



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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Excerpt from the Regulated Health Professions Act, 1991

Schedule 2
Health Professions Procedural Code

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

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

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

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1. This Schedule applies to members of the Council and of all committees of the College.

2. Council and Committee Members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:

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

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

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

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

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

1. General Responsibility

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

2. Responsibility to Patients

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

3. Responsibility to Oneself and the Profession

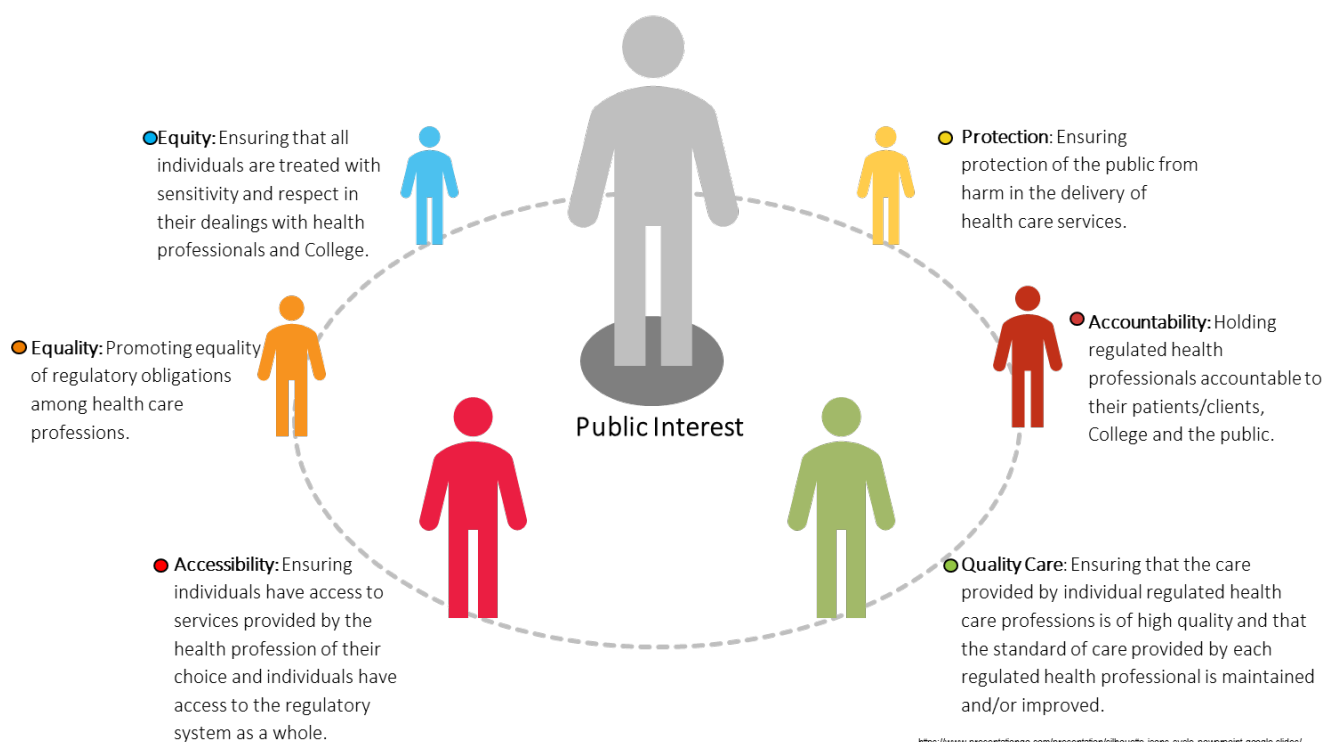
- Acknowledge the limitation of one's knowledge, skills and judgment;
- State one's qualification and experience honestly and fairly;
- Continually upgrade one's knowledge, skills and judgment to improve one's services to patients;
- Respect other health professionals and members of the TCM profession;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

