve the standard without any revisions. Staff recommend that the standard will take effect on January 1, 2020. This allow time for members to adjust their practice and for the College to develop education tools.

Standard for Consent

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

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

This standard addresses the following principles:

Principle 1: Members must assess whether the patient is able to consent or not. If not, they must confirm a substitute decision maker.

A person is able to provide informed consent if they understand:

- the nature of the treatment and its possible outcomes
- what will happen if they decide not to have the treatment.

Applying the principle to practice

Members must keep in mind that ability to understand can come and go. A person may be able to consent to some treatments but not others. Members should keep assessing a patient's capacity as time goes on. This is to ensure that members are obtaining consent from the proper person.

Do not **assume** that a person is unable to consent because:

- they have a mental or neurological illness
- their speech is impaired
- there is a language barrier
- they have a disability
- they are minors or they have reached an advanced age.

Even if the patient has a substitute decision maker in place, the member should make sure that the patient understands the consent process. If needed, use gestures, interpreters, or communication tools such as computer software.

If the patient is unable to consent, tell them why this finding has been made. Explain that they have the right to a review. Members can help them with the review process or direct them to the College for help.

Make sure that the patient knows who will be making decisions for them. The patient should be involved in discussions between the member and substitute decision maker when possible.

Confirming the substitute decision maker

In most cases, substitute decision makers are close family who come with the patient for treatment. If there is more than one substitute decision maker who is willing and able to do this, the member must decide which one will give consent. The *Health Care Consent Act* says the person who is **highest** on this list must be chosen:

1. A person appointed guardian by the courts with the authority to consent to treatment
2. A person who has a signed Power of Attorney for Personal Care that the patient made when they were capable
3. A representative appointed by the Consent and Capacity Board
4. A spouse or partner
5. An adult child or parent (custodial parent if the child is a minor)
6. A parent of a minor who is not the custodial parent but who has a right of access
7. A brother or sister
8. Any other relative

Record keeping

Members must have the substitute decision maker's name and contact information on file. If there is a legal document such as a Power of Attorney for Personal Care, or proof of right of access for a custodial parent, a copy must be kept on record.

Principle 2: Members must obtain informed consent before and throughout treatment.

Consent must be freely given and never obtained by telling the patient anything that is untrue.

Consent is an ongoing process. Members should re-confirm consent at each visit.

Applying the principle to practice

Members must ensure that patients are informed before they decide about the proposed treatment. That means they must understand:

- The nature of the treatment (including the body parts that will be touched)
- What benefits they can expect from the treatment
- Any risks from having the treatment
- Any side effects of the treatment
- Other options instead of this treatment
- What will likely happen if they do not have the treatment
- What the treatment will cost.

Members must invite the patient's questions about the treatment and respond to all of them before they ask for consent.

Expressed and implied consent

Expressed consent means that a person consents in a direct way to the treatment, by saying they consent or by consenting in writing.

Implied consent means that a person speaks or behaves in a way that shows they consent. For example, when a patient gives their health history, it implies that they are consenting to an assessment. Another example would be following instructions to prepare for treatment. For instance, if a member instructs a patient to fast for 24 hours and they do so, it implies consent to the treatment.

When to ask for consent

In addition to getting consent before treatment starts, members must ask for consent again if:

- Any other person, such a student, or anyone under supervision will help with the treatment.
- The member wants to adjust the treatment in any way that changes the expected benefits, risks, or side effects.
- The member wants to start a new form of treatment.

Are there times when members can give treatment without consent?

Yes, but this is very rare. Members can assess and treat a patient without consent if they are in an **emergency** situation and **all** of these factors apply:

- The member has tried to communicate with the patient but they are unable to give or refuse consent because of a language barrier, illness, or disability.
- Waiting to receive consent will cause prolonged suffering, or put the patient's health at risk.
- There is no reason to believe that the patient does not want treatment.

Record keeping

The College strongly recommends that members ask patients to read and sign a general consent form before starting treatment. The consent form should be in clear, easy-to-understand language. It should state that:

- The member has explained the proposed treatment to them and the patient is fully informed.
- The patient agrees to the treatment (Include details of what the patient consented to and did not consent to.)
- The patient consents (or does not consent) to having treatment from students and other staff under supervision.
- The patient consents to having their personal health information gathered, used, and shared within the limits of the law.

If members are using an interpreter or an alternative way to communicate with the patient, such as computer software, the consent form should note this. If the patient has a substitute decision maker, discuss the consent form with both present and have the substitute decision maker sign.

In addition to the general consent form, members must continue to ask for consent if anything about the treatment changes. A note of the patient's verbal consent to specific treatments should be kept in records.

Principle 3: Members must always get written consent for treatment that involves contact with sensitive areas.

Sensitive areas include the upper and inner thigh, buttocks, penis, vagina, breasts, and chest wall muscles.

Applying the principle to practice

Members must advise patients what body parts will be touched during a proposed treatment (see above). However, when the proposed treatment involves sensitive areas, members must take extra care in explaining what areas will be touched, how it will be touched, why it is necessary to touch and whether it will be exposed during the treatment. All of this should be carefully charted to ensure that the patient and the member are in agreement on the limits of the consent.

If the touch involves the breast, members should not touch the nipple or the areola.

If sensitive areas are being treated, they should be exposed as little as possible.

When talking with patients about this, think about the patient's history, gender, and culture. These factors may affect how they feel about contact in sensitive areas.

Record keeping

Members must always have a record of the patient's written consent to treatment in sensitive areas. As noted above, this dialogue should be carefully charted to ensure that both the patient and the member are fully aware as to what can occur during the proposed treatment.

Principle 4: Members must respect the patient's right to withdraw consent at any time.

Members must ensure that patients and substitute decision makers understand their right to withdraw consent.

Applying the principle to practice

When a patient decides to withdraw consent, respect their decision. Explain what will happen if they stop the treatment.

Record keeping

All services or treatment given to date must be documented in the patient file.

Document the reasons the patient gave for withdrawing their consent.

Principle 5: Members must follow the law for collecting, using, and sharing personal health information.

The *Personal Health Information Protection Act, 2004* sets out when a member must ask for consent to collect, use, and disclose personal health information.

Here are some examples of personal health information:

- information about the patient's physical or mental health
- the health history of the patient's family
- names of the patient's other health care providers
- the patient's treatment plan
- information about health care coverage, such as the patient's OHIP number and extended health coverage
- name of the patient's substitute decision-maker.

Applying the principle to practice

Collecting information

The Act allows members to collect **only** information that is needed for providing health care to the patient. In most cases, implied consent for collecting information is enough.

Using information

The Act allows members to use personal health information without consent **only** for the purpose it was gathered. For example, consent is not needed to use the information to:

- treat the patient
- improve the quality of care
- train other practitioners
- obtain payment.

Members must get the patient's consent if to use the information for any other purpose.

Sharing information

In most cases, members must have the patient's written consent if they wish to share personal health information with anyone outside their practice.

There are some exceptions to this rule. The Act says that members may share personal health information without consent when:

- Members share information with other health care providers
- Members have reason to believe that if they do not share information, someone is at risk of being harmed
- Members need to share information to help determine if the patient is able to give consent
- Disclosure is required as part of a legal process, such as a summons or court order
- The College asks for information as part of an investigation or the Quality Assurance program.

If members wish to use or share information for a reason that requires consent, they must have the patient's expressed consent.

Record keeping

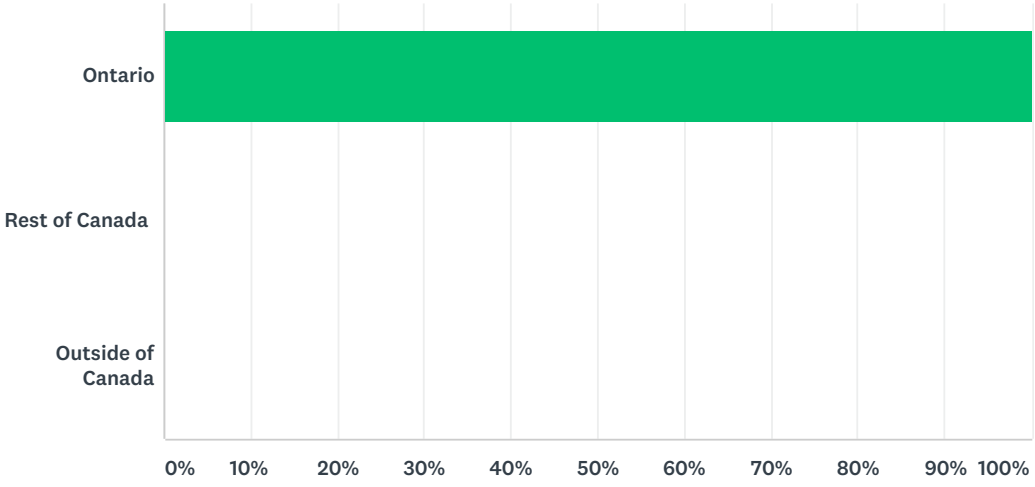
Members must document both implied and expressed consent in the patient's file.

Learn more about the laws governing our practice:

CTCMPAO's Jurisprudence Course Handbook

Q1 Do you live in…

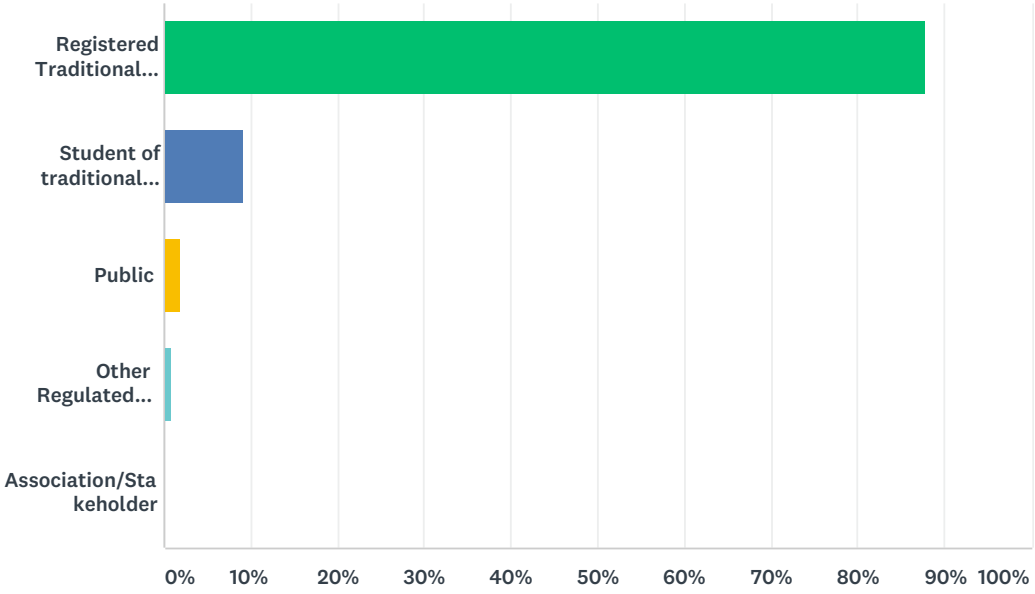
Answered: 105 Skipped: 3



ANSWER CHOICES	RESPONSES	
Ontario	100.00%	105
Rest of Canada	0.00%	0
Outside of Canada	0.00%	0
TOTAL		105

Q2 Are you a …? (Select one)

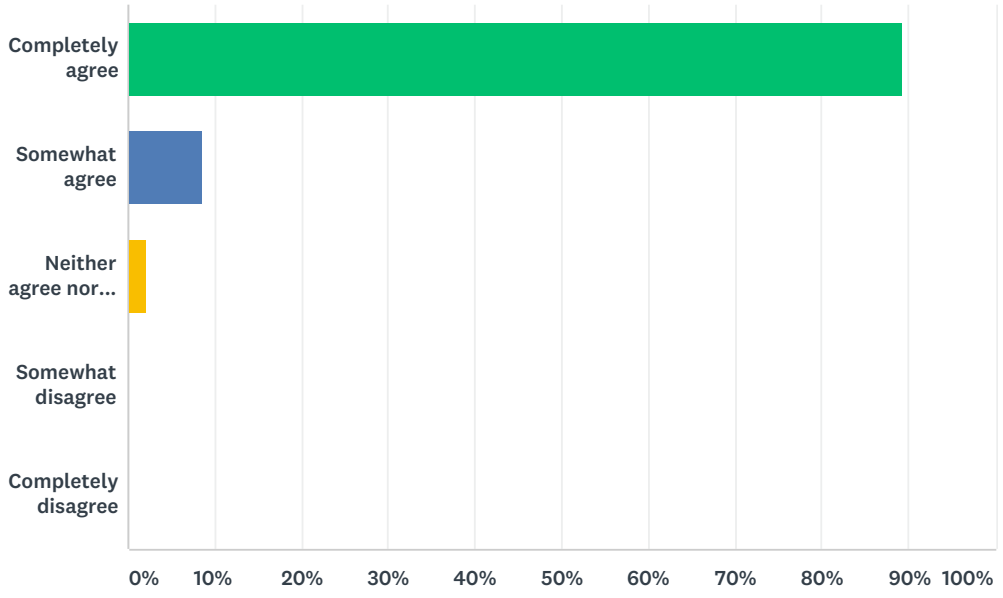
Answered: 108 Skipped: 0



ANSWER CHOICES	RESPONSES	
Registered Traditional Chinese Medicine Practitioner/Registered Acupuncturist	87.96%	95
Student of traditional Chinese Medicine	9.26%	10
Public	1.85%	2
Other Regulated Health Professional	0.93%	1
Association/Stakeholder	0.00%	0
TOTAL		108

Q3 A patient is able to provide consent if they understand the nature of the treatment, its possible outcomes, and what will happen if they decide not to have the treatment.

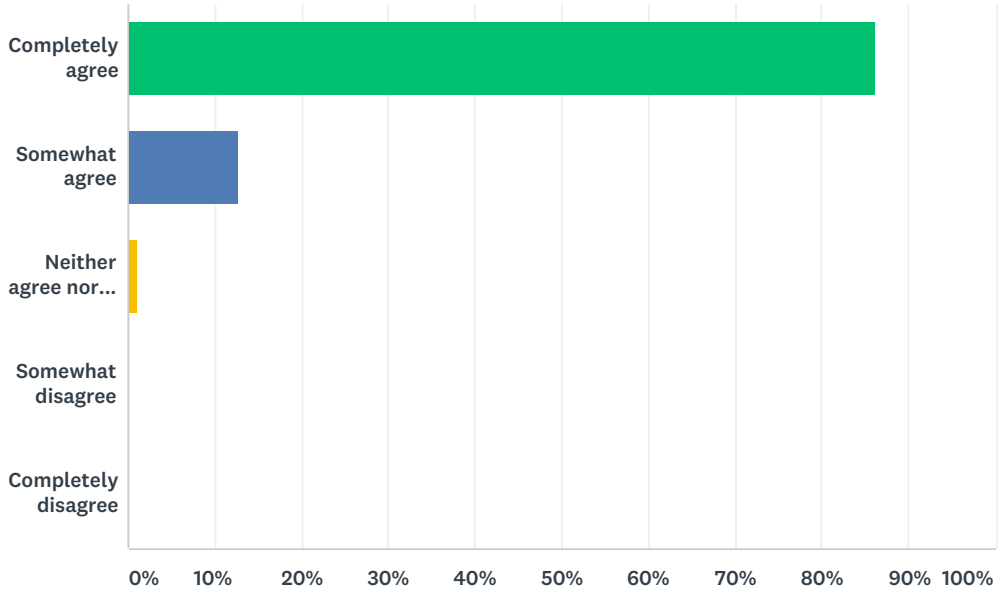
Answered: 94 Skipped: 14



ANSWER CHOICES	RESPONSES	
Completely agree	89.36%	84
Somewhat agree	8.51%	8
Neither agree nor disagree	2.13%	2
Somewhat disagree	0.00%	0
Completely disagree	0.00%	0
TOTAL		94

Q4 It is clear who can act as a substitute decision maker when a patient is unable to give consent

Answered: 94 Skipped: 14



ANSWER CHOICES	RESPONSES	
Completely agree	86.17%	81
Somewhat agree	12.77%	12
Neither agree nor disagree	1.06%	1
Somewhat disagree	0.00%	0
Completely disagree	0.00%	0
TOTAL		94

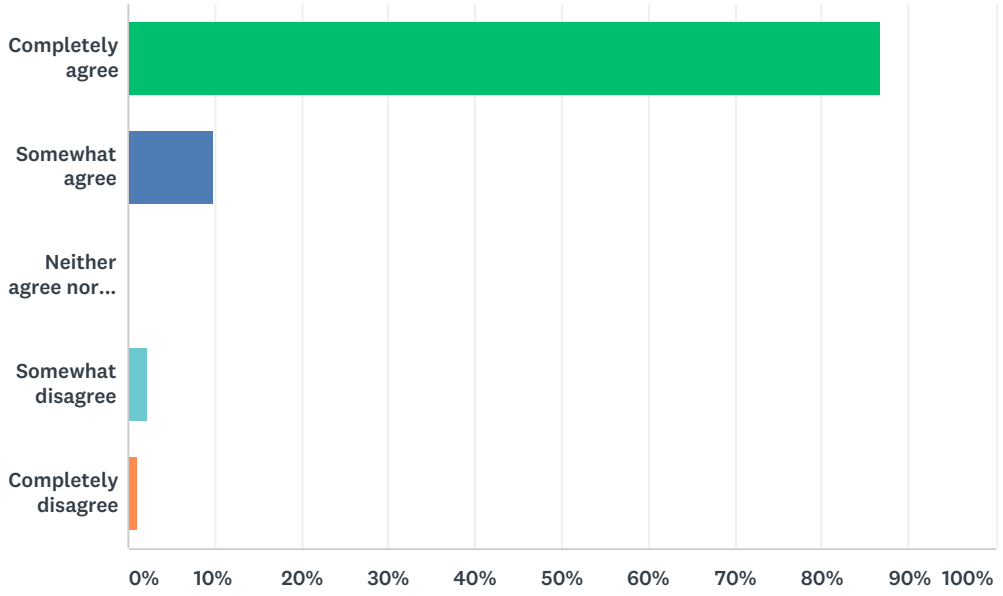
Q5 Please provide any additional comments to this principle.

Answered: 9 Skipped: 99

#	RESPONSES	DATE
1	n.a	9/8/2019 4:41 PM
2	No	9/8/2019 3:33 PM
3	Can spouses & siblings really consent on behalf of the patient?	9/8/2019 12:09 PM
4	N/a	9/2/2019 4:25 AM
5	no	8/30/2019 2:44 PM
6	everything is correct	8/30/2019 6:06 AM
7	If there is any doubt that the patient has understood everything correctly - it is better to explain again	8/29/2019 3:42 PM
8	0	8/14/2019 11:50 AM
9	None	7/17/2019 5:34 AM

Q6 It is clear what information must be given to the patient for informed consent

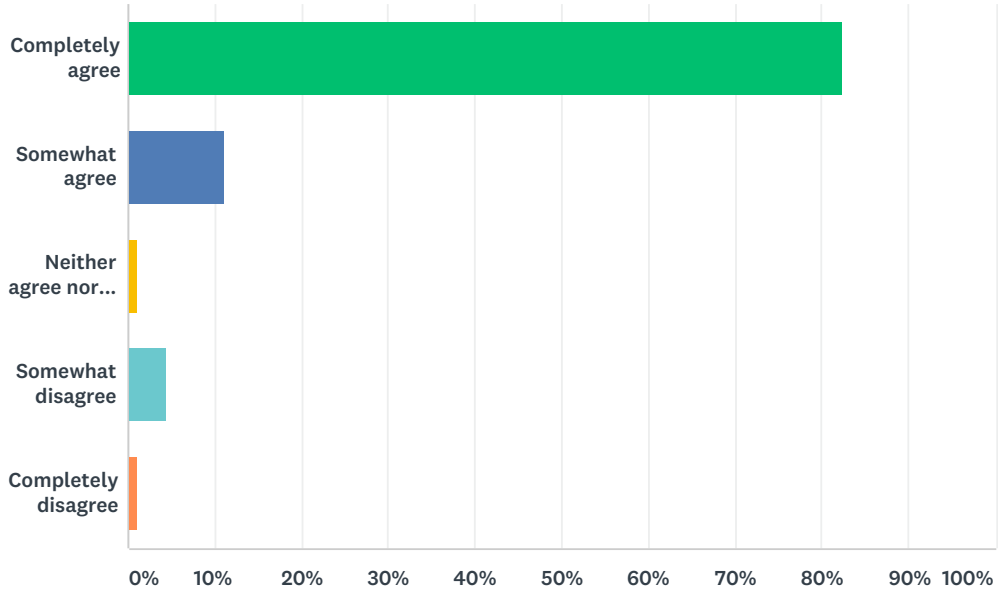
Answered: 91 Skipped: 17



ANSWER CHOICES	RESPONSES	
Completely agree	86.81%	79
Somewhat agree	9.89%	9
Neither agree nor disagree	0.00%	0
Somewhat disagree	2.20%	2
Completely disagree	1.10%	1
TOTAL		91

Q7 Practitioners may rely on implied or expressed consent; however, expressed consent is recommended.

Answered: 91 Skipped: 17



ANSWER CHOICES	RESPONSES	
Completely agree	82.42%	75
Somewhat agree	10.99%	10
Neither agree nor disagree	1.10%	1
Somewhat disagree	4.40%	4
Completely disagree	1.10%	1
TOTAL		91

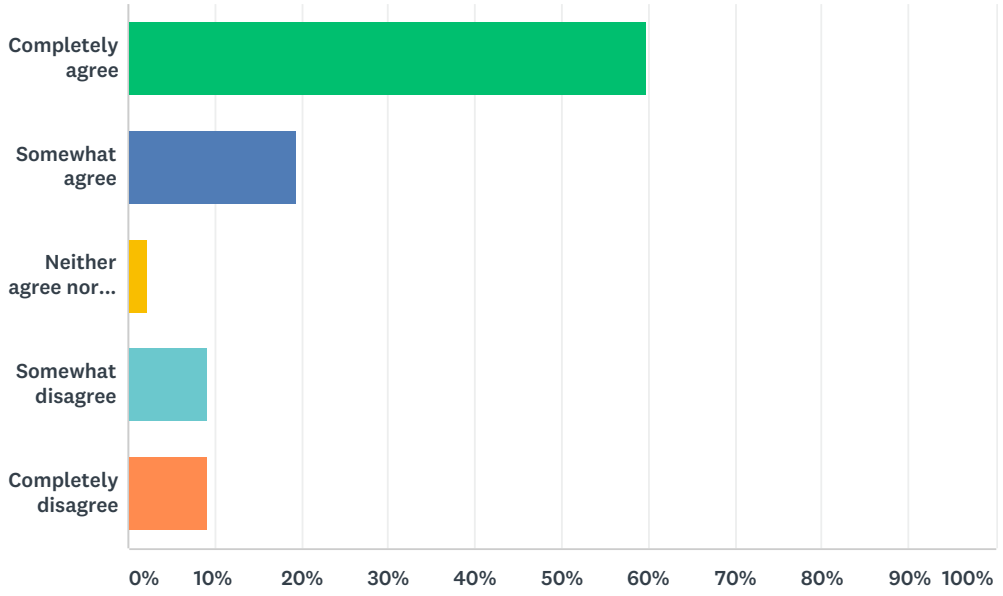
Q8 Please provide any additional comments to this principle.

Answered: 12 Skipped: 96

#	RESPONSES	DATE
1	Makes sense and verbal consent should be given at every stage of treatment, each and every treatment. Only then is there respect and professionalism.	9/9/2019 6:26 PM
2	n.a	9/8/2019 4:41 PM
3	N/a	9/2/2019 4:25 AM
4	no	8/30/2019 2:44 PM
5	everything is correct	8/30/2019 6:07 AM
6	The patient is required to give written consent before the procedure begins	8/29/2019 3:46 PM
7	Implied consent is given when they show up for treatments that have been previously discussed and should suffice.	8/29/2019 1:58 PM
8	0	8/14/2019 11:50 AM
9	expressed consent is only a part of consent. Consent is a living thing that exists between practitioner and patient, and must be checked in with frequently.	7/25/2019 7:31 AM
10	A patient coming to us for treatment assumes to large degree that they consent to treatment. Asking them for further or continuous consent feels extraneous. With that said, it is proper etiquette to ask/inform the patient whenever we are going to expose or work on a sensitive body part. This is a must. But written consent here feels unnecessary	7/18/2019 12:27 PM
11	Describing treatments and receiving consent should be done throughout session	7/16/2019 4:37 AM
12	The College should be absolutely clear on what THEY expect to see on a consent form, as currently they are not being clear.	7/13/2019 12:56 PM

Q9 The sensitive areas are the upper and inner thighs, buttocks, penis, vagina, breasts and chest wall muscles.

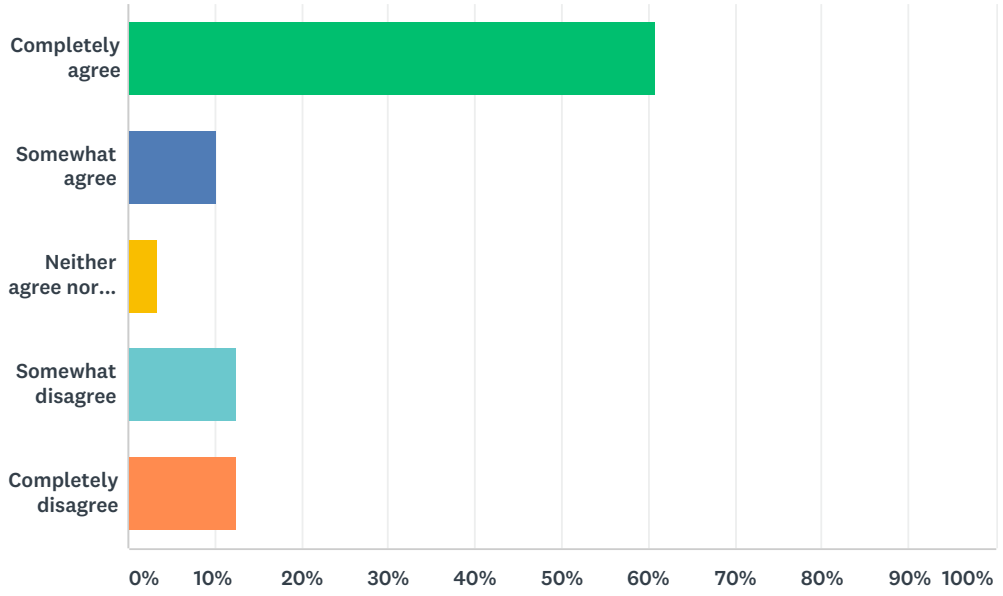
Answered: 87 Skipped: 21



ANSWER CHOICES	RESPONSES	
Completely agree	59.77%	52
Somewhat agree	19.54%	17
Neither agree nor disagree	2.30%	2
Somewhat disagree	9.20%	8
Completely disagree	9.20%	8
TOTAL		87

Q10 Written consent can ensure that the patient knows what will occur during treatment.

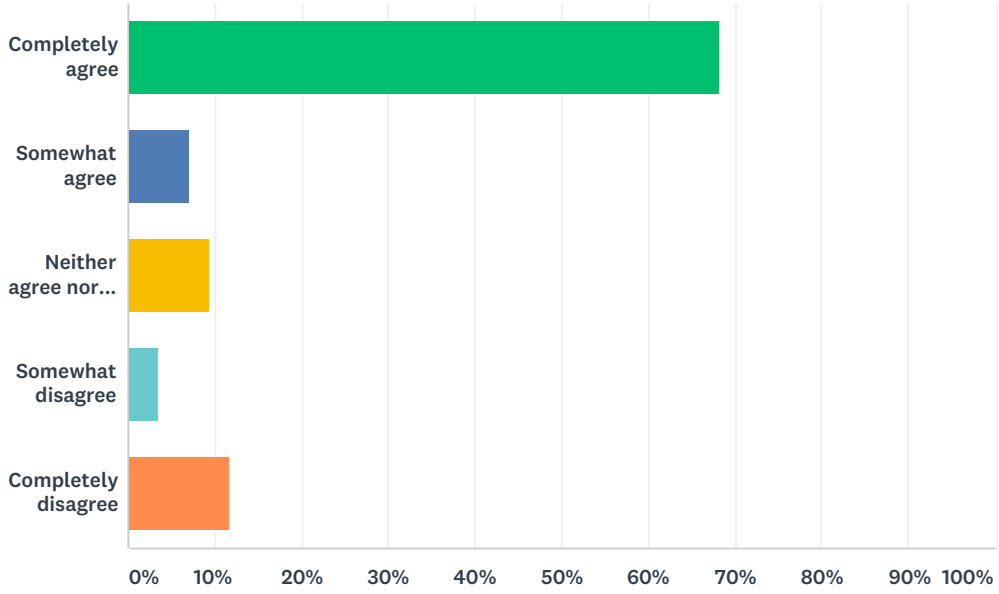
Answered: 87 Skipped: 21



ANSWER CHOICES	RESPONSES	
Completely agree	60.92%	53
Somewhat agree	10.34%	9
Neither agree nor disagree	3.45%	3
Somewhat disagree	12.64%	11
Completely disagree	12.64%	11
TOTAL		87

Q11 A consent template form would be useful.

Answered: 85 Skipped: 23



ANSWER CHOICES	RESPONSES	
Completely agree	68.24%	58
Somewhat agree	7.06%	6
Neither agree nor disagree	9.41%	8
Somewhat disagree	3.53%	3
Completely disagree	11.76%	10
TOTAL		85

Q12 Please provide any additional comments to this principle.

Answered: 32 Skipped: 76

#	RESPONSES	DATE
1	As a practitioner who has treated sexual abuse survivors, and as a sexual abuse survivor myself, I disagree with the act obtaining written consent each and every time there is treatment that involves a sensitive area. It does nothing to protect a patient, and in fact may actually protect a practitioner who commits an act of sexual misconduct towards a patient. What I do agree with is clear verbal consent each and every step of the way during treatment. In my practice, one of the very first things we discuss is consent, because it is a very important subject to me and critical for a trusted and professional health partnership. Any time I am to touch a patient ANYWHERE on the body (including their pinky finger or baby toe) I ask - may I go ahead and touch your toe, your shoulder, your left foot, the top of your scalp, etc. I have no need to touch a patient's genitals or breasts. If I need to touch the torso, chest wall or buttocks/glutes, I am very clear about obtaining very clear explicit consent to do so - making eye contact with a patient. "Okay, so you've described that you have pain in your glute on the left side. Are you okay if we go ahead and treat you directly there today? [wait for reply, then I explain and check a second time to be certain]. Okay, so in a moment we will go ahead and treat your glutes on the left side of your body. To do so, I would need to drape you like so with this sheet, and then I would ask you to pull the left side of your pants down/up to reveal x area. And if it's okay with you, I would touch the side of your hip here and then directly on a spot on your glutes. Are you okay with that?" Something along those lines. Very clear, multiple opportunities to say yes. ZERO sexualization. Clear, easy to understand anatomical terms used. A safe space is held, there is clear communication, no treatment is performed if a patient changes their mind or doesn't clearly understand what is going to happen. Every time I treat a patient, I let them know that they are in the driver's seat and they are always welcome to withdraw their consent or decide they don't want to be treated in a particular area that day. Every patient gets an explanation of consent every single time. No consent form can do that. When we go to the doctor to have a pelvic examination, pap test, breast exam, etc - no consent form is signed to perform this procedure. Verbal consent is obtained through a clear explanation by the doctor or nurse and they ensure that the patient understands what is taking place. As a sexual abuse survivor, I have never had a problem with this method of obtaining consent and have not been violated as a result of this. However, every time I go to see a massage therapist who is now required to have me sign the sensitive areas consent form, I feel immediately uncomfortable and triggered as a sexual assault survivor by the need to sign a consent form for my torso to be touched, even if it's just my collarbone or waist. I find it very triggering in fact because it feels as though their work as a professional is being sexualized and I often spend the majority of my treatment thinking about sexual abuse and upset that I am to be reminded of sexual abuse anytime an RMT is to lay their hands on me. It's really uncomfortable and it implies that the treatment being performed is not of a medical nature, when in fact it is a medical procedure to massage my back, shoulders and thighs - just as receiving a pelvic exam from my GP who is not required to have me sign a consent form to touch my breasts and genitals. It doesn't make sense. I have a patient who was required to sign a series of consent forms by a member of the CPSO. The forms were not properly explained to the patient and express consent, at least in my opinion, was NOT obtained. (CPSO will soon have a hearing to determine this). The physician proceeded to touch the patient inappropriately, posted inappropriate photographs of the patient on social media, and was found (by both patients and CBC television) to have been recording patients INSIDE TREATMENT ROOMS...without any express consent (though this may all have been buried within consent forms) - but this to me strongly suggests that consent forms are not enough to ensure that a patient actually understands what is happening. Nor does it protect them. Fast-forward to months after this incident, the same patient was presented with a sensitive areas consent form to be signed before having a massage with an RMT. The patient was so incredibly triggered by this method of obtaining consent that they completely lost it in the office and became extremely triggered and upset. The patient was extremely upset and suspicious of having to sign another consent form, feeling pressured because it was presented on a computer screen and because they know that signing a consent form of this nature didn't protect them - even by what would have appeared to be a trustworthy physician governed by the CPSO. This is a pretty high profile case and would be a pertinent one for the CTCMPAO to follow. Here is an excerpt from the CPSO notice of hearing for this case, with the doctor's name removed: "Allegations of Dr. *'s professional misconduct have been referred to the Discipline Committee of the College. It is alleged that Dr. * engaged in disgraceful, dishonourable or unprofessional conduct by advertising in a manner	9/10/2019 8:58 PM

	inconsistent with Ontario Regulation 114/94, made under the Medicine Act; permitting filming by a television crew during a surgical procedure without the patient's consent and making improper use of images of her relating to her procedure; and by his use of video recording devices and/or video surveillance recording devices at his practice location. It is also alleged that Dr. * engaged in disgraceful, dishonourable or unprofessional conduct in respect of Patient A, by posting pre and post-operative images of her on his social media accounts without her consent; pressuring her to follow and contribute to his social media accounts; touching her in an inappropriate manner without her consent; making inappropriate comments to her; and being dismissive of her concerns." This doctor and his team had his patients sign many consent forms in fast succession without explaining them. And even once they're signed, acts of sexual misconduct can still be performed. In fact, anything goes it seems. If a patient signs a sensitive area consent form, then all it really does is protect the practitioner - basically covering the practitioner legally. Eg. Patient X consented to having her breasts touched so case closed - practitioner can basically get away with any contact with the breasts and get away with it? I will be very surprised if this doctor loses his licence or suffered any consequences. I look to some of the sexual misconduct cases that the CTCMPAO has thus far litigated. We the membership and the college end up paying the financial penalties for the individuals who have committed sexual misconduct against patients. Thankfully they seem to lose their licences, but they don't pay a penny to the college. We do. And more so, the patients who have been victimized do. Finally, I will say this, as a survivor of sexual abuse, as well as sexual misconduct by another professional. If a person with ill intentions wishes to commit sexual misconduct, they will go ahead and do so - consent form or not. All the form does is protect the practitioner and trigger a patient who has already experienced sexual abuse. Abuse stays with you forever - it NEVER GOES AWAY - and to be ROUTINELY reminded of the sensitive areas of my body so that they are not sexualized only serves to sexualize those areas of the body. Honestly, I feel that it further traumatizes me each time and it takes me a few days to get over it. Until the next time I have a massage. It's extremely uncomfortable. There really has got to be a better way. Make it easier for the public and practitioners to report sexual misconduct without having the victims and practitioners be further traumatized by the process of reporting. Thank you for trying to protect the public with this, but definitely A BIG HEARTFELT NO on a sensitive areas consent form.	
2	My concern with the sensitive areas section of written consent has more to do with how our profession will be view as compared to physicians, surgeons and nurses. While informed consent is important, it should be part of the original consent form and the initial discussion about consent. Verbal consent for ongoing treatment should be more than adequate, especially if the member is continuing with the same treatment plan. Furthermore, if this is to be ongoing written consent with each visit, this is something that can protect abusers because the patient doesn't feel like they have any recourse because they gave written consent to sensitive areas being treated. While I realize that this isn't the case and that patients do have recourse, few patients actually know this. I certainly didn't until I took the ethics component of the acupuncture program. I'm not convinced that chest wall muscles constitute a sensitive area. If this goes forward, perhaps a range of acupuncture points would help to clarify each sensitive area.	9/10/2019 3:03 PM
3	The introduction of sensitive consent every time a patient is coming in for hip pain, groin pain, sciatica, etc. does not make sense to me. Written consent is the worse type of consent. Most patients don't read the form. If they do read the sensitive areas consent and sign off their consent, and a practitioner touches them inappropriately, I fear that patients will think they have no recourse because they signed the form and thus consented to this unprofessional action. We are professionals, like Medical Doctors and Registered Nurses, and professionals keep their patient informed of what they are doing and why and continue to ask for consent as they work. That way the patient can withdraw their consent at the time in a clear way, by saying no. I am all for protecting the public and obtaining consent, but I'm afraid getting written consent every time will not achieve much. RMTs have fought back against the issues of sensitive area consent because it has the potential to protect a predator. This Principle will not protect against sexual abuse.	9/9/2019 6:28 PM
4	As a member of public, giving a written consent makes me feel I cannot take my consent down, or if something inappropriate happens, I feel I won't complain it to the college because there is a written consent with my name. Also, sexual abuse is not by the body parts, but the intension. I myself have few work near the breasts. it was totally professional and didn't feel sexual. BUT I had a treatment from someone else on my back and I felt awkward. the whole concept of consent thing is odd, I don't think this protects the public at all, but rather protecting the practitioner. Very odd.	9/9/2019 3:45 PM
5	people don't read, written consent gives an opportunity for a predator to hide in plain site with a signature on a piece of paper that can make a client feel powerless in retrospect should anything be done that the client feels unsure of. it also can make the verbal consent and communication less complete	9/9/2019 12:13 PM

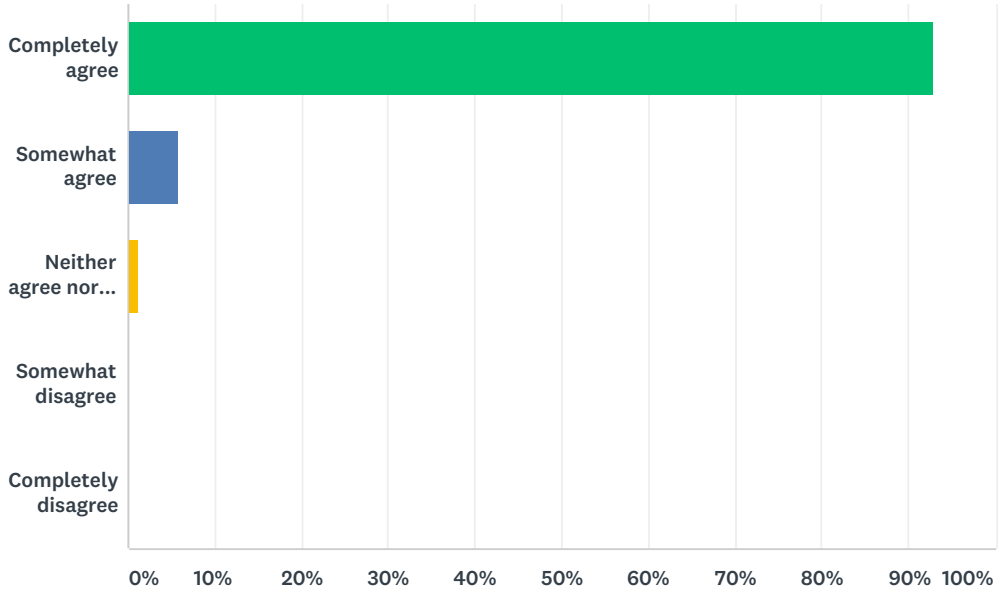
6	n.a	9/8/2019 4:41 PM
7	Let patient sing it each time.	9/8/2019 3:34 PM
8	For females, the abdomen (from symphysis pubis to umbilicus) can be a sensitive area in which I always ask for permission before treating. I'm surprised this was not included, yet the upper outer thigh was?	9/8/2019 12:12 PM
9	N/a	9/2/2019 4:26 AM
10	no	8/30/2019 2:45 PM
11	Touching genitals is very different from treating buttocks and calling both of these 'sensitive areas' does not fully capture the issue. Are we saying that we need written consent and a full documentation of each intake if we needle GB30 or use tuina on a glut? that seems kind of unreasonable. I do not see how this will prevent sexual abuse in any way. this just provides extraneous workload for therapists, exasperated clients and provides no real protection of the public. a better solution (obviously outside of our scope here) would be improvements in our broader justice system so victims know that their voices will be heard and their interests protected. this is not an issue for individuals regulatory bodies, but for the broader justice system. From the perspective of the client, signing a document which states that i gave consent to a therapist to touch my wherever DOES NOT protect me from the potentially inappropriate way that touch may be provided. it only results in removing MY power since i gave that consent. do you understand the issue here??	8/30/2019 1:11 PM
12	everything is correct	8/30/2019 6:12 AM
13	Verbal consent can also ensure the patient knows what is going to occur. The sensitive areas listed are too extensive. It should be restricted to just the genitals.	8/29/2019 2:51 PM
14	Sexual organs are extremely caution required.	8/29/2019 1:11 PM
15	0	8/14/2019 11:51 AM
16	written consent is helpful, but not the only thing that makes up consent. it is only some evidence that consent was obtained.	7/25/2019 7:32 AM
17	It is making an issue out of a non issue by having this consent formed signed each time. Verbal/oral consent should suffice.	7/24/2019 6:17 PM
18	It seems that taking a blanket approach to treating sensitive areas does not fit the needs of acupuncture and TCM treatments. We often treat patients for fertility or gynaecological issues, and to make them consent each treatment can stigmatize the process and ultimately lead to the patient feeling unsafe.	7/24/2019 3:21 PM
19	Obtaining sensitive area consent (mentioning penis, Vagina) may make patients worry regarding treatment especially people who never had acupuncture treatment	7/19/2019 1:06 PM
20	Requiring the need for written consent each time before touching a sensitive area is absolute overkill. This would be a logistical nightmare which would severely and negatively impact the quality of treatment that is given. It would significantly slow down the treatment time and would not give any extra empowerment to the patient. Rather, it would protect any potential sexual perpetrators who could use this written consent as a way to cover themselves. Express consent should be enough for any professional to work with. Medical doctors are held to those same standards as well. Having the patient fill out extra forms each time, when they have already consented to your care and expertise, would significantly alienate the patient-practitioner relationship. These same stringent guidelines have been imposed on RMTs and has impacted the way they treat their clientele. I know as a massage client, I hate having to sign all these extra forms which are demeaning and treat me as if I cannot make my own decisions. It does not make me "feel protected", but rather more vulnerable. If I were to be touched in an inappropriate and unprofessional manner, I would feel as if I had signed away my consent and had no power to take it away. If my consent were verbal, I would feel more comfortable in retracting it and voicing my concerns. Our profession should strive to be seen in a similar to medical doctors, and not as massage therapists that needle.	7/18/2019 7:16 AM
21	Time consuming and not necc for acupuncture. Weird. As a patient, I feel this is wasting my money during treatment and makes everything awkward. Considering the majority of my therapists are female and from what I understand most Acu's are female in Ontario and 99% of sexual assualts are done by men, this is stupid.	7/18/2019 6:53 AM

22	Not sure what is in the consent template form. The sensitive areas for each patient would be different, so limiting to only the areas stated above would be unfair to the patients whose sensitive areas not listed. A continuous communication during treatment is better for the patient than a consent written before the treatment, it keeps the communication open between patient and practitioner, keeps the patient more at ease and comfortable, make it easier to change their mind or say no when they feel uncomfortable, rather than relying on written consent. TCM is also more of a medical profession than massage therapy, it may confuse the patient's understanding of TCM and view it more as massage therapy if the consent was to imitate theirs. Rather the understanding and expectation of TCM is more beneficial for the patient if they understand it as healthcare, and come to take care of their health issues different than that of massage therapy. If a patient doesn't understand that, then they may not get the help for themselves that they need.	7/17/2019 6:56 PM
23	Written consent is unnecessary when it comes to contact with sensitive areas. R.ACs and RTCMPs are professionals who are capable of verbally communicating and explaining procedures, including palpation of sensitive areas for the purposes of best treatment. Written consent has the potential to protect an unsavoury practitioner, rather than the patient. I do not agree that it is necessary to get written consent for sensitive areas.	7/17/2019 3:03 PM
24	I don't think that asking a WRITTEN consent every time we have to needle a sensitive area is going to help our profession. Explaining verbally and getting a verbal consent is in my opinion sufficient, and is keeping the entire treatment more fluid and simple. Some patients find it annoying to have to fill all the paperworks. Also, it puts our profession on a different level as the other health practitioners. Why would it be different than with the nurses or doctors? We should be considered health professionals. Needling GB30 or CV17 should not be perceived differently that needling any other "non-sensitive" region. Also, what is a sensitive area? Some people might be triggered while we touch their feet and not their buttock. Active listening, empathy and constant communication with our patients is way more important here than additional paperwork. I believe it also gives more power to these dishonest practitioners. It keeps the patient linked to the written consent, and I would be afraid patients don't understand they can withdraw consent at anytime. The fact that it is put on paper, gives a protection and more leverage to the practitioners who would abuse from the situation.	7/17/2019 12:18 PM
25	It is NOT necessary to define a sensitive area to restrain assessment or treatment for the best interest of patients. Some experienced and trained practitioners (R.Ac/R.TCMP or other health professionals) treat “sensitive areas” rely heavily on doing assessment by palpating and conducting direct treatment on breast tissues including nipples and alveoli, and pelvic floors from vaginal/ anus with an oral consent (after thoroughly explained the rationale why it is needed, what’s outcome/ risks etc) An enforcement of written consent specific to “sensitive areas” fundamentally set us apart from medical professions. A MD, physiotherapists, chiropractors, nurses do not require a written consent to perform such assessment/treatment. As a RMT, from last 2 years experience since the new consent policy regarding sensitive area has been effective, clients report that such forms make them feel vulnerable, as it makes them feel the forms are to protect the RMT not the patients, especially when the patient needs to sign before every single treatment . It is a good idea to have a written consent for a treatment plan for any body parts. I strongly disagree that I will need to have a written consent on each treatment just because there is breast or chest wall etc. involved. Sexual abuse or perception of sexual abuse can happen with touching or not touching any body parts. The best way to prevent such occurrence is by educating the practitioners to explain the treatment plan thoroughly just like any other treatments with or without involvement of certain body areas. The consent form template is helpful, if it is a general one - not specifying for any body parts.	7/17/2019 8:55 AM
26	I think the sensitive areas is too broad and should be only inner thighs, penis, vagina and breasts	7/16/2019 10:45 AM
27	Many RMTs have noted that having a specific consent form for sensitive areas reduces patients feeling of empowerment rather than improving it. Written consent to touch sensitive areas can provide a smokescreen for inappropriate acts. Look at the case of the USA gymnastics coach as an example. He had consent from the parents and still abused dozens of people.	7/16/2019 4:41 AM
28	NO WRITTEN CONSENT. Patients will feel less empowered to change their mind after “signing’ the consent.	7/15/2019 4:46 PM
29	Patient safety is paramount, however I don't believe we need explicit written consent for sensitive areas. CMTO has implemented this and was very cumbersome/unpopular with their members. Verbal consent should be the standard.	7/15/2019 4:56 AM
30	Chest wall muscles? This is unclear. Does this mean chest wall muscles that are interior to breast tissue? Or does it mean chest wall muscles that are not under breast tissue - if so, I do not agree there is a need for written consent.	7/13/2019 2:49 PM

31	The College should make clear to all institutions and clinics what THEY expect on a consent form.	7/13/2019 12:57 PM
32	Disagree on inclusion of buttocks as sensitive areas. Respectfully draped buttocks allow treatment of points indicated in low back pain and sciatica.	7/12/2019 8:05 AM

Q13 It is important that patients understand their right to withdraw consent at any time.

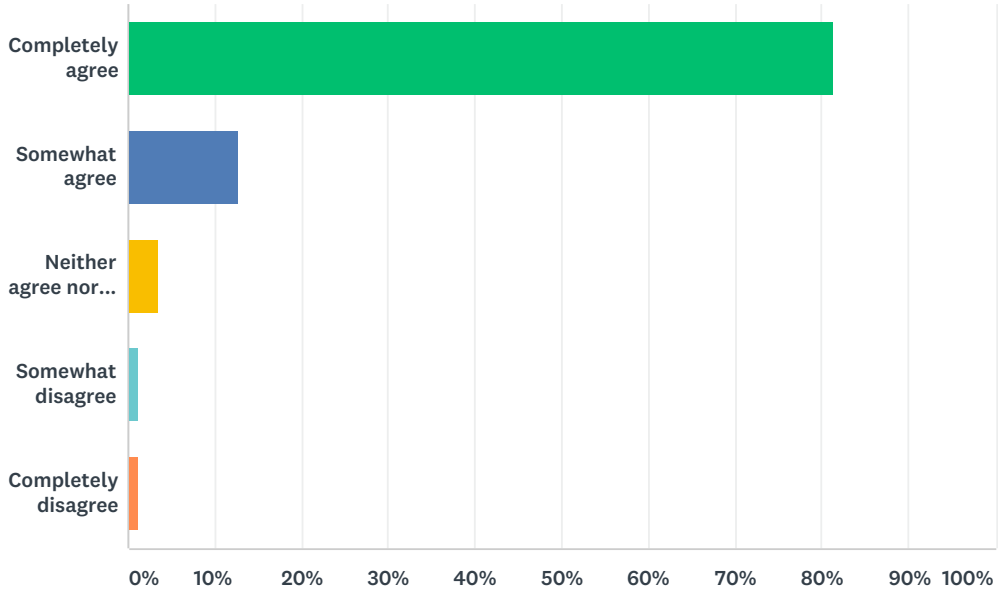
Answered: 85 Skipped: 23



ANSWER CHOICES	RESPONSES	
Completely agree	92.94%	79
Somewhat agree	5.88%	5
Neither agree nor disagree	1.18%	1
Somewhat disagree	0.00%	0
Completely disagree	0.00%	0
TOTAL		85

Q14 It is clear what information should be recorded if a patient withdraws their consent.

Answered: 86 Skipped: 22



ANSWER CHOICES	RESPONSES	
Completely agree	81.40%	70
Somewhat agree	12.79%	11
Neither agree nor disagree	3.49%	3
Somewhat disagree	1.16%	1
Completely disagree	1.16%	1
TOTAL		86

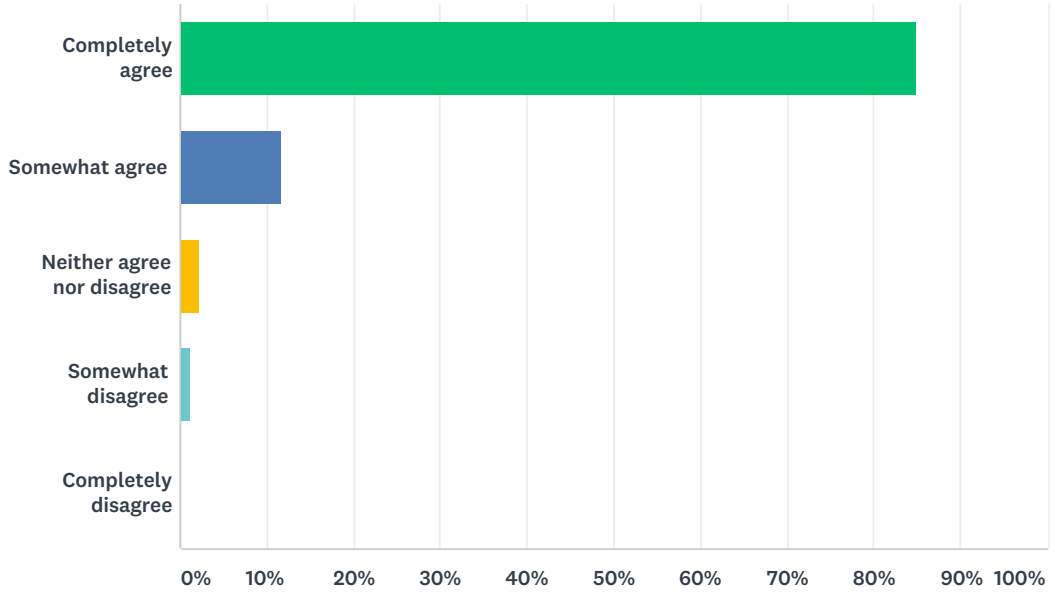
Q15 Please provide any additional comments to this principle.

Answered: 10 Skipped: 98

#	RESPONSES	DATE
1	Absolutely agree. This is part of every treatment and verbally discussed and marked on my chart - VCO - verbal consent obtained	9/10/2019 8:59 PM
2	Who knows if such withdraw consent is recorded? I just can't see the whole thing work.	9/9/2019 3:46 PM
3	n.a	9/8/2019 4:41 PM
4	sign is need	9/8/2019 3:34 PM
5	N/a	9/2/2019 4:26 AM
6	no	8/30/2019 2:45 PM
7	everything is correct	8/30/2019 6:12 AM
8	explanations of what will happen without treatment should not be done in a way that is coercive or creates a fear based decision.	8/29/2019 2:52 PM
9	0	8/14/2019 11:51 AM
10	Patient may not understand, and even if they do they may avoid withdrawal as they do not want to create tension or conflict.	7/17/2019 6:57 PM

Q16 It is clear when practitioners must get consent to collect, use, or share personal health information

Answered: 86 Skipped: 22



ANSWER CHOICES	RESPONSES	
Completely agree	84.88%	73
Somewhat agree	11.63%	10
Neither agree nor disagree	2.33%	2
Somewhat disagree	1.16%	1
Completely disagree	0.00%	0
TOTAL		86

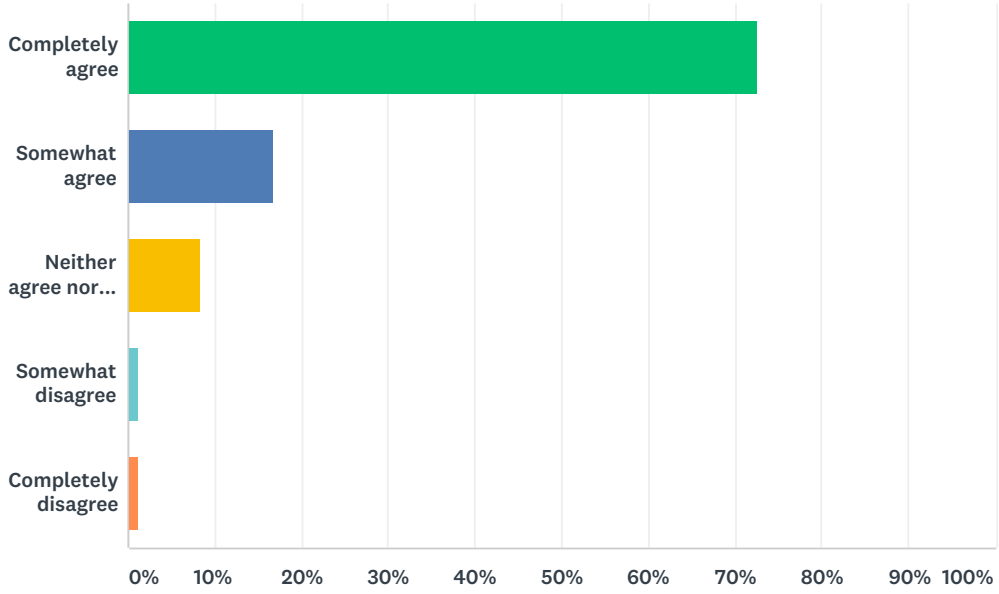
Q17 Please provide any additional comments to this principle

Answered: 10 Skipped: 98

#	RESPONSES	DATE
1	If a patient is threatening self harm or if you suspect that an adult patient is at risk of domestic violence, it's not 100% crystal clear who we report this to. It's clear if it's a child, but not 100% clear. To which authority or practitioner do we report to? Family doctor or other medical professional listed in patient's file. Police? Emergency Contact? etc. Can the college clarify this important information that isn't quite spelled out in the Jurisprudence and Safety Manuals. Or can there be a webinar or short course provided by the college? Just to make it very clear. Thank you.	9/10/2019 9:04 PM
2	to share with other health care providers in the act says is ok. what does that mean? same clinic? the clients health care team?	9/9/2019 12:15 PM
3	n.a	9/8/2019 4:41 PM
4	N/a	9/2/2019 4:27 AM
5	no	8/30/2019 2:46 PM
6	everything is correct	8/30/2019 6:13 AM
7	unclear about implied versus express consent regarding the collection and use of personal information.	8/29/2019 2:54 PM
8	0	8/14/2019 11:52 AM
9	consent to collect is something my patients find confusing and when given the college's form, they have said no because it is too confusing	7/16/2019 10:46 AM
10	I disagree with the sharing of personal information of any kind without patient consent. It is not right to disclose any person's personal information without knowledge and consent, regardless of the position of the person requesting access.	7/13/2019 2:54 PM

Q18 The standard is easy to understand.