4. Responsibility to the Public

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

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



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

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

BRIEFING ON MEETING PROCEDURE

Guideline for Observers Attending a Virtual Council Meeting

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1. All those who wish to speak to an item MUST go through the Chair.
2. The Chair will keep a list of who wishes to speak. The Chair will call on you to speak.
3. Please raise your hand to let the Chair know you wish to speak.
4. To speak more than once to the same item, you need to wait till everyone else has had a chance to speak.
5. You may ask only one question at a time.
6. Voting is done by a show of hands. If a secret ballot is necessary (i.e. elections) paper ballots are used. For teleconference meetings, members are asked to voice their vote.
7. Each item to be decided will have a MOTION. A motion will be moved and seconded prior to discussion.
8. Should an amendment be made to the motion, the amended motion will be the item to be discussed and voted upon.
9. An amendment to a motion may be done as a "friendly" amendment, meaning the person who made the motion agrees with the change. And once again, the amended motion is the one that is voted upon.
10. Once the Chair calls an end to the discussion, a vote will be taken on the motion or amended motion.
11. Council members will be asked to vote:
 - a. in favour of the motion;
 - b. opposed to the motion; or
 - c. abstain from voting.(Abstentions do not affect the outcome of the vote)
12. A simple majority is required to pass a motion. (50% plus 1)
13. All votes will be noted by the minute taker.



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

AGENDA

Council Meeting

Wednesday, September 21, 2022

9:00 a.m. – 4:00 p.m.

via Webex

Item	Open/ In-Camera	Time	Speaker	Action
1. Welcome and Call to Order	Open Session	9:00 a.m. (5 mins)	D. Worrad <i>Chair</i>	Information
2. Declarations of Conflicts of Interest	Open Session	9:05 a.m. (5 mins)	D. Worrad <i>Chair</i>	Information
3. Briefing on Meeting Procedure	Open Session	9:10 a.m. (5 mins)	D. Worrad <i>Chair</i>	Information
4. Adoption of the Agenda	Open Session	9:15 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion
5. Consent Agenda a) Draft Minutes of June 15, 2022 Council Meeting b) Draft Minutes of June 16, 2022 Council Meeting c) Executive Committee Report d) Registration Committee Report e) Inquiries, Complaints and Reports Committee Report f) Quality Assurance Committee Report g) Patient Relations Committee Report h) Discipline Committee Report i) Fitness to Practise Committee Report j) Dr. Title Working Group Report A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda. As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda. However, if a person wishes to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The	Open Session	9:20 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion

Item	Open/ In-Camera	Time	Speaker	Action
remaining components of the consent agenda can then be approved.				
6. President's Remarks	Open Session	9:25 a.m. (10 mins)	J. Pritchard-Sobhani <i>President</i>	Information
7. Registrar's Report	Open Session	9:35 a.m. (10 mins)	A. Zeng <i>Registrar & CEO</i>	Information
8. June 15 and 16, 2022 Meeting Evaluation Review	Open Session	9:45 a.m. (5 mins)	D. Worrada <i>Chair</i>	Information
9. Draft Audited Statement Review a) Audit Findings b) Financial Statements	Open Session	9:50 a.m. (30 mins)	F. Zou <i>Hilborn LLP</i>	Motion
10. Finance a) Appointment of Auditors for 2022-2023 b) 1 st Quarter Financial Statements	Open Session	10:20 a.m. (10 mins)	F. Ortale <i>Director IT, Finance & Corporate Services</i>	Information Motion
BREAK		10:30 a.m. (10 mins)		
11. Council Updates a) Public Member Reappointment b) Election Update	Open Session	10:40 a.m. (5 mins)	A. Zeng <i>Registrar & CEO</i>	Information
12. Strategic Planning Update	Open Session	10:45 a.m. (10 mins)	A. Zeng <i>Registrar & CEO</i>	Information
13. College Performance Measurement Framework a) Council Competencies b) Diversity, Equity, and Inclusion (DEI)	Open Session	10:55 a.m. (15 mins)	S. Cassman <i>Manager of Policy & Governance</i>	Discussion
14. Draft 2021-2022 Annual Report	Open Session	11:10 a.m. (5 mins)	A. Zeng <i>Registrar & CEO</i>	Information
15. Dr. Title Working Group Update	Open Session	11:15 a.m. (15 mins)	A. Zeng <i>Registrar & CEO</i> S. Cassman <i>Manager of Policy & Governance</i>	Motion
LUNCH		11:30 a.m. (60 mins)		
IN CAMERA SESSION The meeting will move in-camera in		12:30 p.m.		Motion