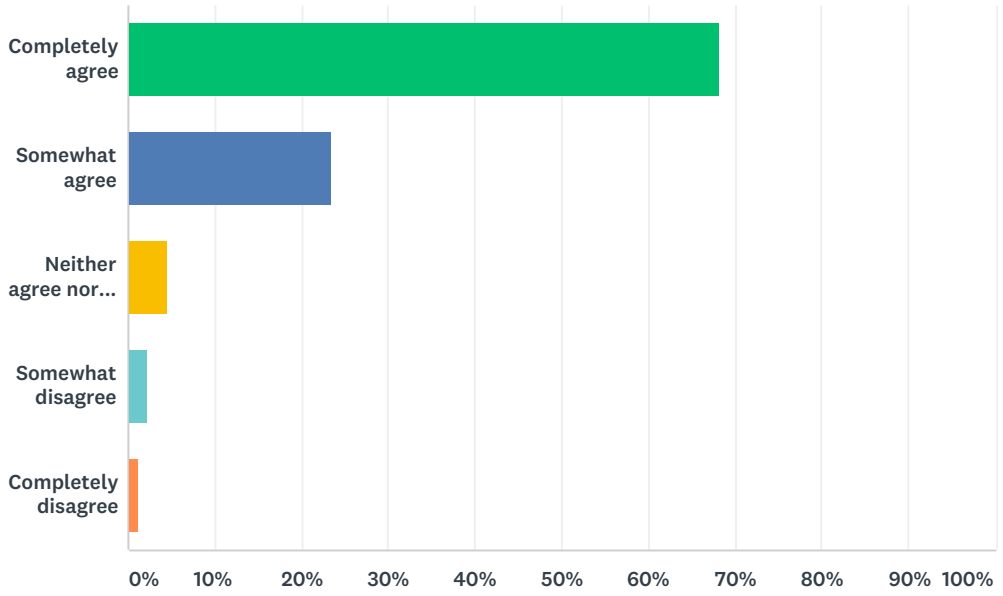
Answered: 84 Skipped: 24



ANSWER CHOICES	RESPONSES	
Completely agree	72.62%	61
Somewhat agree	16.67%	14
Neither agree nor disagree	8.33%	7
Somewhat disagree	1.19%	1
Completely disagree	1.19%	1
TOTAL		84

Q19 The standard is clearly written.

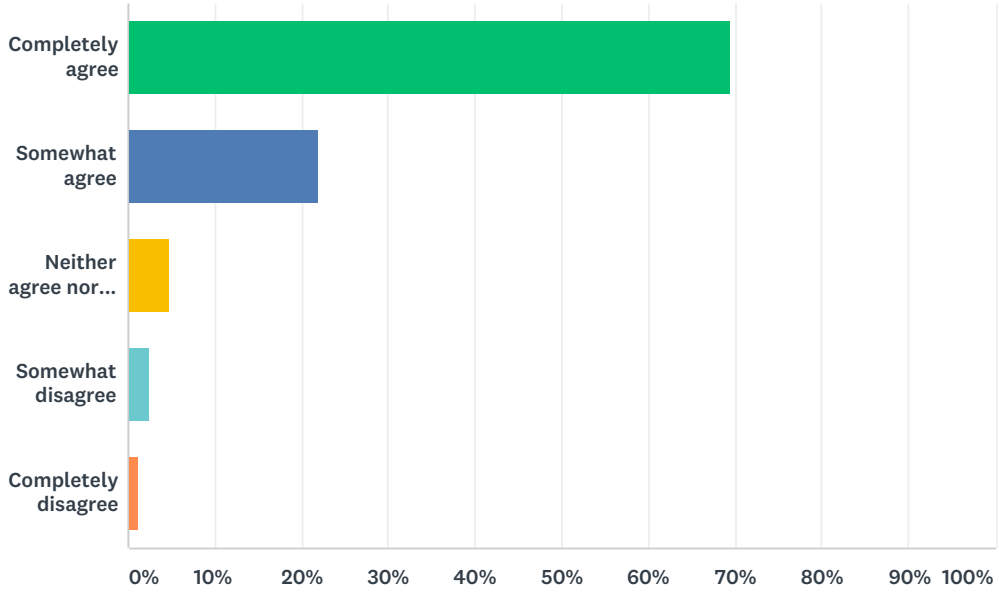
Answered: 85 Skipped: 23



ANSWER CHOICES	RESPONSES	
Completely agree	68.24%	58
Somewhat agree	23.53%	20
Neither agree nor disagree	4.71%	4
Somewhat disagree	2.35%	2
Completely disagree	1.18%	1
TOTAL		85

Q20 The standard is well organized.

Answered: 82 Skipped: 26



ANSWER CHOICES	RESPONSES	
Completely agree	69.51%	57
Somewhat agree	21.95%	18
Neither agree nor disagree	4.88%	4
Somewhat disagree	2.44%	2
Completely disagree	1.22%	1
TOTAL		82

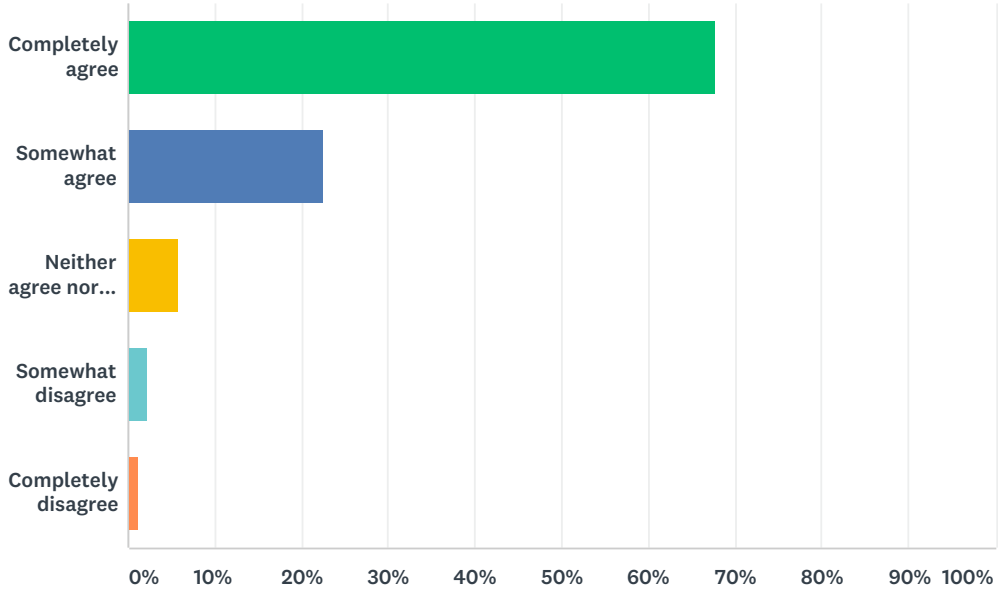
Q21 How can we improve the standard’s clarity?

Answered: 12 Skipped: 96

#	RESPONSES	DATE
1	In SDM's numbered 1-3, it seems clear that there will be some kind of legal documentation available to confirm that they are a SDM. For SDM's 4-8 it's not clear if there is legal documentation to prove that the SDM is legally entitled to be the patient's SDM and the procedure to confirm this. In some situations, this could be unclear. Any support and guidance on how to handle this would be appreciated.	9/10/2019 9:09 PM
2	The whole sensitive consent thing is missing the most important piece, the patient/public. Signing consent gives practitioners more power, and disempowers the patients. Very concerning proposal!	9/9/2019 3:47 PM
3	n.a	9/8/2019 4:42 PM
4	More examples	9/2/2019 4:27 AM
5	no	8/30/2019 2:46 PM
6	everything is correct	8/30/2019 6:13 AM
7	providing templates or more examples	8/29/2019 2:55 PM
8	0	8/14/2019 11:52 AM
9	I think examples on every scenario could be added for an additional clarity.	7/17/2019 12:22 PM
10	Focus on patient, not practitioners.	7/17/2019 9:23 AM
11	As stated on the previous page - it seems to be a double-standard, contradictory in certain aspects.	7/13/2019 2:56 PM
12	Be precise in the wording and expectations	7/13/2019 12:59 PM

Q22 The standard is comprehensive.

Answered: 84 Skipped: 24



ANSWER CHOICES	RESPONSES	
Completely agree	67.86%	57
Somewhat agree	22.62%	19
Neither agree nor disagree	5.95%	5
Somewhat disagree	2.38%	2
Completely disagree	1.19%	1
TOTAL		84

Q23 How can the standard be made more comprehensive?

Answered: 7 Skipped: 101

#	RESPONSES	DATE
1	I think Principle 3 makes the standard too comprehensive and the College is loosing sight of what actually is important - finding and removing those practitioners who are not behaving professionally.	9/9/2019 6:31 PM
2	n.a	9/8/2019 4:42 PM
3	N/a	9/2/2019 4:27 AM
4	no	8/30/2019 2:47 PM
5	everything is correct	8/30/2019 6:13 AM
6	provide more flexibility that reflects real life scenarios	8/29/2019 2:55 PM
7	0	8/14/2019 11:52 AM

Q24 Do you have any practical suggestions for members with regards to consent?

Answered: 24 Skipped: 84

#	RESPONSES	DATE
1	Clear verbal consent each and every time. NO SENSITIVE AREAS CONSENT FORM	9/10/2019 9:14 PM
2	No written consent. Train your members well in school.	9/9/2019 3:48 PM
3	consent for body points not areas. its too vague. buttocks/chest wall breasts too large of a term. Sp21,KD27, GB30, bL32 these points are not sexual and too import to have to tip toe around.	9/9/2019 12:20 PM
4	n.a	9/8/2019 4:42 PM
5	NO.	9/8/2019 4:08 PM
6	no	9/8/2019 3:35 PM
7	No	9/5/2019 12:25 PM
8	N/a	9/2/2019 4:28 AM
9	no	8/30/2019 2:47 PM
10	everything is correct	8/30/2019 6:13 AM
11	The patient must read the consent, then the member must clarify everything is clear and only then ask to sign the consent	8/29/2019 3:54 PM
12	not at this time	8/29/2019 2:56 PM
13	0	8/14/2019 11:53 AM
14	provide webinars and meetings for practitioners	8/6/2019 12:11 PM
15	Should be provided in multi-languages for a multicultural community and country	7/30/2019 10:14 AM
16	no	7/25/2019 2:21 PM
17	Obtaining written consent for each body part will harm our profession.	7/18/2019 7:22 AM
18	the private area consent really should be quick and user friendly. I have to hand write one with my RMT and it's very annoying. I don't think it's needed however please ensure that patients can electronically sign them to speed everything up!!	7/18/2019 6:55 AM
19	Yes. About the written consent for sensitive area. I input my thoughts earlier.	7/17/2019 12:27 PM
20	Inform patients that they are in control of the treatment and that you are able to adjust treatment to meet their needs at all times	7/16/2019 4:46 AM
21	No	7/13/2019 1:01 PM
22	Be sure to verbally explain to the patient what they are consenting to prior to having them perform any type of written consent. Ask questions to ensure that the patient understands what they are consenting to.	7/13/2019 7:27 AM
23	N/A	7/12/2019 4:45 PM
24	Read: Derry D, (2009), Iodine: the Forgotten Weapon Against Influenza Viruses, Thyroid Science 4(9):R1-5.	7/12/2019 7:41 AM

Q25 Are there any other key resources on consent that you think should be linked in the standard?

Answered: 19 Skipped: 89

#	RESPONSES	DATE
1	Perhaps some kind of mandatory consent training workshop or obtaining consent scripts can be distributed to CTCMPAO members and the public. Perhaps offered in various languages. This is so important, that it needs to be drilled in so any good resources about consent are very important.	9/10/2019 9:14 PM
2	No. whole idea is bad!	9/9/2019 3:48 PM
3	n.a	9/8/2019 4:42 PM
4	NO.	9/8/2019 4:08 PM
5	No	9/5/2019 12:25 PM
6	N/a	9/2/2019 4:28 AM
7	no	8/30/2019 2:47 PM
8	everything is correct	8/30/2019 6:13 AM
9	no	8/29/2019 3:54 PM
10	not at this time	8/29/2019 2:56 PM
11	0	8/14/2019 11:53 AM
12	other health care profession standards such as college of surgeons and physicians	8/6/2019 12:11 PM
13	avoiding legal jargon to be understandable for patients	7/30/2019 10:14 AM
14	no	7/25/2019 2:21 PM
15	I can't think of anything right now.	7/17/2019 12:27 PM
16	Compare other health area practitioners.	7/17/2019 9:24 AM
17	No	7/13/2019 1:01 PM
18	None	7/13/2019 7:27 AM
19	N/A	7/12/2019 4:45 PM

Q26 Is there anything that relates to consent that was not addressed?

Answered: 18 Skipped: 90

#	RESPONSES	DATE
1	Clear verbal consent, obtained every single time. Written consent for sensitive areas only sexualizes the sensitive areas.	9/10/2019 9:14 PM
2	The potential problem of (over- or hyper-) sexualizing an area like the gluteal region (ie Gallbladder point or sacral points) by the very fact of automatically emphasizing it as a “sensitive” area...	9/9/2019 7:19 PM
3	Psychoemotional dynamics that would happen between patients and practitoners. Patients NEVER feel equal in the treatment setting!!!	9/9/2019 3:48 PM
4	consent to needle versus consent to palpate over sheets verses direct on skin	9/9/2019 12:20 PM
5	n.a	9/8/2019 4:42 PM
6	NO.	9/8/2019 4:08 PM
7	No	9/5/2019 12:25 PM
8	N/a	9/2/2019 4:28 AM
9	no	8/30/2019 2:47 PM
10	everything is correct	8/30/2019 6:13 AM
11	No	8/29/2019 3:54 PM
12	consent regarding personal information when performing treatments in a group setting	8/29/2019 2:56 PM
13	0	8/14/2019 11:53 AM
14	no comment	7/30/2019 10:14 AM
15	no	7/25/2019 2:21 PM
16	For some people, explaining to a patient everything they need to know so they can make their own decision about consent is very clear and natural. For some others, I guess it is not as simple. Adding some example (texts) on how to explain the different aspects of a treatment could be a good idea.	7/17/2019 12:27 PM
17	Yes. Exactly what the College expects as expectations differ from the written standard	7/13/2019 1:01 PM
18	no	7/12/2019 4:45 PM

Q27 Are there any additional comments you would like to make?

Answered: 13 Skipped: 95

#	RESPONSES	DATE
1	n.a	9/8/2019 4:42 PM
2	NO.	9/8/2019 4:08 PM
3	No	9/5/2019 12:25 PM
4	N/a	9/2/2019 4:28 AM
5	no	8/30/2019 2:47 PM
6	everything is correct	8/30/2019 6:13 AM
7	not at this time	8/29/2019 2:56 PM
8	0	8/14/2019 11:53 AM
9	no	7/25/2019 2:21 PM
10	I personally think that obtaining written sensitive area consent is enough for only initial patient's visit and verbal consent for follow up each treatments. Written consent might be updated the written once a year. This is because asking to sign for consent form each appoint may annoy patient by taking their time . In fact, some patients are annoyed even verbal consent every time when I asked for especially when they are trying to relax on the table	7/19/2019 1:37 PM
11	I would like to reiterate that getting written consent for sensitive areas is not something that will protect the patient. An abuser will use that consent to their favour, leaving the patient very vulnerable. Trust that most practitioners can and will adequately explain verbally, the reason for treatment in all areas, including those deemed "sensitive". Just as doctors and nurses do not need consent to provide treatment in these areas, R.Acs and RTCMPs do not.	7/17/2019 3:14 PM
12	No	7/13/2019 1:01 PM
13	no	7/12/2019 4:45 PM

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

Meeting Date:	September 30, 2019
Issue:	Standard for Maintaining Professional Boundaries
Reported By:	Leanne Cheng
Action:	Motion

Issue

The Standard for Maintaining Professional Boundaries has completed external consultation. The Patient Relations Committee has reviewed the feedback and move the Standard forward to Council for approval.

Background

At the June 20, 2019 Council meeting, the Standard for Maintaining Professional Boundaries was approved for external consultation. A survey to collect feedback on the standard was released on July 12, 2019 and closed on September 10, 2019.

The College has received 303 responses to the survey. Over 97% have indicated that they live in Ontario and are either a member of the College or a student of TCM. The format and language of the standard received following feedback:

- 89% agreed that the standard is easy to understand
- 90% agreed that the standard is clearly written
- 90% agreed that the standard is well organized
- 88% agreed that the standard is comprehensive

Feedback was also sought on the principles within the standard.

Principle 1: Members should refrain from treating people with whom they have a close personal relationship.

- 60% agreed that dual relationships impact professional judgement.
- 90% agreed that members should determine when it is appropriate to treat people of close personal relationships

Principle 2: Members must set professional boundaries with each patient.

- 92% agreed that that the factors that impact the professional boundary and clearly understood
- 89% agreed that professional boundaries are necessary between members and patient's families, caregivers and support persons

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

Principle 3: Members must maintain professional boundaries with their patients.

- 85% agreed that there are sufficient examples of boundary violations to explain its meaning
- 92% agreed that the definition of a boundary crossing is understood
- 96% agreed that the steps to take when terminating a patient-practitioner relationship is clearly understood

Principle 4: Members must safeguard the privacy and dignity of their patients.

- 95% agree that there are sufficient examples of measures that members can take to increase patient comfort
- 86% agreed that when members must obtain written consent is clearly understood

Summary of Feedback

Based on the feedback received, there is no strong opposition to any of the principles in this standard. The Committee recommends that the Standard is approved and comes into effect on January 1, 2020. This would allow time to create educational tools, such as webinars and guidelines, to provide guidance on the concerns addressed by respondents. These topics include:

- How dual relationships can impact the professional judgement of a member.
- When members should not treat people with whom they have a close personal relationship.
- The legislated mandate that regulated health professions are not permitted to treat their spouses.
- Scenarios/examples for giving and receiving gifts and acceptable ways to converse with patients.
- What members can do when the patient crosses the professional boundary.

Motion

To approve the standard without any revisions. Staff recommend that the standard will take effect on January 1, 2020. This allow time for members to adjust their practice and for the College to develop education tools.

Standard for Maintaining Professional Boundaries

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

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

This standard addresses the following principles:

Principle 1: Members should refrain from treating people with whom they have a close personal relationship.

Members should refrain from treating people with whom they have a close personal relationship, such as a friend, relative, or business partner. Strong personal, emotional, or business ties can impair a member's professional judgement.

Members must never treat a spouse or a person with whom they have a sexual relationship, except in an emergency.

Applying the principle to practice

Members may need to treat a person with whom they have a close personal relationship if there is no other option available for the required service. This could occur, for example when the member is in a remote area, or when a patient has suffered past trauma and requires treatment from someone they know well. In these cases, the member must inform the patient about the potential boundary and conflict of interest issues.

Emergencies

Members may provide services in an emergency. An emergency is when there is a reason to believe that a person will suffer severely or risk serious bodily harm unless they receive treatment right away. If possible, members must transfer patient care to another health professional as soon as they can.

Record keeping

Members must record the reasons why they have treated a person with whom they have a close personal relationship. They must note the discussions they had with the patient about potential boundary and conflict of interest issues.

When they transfer the patient's care to another healthcare professional, they must make a complete note of this in the patient's record.

Principle 2: Members must set professional boundaries with each patient.

The responsibility for setting boundaries in the patient-practitioner relationship rests with the member. Each patient's boundaries will be unique to their own experiences, including their culture, gender, age, beliefs, values, and sexual identity. It is important to be sensitive to any history of trauma.

Applying the principle to practice

Members must touch patients only in a therapeutic manner. They must ensure that their behaviour or remarks cannot be interpreted as inappropriate or offensive.

Here are some examples of situations that pose the risk of a boundary violation:

- disclosing information about the member's personal life to a patient
- giving or receiving gifts
- taking part in business or leisure activities with a patient
- making comments or gestures that are not directly related to clinical care.

Members must also set and maintain appropriate boundaries with patients' families, caregivers, and support persons.

Record keeping

Members must note in each patient's file anything that will affect or place limits on the patient's personal boundaries, such as a history of trauma.

Principle 3: Members must maintain professional boundaries with their patients.

Sometimes a member may cross a professional boundary in a harmless and therapeutic manner. While a single boundary crossing may not cause harm, a series of such crossings may lead to a boundary violation.

That is why members must monitor professional boundaries as the patient-practitioner relationship develops and make changes as needed.

Applying the principle to practice

Whenever something occurs that could lead to a boundary violation, move quickly to address it. Identify the breach and correct the inappropriate behaviour.

If a member finds that they cannot maintain professional boundaries, they must take these steps to end the patient-practitioner relationship:

1. Provide notice to the patient of the decision.
2. Help the patient find another practitioner.
3. Explain the fees for providing the patient with a copy of their record or transferring a copy to their new practitioner.

Record keeping

Members must document boundary crossings or violations and any corrective actions taken in the patient record.

If the member ends the patient-practitioner relationship, they must record the reasons and actions taken.

Principle 4: Members must safeguard the privacy and dignity of their patients.

Members must talk openly with their patients about assessment and treatment procedures, such as touching and positioning, that could impose on their personal boundaries.

Applying the principle to practice

Members must discuss the measures they can take to make their patient more comfortable, such as:

- providing them with a secure and private place to undress
- using draping techniques during assessment and treatment
- having a third person whom the patient trusts present for support.

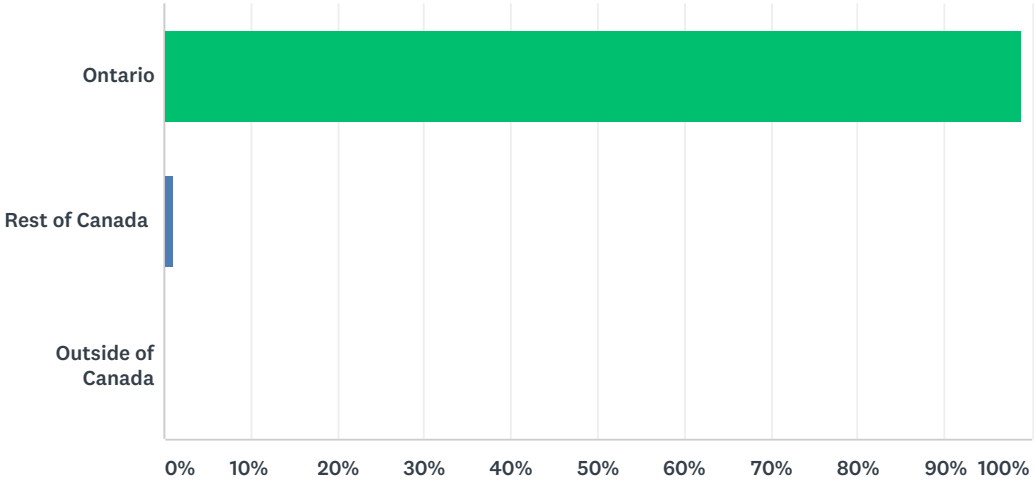
Members must always obtain written consent from the patient for procedures that involve contact with sensitive areas.

Record keeping

Members must keep the patient's written consent for contact with sensitive areas on file, as well as any other measures taken, such as having a trusted third person present.

Q1 Do you live in…

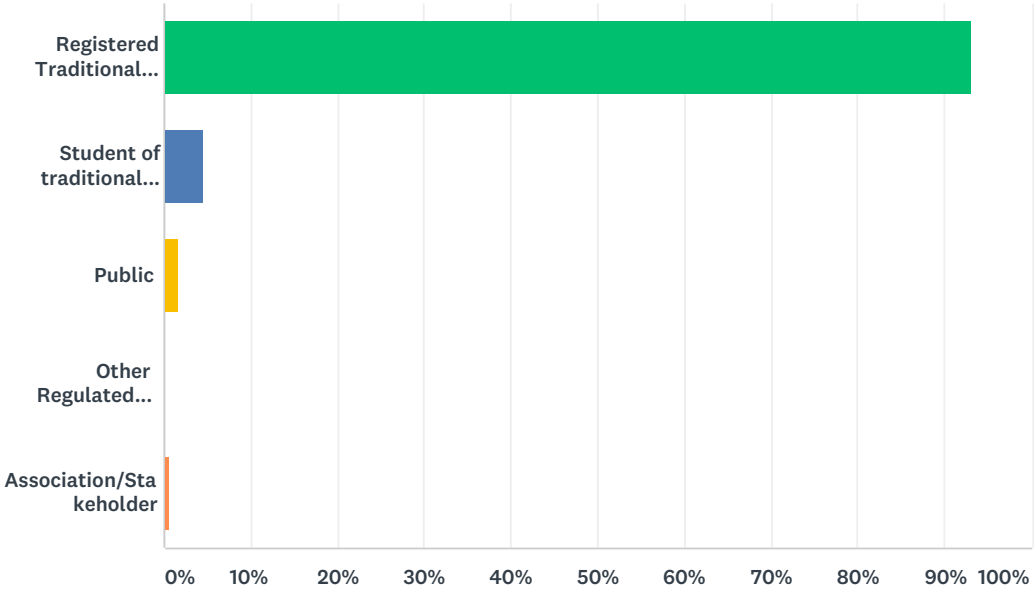
Answered: 302 Skipped: 1



ANSWER CHOICES	RESPONSES	
Ontario	99.01%	299
Rest of Canada	0.99%	3
Outside of Canada	0.00%	0
TOTAL		302

Q2 Are you a …? (Select one)

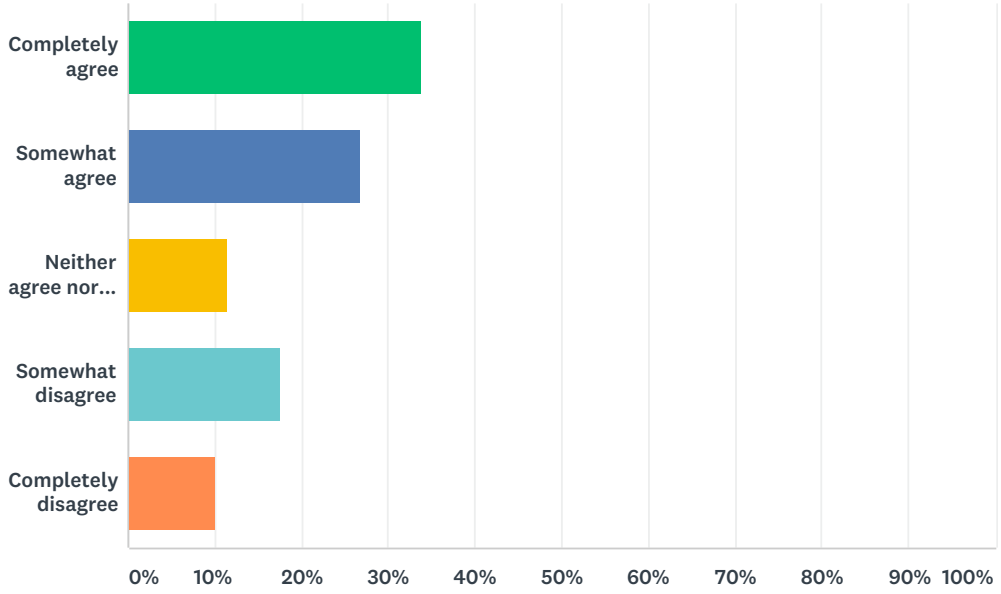
Answered: 300 Skipped: 3



ANSWER CHOICES	RESPONSES	
Registered Traditional Chinese Medicine Practitioner/Registered Acupuncturist	93.00%	279
Student of traditional Chinese Medicine	4.67%	14
Public	1.67%	5
Other Regulated Health Professional	0.00%	0
Association/Stakeholder	0.67%	2
TOTAL		300

Q3 Dual relationships impact the professional judgement of the member.

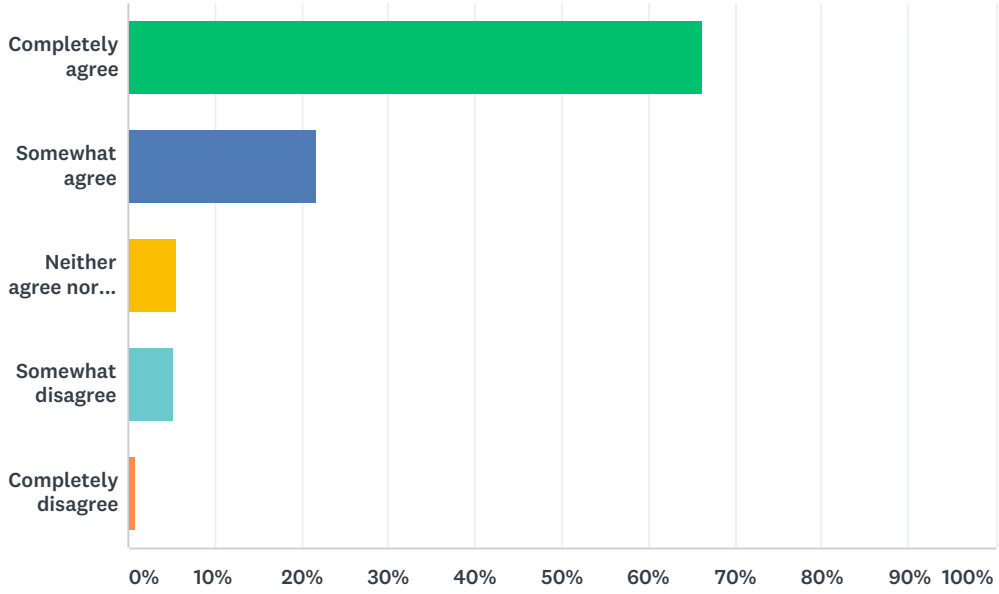
Answered: 227 Skipped: 76



ANSWER CHOICES	RESPONSES	
Completely agree	33.92%	77
Somewhat agree	26.87%	61
Neither agree nor disagree	11.45%	26
Somewhat disagree	17.62%	40
Completely disagree	10.13%	23
TOTAL		227

Q4 The definition of an emergency is clearly understood.

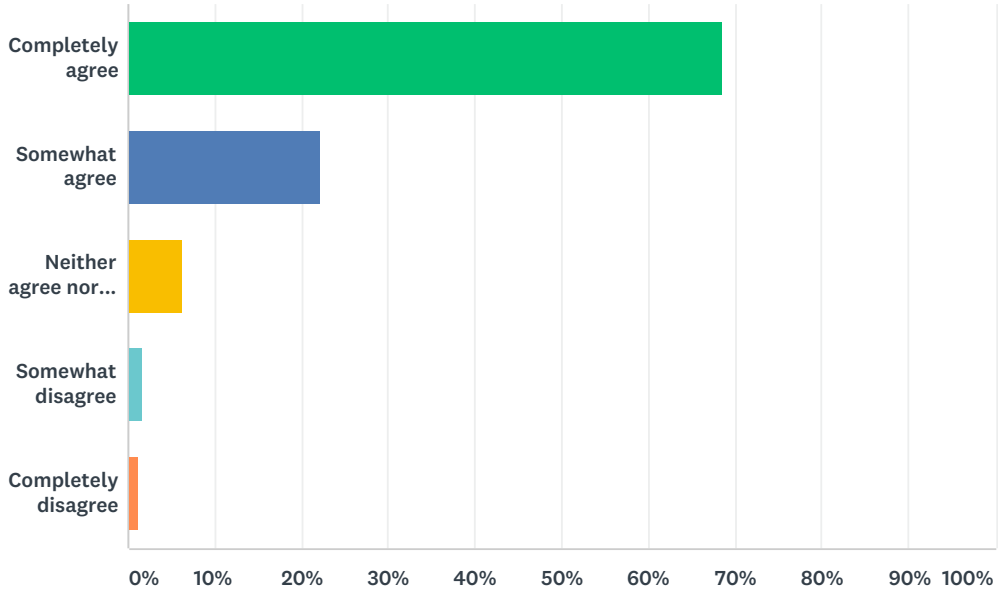
Answered: 226 Skipped: 77



ANSWER CHOICES	RESPONSES	
Completely agree	66.37%	150
Somewhat agree	21.68%	49
Neither agree nor disagree	5.75%	13
Somewhat disagree	5.31%	12
Completely disagree	0.88%	2
TOTAL		226

Q5 Members should determine when it is appropriate to treat people of close personal relationships (except for spouses and sexual partners).

Answered: 226 Skipped: 77



ANSWER CHOICES	RESPONSES	
Completely agree	68.58%	155
Somewhat agree	22.12%	50
Neither agree nor disagree	6.19%	14
Somewhat disagree	1.77%	4
Completely disagree	1.33%	3
TOTAL		226

Q6 Please provide any additional comments to this principle.

Answered: 76 Skipped: 227

#	RESPONSES	DATE
1	Nothing to add. Thank you.	9/10/2019 6:12 PM
2	depending on circumstances	9/10/2019 9:15 AM
3	If there is a condition that requires treatment, members should be able to explain to the person about professional boundaries they have, and then work within those boundaries and treat the condition.	9/10/2019 8:51 AM
4	While I agree that it's important to maintain a professional relationship with patients and potential patients, it's also important to be able to determine if a professional relationship can be maintained with a dual relationship when the professional lives and works in a rural area. Furthermore, some individuals prefer to see a professional they know or have met previously because they feel comfortable with the person and are able to be more vulnerable when it comes to opening up about what's happening. I strongly disagree that the treatment of a spouse should be limited to emergency situations only. If a spouse has a head cold starting, treating with acupuncture, cupping and gua aha is no different than treating with over the counter cold medications or essential oils in terms of treatment. It differs only in choice of modalities and effectiveness. Additionally, treatment of a spouse should be permitted when there is undue hardship for the spouse to receive treatment if the professional is unable to provide that treatment. An example of this would be having to take time off work or travel longer distances to receive treatment from a professional who isn't their spouse.	9/10/2019 4:54 AM
5	It is difficult to avoid dual relationships when living in a small community but it can be done.	9/10/2019 4:16 AM
6	OK.	9/9/2019 8:37 AM
7	In small communities you know everyone, also treating a person for many years you come to know them well if there coming on a regular basis	9/9/2019 8:30 AM
8	n.a	9/8/2019 4:35 PM
9	The friend and family member need treatment should be ok. But no receipt provide.	9/8/2019 2:55 PM
10	This is should be addressed by a case by case basis	9/8/2019 11:48 AM
11	Member should also be given the ability to judge wheather can treat or not for spouses	9/6/2019 12:10 PM
12	NO COMMENTS	9/5/2019 11:50 PM
13	TCM and acupuncture have been used for thousands years to help family , friends, and patients. It is a Chinese traditional to look after your parents, your family .	9/5/2019 6:11 AM
14	noyet	9/2/2019 8:08 PM
15	N/a, very clear	9/2/2019 4:14 AM
16	No	9/1/2019 1:05 PM
17	No comments	8/31/2019 10:50 AM
18	It's not eAy to distinguish what's the improper relationship between practitioner and patients	8/30/2019 3:28 PM
19	Ч	8/30/2019 3:18 PM
20	no	8/30/2019 2:55 PM
21	None	8/30/2019 6:26 AM
22	I agree	8/30/2019 5:57 AM
23	Should be good relationship between health providers and patient but must be boundary between the provider and patient.	8/29/2019 5:55 PM
24	Should be free of Charge.	8/29/2019 12:55 PM

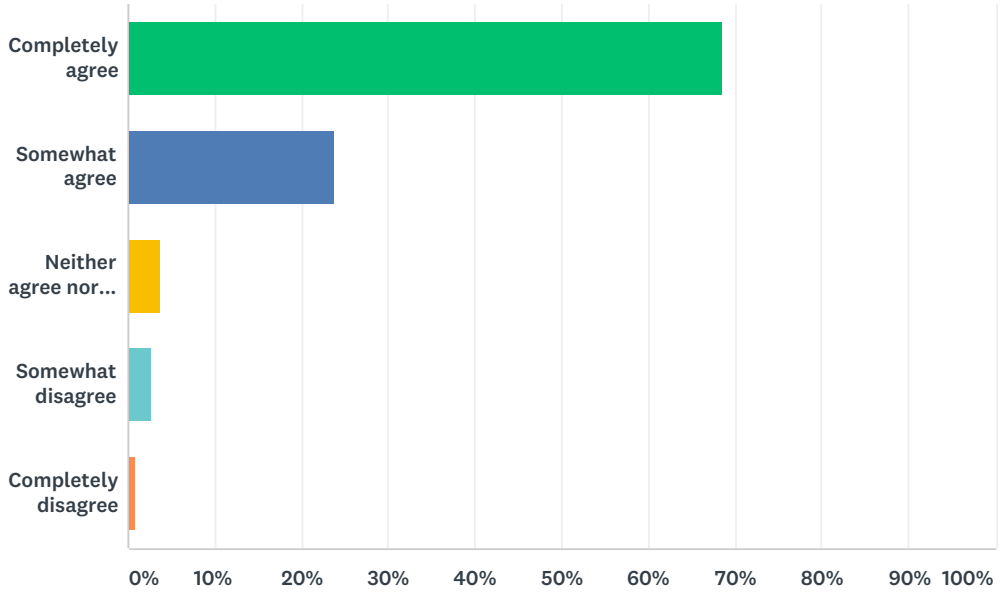
25	NA	8/29/2019 11:37 AM
26	n/a	8/29/2019 10:45 AM
27	no more comment.	8/29/2019 8:13 AM
28	I do not agree at all that we can not treat our spouse except in emergency situations. We should not be able to bill for treatment, however, if they are in discomfort, or distress but it is not an emergency, I think with their concent we should be able to treat them. I also think members should be able to treat friends and neighbours if they feel they can do so appropriately. I strongly disagree with this principle as it is worded.	8/29/2019 6:55 AM
29	As long as keeps professionlism within and patients centred care.i dont see why to treat families and friends	8/29/2019 6:51 AM
30	Professional standards should allow for members to determine whether or not a personal relationship is a conflict of interest to providing care. Many people prefer a therapeutic relationship with someone they already trust and have a personal relationship with. It is only when a conflict of interest arises that it could interfere with professional services. These restrictions are too broad based and disallow for patient preferences. Conflicts of interest can also be acknowledged and managed professionally. It is really about setting the boundaries for which interactions are personal or professional, versus outlawing all interactions.	8/29/2019 6:34 AM
31	still need to consider case by case. under the common conditions, if the practitioner determine it will be the best option for the person who has close relationship with, the practitioner should be able to treat them. However, maybe need to pay more attention between male practitioners and female patients. How to help them maintain professional relationship, and avoid sexual assault.	8/27/2019 3:51 PM
32	0	8/14/2019 11:44 AM
33	In my opinion no personal relations should be excluded. Being professional means doing your best to give optimum care, independent differences of opinion or even arguments. There always will be practitioners that behave inappropriate, but that doesn't mean everybody should be limited. That is not of the interest to the population, nor to the practitioners. I actually find the direction the college is taking in these matters offensive and against the fundamental freedom of all. On top of that I would like to see a more or less scientific underpinning of the problem to assess the magnitude in order to validate the need for (over the top) regulation. And a similar underpinning of the effectiveness of proposed solutions. An other way of looking at the proposed solution is that the solution tries to control/repress members that have professional/ethical issues. As TCM practitioners we all know what happens when energy is repressed. The proposed solution will not solve anything, possibly make things worse. Fear based manipulation never works. The only thing that would work in the long run is raising awareness of members with issues, which means education/guidance in some shape or form.	7/26/2019 1:45 PM
34	member only must focus on treatment.	7/25/2019 5:27 PM
35	I do not agree that it is sexual abuse to treat a spouse. I do not think a practitioner should be a spouse’s primary provider, but to call the occasional treatment abuse is absurd.	7/25/2019 4:26 PM
36	Nothing is absolute. It will depend on circumstances.	7/25/2019 4:29 AM
37	A therapist should be well trained and experienced in many therapeutic situations, including how to conduct themselves professionally regardless of whom they are treating or the relationship they have with that person. Assuming that a therapist would not be capable of maintaining professionalism while treating someone they have a close relationship with, or at least giving them the benefit of the doubt to decide for themselves, seems a little demeaning to the profession.	7/23/2019 2:00 PM
38	My only three comments are as follows: 1. The document should define what a Professional Standard is: The rules, requirements, responsibilities and conditions that describe the minimal level of expected performance of a profession in the provision of safe, high quality services and against which actual performance can be compared. source: Lexicon, 1999 © 2010 Council on Licensure, Enforcement and Regulation 2. When describing the minimal level of expected performance, consider re-phrasing each standard so that it does not sound like instructions but rather expectations. similar to the following example: Principle 1: Members refrain from treating patients with whom they have a close personal relationship. In other words, delete the word "should" and delete the word "must" throughout and describe each standard as an expectation. 3. Did you realize that the first standard in the survey is written differently than the standard on the website?	7/20/2019 4:21 PM

39	For members of marginalized communities, patients sense of safety often necessitates being treated by a member of their community to ensure that they will be well treated and their specific needs will be understood and supported. As a member of the LGBTQ community, for example, I would always prefer treatment from someone I know for this reason and I've had multiple community members approach me for treatments for the same reason. I feel that similar principles would apply to many other communities.	7/18/2019 10:40 PM
40	The strong wording in "Principle 1" is not flexible enough and should be defined instead by adequate judgement on the part of the practitioner combined with adequate charting of the conversation with the patient ("Record Keeping" on Page 1).	7/18/2019 10:18 AM
41	Honestly, I got into this field in order ti help those closest to me and my immediate and broader community. This stipulation discouraging us from treating our loved ones is unnecessarily restrictive, and on some level I judge it to be unethical as we may sometimes be our loved ones best sources of care. In understand that overlapping or multiple levels of relationship can become confusing or challenging, but I feel this judgement should be placed with the practitioner to decide, not for it to be imposed. Thank you for your attention. I feel very strongly about this.	7/17/2019 4:57 PM
42	if you are letting emotion dictate care, then treatment of that individual should not occur. many practitioners have great relationships with patients especially when a practitioner see's them outside in other venues such as team sports. Just having that relationship should not dictate the ability to treat especially when you are using sound judgement. Spouse or sexual relationship would be the exception to the rule.	7/17/2019 12:59 PM
43	I think the word "refrain" should be changed to "use caution" for treating people other than spouses. For example I work in a clinic and we sometimes treat other staff members, it is not a problem. However I think using caution and discussing the dual relationship is very important	7/16/2019 4:08 PM
44	Discretion as to whether to treat or not treat should be left up to the practitioner	7/16/2019 2:44 PM
45	I don't agree with the spouse rule at all.	7/16/2019 10:26 AM
46	I agree that Members should be able to treat colleagues or others they work with, as this often common in a multi-practitioner clinic environment. This should be at each person's discretion, as it is a professional treating a professional.	7/16/2019 9:12 AM
47	I don't have any additional comments.	7/16/2019 8:14 AM
48	In small towns, where there is only one or two acupuncturists, we often must treat people that we already know. It would be wrong to deny treatment.	7/16/2019 6:06 AM
49	Our families may not be able to afford external care. Not allowing members to treat families is against the spirit and tradition of our medicine.	7/16/2019 4:56 AM
50	no	7/15/2019 6:45 PM
51	I think members should be allowed to treat friends and coworkers. It is possible to treat someone with whom you have a close relationship and still maintain professional boundaries. It's more awkward to have to tell someone you know you can't treat them becasue you're not allowed. It's also a good way to generate coworker referrals if they understand exactly what type of treatment you are able to provide, when working in a multidisciplinary setting.	7/15/2019 5:24 PM
52	NA	7/15/2019 9:30 AM
53	Although it may pose additional challenges for the practitioner to remain impartial treating friends, family or spouses it is up to the practitioner to make that decision; regulation should not assume that practitioners are incapable of providing excellent service to patients that they have a personal relationship with; if they cannot, there are boundaries set up to protect the patients; assuming the worst in practitioners may bring out the worst in them; the vast majority of practitioners are decent and worthy of trust until they abuse that trust; over-regulation may undermine the good will in practitioners.	7/14/2019 9:21 AM

54	Have you considered that these people, upon knowing us, can decide for themselves if we are trustworthy/knowledgeable /capable. Sometime people will choose a Practitioner that they already feel comfortable with (many people fear needles/are unaware and therefore wary of TCM). Meeting/knowing someone prior to them becoming a patient should not and does not reduce a patient's quality of care. And, in many cases, may inspire the Practitioner to provide outstanding service for someone they like enough to be friends or business partners with. Also, knowing family members is not a choice, but a fact of life. The rules regarding personal relationships are not clear. Can I treat my husband's cousin if we got drunk at a wedding 10 years ago? How about my father-in-law who refuses to get treatment from anyone but me? How about my neighbour of 5 years who used to babysit in my home? The outlines defining "personal relationship" is murky....	7/14/2019 5:56 AM
55	If your friend only believe you can cure him,I think you can treat him.	7/13/2019 4:58 PM
56	Members should be allowed to treat spouses who give explicit consent for treatment.	7/13/2019 4:25 PM
57	Members should be professional in their judgement and decisions, and therefore should be able to apply correct judgement regarding details of this principle. However professionals should be able to treat their partners, using correct judgement of conditions and pre-existing balance in this relationship.	7/13/2019 1:45 PM
58	none	7/13/2019 12:08 PM
59	Doctrinairsm! Not practical !	7/12/2019 3:40 PM
60	If we are adult enough to poke needles into people, we are adult enough to manage our relationships and clients without having to make accounts	7/12/2019 2:58 PM
61	It should keep boundaries between practioner and clients.	7/12/2019 1:36 PM
62	N/A	7/12/2019 12:01 PM
63	It should be up to the practitioner to decide what is appropriate, not by a principle.	7/12/2019 10:57 AM
64	emergency condition	7/12/2019 9:10 AM
65	agree	7/12/2019 8:47 AM
66	indirect relative should not be considered dual relation.	7/12/2019 8:21 AM
67	Too many factors that come into play - treatment for chronic conditions are different than acute, short-term conditions. Different levels of relationship carry different dual relationship outcomes.	7/12/2019 8:14 AM
68	no	7/12/2019 7:23 AM
69	Members should also acknowledge the opinion of the person receiving treatment -- if it is in the best/preferred interest of the patient, and the patient communicates such, the member must establish the ability to treat -- our professionalism demands that ability.	7/12/2019 7:18 AM
70	Just to be clear, acupuncture treatment to family members and friends are crossing professional boundaries. Are other forms of body work such as massage, reiki or shiatsu ok to be practiced by a R.Ac.?	7/12/2019 7:01 AM
71	In smaller communities practitioners may know many of their patience from the general community on a somewhat personal level (friends, acquaintances) .	7/12/2019 6:55 AM
72	I very much like rule. However, when people are hurt badly, they become very emotional because they are scared and expect the worst. I think it may be best if we do not say "no"to a hysterical person that is asking for help. We just should not be allowed to charge them money, if they are family.	7/12/2019 6:38 AM
73	This is not easy to practice for us. The most clients come though our next work.	7/12/2019 5:45 AM
74	I don't agree that we shouldn't be able to treat our spouses.What I decide to do with my spouse is not the colleges business	7/12/2019 5:40 AM
75	The TCM and acupuncture treatment is standed, no mater treat to myself, family, close friend or stranger patients.	7/12/2019 5:12 AM
76	No	7/12/2019 5:08 AM

Q7 The factors that impact the professional boundary are clearly understood.

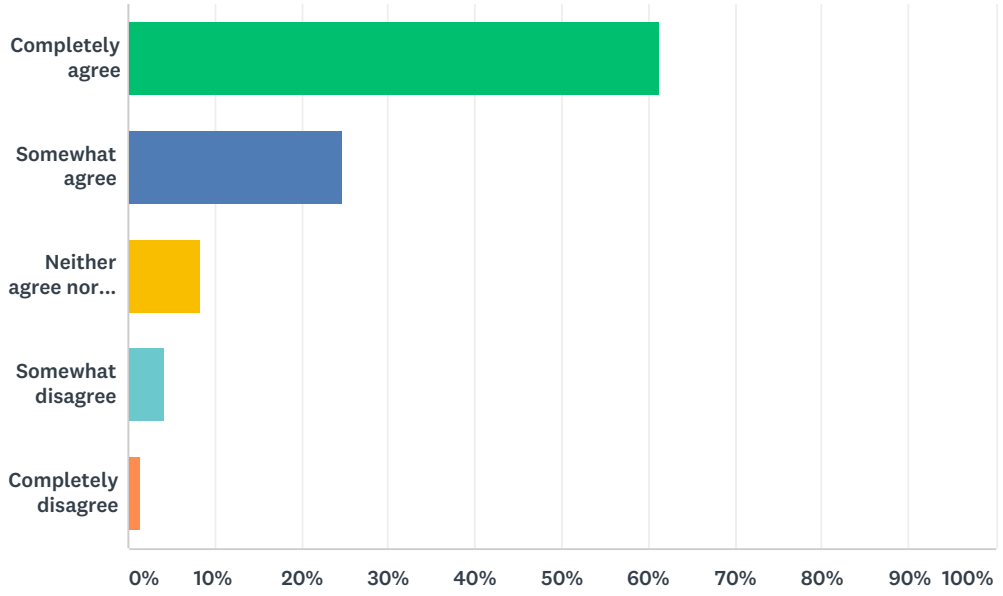
Answered: 214 Skipped: 89



ANSWER CHOICES	RESPONSES	
Completely agree	68.69%	147
Somewhat agree	23.83%	51
Neither agree nor disagree	3.74%	8
Somewhat disagree	2.80%	6
Completely disagree	0.93%	2
TOTAL		214

Q8 There are sufficient examples of boundary violations to explain its meaning.

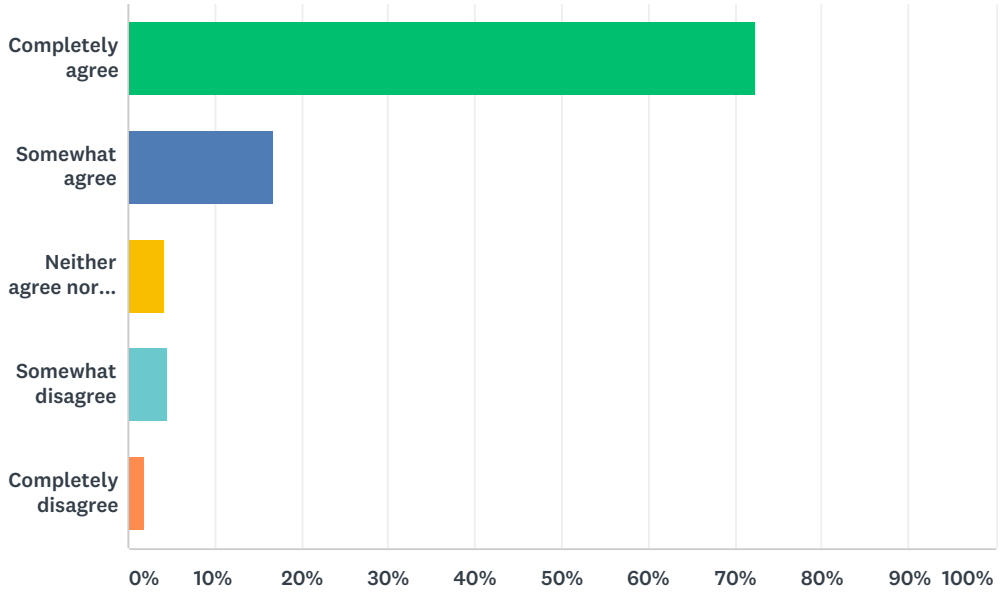
Answered: 214 Skipped: 89



ANSWER CHOICES	RESPONSES	
Completely agree	61.21%	131
Somewhat agree	24.77%	53
Neither agree nor disagree	8.41%	18
Somewhat disagree	4.21%	9
Completely disagree	1.40%	3
TOTAL		214

Q9 Professional boundaries are necessary between members and patients' families, caregivers and support persons.

Answered: 214 Skipped: 89



ANSWER CHOICES	RESPONSES	
Completely agree	72.43%	155
Somewhat agree	16.82%	36
Neither agree nor disagree	4.21%	9
Somewhat disagree	4.67%	10
Completely disagree	1.87%	4
TOTAL		214

Q10 Please provide any additional comments to this principle.