Item	Open/ In-Camera	Time	Speaker	Action
accordance with Section 7.(2)b and e of the Health Professions Procedural Code.				
BREAK		2:50 p.m. (10 mins)		
19. Chinese Language Entry to Practice Examination	Open Session	3:00 p.m. (15 mins)	A. Zeng <i>Registrar & CEO</i>	Information
20. Non-Council Committee Member Appointments	Open Session	3:15 p.m. (10 mins)	J. Pritchard-Sobhani <i>President</i>	Motion
21. Remuneration for Travel Expenses	Open Session	3:25 p.m. (15 mins)	S. Cassman <i>Manager of Policy & Governance</i>	Motion
22. Risk Management Report	Open Session	3:40 p.m. (10 mins)	S. Cassman <i>Manager of Policy & Governance</i>	Information
23. Other Business	Open Session	3:50 p.m. (5 mins)	D. Worrad <i>Chair</i>	Information
24. Next Meeting Dates and Meeting Effectiveness Survey	Open Session	3:55 p.m. (5 mins)	D. Worrad <i>Chair</i>	Information
25. Adjournment	Open Session	4:00 p.m. (5 mins)	D. Worrad <i>Chair</i>	Motion



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

MEETING OF COUNCIL

MINUTES

June 15, 2022 from 1:15 p.m. to 4:02 p.m.
Via Webex

IN ATTENDANCE

External Chair

Deborah Worrada

Council

Joanne Pritchard-Sobhani	President / Professional Member
Xianmin Yu	Vice-President / Professional Member
Kimberley Bishop	Public Member
Ming C. Cha	Professional Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Matthew Colavecchia	Professional Member
Mark Handelman	Public Member (until 1:28 p.m.)
Justin Lee	Professional member
Ryan Longenecker	Professional member
Maureen Morton	Public Member
Deborah Sinnatamby	Public Member
Hai Su	Professional member
Jin Qi (Jackie) Zeng	Professional Member

Staff

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

Legal Counsel

Rebecca Durcan	Steinecke Maciura LeBlanc
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Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 15, 2022

Observers

Kathy Feng
Dylan Kirk
Enza Ierullo
Jane and Frederic
Bin Jiang Wu
Mary Wu
Jacky Zhang

1. WELCOME AND CALL TO ORDER

After calling the meeting to order at 1:15 p.m., the Chair welcomed participants to the June 15, 2022 Council meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

2. DECLARATIONS OF CONFLICT OF INTEREST AND REMINDER OF CONFIDENTIALITY

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

3. BRIEFING ON MEETING PROCEDURE

The Chair provided an overview of the meeting procedure.

4. ADOPTION OF THE AGENDA

The agenda was adopted as presented.

MOTION: I. Choudry – M. Morton

THAT the Agenda of the June 15 and June 16, 2022 Meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario be adopted as presented.

CARRIED

5. CONSENT AGENDA

- a) Draft Minutes of May 5, 2022 Council Meeting
- b) Executive Committee Report
- c) Registration Committee Report
- d) Inquiries, Complaints and Reports Committee Report

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
June 15, 2022

- e) Quality Assurance Committee Report
- f) Patient Relations Committee Report
- g) Discipline Committee Report
- h) Fitness to Practise Committee Report
- i) Executive Committee Decisions to be Ratified by Council

The consent agenda of the June 15, 2022 meeting was approved as presented.

MOTION: M. Colavecchia – K. Bishop
THAT the Consent Agenda of the June 15, 2022 Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as presented.

CARRIED

MOVING IN-CAMERA

The observers were excused from the meeting.

MOTION: J. Cohen – X. Yu
THAT, in accordance with Sections 7. (2)b and e of the Health Professions Procedural Code, the meeting will now move in-camera. (1:28 p.m.)

The discussion held during the in-camera session is recorded separately.

MOVING OUT OF CAMERA

MOTION: M. Cha - M. Colavecchia
THAT the meeting be moved out of camera at 1:40 p.m.

CARRIED

Observers were allowed to return to the meeting.