Answered: 43 Skipped: 260

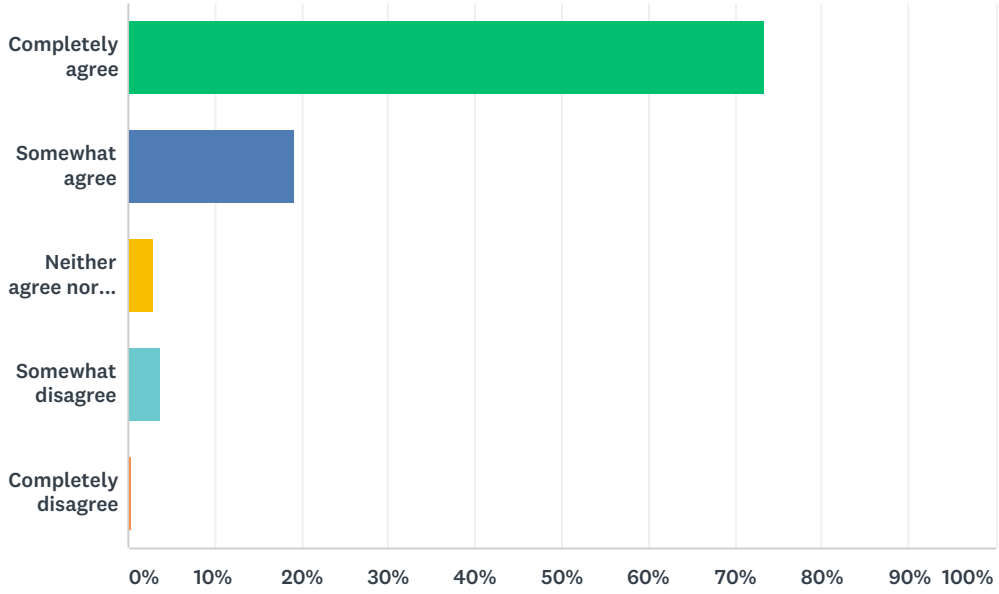
#	RESPONSES	DATE
1	I agreed	9/10/2019 9:18 AM
2	I disagree that the giving of a small welcome gift is inappropriate. A gift like this would include things that would make the patient more comfortable (water, journal, pen, etc). It would also include business cards and other marketing materials informing the patient of services offered so the patient can choose what's appropriate for them without pressure.	9/10/2019 4:54 AM
3	No	9/9/2019 8:41 AM
4	If you are familiar with the person it could give you a wealth of information from there family history, background , culture etc to assist with there health care.	9/9/2019 8:34 AM
5	n.a	9/8/2019 4:36 PM
6	No comment	9/8/2019 3:03 PM
7	More examples should be provided for clarity	9/8/2019 11:49 AM
8	Ok	9/6/2019 12:12 PM
9	NO COMMENTS	9/5/2019 11:50 PM
10	Agree	8/30/2019 3:29 PM
11	Й	8/30/2019 3:19 PM
12	no	8/30/2019 2:55 PM
13	None	8/30/2019 6:26 AM
14	I agree	8/30/2019 5:58 AM
15	No	8/29/2019 5:57 PM
16	n/a	8/29/2019 10:46 AM
17	no more comment	8/29/2019 8:15 AM
18	Are you implying that if a pateint asks if we have kids, pets, if we've seen any good movies lately, if we have any plans for our upcoming holidays/weekend, etc. that we should say "I'm sorry, I can't discuss that."? In my opinion, that is ridiculous! I absolutely disagree with this as it is written. Please provide better examples as to what the college considers crossing the line.	8/29/2019 7:00 AM

19	Setting professional boundaries should not mean that any and all relationships exclude a person from obtaining treatment. This principle is taking things to the extreme and disallows for patient preference. Setting professional boundaries is important so that patients and practitioners are well aware of which relationship is being utilized; not excluding all other relationships. There are too many variations of relationships on a very broad spectrum to determine who should or should not get access to treatment from their practitioner of choice. Perhaps a consent form indicating that the patient is aware of a potential conflict of interest and is providing informed consent regardless would be a better and more realistic solution. Further, disclosing personal information is sometimes part of forming rapport and professional relationships. Telling a patient that you have a cat or that you went somewhere on a vacation or why you're wearing a holter monitor etc. helps to build trust and show that health and wellbeing are constantly changing and adapting to real life situations. Disclosing something personal may help a patient to open up about their own issues. If a patient brings a practitioner a small token of appreciation, it could be considered rude or offensive to refuse it. It may cost trust or even the entire client relationship altogether. Gifts should be defined as appropriate or inappropriate. Lingerie, for example, would be entirely inappropriate, but a loaf of bread from their bakery or a holiday card is not. People want to show appreciation sometimes and refusing such gifts could be considered very insulting. Business or leisure activities restricts networking. As entrepreneurs, it is important to be able to make connections. For instance, perhaps a client/patient works at a company and wants you to participate in a wellness fair the company is hosting. To disallow such activities dramatically restricts a practitioner's ability to market themselves in an already restricted regulation. What if you do a talk for a company and gain clients from the talk. Does that mean they cannot attend any other talks you may do at the same company or that you are no longer allowed to do talks at that company? What if you do regular talks at that company and they invite you to their holiday party? The company may find it insulting if you do not attend and may not allow you to do talks anymore. During conversation, many subjects arise. It is impossible to restrict all conversation to topics that are only directly related to clinical care. What about indirect relationships? What about stress factors or stress relieving factors? If a patient is telling you that a big stress relief is going on vacation and they love to go to X place, and ask if you've ever been there, would it be inappropriate to answer "yes, 5 years ago, it's beautiful" or "no, but I would like to"? These proposed regulations are too unrealistic and don't allow for the natural flow of conversation that helps to build rapport and trust with clients.	8/29/2019 6:49 AM
20	Channel palpation during an assessment and palpation while needling are vital components of a TCM treatment. It is explained as such to the patient and aids in the diagnosis of the pattern of disease and in locating the correct acupoint on each individual patient. Also, asking questions that may seem personal but in fact identify a pattern diagnosis is also a necessary component of the TCM assessment.	8/15/2019 1:20 PM
21	0	8/14/2019 11:45 AM
22	Of course practitioners need to behave professionally. What professionally means is hard to define and also strongly depends on the person you have in front of you. So , it is something that develops over time and everybody has a different starting point as well. Again, education/guidance would help. Repression doesn't. Also the proposed need to document is over the top, increased the administrative burden, hence drives up the price for treatments. So, who benefits, other than the government.	7/26/2019 2:19 PM
23	I don't think an occasional acupuncture treatment of a relative or friend is a big deal. In a case where the person is seeking trauma care or cancer care, I agree they should seek treatment elsewhere. But for general treatments to help with stress, headaches or tension, I don't see there to be any problem. We are professionals.	7/26/2019 7:16 AM
24	member must get rid of their personal emotion.	7/25/2019 5:31 PM
25	good document	7/20/2019 5:18 PM
26	I completely agree that professional boundaries are in the circle of care of the patient.	7/20/2019 1:13 PM
27	I think the emphasis should be much more on how to have good professional boundaries and less on dual relationships. Dual relationships are only problematic if practitioners are not able to properly manage boundaries and have good communication	7/18/2019 10:44 PM
28	There is no question that professional boundaries are important and necessary, however, we as practitioners are capable of wearing different hats and still maintaining these boundaries	7/17/2019 4:59 PM
29	there seems to be no mention of the definition of boundary violation	7/17/2019 1:02 PM

30	It states these situations may pose a risk of a boundary violation but does not say when they may or may not be. In particular, receiving gifts from patients - it would be helpful to have clearer guidelines	7/16/2019 4:10 PM
31	The example of "making comments or gestures that are not directly related to clinical care" needs to be further clarified. Yes, inappropriate (potentially harmful) comments have no place in clinic. However, normal human conversation within the range of common courtesy should not be made into a safety issue.	7/16/2019 9:13 AM
32	no comments	7/16/2019 8:21 AM
33	no	7/15/2019 6:45 PM
34	NA	7/15/2019 9:30 AM
35	agree	7/13/2019 5:03 PM
36	.	7/13/2019 12:09 PM
37	No	7/12/2019 12:02 PM
38	no	7/12/2019 9:11 AM
39	agree	7/12/2019 8:47 AM
40	no	7/12/2019 7:24 AM
41	Christmas holidays, patient brought flowers to therapist. What is the procedure? Refuse to receive? Is it violating professional boundaries?	7/12/2019 7:08 AM
42	I believe we should have more written rules when it comes to patients stepping over the line. Like the ones that wants us to price match a cheaper provider or a steep discount because them are older.	7/12/2019 6:41 AM
43	No	7/12/2019 5:09 AM

Q11 The definition of a boundary crossing is understood.

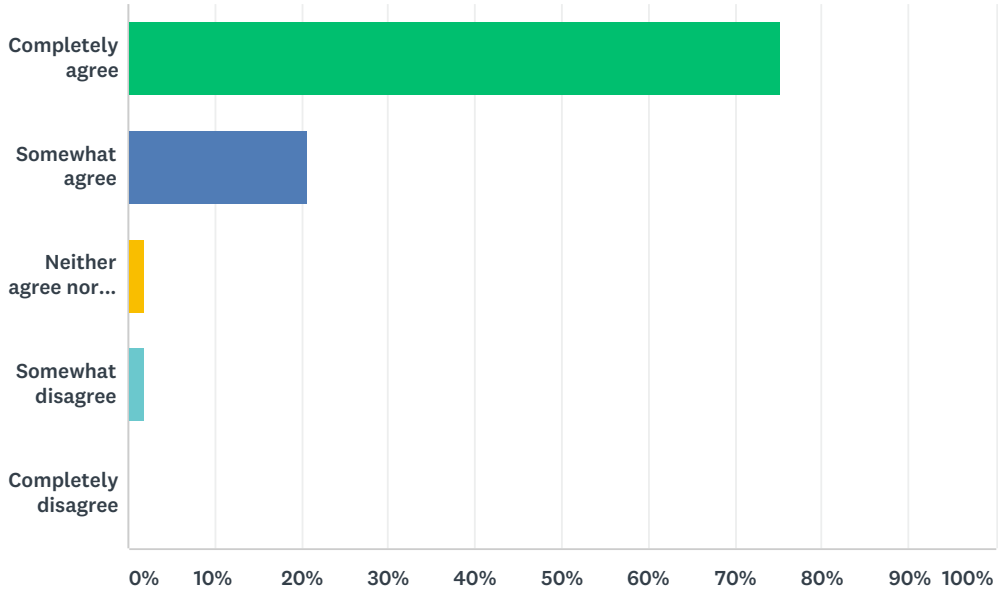
Answered: 207 Skipped: 96



ANSWER CHOICES	RESPONSES	
Completely agree	73.43%	152
Somewhat agree	19.32%	40
Neither agree nor disagree	2.90%	6
Somewhat disagree	3.86%	8
Completely disagree	0.48%	1
TOTAL		207

Q12 The steps to take when terminating a patient-practitioner relationship is clearly understood.

Answered: 207 Skipped: 96



ANSWER CHOICES	RESPONSES	
Completely agree	75.36%	156
Somewhat agree	20.77%	43
Neither agree nor disagree	1.93%	4
Somewhat disagree	1.93%	4
Completely disagree	0.00%	0
TOTAL		207

Q13 Please provide any additional comments to this principle.

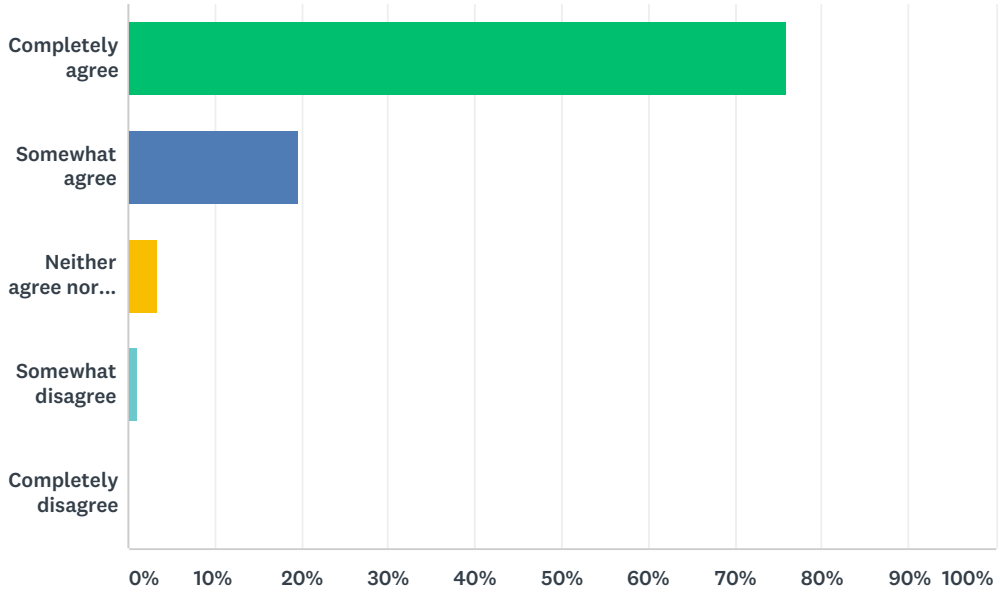
Answered: 38 Skipped: 265

#	RESPONSES	DATE
1	I agree with standard	9/10/2019 9:21 AM
2	A professional should be evaluating their ability to maintain professional boundaries at all times an should be honest with themselves when this isn't possible.	9/10/2019 4:55 AM
3	No	9/9/2019 8:44 AM
4	n.a	9/8/2019 4:36 PM
5	no special comment	9/8/2019 3:07 PM
6	Boundary crossings are not clearly defined	9/8/2019 11:50 AM
7	N/a	9/6/2019 12:13 PM
8	NO COMMENTS.	9/5/2019 11:50 PM
9	not yet	9/2/2019 8:41 PM
10	Perhaps provide more examples	9/2/2019 4:15 AM
11	N/a	8/30/2019 3:30 PM
12	no	8/30/2019 2:56 PM
13	None	8/30/2019 6:27 AM
14	I agree	8/30/2019 5:58 AM
15	No	8/29/2019 5:58 PM
16	n/a	8/29/2019 10:46 AM
17	no more comment	8/29/2019 8:15 AM
18	This principle should be applied in those situations wherein a professional boundary cannot be maintained. Noting that you accidentally revealed where you went on vacation when asked is unrealistic. Noting that a patient has made several sexual advances and you are ending the professional relationship because of their violation of the professional boundary is appropriate. These principles must take realistic situations into account.	8/29/2019 6:52 AM
19	to be honest, it's not easy to believe that some practitioners can apply this principle. a lot practitioners are struggling with getting more patients, in this case, transfer the patients to other practitioners means they will lose patients. So maybe also need to do some education for the patients in order to let them understand when they need to ask for another practitioner.	8/27/2019 4:04 PM
20	0	8/14/2019 11:45 AM
21	Why to make so much fuss over a non issue. It is over the top, including the requirement for record keeping	7/26/2019 2:31 PM
22	member must keep their professional ethic.	7/25/2019 5:36 PM
23	the link to "contact with sensitive areas" did not work	7/25/2019 10:08 AM
24	It is important to keep professional boundaries with patients in your practice.	7/20/2019 1:14 PM
25	Simple gifts from patients is a natural expression of gratitude. To deny them is ridiculous and unnecessary. Of course this is assuming they are modest gifts. We are human and gift giving is an old tradition that transcends the personal domain. Can we please be a little reasonable in defining this?	7/17/2019 5:03 PM
26	Gifts between patient and practitioner should be permitted as long as it is a gift of small value and seen as a token of appreciation without any obligation (not as a financial reward or incentive for continuing treatment). This is normal behavior among human beings in society.	7/16/2019 9:14 AM

27	no comments	7/16/2019 8:26 AM
28	no	7/15/2019 6:46 PM
29	NA	7/15/2019 9:31 AM
30	Please refer to the section of receiving gifts. Prior to this, we were allowed to accept small gifts (ie a bottle of wine/box of chocolates for Christmas) so as not to offend the patient. Perhaps you should state that the gift should be appropriate....	7/14/2019 6:01 AM
31	agree	7/13/2019 5:05 PM
32	.	7/13/2019 12:09 PM
33	1984	7/12/2019 3:00 PM
34	No	7/12/2019 12:03 PM
35	no.	7/12/2019 9:12 AM
36	agree	7/12/2019 8:48 AM
37	no	7/12/2019 7:25 AM
38	No	7/12/2019 5:10 AM

Q14 There are sufficient examples of measures that members can take to increase patient comfort.

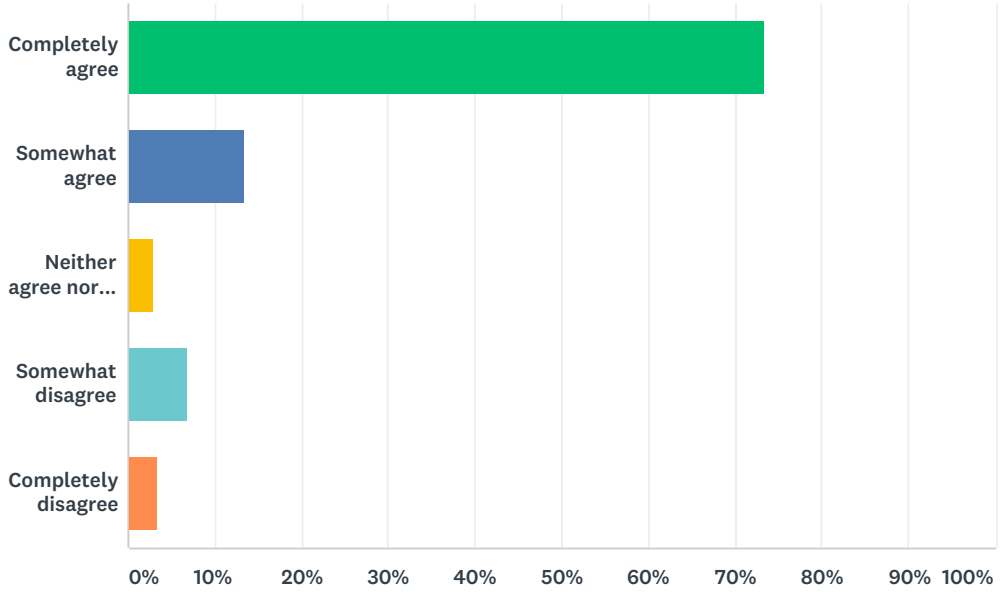
Answered: 203 Skipped: 100



ANSWER CHOICES	RESPONSES	
Completely agree	75.86%	154
Somewhat agree	19.70%	40
Neither agree nor disagree	3.45%	7
Somewhat disagree	0.99%	2
Completely disagree	0.00%	0
TOTAL		203

Q15 When members must obtain written consent is clearly understood.

Answered: 203 Skipped: 100



ANSWER CHOICES	RESPONSES	
Completely agree	73.40%	149
Somewhat agree	13.30%	27
Neither agree nor disagree	2.96%	6
Somewhat disagree	6.90%	14
Completely disagree	3.45%	7
TOTAL		203

Q16 Please provide any additional comments to this principle.

Answered: 50 Skipped: 253

#	RESPONSES	DATE
1	I strongly disagree with the requirement of obtaining written consent for the sensitive areas. It is extremely triggering for persons who have experienced sexual assault and trauma. It has great potential to sexualize the medical treatments that we perform. It does nothing to protect a patient who is touched inappropriately or sexually assaulted by their practitioner. I am a woman who has been sexually assaulted and the act of signing a sensitive areas consent form with an RMT is very triggering and uncomfortable for me. It reminds me of the times I was abused and sexually assaulted. It creates fear. Despite having therapy for 20+ years, you never forget when you were raped, sexually abused and assaulted. It NEVER GOES AWAY. Signing a sensitive areas brings the therapeutic relationship to a place that it does not need to go. It creates unease. I do not feel protected as a patient. It feels like it's an act that protects the practitioner, not the patient. It feels awkward and uncomfortable and shifts my thoughts to the sexualization of sensitive areas, of a practitioner covering one's butt so to speak. Signing a consent form does not achieve the result of protecting a patient from sexual assault or misconduct. Each and every time it happens anyway. Each patient who was sexually assaulted by their practitioner signed a consent form with their practitioner. It's just weird. I've never signed a consent form with my GP before she does a pap test. She explains the procedure very clearly and obtains consent very clearly. There's nothing weird about it. It's a medical procedure. Acupuncture is a medical procedure, why sexualize it?	9/10/2019 9:31 PM
2	I agree with standard of practice	9/10/2019 9:22 AM
3	I agree that the treatment plan should clearly cover the modalities used, the areas to treatment and that informed consent is extremely important, however I don't agree that a patient need to provide written consent more than once (during the initial visit) for reoccurring treatments in sensitive areas. If the treatment changes, a new consent form would be required. Furthermore, professionals should be getting verbal consent from patients with every step. This additional consent with every visit would imply a lowering of the profession that we "can't be trusted" without written consent. This is not something that physicians, surgeons or nurses have to do and we should have the same level of professionalism. Another concern is for patients who are sexually abused after giving consent. They may not realize that they didn't give permission and they may not realize that they have avenues of recourse if it were to occur after giving written consent. Simply put, this may serve as protection for potential abusers. That's very concerning to me.	9/10/2019 5:04 AM
4	Sometimes during treatment clients will request another treatment area which may be sensitive but not unprofessional and it is hard to get consent mid treatment.	9/10/2019 4:21 AM
5	No	9/9/2019 8:46 AM
6	n.a	9/8/2019 4:37 PM
7	"• having a third person whom the patient trusts present for support" can be difficult to ascertain, especially if it is a child or there is a language barrier	9/8/2019 11:51 AM
8	Not understood if every single moment during treatment or just at the beginning of treatment. Oral consent is easier than written as it could be too disruptive	9/6/2019 12:15 PM
9	NO COMMENTS	9/5/2019 11:50 PM
10	not yet	9/2/2019 8:51 PM
11	No comment	8/30/2019 3:31 PM
12	no	8/30/2019 2:57 PM
13	Members must always obtain written consent from the patient for procedures that involve contact with sensitive areas. - this is the wording in the Standard. -you must define what a sensitive area is. -written consent each time?? or at initial intake?	8/30/2019 12:36 PM
14	None	8/30/2019 6:27 AM
15	I agree	8/30/2019 5:58 AM

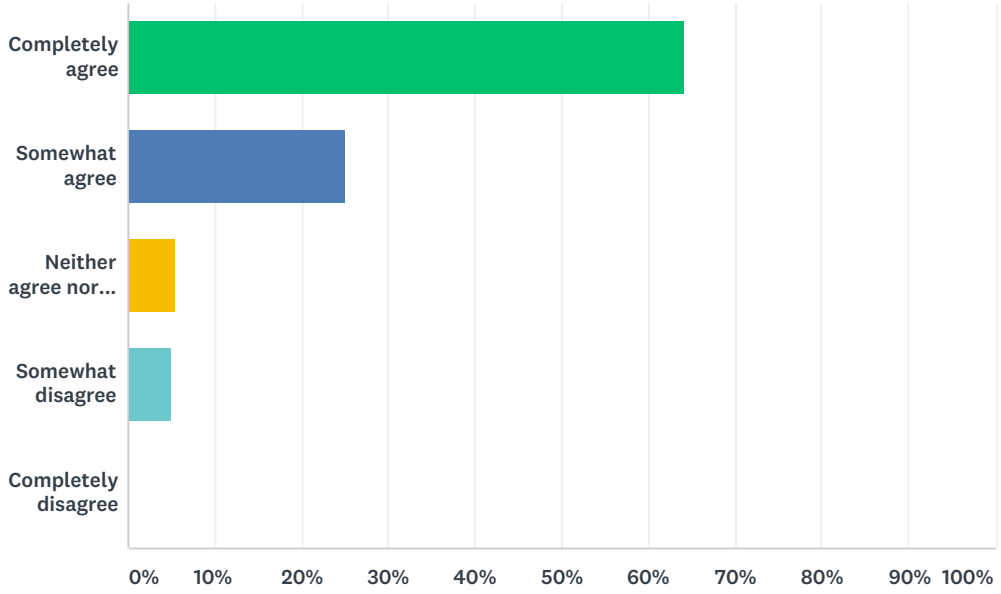
16	Members must keep the patient's written consent for contact with sensitive areas on file	8/29/2019 3:13 PM
17	n/a	8/29/2019 10:47 AM
18	no more comment	8/29/2019 8:16 AM
19	What is a sensitive area? Does this refer to just genitals, or genitals and breasts? What about acupuncture points that are medial to the breasts in the intercostal spaces? What about areas that an individual may find sensitive, like the ear or the feet? Do these require written consent? and if so, is that every time? The cultural taboo against conversing openly about erogenous zones limits a practitioner's ability to be comfortable with all areas of health. Practitioners should have the ability to talk about sexual health in a professional and unembarrassed manner.	8/29/2019 6:57 AM
20	What constitutes a sensitive area for one person is not the same for another. It is impractical to obtain written consent each time a sensitive area is treated. Verbal consent is sufficient once the overall treatment plan has been explained and written consent received. If a patient is incapable of providing verbal consent, then the treatment can not continue. When I go into a doctor's office, my consent is not requested in writing for a breast examination, they simply inform me of the procedure and I agree. I am not suggesting that a members' scope of practice is breast examination, instead, if we determine that an acupoint on the upper thorax will help with a condition, we simply need to explain it and gain verbal consent. Otherwise, we set up an environment of extreme mistrust in this profession. The wrong-doing of a handful of grand parented members should not reflect on new members who are practicing ethically.	8/15/2019 2:37 PM
21	missing information on what the written consent should say and if it needs to be repeateldy written for each visit	8/15/2019 11:18 AM
22	0	8/14/2019 11:45 AM
23	We must be careful regarding the change in standard to obtain written consent for 'sensitive areas'. Adding this has not been effective for RMTs and is not recommended for TCmps or RAcs either.	7/30/2019 7:04 PM
24	Written consent solves nothing, only increases the administrative burden and often irritates the clients. Of coarse you talk about what is needed for treatment and give options where needed. And obviously clients need to agree. Writing that down doesn't solve anything	7/26/2019 2:40 PM
25	We are professionals. Those that aren't should be investigated.	7/26/2019 7:17 AM
26	it is my understanding that written consent is to be obtained @ commencement of treatment plan. This signed consent form is kept in the file. Verbal consent is ongoing, and documented in each session.	7/25/2019 7:29 PM
27	no exception to get patient consent form.	7/25/2019 5:39 PM
28	the link to "contact with sensitive areas" does not work	7/25/2019 10:09 AM
29	Obtaining written consent (for each treatment) from the patient for procedures that involve contact with sensitive areas is redundant, disruptive to treatment, and unnecessary given all other criteria in place to ensure patient comfort.	7/23/2019 2:09 PM
30	As a professional in the medical field I don't believe we need signed consent each time to treat someone. Doctors, nurses, chiropractors to name a few don't. Verbal consent should be sufficient, plus I believe it devalues us a medical professionals.	7/23/2019 12:06 AM
31	Open communication with patients regarding the areas of treatment and procedures of treatment must be explained before and give opportunity to ask questions.	7/20/2019 1:18 PM

32	Requiring written consent for any "procedures that involve sensitive areas" will not further protect the public, is not supported standard by other regulated healthcare professions and is not practical nor possible in the profession on Chinese Medicine. Patients have continually reported to RMT's that this requirement feels like it protects the practitioner more than the patient and will not stop a bad actor from committing a crime. When Chiropractors and physiotherapists do not need to obtain written consent to breach the vaginal or anal cavity, having a TCM practitioner need to get written consent to palpate the upper glutes above drapes is absurd. Further, to suggest this as a standard clearly shows a lack of understanding of the practice of Chinese medicine and in particular the importance of distal points and channel theory, palpation during acupuncture and the importance of modifying a treatment based on the reaction of needling the patient. This policy will create the need for a blanket written consent to be done for nearly every treatment which does not achieve the important goal of informed consent. Instead practitioners should be further conditioned, and educated in the proper ways to apply verbal informed consent and how to record that consent in the patient's file. This is in line with other healthcare professions and will better protect the public. There are major differences between the profession of Massage Therapy and Acupuncture: 1) Once any needle is inserted, we can not move the patient, this means that this written consent must be obtained twice, once for "palpation and assessment" and a second time for "treatment". 2) Channel, distal and local treatment is a core principle in TCM. It is much easier to predict what area an RMT will need to treat based on the presentation if they are only treating locally. For example, when treating upper back pain, I may palpate distal points in the Urinary Bladder meridian and needle the "painful point". This is a fundamental practice in TCM and the ability must be preserved. 3) The nature of acupuncture is very different than the techniques of massage. In normal practice, we are palpating points (pressing firmly on a single point with a finger) rather than rubbing, kneading, sliding etc across a larger body area (tuina may include some of the similar massage techniques but it is not the norm). This is followed by inserting needles into multiple points around the body, very often several on the head, torso, arms and legs for most conditions, just look at any standard TCM point selection. This standard of practice should be replaced with verbal consent recorded in the patient chart.	7/18/2019 10:48 AM
33	What is meant by asking for consent to touch sensitive areas?? I understand that this is part of our standard intake/consent form. Are you suggesting that we ask every time? If so, this is exceptionally unnecessary. We are medical professionals.	7/17/2019 5:04 PM
34	The sensitive area written consent is unclear. Must it be obtained each and every treatment? Is Ren 17 considered part of the chest wall? Why is the penis and vagina part of the list of sensitive areas - actually shouldn’t they not be touched at all?	7/16/2019 4:13 PM
35	no comments	7/16/2019 12:19 PM
36	the touch/consent rule is getting a bit out of hand, I have had patients get angry at me for asking them about consent repeatedly. They think it shows lack of knowledge form my part to ask them overtime where I am about to touch next.	7/16/2019 10:29 AM
37	I do not agree with the idea of having to obtain written authorization for every treatment of "sensitive areas". Acupuncture points are all over the body. Does this mean genitalia? Points in the pelvic region? If so then that should be specifically worded. Or does it mean the low back or glutes? If so, this may mean many practitioners will forgo using acupuncture needles in common areas such as the glutes. More appointment time will be spent going over these rules and patients may trust practitioners less for this. Patients may feel less comfortable with this practice of giving express permission, as this feels like they are "signing away their rights" in case something untoward does happen during a treatment. Instead of actually protecting the patients from predators this could potentially protect a predator. I also think this sets up practitioners to look extremely unprofessional in the eyes of the public, and does a disservice to both the profession and the patient. I am fine with helping patients feel safe and more comfortable (especially if it is regarding points around the pelvic region, which are seldom used by most practitioners) but think it will not be helpful to just say 'sensitive areas' as a general phrase.	7/16/2019 9:21 AM
38	The fact that we are giving power to the abuser and away from the patient is nonsensical. Having a potential abuser be legally covered after the patient signs puts them at more risk not less. If the college's goals are to protect abusers from being outed then this would make sense but if we are trying to protect the patient this will do the opposite. Its giving the abuser the ability to say "look he/she signed it I did nothing wrong" In my opinion, this is the completely wrong way to go about it. I am also a registered practitioner in a hospital setting and we receive verbal and document. WE ARE PROFESSIONALS, and if we are to be treated like it by the public our college needs to back us up on it.	7/16/2019 6:10 AM

39	This is absolutely not necessary and HARMFUL to patients to ask for sensitive area written consent. Please do not implement this without proper analysis and consultation from ALL stakeholders. This does not protect the patients nut creates harm. his has been such a big issue for our RMT colleagues. It's actually worse for the patient too as they have "signed" so it actually protects the sexual predators rather than protect the patients.: . "Members must always obtain written consent from the patient for procedures that involve contact with sensitive areas." This also will make us look unprofessional and amateur. Specially since NDs, DCs, PTs all do Acu and they will not need to do this.	7/16/2019 5:08 AM
40	no	7/15/2019 6:46 PM
41	What is considered a 'sensitive area' requiring additional written consent and a third party present before treatment can be rendered?	7/15/2019 9:32 AM
42	You mention "sensative areas".Say what you mean because "sensative area" in TCM could refer to "ah-shi"-a sensation that is sensative to the touch. List out the areas. If the college is too shy to say vagina, penis, breast, anus or groin, then they should not be in charge of medical professionals. Separate paperwork for these treatments is stupid as they are covered in the paperwork they must sign on becoming a patient. This extra signature makes the treatment awkward for both. I know I don't have to sign extra paperwork when I visit my doctor for an annual physical....what makes our profession different?	7/14/2019 6:08 AM
43	agree	7/13/2019 5:07 PM
44	.	7/13/2019 12:10 PM
45	I feel like on the next page I'll have to sign a contract involving a huge amount of money	7/12/2019 3:02 PM
46	No	7/12/2019 12:03 PM
47	no.	7/12/2019 9:13 AM
48	agree	7/12/2019 8:48 AM
49	no	7/12/2019 7:26 AM
50	It would be better for double confirm with patients when the practitioner feels the patient a little confused about consent before treatment.	7/12/2019 5:16 AM

Q17 The standard is easy to understand.