7. PRESIDENT'S REMARKS

The President welcomed all participants to the meeting, sharing goals to re-invigorate members' trust in the College. Council members were encouraged to fully participate in decisions, and ask for information where necessary.

The meeting agenda also reflects the amount of activity the College is conducting to fulfill its mandate. These include working on the Chinese language exam, collaboration with

Council Meeting
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
June 15, 2022

CARB, the process of developing the strategic plan, and moving forward with the Doctor title project.

8. REGISTRAR'S REPORT

The Registrar provided an overview of the College's activities over the past few months. These include the election of officers, providing updates on COVID-19, work with CARB-TCMPA, OFC's risk compliance framework, collaboration with HPRO, along with a presentation from the CPSO tribunal.

The College has also filled the Manager of Quality Practice and Communications Coordinator positions.

Council members and staff were thanked for their continued support.

9. MAY 5, 2022 MEETING EVALUATION REVIEW

Council members were thanked for completing the May 5 review, and were encouraged to send additional comments if necessary.

10. FINANCE

- a) Financial statements – 4th quarter
- b) 2021-2022 Financial Audit

Mr. Ortale provided the fourth quarter report for the 2021/2022 fiscal year, which ended on March 31, 2022.

Revenue: This is at 10.3% over the projection, and is attributed to an increase in membership, examination, administration fees, collected cost orders, and interest from income.

Expenses: The expenses are below target, at 89.09%. Council and Committees component is under budget with the exception of Council and ICRC section, due to increased meetings and investigations.

Professional services and Special Projects component were over budget; the former due to an increase in accounting fees and legal fees mainly due to litigation expenses, and the latter, due to payment for the last installment for development of the 2020 PanCanadian examination and an increased number of applicants taking the PanCanadian exam.

Overall, there is a deficit of \$68,000, in comparison to the projected \$759,000 deficit.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 15, 2022

11. STRATEGIC PLANNING CONSULTANT

Mr. Cassman provided an overview of the process used to review the nine submitted proposals, which were reviewed by Executive Committee members. The proposals were rated based on the criteria set out in the RFP. A shortlist of four companies was presented to the Council, along with comments from the Executive Committee.

Considerations for selection were experience with regulatory colleges, reputation with other colleges, and the need to work with a company that can move the College forward.

An informal poll was held, with Optimus SBR obtaining the majority of the votes.

MOTION: J. Pritchard-Sobhani – M. Morton

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario accepts the proposal of Optimus SBR as the consultant to assist Council with the College's 2022-2025 strategic plan.

CARRIED

12. GOVERNMENT RELATIONS CONSULTANT

As a follow up to the direction provided by Council, an RFP has been prepared to seek a new government relations firm. Council's input was requested on the project deliverables section.

It was also reported that the current government relations firm has contacted the MOH staff to follow up on the re-appointment of the College's current public members.

Council members emphasized:

- The need for the consultant to have access to the Minister of Health's office. This also includes building a positive relationship with the provincial government, and having access to the Minister as required.
- The consultant should also understand the College's position and recent challenges.

Once approved, the RFP will be revised and published for the following week.

Respondents will be given 60 days, after which a decision will be made by Council at its September meeting.

13. COMMITTEE APPOINTMENT

Ms. Jin Qi Zeng had made a request for an appointment to either the Registration or Quality Assurance committees, based on her preferences, past experience and background.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 15, 2022

In its May 19, 2022 meeting, the Executive Committee appointed Ms. Zeng to the Registration Committee. Council confirmed Ms. Zeng's appointment.

MOTION: M. Cha – X. Yu

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario confirm Ms. Jin Qi Zeng's appointment to the Registration Committee.

CARRIED

14. DR. TITLE WORKING GROUP

a) Appointment of Working Group members

The Executive Committee recommended the appointment of the following members: Ming Cha, Joanne Pritchard-Sobhani, Deborah Sinnatamby, Xianmin Yu, Iftikhar Choudry and Judy Cohen.

Further considerations to add non-Council members can be made as work begins on the project. Staff has recommended that previously received applications can be retained as a roster from which to obtain non-Council members or subject matter experts in future.