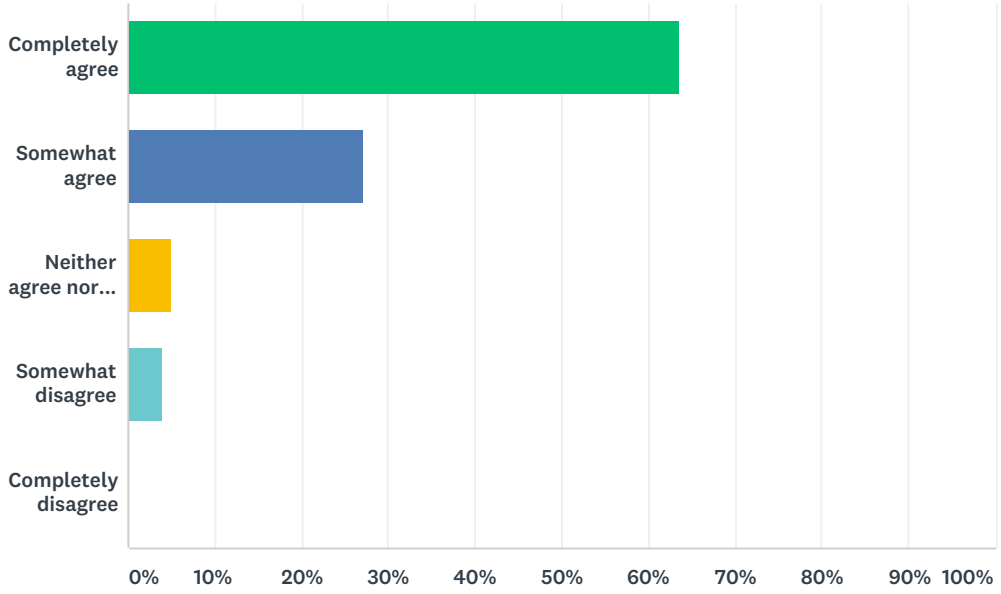
Answered: 199 Skipped: 104



ANSWER CHOICES	RESPONSES	
Completely agree	64.32%	128
Somewhat agree	25.13%	50
Neither agree nor disagree	5.53%	11
Somewhat disagree	5.03%	10
Completely disagree	0.00%	0
TOTAL		199

Q18 The standard is clearly written.

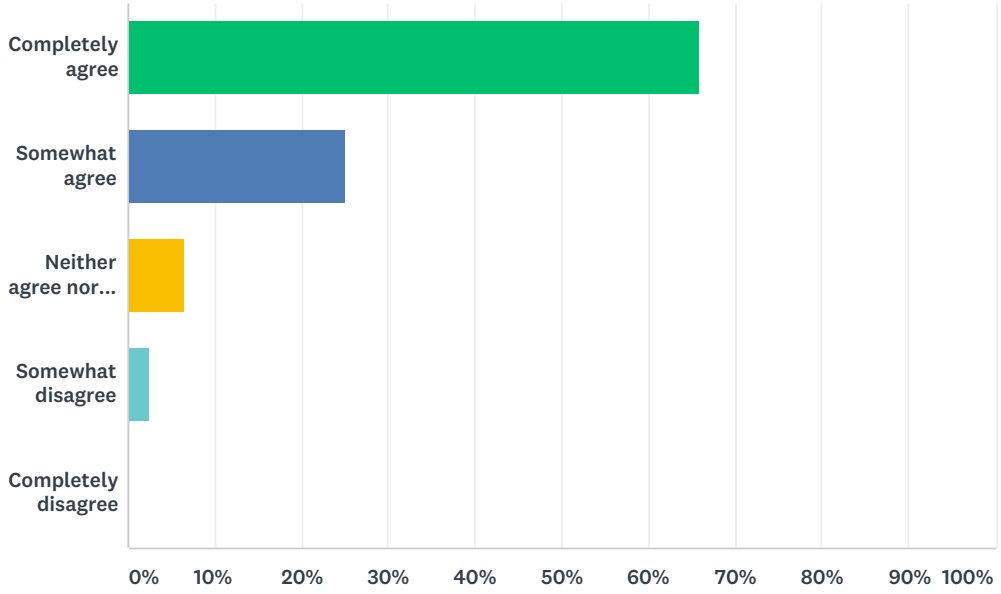
Answered: 198 Skipped: 105



ANSWER CHOICES	RESPONSES	
Completely agree	63.64%	126
Somewhat agree	27.27%	54
Neither agree nor disagree	5.05%	10
Somewhat disagree	4.04%	8
Completely disagree	0.00%	0
TOTAL		198

Q19 The standard is well organized.

Answered: 199 Skipped: 104



ANSWER CHOICES	RESPONSES	
Completely agree	65.83%	131
Somewhat agree	25.13%	50
Neither agree nor disagree	6.53%	13
Somewhat disagree	2.51%	5
Completely disagree	0.00%	0
TOTAL		199

Q20 How can we improve the standard's clarity?

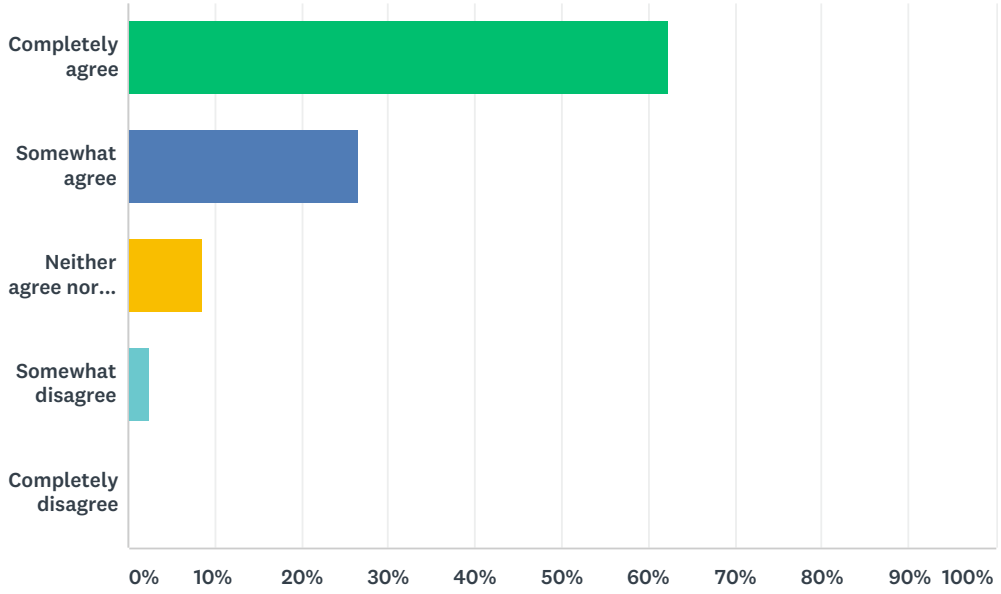
Answered: 45 Skipped: 258

#	RESPONSES	DATE
1	MORE CLEAR EXAMPLES (I.E...REAL WORLD HYPOTHETICAL SITUATIONS)	9/13/2019 5:21 AM
2	The standard is clearly written.	9/10/2019 9:43 AM
3	By collecting feedback from members and patients, and analyze the practical statistical data.	9/10/2019 8:58 AM
4	Having additional examples (especially for those living and practicing in rural communities) would be very helpful.	9/10/2019 5:06 AM
5	I am suggestion more special training to members and update.	9/9/2019 1:27 PM
6	pose the risk, if you have any community involvement in any large leisure/ club activity you pose the risk. too general of a statement. Also disclosure of personal info in the day of transparency and the internet this is also too general of a statement	9/9/2019 11:59 AM
7	Oral+written to the patients.	9/9/2019 9:01 AM
8	Give the client a choice of who they want to see, personality I and many others would prefer to be treated by someone that knows me for years, the odds of them missing something is greatly reduced.	9/9/2019 8:40 AM
9	n.a	9/8/2019 4:37 PM
10	No special request.	9/8/2019 3:12 PM
11	The concept of Boundaries is not well-defined	9/8/2019 11:52 AM
12	Have more examples	9/6/2019 12:16 PM
13	NO COMMENTS	9/5/2019 11:53 PM
14	do clarity and everytime	9/2/2019 8:55 PM
15	More examples	9/2/2019 4:16 AM
16	Provide more examples	8/30/2019 3:32 PM
17	no	8/30/2019 2:58 PM
18	None.	8/30/2019 6:27 AM
19	All statements is correct	8/30/2019 5:59 AM
20	In my opinion everything is set out clearly and correctly.	8/29/2019 3:17 PM
21	keep doing	8/29/2019 10:48 AM
22	no more comment	8/29/2019 8:17 AM
23	Being more realistic about how practice works in real life.	8/29/2019 6:58 AM
24	0	8/14/2019 11:46 AM
25	- Organizing webinars - Cases description	8/14/2019 5:48 AM
26	By making sense of what is proposed	7/26/2019 2:41 PM
27	There are many deferent kind of case. So It had better classify some model case that member use to have experience.	7/25/2019 5:49 PM
28	Monitoring the survey is helpful.	7/25/2019 4:38 AM
29	web seminar	7/18/2019 1:41 PM
30	This issue of written consent needs to be detailed much more clearly and the CTCMPAO needs to make better efforts to contact the membership as I am certain that there would be more feedback if they knew about this change.	7/18/2019 10:51 AM

31	by defining or giving examples of each standard or change you are referencing.	7/17/2019 1:05 PM
32	To keep the standard principle strictly is the best.	7/16/2019 2:13 PM
33	More clarity in Standard 4 with regards to procedures involving contact with "sensitive areas", otherwise this can be of disservice to both the public and the profession.	7/16/2019 9:23 AM
34	no commment	7/15/2019 6:47 PM
35	I disagree with having to obtain consent for sensitive areas. I work in a clinic with many RMTs who are required to do this and hear from all of them that they feel it is more awkward to ask patients to sign consent for this. They also report patients feeling uncomfortable as it seems to give the therapist permission to assault them as it will come down to a he said)she said type thing with a therapist being able to say "well you signed consent". I always discuss with my patients the points I've decided to use of they are unable sensitive area, or an area that may be more painful to be needled. We talk about alternative points and why I decided to do that one and then allow the patient to choose which they would prefer. Please don't ask us to do more paperwork and have patient ta sign more things. I'm already told on a daily basis that we have too much paperwork (health history, consent to collect personal health information, consent to treatment).	7/15/2019 5:30 PM
36	Additionally definitions for 'emergencies' and 'sensitive areas'	7/15/2019 9:33 AM
37	Please refer to my prior notes. Just because it has clarity doesn't mean it holds any value to the general public (or Practitioners for that matter). Why not create a legal form for us so that people who know us in a personal manner and WANT to be our patients can sign? Choosing someone to manage your personal health should be (ahem) a personal choice.	7/14/2019 6:15 AM
38	Written file clearly in English and Chinese	7/14/2019 4:12 AM
39	read more	7/13/2019 5:11 PM
40	.	7/13/2019 12:10 PM
41	If we need those documents, we’re immature and infantile. We aren’t ready to treat patients.	7/12/2019 3:04 PM
42	No	7/12/2019 12:04 PM
43	no.	7/12/2019 9:14 AM
44	More examples of the ways patients may put the practitioner in a bad situation.	7/12/2019 6:43 AM
45	No. Thanks. Great job.	7/12/2019 5:17 AM

Q21 The standard is comprehensive.

Answered: 196 Skipped: 107



ANSWER CHOICES	RESPONSES	
Completely agree	62.24%	122
Somewhat agree	26.53%	52
Neither agree nor disagree	8.67%	17
Somewhat disagree	2.55%	5
Completely disagree	0.00%	0
TOTAL		196

Q22 How can the standard be made more comprehensive?

Answered: 44 Skipped: 259

#	RESPONSES	DATE
1	So far, I think it is comprehensive enough, no more to say.	9/10/2019 9:45 AM
2	By analyzing the actual cases, where it wasn't clear. It can be only done when sufficient amount of statistical data is available.	9/10/2019 9:05 AM
3	Additional examples would be helpful.	9/10/2019 5:06 AM
4	Always update and consult with members or regularly consult with members.	9/9/2019 1:32 PM
5	It is enough.	9/9/2019 9:12 AM
6	I believe it’s an over reaction in our society to a few bad people, most people would prefer someone more caring, the whole natural medicine industry grew from the weaknesses of the medical system n know were going right back to it, all the natural Doctor s agree, it’s a shame a few bad eggs caused so much harm.	9/9/2019 8:49 AM
7	n.a	9/8/2019 4:37 PM
8	It will do it more and understand more. Not really have any special comment	9/8/2019 3:14 PM
9	Some definitions should be clarified	9/8/2019 11:53 AM
10	Could have more examples of situations of harmful boundary crossing.	9/7/2019 4:17 PM
11	Explain in more detail	9/6/2019 12:18 PM
12	NO COMMENTS	9/5/2019 11:54 PM
13	feedback	9/2/2019 8:59 PM
14	Make less standards	8/31/2019 10:54 AM
15	Simple sentences	8/30/2019 3:32 PM
16	no	8/30/2019 2:58 PM
17	include definition of 'sensitive areas'	8/30/2019 12:37 PM
18	It is good.	8/30/2019 6:28 AM
19	Its good.	8/30/2019 6:00 AM
20	I have nothing to add.	8/29/2019 3:18 PM
21	n/a	8/29/2019 10:49 AM
22	no more comment	8/29/2019 8:18 AM
23	follow the law	8/29/2019 7:57 AM
24	More and Better examples	8/29/2019 7:08 AM
25	By being more realistic about practice in real life.	8/29/2019 6:58 AM
26	0	8/14/2019 11:46 AM
27	Writing case examples	8/14/2019 5:51 AM
28	Remove elements that muddy the waters.	7/30/2019 7:05 PM
29	Limit to essentials, choose guidelines as opposed to rules, minimize bureaucracy. Current standard proposal makes things unnecessary confined, so much I'm starting to question whether I should relocate. It is not attractive to work under the proposed setting.	7/26/2019 2:47 PM
30	It's too comprehensive. I don't agree with the black and white divisions of when care can be given.	7/26/2019 7:19 AM

31	College can collect real situation that member can be had trial and error. And college give member right direction.	7/25/2019 6:00 PM
32	The standard is comprehensive to read.	7/20/2019 1:25 PM
33	I appreciate the inclusion of trauma informed exceptions but I feel in trying to create a perfectly clear and comprehensive standard that is a blanket for all situations it loses touch with the nuance of judgements practitioners must make	7/18/2019 10:52 PM
34	Being more specific and permitting room for practitioner judgement	7/17/2019 5:06 PM
35	to hang the guideline about the standard	7/16/2019 2:28 PM
36	There can be an inclusion of further examples under each section.	7/16/2019 5:54 AM
37	no comment	7/15/2019 6:47 PM
38	NA	7/15/2019 9:33 AM
39	实事求是制定符合针灸师和中医师医疗实践的标准，有利于提高诊疗水平，有利于维护治疗者和患者之间的关系，而不是教条照搬其他专业的原则。如果原则反而捆绑了实践者的手脚，实际是对公众利益的最大损害。	7/14/2019 4:22 AM
40	read more	7/13/2019 5:11 PM
41	.	7/13/2019 12:10 PM
42	No	7/12/2019 12:05 PM
43	no.	7/12/2019 9:15 AM
44	No	7/12/2019 5:17 AM

Q23 Do you have any practical suggestions for members with regards to professional boundaries?

Answered: 87 Skipped: 216

#	RESPONSES	DATE
1	No. All clear.	9/10/2019 6:17 PM
2	No, not yet	9/10/2019 9:48 AM
3	Always follow your standards.	9/10/2019 9:09 AM
4	Allow the treatment of spouses and children at the discretion of the practicing member.	9/10/2019 5:11 AM
5	please provide standard form for download to have available for clients to sign if a) releasing client from care in case of dual relationship b) consent for treating sensitive areas	9/10/2019 4:23 AM
6	schools should teach these in depth!	9/9/2019 3:41 PM
7	I am suggestion members update and learning professional boundaries.	9/9/2019 1:44 PM
8	Sorry , I do not any better suggestions.	9/9/2019 9:19 AM
9	n.a	9/8/2019 4:37 PM
10	NO.	9/8/2019 4:00 PM
11	No	9/8/2019 3:20 PM
12	Better definition, perhaps taken from the current DSM	9/8/2019 11:56 AM
13	Do your best to maintain professional boundaries at all times	9/7/2019 4:19 PM
14	No.	9/6/2019 12:21 PM
15	NO COMMENTS	9/5/2019 11:55 PM
16	Not yet	9/5/2019 6:14 AM
17	No	9/5/2019 5:39 AM
18	No	9/4/2019 5:44 AM
19	No	9/3/2019 11:51 AM
20	no	9/3/2019 11:24 AM
21	not yet	9/2/2019 9:04 PM
22	My suggestion to members to act in a professional manner at all times with the intention of the highest good for the patients.	9/2/2019 8:42 AM
23	N/a	9/2/2019 4:17 AM
24	No	9/2/2019 4:05 AM
25	No	8/31/2019 10:55 AM
26	always checking the feed back from the patient regarding to the draping whether it is secure or comfort.	8/31/2019 4:40 AM
27	Not now	8/30/2019 3:33 PM
28	no	8/30/2019 2:58 PM
29	no	8/30/2019 8:31 AM
30	None.	8/30/2019 6:30 AM
31	Practitioner should focus on treatment and standards of practice	8/30/2019 6:03 AM
32	No	8/29/2019 3:22 PM

33	no	8/29/2019 1:04 PM
34	n/a	8/29/2019 10:50 AM
35	no	8/29/2019 8:19 AM
36	follow the law	8/29/2019 7:58 AM
37	Any professional should be able to determine a professional boundary regardless of the relationship. The professional also needs to determine when the client can maintain a boundaries	8/29/2019 7:28 AM
38	no	8/29/2019 7:09 AM
39	Allowing dual relationships with the express consent of the client/patient and a procedure with how to deal with a conflict of interest that cannot be managed. Outlining how to be clear about what is considered a personal interaction versus a professional interaction. Allowing patients to choose their practitioner, whether that be a stranger, an acquaintance, a co-worker, a friend or even a spouse. Not allowing even co-workers to treat each other is completely unrealistic and works against practitioners ability to refer confidently to each other.	8/29/2019 7:09 AM
40	Give better and more examples	8/29/2019 7:08 AM
41	workshops to give/share more reality cases for the practitioner or patients in order to help them to have a better a better understanding.	8/27/2019 4:12 PM
42	when in doubt - ask another practitioners opinion	8/15/2019 11:22 AM
43	0	8/14/2019 11:46 AM
44	Just to follow the Standard for Maintaining Professional Boundaries	8/14/2019 6:03 AM
45	i would recommend webinars and meetings for practitioners for this purpose	8/6/2019 11:54 AM
46	I feel that emphasizing skill acquisition and practical training around professional boundaries is key. Making blanket policy around who is or isn't appropriate to treat based on existing relationships does not work. Many healthy working relationships exist between patients and practitioners that have some previous or existing relationship. It is imperative we do not throw the baby out with the bath water in the interest of avoiding undesirable situations. Professional boundaries are one of the most important things we need to learn and we will not learn them by simply avoiding dual relationships. Also we must consider that in marginalized communities, being treated by a trusted community member can be essential to a feeling of safety and well-being.	8/6/2019 11:00 AM
47	Develop social skills and invest some time to get to know your clients, so crossing boundaries can be avoided.	7/26/2019 3:10 PM
48	The college can do an education module about professionalism.	7/26/2019 7:20 AM
49	It is very difficult to control when member has a close friend, relative, family. we must feel free from too much concern for them. Patient is just patient.	7/25/2019 6:17 PM
50	No	7/24/2019 6:20 PM
51	no	7/22/2019 3:25 PM
52	no	7/21/2019 4:18 PM
53	I suggest for members to act highly professional with patients at all times to improve the professionalism In tcm and acupuncture and communicate with patients on the best professional way.	7/20/2019 1:32 PM
54	Nil	7/18/2019 6:22 PM
55	no	7/18/2019 2:19 PM
56	This written consent is NOT practical. If it must be implemented, then a video demonstration that shows a patient practitioner interaction and provides the practitioner with exactly what to say, when to say it, how to say it and how to record it should be provided for training.	7/18/2019 10:58 AM
57	No more	7/18/2019 8:19 AM
58	Give practitioners more respect and responsibility to decide	7/17/2019 5:07 PM
59	Always think before you speak	7/16/2019 2:47 PM
60	To hang a guide on the wall about professional boundaries	7/16/2019 2:35 PM

61	We must be professional, and part of that is acting as professionals, having to get consent for everything makes us look weak and insecure to the patient.	7/16/2019 10:32 AM
62	Perhaps creating a webinar session to go over the standards in person might help members.	7/16/2019 5:57 AM
63	nothing	7/15/2019 6:48 PM
64	NA	7/15/2019 9:34 AM
65	no	7/15/2019 1:59 AM
66	See prior notes	7/14/2019 6:22 AM
67	no	7/13/2019 5:12 PM
68	No	7/13/2019 12:48 PM
69	.	7/13/2019 12:11 PM
70	None	7/13/2019 7:51 AM
71	N/A	7/12/2019 4:40 PM
72	Teach students how to take money from their close relationships and friends	7/12/2019 3:08 PM
73	No	7/12/2019 12:06 PM
74	No	7/12/2019 9:17 AM
75	no.	7/12/2019 9:16 AM
76	no	7/12/2019 8:51 AM
77	No	7/12/2019 8:40 AM
78	sterilised all equipment. wear gloves . Use exam paper . when apply acupuncture, avoid the vessel , ligament ,nerve and apply gentle. When feels tough vessel , ligament and nerve, must be pull up the needle and change direction. caution for the depth .	7/12/2019 8:08 AM
79	be careful	7/12/2019 7:38 AM
80	Use Iodine drop on all swabs for complete disinfection.	7/12/2019 7:30 AM
81	Therapist needs to be able to judge whether a condition can be treated with acupuncture or patients needs to see their GP first. i.e. beginning stages of flu or other bacterial infections that are highly contagious .	7/12/2019 7:15 AM
82	1. Gloves. 2. wash your hands BEFORE and AFTER touching a client. I do. Most do not. It makes a huge difference to the clients. They tell be this all the time. 3. Clean floor every day, clients notice. 4. Clean or paper towels in the bathroom, clients notice.	7/12/2019 6:52 AM
83	not at this time	7/12/2019 6:47 AM
84	Collage can send out the email to inform members	7/12/2019 6:20 AM
85	Keep the mind of commonsense of infection risks.	7/12/2019 5:51 AM
86	No	7/12/2019 5:18 AM
87	No more than the standard.	7/12/2019 5:17 AM

Q24 Are there any other key resources on professional boundaries that you think should be linked in the standard?

Answered: 74 Skipped: 229

#	RESPONSES	DATE
1	I don't see any.	9/10/2019 6:17 PM
2	How about compassion for patients and clients?	9/10/2019 9:48 AM
3	No.	9/10/2019 9:09 AM
4	I think so.	9/9/2019 9:19 AM
5	n.a	9/8/2019 4:37 PM
6	NO.	9/8/2019 4:00 PM
7	Respect client	9/8/2019 3:20 PM
8	The current DSM	9/8/2019 11:56 AM
9	No	9/7/2019 4:19 PM
10	I Dont know	9/6/2019 12:21 PM
11	NO	9/5/2019 11:55 PM
12	N/*	9/5/2019 6:14 AM
13	No	9/5/2019 5:39 AM
14	No	9/4/2019 5:44 AM
15	No	9/3/2019 11:51 AM
16	no	9/3/2019 11:24 AM
17	don't knew	9/2/2019 9:04 PM
18	N/a	9/2/2019 4:17 AM
19	No	9/2/2019 4:05 AM
20	I don't know	8/31/2019 10:55 AM
21	No	8/30/2019 3:33 PM
22	no	8/30/2019 2:58 PM
23	no	8/30/2019 8:31 AM
24	None.	8/30/2019 6:30 AM
25	professional boundaries observed correctly	8/30/2019 6:03 AM
26	Nothing more	8/29/2019 3:22 PM
27	no	8/29/2019 1:04 PM
28	n/a	8/29/2019 10:50 AM
29	no	8/29/2019 8:19 AM
30	No	8/29/2019 7:58 AM
31	no	8/29/2019 7:09 AM
32	not sure at this time	8/29/2019 7:09 AM
33	N/A	8/27/2019 4:12 PM
34	no	8/15/2019 11:22 AM

35	0	8/14/2019 11:46 AM
36	Could be added Case examples	8/14/2019 6:03 AM
37	other health care professions such as medicine, chiropractic or optometry for example	8/6/2019 11:54 AM
38	Not that I'm aware of	8/6/2019 11:00 AM
39	No	7/26/2019 3:10 PM
40	Other standards in place for MDs and RNs and how ours compares.	7/26/2019 7:20 AM
41	Member must decide quickly if he can handle patient. If not, instantly he must send patient to other profession.	7/25/2019 6:17 PM
42	No	7/24/2019 6:20 PM
43	no	7/22/2019 3:25 PM
44	no	7/21/2019 4:18 PM
45	No.	7/20/2019 1:32 PM
46	Nil	7/18/2019 6:22 PM
47	no	7/18/2019 2:19 PM
48	There are NO resources that I see in this standard.	7/18/2019 10:58 AM
49	no	7/18/2019 8:19 AM
50	Members must touch patients only in a therapeutic manner.	7/16/2019 2:35 PM
51	Unknown.	7/16/2019 5:57 AM
52	no	7/15/2019 6:48 PM
53	NA	7/15/2019 9:34 AM
54	not sure	7/15/2019 1:59 AM
55	See prior notes	7/14/2019 6:22 AM
56	no	7/13/2019 5:12 PM
57	No	7/13/2019 12:48 PM
58	.	7/13/2019 12:11 PM
59	None	7/13/2019 7:51 AM
60	No	7/12/2019 4:40 PM
61	Replace it with obligatory emotional maturity test that the practitioners must pass before their pancanadian. And no grandparenting here	7/12/2019 3:08 PM
62	No	7/12/2019 12:06 PM
63	No	7/12/2019 9:17 AM
64	no.	7/12/2019 9:16 AM
65	no	7/12/2019 8:51 AM
66	No	7/12/2019 8:40 AM
67	no	7/12/2019 7:38 AM
68	Iodine reference: Derry D, Iodine: the Forgotten Weapon Against Influenza Viruses., Thyroid Science 4(9):R1-5, 2009.	7/12/2019 7:30 AM
69	no	7/12/2019 6:47 AM
70	NA	7/12/2019 6:20 AM
71	Nil	7/12/2019 5:51 AM
72	Follow the Ontario Public Health standards	7/12/2019 5:23 AM
73	No	7/12/2019 5:18 AM

74	Not now	7/12/2019 5:17 AM

Q25 Is there anything that relates to professional boundaries that was not addressed?

Answered: 72 Skipped: 231

#	RESPONSES	DATE
1	No.	9/10/2019 6:17 PM
2	No	9/10/2019 9:48 AM
3	Not to my knowledge.	9/10/2019 9:09 AM
4	One thing that wasn't discussed was whether or not treatment of colleagues within a multidisciplinary clinic is permitted. While there is a dual relationship, all registered professionals have a duty to maintain professional boundaries.	9/10/2019 5:11 AM
5	No sir.	9/9/2019 9:19 AM
6	NO.	9/8/2019 4:00 PM
7	NO	9/8/2019 3:20 PM
8	Yes, how do practitioners protect themselves when patients cross a boundary, ie. sexual harassment, demanding practitioners provide services that are not within our scope of practise (RMT-style massage), or making a us feel generally unsafe?	9/8/2019 11:56 AM
9	No	9/7/2019 4:19 PM
10	No	9/6/2019 12:21 PM
11	NO	9/5/2019 11:55 PM
12	No	9/5/2019 5:39 AM
13	No	9/4/2019 5:44 AM
14	No	9/3/2019 11:51 AM
15	no	9/3/2019 11:24 AM
16	don't knew	9/2/2019 9:04 PM
17	Don't know	9/2/2019 4:17 AM
18	No	9/2/2019 4:05 AM
19	No	9/1/2019 3:30 AM
20	All was addressed	8/31/2019 10:55 AM
21	I don't think so	8/30/2019 3:33 PM
22	no	8/30/2019 2:58 PM
23	no	8/30/2019 8:31 AM
24	Speaking with colleagues about a patient to get ideas without consent. You can’t control who they share information with.	8/30/2019 6:30 AM
25	everything is correct	8/30/2019 6:03 AM
26	No	8/29/2019 3:22 PM
27	no	8/29/2019 1:04 PM
28	n/a	8/29/2019 10:50 AM
29	no	8/29/2019 8:19 AM
30	No	8/29/2019 7:58 AM
31	no	8/29/2019 7:09 AM

32	How are practitioners supposed to build a reputation and get referrals if they cannot treat anyone they may know already? This is completely unrealistic. What if you meet someone at a party and they want to come see you? What if your kid's friend's parent wants to see you? What if you don't feel there are other practitioners that can provide the quality of care and experience that you do? Do you refer to someone else you don't think is as competent? How does that then impact patient care or what is best for the patient?	8/29/2019 7:09 AM
33	culture related?	8/27/2019 4:12 PM
34	no	8/15/2019 11:22 AM
35	0	8/14/2019 11:46 AM
36	No	8/14/2019 6:03 AM
37	i don't think so	8/6/2019 11:54 AM
38	Only what I've previously stated	8/6/2019 11:00 AM
39	No, it is way over the top as proposed.	7/26/2019 3:10 PM
40	No	7/26/2019 7:20 AM
41	That is enough.	7/25/2019 6:17 PM
42	No	7/24/2019 6:20 PM
43	no	7/22/2019 3:25 PM
44	no	7/21/2019 4:18 PM
45	No.	7/20/2019 1:32 PM
46	NIl	7/18/2019 6:22 PM
47	no	7/18/2019 2:19 PM
48	Writing the standard is not as important as educating the practitioners about this standard. How these standards should be implemented and the infinite variations of situations that may evolve in clinical practice have not been adequately addressed by the CTCMPAO.	7/18/2019 10:58 AM
49	Fully and clearly addressed.	7/18/2019 8:19 AM
50	Much of human communication is non verbal... Boundaries exist on so many levels and can be crossed on so many levels. Where is the line I wonder.	7/17/2019 5:07 PM
51	no	7/16/2019 2:35 PM
52	no	7/15/2019 6:48 PM
53	NA	7/15/2019 9:34 AM
54	What are OUR rights? For example: I had a man show up without underwear 3x (overtly sexual and very uncomfortable for me). I'm a female who works alone. According to your rules, if I ask him to leave, I still must treat him until he finds an alternate Practitioner. This make ME uncomfortable. If I follow this rule, it puts ME in the position of discomfort and affects MY safety. This allows me to be sexually harassed-by following CTCMPAO's rules and regs.	7/14/2019 6:22 AM
55	no	7/13/2019 5:12 PM
56	No	7/13/2019 12:48 PM
57	.	7/13/2019 12:11 PM
58	None	7/13/2019 7:51 AM
59	No idea	7/12/2019 4:40 PM
60	Yes. Considering practitioners as adult people able to take responsibilities	7/12/2019 3:08 PM
61	No	7/12/2019 12:06 PM
62	No	7/12/2019 9:17 AM
63	no.	7/12/2019 9:16 AM
64	no	7/12/2019 8:51 AM

65	No	7/12/2019 8:40 AM
66	no	7/12/2019 7:38 AM
67	no	7/12/2019 7:30 AM
68	no that I remember	7/12/2019 6:47 AM
69	NA	7/12/2019 6:20 AM
70	Nil	7/12/2019 5:51 AM
71	No	7/12/2019 5:18 AM
72	No	7/12/2019 5:17 AM

Q26 Are there any additional comments you would like to make?

Answered: 64 Skipped: 239

#	RESPONSES	DATE
1	Thank you, I already do all this.	9/10/2019 6:17 PM
2	No.	9/10/2019 9:48 AM
3	No	9/10/2019 9:09 AM
4	No thanks sir.	9/9/2019 9:19 AM
5	NO.	9/8/2019 4:00 PM
6	No	9/8/2019 3:20 PM
7	Standards are crucial for keeping both patients and practitioners safe - more clarity on boundaries is needed	9/8/2019 11:56 AM
8	No	9/7/2019 4:19 PM
9	No	9/6/2019 12:21 PM
10	NO	9/5/2019 11:55 PM
11	No	9/5/2019 5:39 AM
12	No	9/4/2019 5:44 AM
13	Decrease the regeister fee	9/3/2019 11:51 AM
14	no	9/3/2019 11:24 AM
15	not yet ,thanks.	9/2/2019 9:04 PM
16	N/a	9/2/2019 4:17 AM
17	No	9/2/2019 4:05 AM
18	No	8/31/2019 10:55 AM
19	No	8/30/2019 3:33 PM
20	no	8/30/2019 2:58 PM
21	no	8/30/2019 8:31 AM
22	None.	8/30/2019 6:30 AM
23	The document is professional and understandable	8/30/2019 6:03 AM
24	Nothing	8/29/2019 3:22 PM
25	no	8/29/2019 1:04 PM
26	n/a	8/29/2019 10:50 AM
27	no	8/29/2019 8:19 AM
28	No	8/29/2019 7:58 AM

29	Please be realistic about this. The culture of healing has traditionally come from a sole practitioner being the healer in a village or family, where they know everyone. Apprenticeships and students often need to start with friends and family to gain experience. What about your own children? If you know your child is sick with a Wind Cold invasion, does that mean you cannot cup the appropriate points to help them recover? Or provide them with a tea to ease their discomfort? Those kinds of restrictions are ridiculous and unrealistic. Disallowing these kinds of interactions also dramatically and significantly disables one's ability to practice and make a living. If boundaries are maintained during practice, and privacy maintained at all times, and patients provided with a recourse if they feel there has been an inappropriate interaction, there should be no issue with dual relationships. It is important to address these things realistically and allow practitioners to do what they do best - help others.	8/29/2019 7:09 AM
30	College need to help the practitioners and patients have a better understanding that improving professional practicing will benefit for both practitioners and public.	8/27/2019 4:12 PM
31	good job.	8/15/2019 11:22 AM
32	00	8/14/2019 11:46 AM
33	Organizing webinars to remind TCM practitioners and Acupuncturist on Standard for Maintaining Professional Boundaries	8/14/2019 6:03 AM
34	I don't like the course the college is taking, at all. I would welcome a college that helps the members to increase quality of service which in turn would help the public. I'm opposed to repression and confinement of all members because of the actions of a few. Invasion into the private life of the members is completely unacceptable. The current direction of the college makes it a mere extension of government and helps to install a police state, which goes against the fundamental rights of freedom. Again, I'm fully for respecting clients and abstaining from manipulation of clients in any shape or form.	7/26/2019 3:10 PM
35	If college ofen give us more information about it on college homepage, member like to see it.	7/25/2019 6:17 PM
36	No	7/24/2019 6:20 PM
37	no	7/22/2019 3:25 PM
38	no	7/21/2019 4:18 PM
39	i like this Standard, very clear and very usfull	7/20/2019 5:22 PM
40	All members should follow the standard and professional boundaries at all times and members should keep patients health information discrete.	7/20/2019 1:32 PM
41	no	7/18/2019 2:19 PM
42	Satisfied with the current regulations.	7/18/2019 8:19 AM
43	Thank you for asking for our feedback	7/17/2019 5:07 PM
44	nothing	7/16/2019 2:35 PM
45	no	7/15/2019 6:48 PM
46	Please don't make us get consent for sensitive areas with each treatment .	7/15/2019 5:31 PM
47	NA	7/15/2019 9:34 AM
48	See prior notes	7/14/2019 6:22 AM
49	Any standard should protect both public and practitioner,not only public.	7/14/2019 4:33 AM
50	no	7/13/2019 5:12 PM
51	No	7/13/2019 12:48 PM
52	no	7/13/2019 12:11 PM
53	I wish that time of yours have been spent on solving the Dr title problem	7/12/2019 3:08 PM
54	No	7/12/2019 12:06 PM
55	No	7/12/2019 9:17 AM
56	no.	7/12/2019 9:16 AM
57	no	7/12/2019 8:51 AM

58	no	7/12/2019 7:38 AM
59	This feedback is very valuable to members and public. Thank you.	7/12/2019 7:15 AM
60	no for now	7/12/2019 6:47 AM
61	NA	7/12/2019 6:20 AM
62	Nil	7/12/2019 5:51 AM
63	No	7/12/2019 5:18 AM
64	No	7/12/2019 5:17 AM

The purpose of this **Work Plan** is to set the targets of the College for the period of April 1, 2018 – March 31, 2021. The work plan is a high-level document that outlines what is needed to accomplish each goal (collaboration, resources, target dates, anticipated obstacles and solutions).

Strategic Direction	Key Activities	Accountability/Anticipated Resources	Budget	Timelines	Current Status
Good Governance	a) Regulatory Modernization • Participate in consultations, working groups • Implement policies resulting from legislation changes	• Council • Registrar • Deputy Registrar • Policy Analyst • Legal Counsel	• $5000 annually for legal counsel to review policies	• Current • Ongoing	• The President, Registrar and Deputy Registrar attended a session hosted by FHRCO that discussed Governance Frameworks for regulatory bodies in Ontario, Nationally and internationally.
	b) Governance Enhancement • Evaluation Process • Provide training and available resources • Committee Terms of Reference • Prepare governance manual	• Council • Registrar • Deputy Registrar • Legal Counsel • Presenters	• $15,000 annually for presenters and training sessions	• Council Evaluation Process every quarter • Training conducted annually • Dec 2018 • December 2018/March 2019	• Districts 4 & 5 Elections held with 2 members in District 4 and one in District 5 being acclaimed to Council beginning Dec. 2019 • By-Election to fill a vacant seat in District 1 being held Oct 2019. • Full day Council training on December 11th, 2019, discussed College Roles and responsibilities, confidentially, conflict of interest and key trends in regulation. • Updated the Council Evaluation from for the Sept 2018 Council meeting. • District 3 elections held in Sept-Oct 2018 • Council training for new and current members scheduled for Dec 2018 • Governance manual being drafted

	c) Annual By-Law Review to ensure currency	• Council • Registrar • Deputy Registrar • Legal Counsel	• $5000 annually for legal counsel to review and make by-law amendments	• Conducted annually January	• Revised By-Laws are in effect with the new fee schedule. • Revised By-Laws and fees schedule were sent out for circulation. Back at Council for discussion and approval • Completed a full review of the By-Laws and in effect since April 1, 2018
	d) Evaluation planning • Develop evaluation planning tools for all statutory programs and communications with stakeholders • Setup CRM to produce reports for analysis • Surveying membership • Prepare baseline data and evaluation reports	• Registrar • Deputy Registrar • Director of IT • Program Managers • IT consultant	• $15,000 to develop CRM reports	• Dec 2018 - Evaluation Plan • Mar 2019 - CRM Reports • April 2019 - Membership surveys	• Ministry is creating a working group to develop a framework on performance management.
Practitioner Competence	a) Develop Standards of Practice • Standards addressing prevention of sexual abuse (consent, communication, boundaries, etc.) • Standards for TCM modalities (acupuncture, tuina, cupping, etc)	• Registrar • Deputy Registrar • Policy Analyst • SMEs (practitioners) • Legal Counsel	• $5,000 annual for per diems • $5,000 annually for legal counsel	• Jan 2019 - Standards for Prevention of Sexual Abuse • January 2020 - Profession specific standards	• 3 standards of practice will come forward to Council following consultation and committee review: Infection Control, Consent and Professional Boundaries. • 4 standards of practice have been drafted pending Council approval to seek membership feedback: consent, infection control, prevention of sexual abuse, professional boundaries. • Standards have been presented to QA and Patient Relations. Will be reviewed by legal counsel and sent out for consultation.
	Professional Development • Produce webinars and videos for Standards of Practice and mandatory courses.	• Registrar • Deputy Registrar • Director of IT • Managers • Communications Coordinator • Communications Firm	• $40,000 annually for video production/webinar costs	• Semi-Annual Webinars	• A webinar on record keeping was offered on Oct 10th to the membership. Over 800 members attended. • The webinar was recorded and will be posted on the College website.

	b) Enhance Entry to Practice Examination • New exam format to increase security and consistency • More examination offerings • Further develop the examination item bank.	• Registrar • Deputy Registrar • Manager of Registration • Project Manager • SMEs (practitioners)	• Cost recoverable through Candidate Fees • $120,000 annually	• January 2020	• Transition timelines have been approved to offer the current PCE for one more attempt. Will be moving to CBT in the Fall of 2020.
	c) Enhance QA Program • Hire a consultant to revamp a new QA program • Develop an online QA tool for annual self-assessments	• Registrar • Deputy Registrar • Director of IT • QA Coordinator • QA Consultant	• $180,000 for the first year • $56,000 annually after year one	• January 2020	• Dr. David Cane presented to the QA committee in August 2019 and discussion is on-going. • Dr. David Cane presented to the QA committee on Career Span Competencies and explore a new model for professional development. A similar presentation was provided to the College Council on March 26th.
Stakeholder Communications	• Outreach with stakeholders including, schools, associations, and other organizations	• President • Vice President • Registrar • Deputy Registrar • Manager of Registration	• $5000 annually for travel costs and printing costs	• Ongoing communications • Annual meetings • School visits	• Held a meeting with TCM schools on August 30, 2019 re updates on CBE and current scoring. • Held a meeting with TCM schools on August 21/19 to discuss the new Exam format and provide updates to current activities. • Presented and provided remarks at Humber College TCM conference and OCTCM conference. • Qi Newsletter sent out May 31.
	• Develop a communication plan	• Registrar • Communications Firm	• N/A	• March 2019	• Communication Plan was adopted by Council on March 26, 2019. • Draft Communication Plan presented to Council on March 26, 2019
Public Confidence	School Program Approval • RFP for a third Party to develop a process	• Registrar • Deputy Registrar • MOHLTC • Consultant	• $50,000 first year • $20,000 annually after year one	• April 2019 – RFP • December 2019 -RFP	• A working group & RFP to be developed, information from CARB and National program pending. • Exploring various options for a school program approval process. • Met with a vendor to discuss program approval and accreditation options.

	TCM Education • Further communication about differences between TCM and other acupuncture • Video platform/Resources • Communications plan	• Registrar • Deputy Registrar • Communications Coordinator • SMEs	• $40,000 for video production	• March 2019– Communications Plan • Dec 2019 – Public communication • Dec 2019 – Video platform/resources	• Educational newsletters have been sent. • A new format for by-weekly Educational Bits effect September 20, 2019. • Communication plan presented at the Council meeting on Mar 2019

	Doctor Title
	• Complete Phase 1 environmental scan
	• Phase 2
	  ○ Develop competencies
	  ○ Class entry requirements
	  ○ Assessment processes
		• Doctor Title Working Group
		• Registrar
		• Deputy Registrar
		• Manager of Registration
			• $100,000 annually	• Sept 2018 – Phase 1
				• Ongoing – Phase 2
					• Draft final report has been delivered by Malatest for review.
					• New working group to be established.
					• Worked with practitioners and schools to finalize the survey. It was sent out to all stakeholders. Deadline to complete survey is June 14.
					• Focus groups with the public and members in July
					• Will be sending out a survey to the membership in August.

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 Date:	September 30, 2019
Issue:	Public Appointees
Reported By:	Ann Zeng
Action:	Motion

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario has received notification in July that Maureen Hopman current term on Council will come to an end on September 13, 2019.

On July 30, 2019 the College received notification from the Public Appointments Secretariat (PAS) that one new Public Member has been appointed to Council: Deborah Sinnatamby. Her term is from September 14, 2019 until September 13, 2022. Her addition replaces Maureen's appointment.

By the time of the next Council meeting in September, Council will continue to be properly constituted with eight (8) public members on board. However, the College has been notified that the terms of Martial Moreau, Ferne Woolcott and Henry Maeots will come to an end as of November 26, 2019.

There has been no word from the PAS if they will be replaced prior to November 26, 2019. Assuming they are not, then Council will be constituted with the minimum number of public appointees allowed in the TCM Act (5 members). If they are not replaced by November 26th then the College faces the risk of not properly constituting panels, especially in ICRC and Discipline.

Staff will remain in contact with the PAS to hopefully replace the three departing public appointees prior to November 26th.

In accordance with our bylaws, the Executive Committee fills midyear committee vacancies. Those appointments come into effect immediately but are subject to confirmation by Council at its next meeting.

Motion:

The Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approves the recommendation of the Executive Committee to appointment of Deborah Sinnatamby, Public Member to the Patient Relations and ICR Committees beginning immediately.

Ontario

Executive Council of Ontario
Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario
Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Traditional Chinese Medicine Act, 2006*, **Deborah Sinnatamby** of Scarborough, be appointed as a part-time member of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective September 14, 2019 or the date this Order in Council is made, whichever is later.

- - - - - - -

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 2006 sur les praticiens en médecine traditionnelle chinoise*, **Deborah Sinnatamby** de Scarborough, est nommée au poste de membre à temps partiel du Conseil de l'Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans à compter du dernier en date du 14 septembre 2019 et du jour de la prise du présent décret.

Christine Elliott

Recommended: Minister of Health and Long-Term Care
Recommandé par : La ministre de la Santé et des Soins de longue durée

Concurred: Chair of Cabinet
Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : JUL 26 2019

E Dowdeswell

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 1059/2019

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

COUNCIL

Date:	September 30, 2019
Issue:	Council Member Elections Districts 4 & 5
Reported By:	Dianne Cook, Executive Assistant
Action:	FYI

Background

As per section 4.06 of the College By-Laws, the professional Council Member positions for District 4 & 5 are up for election in 2019 for a three-year term ending in 2022.

An election notice and nomination information was sent to all eligible members in District 4 and District 5 on July 19, 2019. Nominations closed on August 20, 2019.

District 4

There are 2 available positions on Council from Electoral District 4. There are approximately 466 Members eligible to vote in District 4 – Central West, which is comprised of the counties of Dufferin, Wellington, Haldimand, Brant and Norfolk, the regional municipalities of Halton, Niagara, Peel, and Waterloo, and the city of Hamilton.

2 Nominations were received by the Acting Registrar on or before August 20, 2019. Mr. Ming C. Cha and Mr. Xianmin Yu. They have been acclaimed to Council. This is Mr. Cha's 3rd term for Council and Mr. Yu's 2nd.

District 5

There is 1 available position on Council from Electoral District 5. There are approximately 70 Members eligible to vote in District 5 – West comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth, Oxford, and the regional municipality of Chatham-Kent.

One nomination was received by the Acting Registrar on or before August 20, 2019. Mr. Hai Su has been acclaimed to Council.

These terms begin at the December 11, 2019 Council Meeting.

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COUNCIL

Date:	September 30, 2019
Issue:	Council Member By-Election District 1
Reported By:	Dianne Cook, Executive Assistant
Action:	FYI

Background

A By-Election is being held in District 1 to fill the seat vacated by Mr. Martin Perras, completing the term ending December 2020.

An election notice and nomination information was sent to all eligible members in District 1 on July 19, 2019. Nominations closed on August 20, 2019.

Two nominations were received by the Acting Registrar on or prior to August 20, 2019.

A by-election will be held for Ms. Joanne Pritchard-Sobhani and Ms. Yuqiu Guo with voting beginning September 27, 2019 and ending on October 29, 2019 at 5:00 p.m. EST.

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 Date:	September 30, 2019
Issue:	Doctor Title
Reported By:	Ann Zeng
Action:	Motion

Background

On December 30, 2016, a Proclamation in Council (OIC) was made that subsection 18(1) of the Traditional Chinese Medicine Act, 2006 (TCMA) comes into force. The College is required to amend its registration regulation to establish a class of registration that would authorize qualified members to use the title "doctor". Until the regulation is made and approved by the government, no member shall be able to use the title, "doctor".

The College appointed a working group to lead the project to develop the doctor class for this profession. The Working group proposed that the project be implemented three phases:

Phase 1 - Conduct an Environmental scan to consult with stakeholders from schools, associations, members, government, other health professional regulatory bodies, and the public. The purpose of the Environmental scan will be to seek input for development of competencies, an assessment process, and class entry requirements, such as education, experience and training. The consultants are currently interviewing various stakeholders and conducting a literature review.

Phase 1 is coming to a close with the delivery of the Final Report being presented today.

Phase 2 – Prepare the competencies for the Doctor class, development of an assessment process and determining the class entry requirements.

- Draft competencies to qualify members to use the "doctor" title;
- Design evaluation tools;
- Survey and analyze education programs; and
- Conduct consultations and validation sessions to finalize competencies and evaluation tools.

Phase 3 – Draft amendments to the Registration Regulation to include a Doctor class of Registration. This will involve extensive communications and consultation with the Ministry of Health and Long-Term Care.

In October 2017, the College engaged R. A. Malatest & Associates to conduct an environmental scan, consultation with stakeholders and literature review as Phase One of the Doctor Title Project.

MOTION:

The Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appoints the following Council members (list members) to the Dr. Title Working Group.

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

NAME	Terms of Reference – Doctor Title Working Group		
TYPE	Council		
DATE APPROVED	June 20, 2019	**DATE REVISED**	

Purpose

The Doctor Title Working Group (the "Working Group") is to prepare recommendations to the Council and Executive Committee for the development of the "Dr." Title Class regulation. The working group shall conduct research, synthesize information, make recommendations and undertake project activities at the request of the Council for development of the "Dr." Title Class regulation.

Accountability

The Working Group is a non-statutory committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario and is accountable directly to Council. Each member of the Working Group must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Working Group.

Members must declare any conflict of interests prior to the discussion of individual files or at any time a conflict of interest or the potential for one arises.

Council will ensure that members of the Working Group receive training in their role to carry out the responsibilities of the Working Group. In addition, Council will ensure that members receive such legislated training and other training deemed necessary for the effective discharge of their responsibilities.

Limitations

The Working Group shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

Working under the direction of the Council and with the Registrar, the Committee shall be responsible for the following activities under Phase 1 of the three-phase project:

- Consider the background material and supporting documentation provided to it by the Registrar for the regulation development process;
- Undertake and synthesize research, analyse and assess risk through environmental scan concerning the current and future Traditional Chinese Medicine practise in Canada and outside of Canada and assess key findings to be factored into the development process;

- Propose an Annual Work Plan and budget to ensure that duties and responsibilities listed in the Terms of Reference are scheduled to be achieved;
- Review and recommend for the approval of Council, regulation development projects and initiatives;
- Co-ordinate, follow-up and monitor programs as project development and operations proceed;
- Provide report and recommendations to the Council on the activities of the working group.

Composition of Working Group

The Working Group shall be appointed by Council will consist of a minimum of six to a maximum of ten public and professional members of Council and shall include a balance of both professional and public members of the Council and one (1) of more professional members who are not members of Council, if Council so wishes.

Criteria for Membership

Members of the working group are expected to be:

- Able to work with the *RHPA, the Traditional Chinese Medicine Act, 2006* and the regulatory framework for healthcare professions in Ontario;
- Able to work with "Dr." Title Class regulations (if applicable) and standards governing the Traditional Chinese Medicine and/or Acupuncture practice in other jurisdictions;
- Familiar with the concept and process of developing competencies;
- Are expected to be available and committed to participating fully in the working group;
- Able to synthesize and analyse complex data and information;
- Professional Members should have a minimum of 5 (five) years of clinical experience in the TCM profession. Preference will be given to General Class Certificate holders;

- Professional Members cannot be an owner, director, board member or officer in a TCM/Acupuncture Association or a director, owner, board member or officer in a TCM/Acupuncture School (public or private); and,
- Any non-Council Members of the working group will be required:
    i. to abide by schedule 1 to the By-Laws "*Code of Conduct for Members of the Council and All Committees*." and;
    ii. to sign an oath of confidentiality

Term of Office

The Working Group shall be appointed annually.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Working Group to conduct its business.

Quorum

Pursuant to section 12.10 of the By-laws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, quorum for meetings of the Working Group shall be three (3) members of the Working Group.

Selection of the Chair

The Chair shall be appointed by the Working Group.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Working Group members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Working Group shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Working Group level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the By-laws, every motion that properly comes before a Working Group shall be decided by a simple majority of the votes cast at the meeting by the Working Group members present.