MOTION: K. Bishop - J. Pritchard-Sobhani

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appoint Ming Cha, Joanne Pritchard-Sobhani, Deborah Sinnatamby, Xianmin Yu, Iftikhar Choudry and Judy Cohen to the Dr. Title Working Group.

CARRIED

b) Amendment to the Terms of Reference

The Executive Committee has recommended that an amendment be made in the Terms of Reference to include one-year term. There will also be a provision that those members currently serving on the Working Group should be considered for re-appointment by ensuring a carryover of knowledge and experience.

MOTION: M. Colavecchia – M. Cha

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the amended terms of reference for the Dr. Title Working Group.

CARRIED

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 15, 2022

c) Doctor Title Regulation

In response to questions from Council members, Ministry of Health staff have confirmed that there is no time limit to submit the Doctor title regulation, as part of the *TCM Act* has come into force. The Doctor title is not considered as unused.

Next steps: Staff will contact Working Group members in order to schedule a meeting for the commencement of Phase 2.

An RFP will also be published in order to obtain consultants to work on the project, prepare competencies and develop assessment processes.

15. ADJOURNMENT

The meeting was adjourned at 4:02 p.m.

MOTION: X. Yu – J. Cohen

THAT the meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of June 15, 2022 be adjourned until the next meeting or at the call of the President.

CARRIED



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

MEETING OF COUNCIL

MINUTES

June 16, 2022 from 9:00 a.m. to 11:37 a.m.
Via Webex

IN ATTENDANCE

External Chair

Deborah Worrada

Council

Joanne Pritchard-Sobhani	President / Professional Member
Xianmin Yu	Vice-President / Professional Member
Kimberley Bishop	Public Member
Ming C. Cha	Professional Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Matthew Colavecchia	Professional Member
Ryan Longenecker	Professional member (until 11:13 a.m.)
Maureen Morton	Public Member
Deborah Sinnatamby	Public Member
Hai Su	Professional member
Jin Qi (Jackie) Zeng	Professional Member

Regrets

Justin Lee	Professional member
Mark Handelman	Public Member

Staff

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

Legal Counsel

Rebecca Durcan	Steinecke Maciura LeBlanc
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Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 16, 2022

Observers

Enza Ierullo

Mary Wu

Bin Jiang Wu

Jacky Zhang

1. WELCOME AND CALL TO ORDER

After calling the meeting to order at 9:01 a.m., the Chair welcomed participants to the June 16, 2022 Council meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

2. DECLARATIONS OF CONFLICT OF INTEREST AND REMINDER OF CONFIDENTIALITY

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

3. BRIEFING ON MEETING PROCEDURE

The Chair provided an overview of the meeting procedure.

4. CHINESE LANGUAGE ENTRY TO PRACTICE EXAMINATIONS

Ms. Zeng provided the following updates regarding the exam:

a) The President and Registrar met with CARB and CTCMA-BC. An agreement has now been reached regarding the administration of the Chinese language exams, and a memorandum of understanding (MOU) is currently being drafted by legal counsel.

Both Ontario and British Columbia will share costs. CARB will commence translation of the TCMP exam for April 2023 as soon as the MOU is signed.

b) The College is working with a marketing firm in order to communicate the new language option to the Chinese community.

c) Online applications for the Chinese and English exams were opened on May 16. So far, there have been five applications for the (simplified) Chinese language exam. Another update will be provided at the September Council meeting.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 16, 2022

5. CARB-TCMPA TCM PROGRAM ACCREDITATION PROJECT

Ms. Zeng provided an update on the project.

During its May 19, 2022 meeting, the Executive Committee discussed the final draft standards presented by CARB. Council members were referred to the letter providing feedback to CARB.

The College has committed to participating in the piloting of the accreditation program. However, due to the differences in jurisdictions, the College will decide how these standards should be implemented in Ontario.

Council members expressed support for accreditation and program approval process, noting the need for school program quality and the need to standardize TCM education.

6. ELECTIONS

- a) Election of District 4 & 5
- b) By-Election of District 3

Council members were asked to approve October 27 as the date for the election and by-election.

- District 3: One position available for by-election
- District 4 (Central West): Two positions available; three-year term, ending 2025.
- District 5 (West): One position available; three-year term, ending 2025.