The Chair, as a member of the Working Group, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Working Group shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Working Group prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Working Group members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Working Group members have a duty to uphold and further the intent of the Act to regulate the professional practice of traditional Chinese medicine practitioners and acupuncturists in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the by-laws.

Working Group Records

The Working Group Chair shall ensure that accurate minutes of all meetings and proceedings are recorded and approved. The Registrar shall act as a group leader during the meetings and provide advice and recommendation.

Confidentiality

Members of the Working Group will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Working Group are especially stringent. Members of the Working Group shall not discuss with anyone any information that the Working Group considers, even in a general nature, except for the purposes of providing the annual report to Council.

Evaluation

The Working Group terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.

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 Date:	September 30, 2019
Issue:	School Program Approval
Reported By:	Ann Zeng
Action:	Discussion

Background

At the March 2018 Strategic Planning Meeting, Council determined "Identify program approval criteria & initiate process to ensure education of competent practitioners" under Public Confidence in the plan.

In a risk assessment conducted on the College, the lack of a school approval program was deemed a high risk. Many schools offering traditional Chinese medicine and acupuncture programs are not required to register as a private career college under the *Private Career Colleges Act, 2005*. Because of this, the burden of determining the validity of an applicant's education falls on the College.

Without program approval, College staff reviews education documents such as transcripts and course curriculums on a case-by-case basis to determine if the education meets College requirements. This process is administratively taxing due to the large number of applicants to the College each year. Furthermore, as staff relies on a review of documents only, it can be difficult to identify fraudulent documents.

The College has also identified the lack of school approval as a major hurdle to Doctor title regulation.

A budget line has been approved and initial conversations have been had with national counterparts to determine program approval nationally.

The College has consulted with other health regulators in Ontario on school approval, and learned that many professions approach school approval on the national level. This ensures consistency in education standards across the country, and allows the College to share costs with its counterparts across Canada.

Next Steps

1. Determine if program approval program will be done on a national level
2. Develop Terms of Reference for the working group
3. Determine scope of work
4. Prepare RFP to a consultant to carry out the work

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

Financial Statements

1st Quarter

April 2019 – June 2019

Highlights and Points of interest

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

55 Commerce Valley Drive West | Suite 705 I Thornhill, Ontario I L3T 7V9 I Phone: 416.238.7359 I fax: 416.214.0879 I
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College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
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What is a Balance Sheet?

The balance sheet presents a company's financial position at the end of a specified date. The balance sheet can be described as a "snapshot" of the financial position of the organization at a point in time.

For example, the amounts reported on a balance sheet dated March 31, reflect that instant when all the transactions *through March 31* have been recorded.

The major components of the Balance Sheet are: ***Assets, Liabilities and Equity***

Assets: Assets are the resource with economic value that the company owns or controls. It will provide benefits to the company. (for example: Cash, Account Receivable, Prepaid Expenses, Fixed Assets, etc.)

Liabilities: Liabilities are obligations or financial debt of the company that requires the company to give up an economic benefit to settle past transactions or events. (for example: Account Payable, Deferred Revenue, Accrued Expenses, etc.)

Equity: Equity states the value left over for shareholders if a company would utilize its assets to meet the liability obligations. The accounting equation is: Assets minus Liabilities equals Equity

What is a Profit & Loss Statement?

The Profit & Loss statement is a financial statement that summarizes the revenue, expense that incurred over a particular period. The purpose of the profit and loss statement is showing whether the company earned or lost money during the period being reported.

Under the accrual basis of accounting, the profit and loss statement consisted of:

- the **revenues** (sales, service fees) that were *earned* during the accounting period, and
- the **expenses** (salaries, rent, legal fee etc.) that *match* the revenues being reported or *have expired* during the accounting period
- the **profit** is the financial benefit when the amount of revenue exceeds the amount of expense. Profit is calculated as revenues minus expenses.

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What is a Statement of Operations?

The statement of operations **summarizes** a company's *revenues* and *expenses* over the entire reporting period.

The Statement of Operations measures the budget variance between budgeted and actual figures. In expense section, a favorable budget variance refers to positive variances or gains, and unfavorable variance refers to a negative budget variance or shortfall; it's on the opposite under revenue section, a favorable various refers to a negative variance, and unfavorable variance refers to a positive variance.

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1. Background

To provide an overview of the highlights and major point of interest defined in the provided Financial Statements (*Balance Sheet, Profit & Loss and Statement of Operations*) for the 1st Quarter of the 2019-2020 fiscal year (April 2019-March 2020).

Variance between Actuals and Annual Budget prediction is compared with the assumption that a quarter value has a 25% cap.

For example, for the third quarter we expect expenses or revenue close to 75% will indicate that we are on target, any expenses or revenue less or greater than 75% indicates over budget or underbudget.

First Quarter – 25%	*Second Quarter – 50%*	*Third Quarter - 75%*	*Fourth Quarter – 100%*

Having said that, there are few exceptions to take in consideration. For example, our main source of revenue is collected between Feb-March of the current calendar year and is deferred to the first quarter of the new fiscal year, that means the actual revenue will far exceed the 25% percent expectation of a first quarter.

Same exceptions may also apply for item line expenses, where the bulk of the expense (for example Audit) is incurred in one single quarter.

2. Balance Sheet

2.1 Point of Interests for 1st Quarter Balance Sheet

Current Assets:

The College has 3 Bank Accounts, each one of them with its own purpose:

NOTE: In July 2019 a new RESERVE account was created and 1.5 million was transferred from the investment account. During the 1st quarter this account did not exist and therefore will not be mentioned till the 2nd quarter of the fiscal year.

1. Investment Account: This is the total amount of "cash" owned by the College.
   As per June 30,2019 the college owns **$ 6,516,547.37 (already reconciled with checks not cashed out)**
2. Cheque Account: This is the account used to pay all our creditors.
3. Savings Account: This account holds all revenue generated from Credit Card transactions and Money Orders. Moneris (our payment gateway) transfers on a daily basis all CC generated revenue directly to this account, the College deposits money orders and\or cheques every 2 weeks.

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4. Every 2 Weeks, the savings account is cleared and the funds are transferred to the Checking Account to be used to pay our creditors. Most often further funds are required and the difference is transferred from the Investment Account.

Other Current Assets:

2.2 Cost Orders

The College has a total amount of Cost Orders receivable for the amount of **$359,865.05** (including doubtful allowance), this is the total amount of ordered to the College for all adjudicated matters.

During the first quarter a total of **$750.00** in cost orders was granted to the College and a total of **$12,000.00** was collected from previously awarded cost orders.

Name	Cost Orders awarded in Q1	Collected in Q1
George Li	$750.00	$0.00
Dan Micu		$1,500.00
Xiao Chun Xu		$3,000.00
Chenghua Zhan		$7,500.00
TOTAL	$750.00	$12,000.00

Below is a list of currently cost orders outstanding balances:

Name	Outstanding Balance
1102022 · Cost Order Jie Dong Wang	$ 2,065.15
1102029 · Cost Order Ebrahim Taeb	$ 750.00
1102030 · Cost Order Kui Li	$ 3,500.00
1102038 · Cost Order Dan Micu	$ 49,500.00
1102047 · Cost Order Nathalie Xian Xi Yan	$ 65,000.00
1102048 · Cost Order Alan Canon	$ 20,000.00
1102052 · Cost Order Diana Turevski	$ 10,000.00
1102053 · Cost Order Yatwah Cheung	$ 60,000.00
1102054 · Cost Order George Li	$ 120,750.00
1102055 · Cost Order Mark Lannard	$ 28,299.90
TOTAL	$ 359,865.05

Note: George Li and Nathalie Xian Xi Yan matters are under appeal.

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NOTE: Philipp Tran cost award (**$105,000)** and FOTCMA cost award (**$110,815.05)** are not included in the previous table since they have been added to the balance sheet as allowance for doubtful account.

Fixed Assets

Fixed assets are long-term tangible or intangible properties that the College owns to generate income. For the College, fixed assets consist of furniture and equipment, computer, leasehold improvements, and software.

The fixed asset's value decreases as they age, they are subjected to periodic depreciation. The net value (book value of a fixed assets minus depreciation) of fixed asset represents the asset's long-term value.

Liabilities

Current liabilities are the debts or obligations due within a year. On our Balance Sheet, the balance of the current liabilities is **$275,440.68**. The balance includes accrued liabilities, credit card, account payables and long-term liabilities. Please refer to the balance sheet for the breakdown.

3. Profit & Loss

3.1 Point of Interests for 1st Quarter Profit & Loss

Revenue

As of June 30, 2019, the College's revenue totaled **$3,257,688.37**. The amount consists of membership, administration and exams revenue **$3,239,288.00** and other income **$18,400.37** (Cost Orders & Bank Interest). Please refer to the P&L document for the breakdown.

Active renewals being our main source of income is on target at 99.83%, we expect to top up our projection by the end of the fiscal year.

The table below describes the breakdown based of the membership renewal:

Active General Class Members	2288
Active Students	15
Inactive Members	80
Professional Corporations	9

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Expense

Overall total expenses are mainly underbudget at 19.35% (target 25%). Professional Services is slightly overbudget due to the increased legal fees services (mainly personnel matters) and translation services.

4. Statement of Operations

4.1 Point of Interests for 1st Quarter Statement of Operations

Individual budget items considerations:

The items are numbered according to the Statement of Operations for ease of cross reference.

Overall College revenue is well on target with a 92.54% for a total of $3,268.938.37.

Expenses are 19.35% almost 5 points below target. the biggest savings are visible in Special Programs (Pan-Canadian Examinations, Dr.Title and School Program Approval)with only 6.77% expense

(Note: For easy of reference refer to the first column on the Statement of Operations)

4102000: Revenue – Renewal Fees

Annual Renewal fees were collected in bulk during the February-March period of 2019 and the revenue was deferred to the 2019-2020 fiscal year.

Annual Renewal fee collected is 99.83%, very well on target (includes Active, Inactive, Students and Professional Corporations).

4200000: Revenue – Administration and Other Fee

Already exceeded our projection by 8.53%, this is mainly due to the increased number of Safety and Jurisprudence examinations and application fees.

6201000: Expenses – Executive Committee

Executive Committee expenses were over budget at 41.20% of the annual budget**.** The main reason is due to the increased number of meetings.

6203000: Expenses – ICRC

The ICRC is over budget at **33.17%,** mainly for complaint investigations and legal fees. Please refer to P&L for breakdown.

6206000: Expenses – Discipline

Discipline is under budget at only **7.54%.** There have been more uncontested matters than in previous years, leading to shorter hearings.

6402000: Expenses – Doctor Title

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Nothing to report for the first quarter. Funds have not been used

6404000: Expenses – School Program Approval

Nothing to report for the first quarter. Funds have not been used

6703000: Expenses – Operating Expenses

Currently under budget at **21.91%** of the annual budget**.** The majority of the expenses are for membership fees to be involved with FHRCO and CARB-TCMPA.

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

1st Quarter April - June 2019

		Actuals of Q1 2019-2020	Annual Budget 2019-2020	Actual to Budget %	Budget Remaining (balance of Year)	Comment
GL Code	**Revenue**					
4101000	Registration Fees	$ 99,000.00	$ 126,900.00	78.01%	$ 27,900.00	Gen. Class, Inactive, Student, Corporation
4102000	Renewal Fees	$ 3,003,000.00	$ 3,008,000.00	99.83%	$ 5,000.00	Gen. Class, Inactive, Student, Corporation
4200000	Administration Fees	$ 49,488.00	$ 45,600.00	108.53%	$ (3,888.00)	Application Fee, Late Fee, Transfer Fee, Other,Safety Program;Jurisprudence Program are included
4300000	Pan Can Examination Fees	$ 87,800.00	$ 276,300.00	31.78%	$ 188,500.00	Written, Clinical, Rescore, Application Fee,
4600000	Other Income	$ 29,650.37	$ 75,500.00	39.27%	$ 45,849.63	Cost Orders, Interest, Sundry/cost order collected in this FY($12000)
	Total Income	**$ 3,268,938.37**	**$ 3,532,300.00**	**92.54%**	**$ 263,361.63**	
GL Code	**Expenses**					
	Council & Committees	**$ 144,726.42**	**$ 955,600.00**	**15.15%**	**$ 810,873.58**	
6100000	Council	$ 7,532.32	$ 55,100.00	13.67%	$ 47,567.68	Per Diem, Travel, Meals, Legal, etc.
6101080	Presidential Duties	$ 1,977.19	$ 15,000.00	13.18%	$ 13,022.81	President duties - Per-Diem, travel, meals, Legal, etc.
6201000	Executive Committee	$ 11,328.73	$ 27,500.00	41.20%	$ 16,171.27	Per Diem, Travel, Meals, Legal, etc.
6202000	Registration Committee and Panel	$ 14,018.23	$ 50,000.00	28.04%	$ 35,981.77	Per Diem, Travel, Meals, Legal, etc.
6203000	ICRC Committee	$ 69,652.50	$ 210,000.00	33.17%	$ 140,347.50	Per Diem, Travel, Meals, Legal, etc.
6204000	Quality Assurance Committee	$ 6,645.60	$ 115,000.00	5.78%	$ 108,354.40	Per Diem, Travel, Meals, Legal, etc.
6205000	Patient Relations Committee	$ 1,546.25	$ 48,000.00	3.22%	$ 46,453.75	Per Diem, Travel, Meals, Legal, etc.
6206000	Discipline Committee	$ 32,025.60	$ 425,000.00	7.54%	$ 392,974.40	Per Diem, Travel, Meals, Legal, etc.
6207000	Fitness to Practice Committee	$ -	$ 5,000.00	0.00%	$ 5,000.00	Per Diem, Travel, Meals, Legal, etc.
6208000	Examination Appeals Committee		$ 5,000.00	0.00%	$ 5,000.00	Per Diem, Travel, Meals, Legal, etc.
6300000	**Professional Services**	**$ 34,346.50**	**$ 126,000.00**	**27.26%**	**$ 91,653.50**	
6301000	Legal Fees	$ 20,080.28	$ 55,000.00	36.51%	$ 34,919.72	Legal Counsel, Unauthorized Practice
6302000	Accounting Fee	$ 6,856.01	$ 50,000.00	13.71%	$ 43,143.99	Bookkeeping, Payroll, Auditing;
6303000	Other Fees	$ 7,410.21	$ 21,000.00	35.29%	$ 13,589.79	Translation Services, Recruiting,Consultant
6400000	**Special Programs/Projects**	**$ 21,336.52**	**$ 315,000.00**	**6.77%**	**$ 293,663.48**	
6401000	Pan-Canadian Examinations	$ 21,336.52	$ 180,000.00	11.85%	$ 158,663.48	ASI, Per Diem, Travel, Meals, etc.
6402000	Doctor Title	$ -	$ 85,000.00	0.00%	$ 85,000.00	Per Diem, Travel, Meals, Consultant, etc.
6403000	Strategic Planning	$ -	$ -	0.00%	$ -	Consultant
6404000	School Program Approval	$ -	$ 50,000.00	0.00%	$ 50,000.00	
6500000	**Salaries and Benefits**	**$ 359,482.11**	**$ 1,501,516.00**	**23.94%**	**$ 1,142,033.89**	
6500000	Salaries and Benefits	$ 359,482.11	$ 1,501,516.00	23.94%	$ 1,142,033.89	Salaries, Benefits, CPP, EI RRSP, EHT
6600000	**Information Technology**	**$ 36,793.07**	**$ 251,200.00**	**14.65%**	**$ 214,406.93**	
6602000	Equipment Expenses	$ -	$ 6,000.00	0.00%	$ 6,000.00	PC, Monitors, Printer, Modem, etc.
6603000	Software Development	$ 18,455.82	$ 149,000.00	12.39%	$ 130,544.18	CRM, Internal IT Projects, Software Packages, Database Development, Web
6604000	Maintenance and Support Contracts	$ 11,715.46	$ 49,200.00	23.81%	$ 37,484.54	Backup and Server Management, Internet service, etc.
6605000	Online Services	$ 5,322.29	$ 42,000.00	12.67%	$ 36,677.71	Cloud Server, WDSERVITNOW, ADP online processing
6606000	Network Security	$ 1,299.50	$ 5,000.00	25.99%	$ 3,700.50	Network Secure, WDTSECURE
6700000	**Operating Expenses**	**$ 109,187.47**	**$ 498,300.00**	**21.91%**	**$ 389,112.53**	
6701000	General Operating Costs	$ 73,300.10	$ 258,300.00	28.38%	$ 184,999.90	Office rental, Office Supplies,Printing services, Phone, Staff Development, Travel, etc.
6702000	Payment Gateway	$ 9,149.27	$ 100,000.00	9.15%	$ 90,850.73	Moneris service charges at around 2.7%
6703000	Subscriptions and Conferences	$ 26,211.02	$ 90,000.00	29.12%	$ 63,788.98	Clear, FHRCO, CARB;
6704000	Communications and Publications	$ 527.08	$ 50,000.00	1.05%	$ 49,472.92	
45	**Total Expenses**	**$ 705,872.09**	**$ 3,647,616.00**	**19.35%**		
46	**Net Income**	**$ 2,563,066.28**	**$ (115,316.00)**			

Authorized Signature: _____

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Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION
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Just Culture vs. Blame Culture

by Julie Maciura
Summer 2019 - No. 238

Most recent studies and reviews of professional regulators focus on how they should maintain the confidence and trust of the public. A recent independent review of the medical regulator in the UK examines how it should maintain the confidence of the profession it regulates. The review flows directly from a high profile case in which a trainee physician (Dr. Bawa-Garba) was found guilty of manslaughter, based on gross negligence, and was then disciplined by the General Medical Council (GMC) for the death of a child despite the presence of a number of systemic factors (e.g., understaffing).

Entitled "Independent review of gross negligence manslaughter and culpable homicide" the June 2019 report looks at the operation of the Coroner's system and the criminal process as well as the role of the professional regulator. The Review concluded that, in this context at least, a just culture was beyond the powers of one organization.

In terms of the regulator, the Review found that there was a breakdown in the relationship between the profession and the regulator, partly as a result of the handling of the Bawa-Garba case. There was a widespread view within the profession that the regulator had acted unfairly in pressing for revocation of Dr. Bawa-Garba's registration, possibly motivated by media scrutiny.

The Review's initial recommendations were:

> … The GMC must acknowledge that its relationship with the medical profession has been severely damaged by recent events and then the GMC must learn from those events in the way it regulates.
>
> The GMC must take immediate steps to re-build doctors' trust in its readiness to support them in delivering good medical practice for patients. This should include examining the processes and policies that have contributed to doctors' loss of confidence and considering how it can better support a profession under pressure as well as promoting a fair and just culture.

The Review then reinforced other recent reports (see, for example, https://www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf) regarding the need to address factors that may see a disproportionate impact of the complaints and discipline process on Black, Asian and Minority Ethnic (BAME) practitioners. The recommendations referred to steps to ensure inclusion of BAME practitioners within the workplace and the profession, diversity within the GMC itself and "methods of assurance of fair decision making, including (but not limited to) equity, diversity and inclusion training, unconscious bias training, auditing and monitoring."

The Review expressed concern that expert witness opinions on whether practitioners met the standard of practice were not seen as always being objective, fair and skilled. In addition to ensuring a rigorous selection process for such experts (including that they be in active practice) and having clear standards of neutrality and impartiality, the Review recommended:

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Those providing expert witness reports and evidence should be required:

- To state the basis on which they are competent to provide an expert opinion on the matters contained within the report or evidence.
- To state where their views fit on the spectrum of possible expert opinion within their specialty.
- To calibrate their reports to indicate whether an individual's conduct was, in all the circumstances, within the standards that could reasonably have been expected; below the standard expected; far below the standard expected; or whether the individual's conduct was truly, exceptionally bad. They should also give their reasons for the views reached.

The Review also recommended that before an allegation of clinical incompetence is referred to discipline, that two concurring expert opinions be obtained.

In terms of the complaints and discipline process itself, the Review recommended, in part, the following:

1. The regulator be given discretion not to investigate all complaints. It should focus its resources on the ones with possible merit.
2. The regulator be given greater authority to resolve discipline cases informally.
3. While the regulator has limited ability to support practitioners facing complaints, given its prosecutorial role, it should clearly explain its process and encourage other organizations to provide support to practitioners, including legal advice.
4. The toll taken on practitioners by investigations requires that such inquiries be concluded as soon as possible.
5. Government should enact legislation ensuring that reflective practice notes (created as part of their quality assurance activities) made by practitioners can never be used in criminal or regulatory proceedings.
6. The duty of candour, requiring practitioners to discuss unexpected events with clients and their representatives, be encouraged and fully enforced.
7. The regulator should not be able to appeal disciplinary decisions that it feels were not sufficiently stringent. [However, the independent Professional Standards Authority can initiate such appeals.]

The government has already announced that many of these recommendations will be contained in amendments to the legislation governing professional regulators: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816914/Promoting_professionalism_reforming_regulation_consultation_reponse.pdf.

The Review expressed concern that some of the lack of confidence expressed about regulators was based on perceptions that may not be accurate. The Review recommended that both the regulator and others involved in health care, make efforts to educate the profession and the public as to their role and activities.

Interestingly, the Review found that over half of the public who responded believed that a practitioner

found criminally responsible for the death of a patient should have their registration revoked. In light of that, one wonders whether there would have been a different type of review if the GMC had not appealed the discipline decision against Dr. Bawa-Garba that had originally imposed a one-year suspension.[1]

The conflict between the "blame culture" and the "fair and just culture" is an ongoing one for regulators. Regulators need to develop tools to distinguish honest mistakes, complicated by systemic circumstances, where the practitioner is remediable, from deliberate recklessness where there is an incorrigible lack of judgment.

The Review's report can be found at: https://www.gmc-uk.org/-/media/documents/independent-review-of-gross-negligence-manslaughter-and-culpable-homicide---final-report_pd-78716610.pdf.

[1] The GMC appeal resulted in an order revoking her registration. However, on further appeal to the Courts, the one-year suspension was restored.

Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION
SML Steinecke Maciura LeBlanc Barristers & Solicitors

Evaluation of Orientation Course for International Practitioners

by Bernie LeBlanc
September 2019 - No. 239

The regulator for physicians in the UK, the General Medical Council (GMC), offers a free course to international practitioners on practising in the UK. This well-recognized initiative attempts to connect physicians trained elsewhere with others in similar circumstances, to provide an overview of how the health system works in the UK and to provide insight into ethical issues they might encounter in the UK that might be handled differently in diverse practice cultures. It is promoted as follows: "Get practical guidance around a series of real‑life ethical scenarios, including areas where you'll encounter differences in the UK, such as consent, confidentiality, raising concerns, care for children and young people, and prescribing."

An evaluation report of this Welcome to the UK Practice (WtUKP) program by a team from Newcastle University was recently released and contains valuable information for any regulator considering a similar program: https://www.gmc-uk.org/-/media/documents/evaluation-of-gmc-welcome-to-uk-practice---january-2019_pdf-79429900.pdf.

Some of the key findings were as follows:

1. **The short term impact of the course was positive**. "Attendees reported significantly improved awareness and understanding of the ethical issues covered in WtUKP, GMC guidance and UK practice in general. Scores on validated scales measuring doctors' patient centeredness and communication self-efficacy also improved."
2. **The longer term impact was mixed.** "Many of the short term improvements were sustained at the follow up stage after three months. However, decay was evident in some areas of the doctors reported understanding of UK practice as well their perceived ability to apply GMC guidance….[*The authors noted that there was little difference in the results between physicians taking the program before starting practice and those who had already been in practice when taking the program.*] Yet despite some decay, improvement in scores compared to baseline was evident, particularly around applying GMC guidance. Almost two-thirds (62%) of doctors reported that they had made changes to their practice as a result of what they learned in WtUKP."
3. **The perception of the regulator by practitioners was enhanced.** "Although there were mixed views on the GMC, overall doctors reported that WtUKP had improved their perceptions of the GMC, particularly valuing the positive engagement with the GMC staff delivering WtUKP."
4. A surprising finding, perhaps, was that **attendees taking the course who were already in practice did not perform better**. "Alongside having similar awareness and understanding prior to WtUKP, those in practice did not demonstrate any greater improvement post WtUKP in the areas tested compared to those not yet in practice. This highlights that the content of WtUKP is not necessarily acquired during practice …."
5. The evaluation noted that **integrating international practitioners required much**

more than this course. It required systematic changes within the health care system. "The evidence from this evaluation has highlighted a general lack of support for overseas doctors when they are in practice. The majority of supervisors were unaware of WtUKP and none of them knew that their supervisees had attended. Negative experiences interacting with colleagues and undermining behaviours (including bullying) were also reported. These doctors also highlighted a lack of confidence to ask questions, raise concerns, and challenge senior colleagues when required, which reflected a negative learning environment." This finding is consistent with the Fair to Refer Report, also published by the GMC, found at: https://www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf.

Some recommendations flowing from the evaluation included the following:

a. **The course should continue to be offered in person, rather than online**, not only for the effectiveness of that presentation format, but also because of the significant benefits accruing to practitioners who were able to meet colleagues in a similar position. In fact, additional informal networking opportunities (e.g., at the end of the program) was suggested.
b. **Marketing the program.** Given the findings about those in practice performing the same as those who had not yet begun practice in the UK, in terms of knowledge about the regulator and understanding about UK practice, and lack of knowledge of the program by key segments of the health care system, the regulator should promote the program more aggressively (e.g., offering it at different locations and on weekends; tying it in with other registration activities such as presenting their ID to the regulator). Perhaps the program should even be made mandatory.
c. **Expanding the impact of the program.** The evaluation recommended that the program's reach be expanded including by making the basic program longer, offering a follow-up program after practitioners had been in practice for a while, more vigorously encouraging attendees (and their supervisors) to use the log-book to record learnings from the program and issues arising in practice, and making attendees more aware of the online resources provided by the regulator.

One aspect of the program that was particularly highly regarded was the use of scenarios that required attendees to identify competing considerations and apply the most appropriate principles to the facts. One scenario cited in the evaluation, which tied into the UK duty of candour, illustrates the benefits of the program. The scenario, set out in the Appendix below, might be helpful for practitioners coming from a more hierarchical professional culture.

Regulators should consider whether such a program would prove useful for their profession and, if so, learn from the experience of the GMC.

Appendix – Duty of Candour Scenario

(See p. 56 of the Evaluation Report)

James Thompson is a 48 year old man. He has become angry with practice staff in the past and has

always had a poor relationship with his main GP, Dr Wood.

James attended the surgery three days ago with a chest infection and was mistakenly given penicillin which he'd had a reaction to in the past. He now has an appointment with Dr Isreb.

> James: Thanks for the emergency appointment. I don't know why this thing isn't shifting. I feel just as bad as I did when I last came in and I've got this itchy rash.
>
> Dr Isreb: Well I've checked your records, Mr Thompson, and I'm afraid Dr Wood shouldn't have prescribed you penicillin. Your records show you've had a bad reaction to it in the past...
>
> James: And he just went ahead and prescribed it to me anyway? Why didn't he check my records? That's just incompetence! This place is useless!!!!

What should the doctor do next...?

(Circle A, B or C).

A. Tell Mr Thompson that you will launch an investigation and report to him in a few days.
B. Offer to make an appointment for him to see Dr Wood when he returns from leave so he can explain and apologise to James himself?
C. Apologise on Dr Woods' behalf and explain what is likely to happen now in terms of symptoms and the best treatment?

See what the doctor did

Dr Isreb apologises for the mistake and talks James through its likely consequences. Although Dr Isreb is wary of James's aggressive manner (and aware that he may be justified in ending the consultation in accordance with the NHS non-physical assault policy), he can understand why James is angry. He tells him this and hopes that apologising for the mistake will calm James down. He also tells him that the incident will be discussed at the next practice meeting to ensure they learn from it. James leaves calmer but determined to make a complaint about Dr Wood's incompetence so he can be stopped from working 'before he kills someone'.

References

You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you must:

a. Put matters right (if that is possible)
b. Offer an apology
c. Explain fully and promptly what has happened and the likely short-term and long-term effects. (Good Medical Practice paragraph 55)