Council members were referred to the election timeline. Officer elections and committee appointments will occur December 8, which is the regular meeting following the election.

It was also noted that due to the Council's unconstitution, and subsequent officer elections in May, some Council members will serve shorter terms.

Discussion ensued on upcoming changes to the election process due to the regulatory modernization requirements. The College has commenced work on a competency framework which will be presented in September, after which By-law changes can be proposed.

Further discussion on this matter will be held in September.

MOTION: M. Morton – K. Bishop

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario direct the Registrar and CEO to set the date for the election to Council for District 4, District 5 and by-election of District 3 to be held on October 27, 2022.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 16, 2022

CARRIED

7. BILL 106 – PANDEMIC AND EMERGENCY PREPAREDNESS ACT

Bill 106 received royal assent on May 14, 2022 and the government has since proposed regulatory changes to the *RHPA* to provide more details on the requirements.

Mr. Cassman provided an overview of the four components of Bill 106, as well as recommendations for complying with the requirements.

8. MEETING WITH COALITION

At its May 19 meeting, the Executive Committee had discussed the request from the Coalition to Stop the Repeal of the TCM Act to meet with the College. In its response, the College has outlined its concerns about the conflict the association's name presents.

The College has not yet received a formal response to its letter to the Coalition, and no date has been set for the meeting. However, the College has been informed that the matter will be discussed and the College will be informed of their decision.

9. RISK MANAGEMENT REPORT

Mr. Cassman provided the update, with a recommendation that an evaluation of risks become a regular part of future meetings, both on Council and with senior management.

MOVING IN-CAMERA

MOTION: M. Cha - M. Colavecchia

THAT, in accordance with Sections 7. (2)c and e of the Health Professions Procedural Code, the meeting will now move in-camera (10:20 a.m.)

CARRIED

The discussion held during the in-camera session is recorded separately.

MOVING OUT OF CAMERA

MOTION: J. Pritchard-Sobhani – M. Morton

THAT the meeting be moved out of camera at 11:34 a.m.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 16, 2022

CARRIED

13. OTHER BUSINESS

In response to a query, the RFP for hiring of a government relations firm will be sent out the following week.

Public members will be provided with copies of the presentation on traditional Chinese Medicine.

14. NEXT MEETING DATES AND MEETING EFFECTIVENESS SURVEY

The next meeting dates will be held on September 21, 2022 as well as December 7 and 8, 2022.

Council members were encouraged to complete the effectiveness survey.

15. ADJOURNMENT

The meeting was adjourned at 11:37 a.m.

MOTION: J. Pritchard-Sobhani – J. Cohen

THAT the meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of June 16, 2022 be adjourned until the next meeting or at the call of the President.

CARRIED



FOR: Information

SUBJECT: Executive Committee Report

Executive Committee Members

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

Since the last Council meetings held on June 15 and 16, 2022, the Executive Committee met once on August 10, 2022 for an Executive Committee meeting.

FOR INFORMATION

1) Government Relations Consultant Update

The Executive Committee was provided with an overview of the government relations proposals received from proponents. A survey will be sent to the Executive Committee to rate the proposals based on the evaluation criteria set out in the RFP. The 3 proposals with the highest scores will be presented to Council at the next Council meeting for deliberation and final decision.

Staff reported that the College's current government relations consultant continues to actively engage with the Minister's Office on the College's matters such as public appointments. The College will continue to engage with its current consultant on a month-to-month basis until the College signs a contract with a new consultant.

2) Strategic Plan Update

The Executive Committee was advised that the College has signed a contract with Optimus SBR following some adjustments to the terms. A kick-off meeting was held on August 9, 2022 to discuss the project plan. It was noted that a new Project Lead would be taking over the project as the preceding one is leaving the organization. It was emphasized that the quality of the project will not be jeopardized by the transition.

3) CARB-TCMPA Updates

The Registrar and President have been negotiating with CARB-TCMPA and CTCMA-BC on a memorandum of understanding regarding the Chinese language entry to practice examination. Following discussion, the Executive Committee agreed that the MOU be signed.



4) Recap of Meeting with FOTCMA

The Executive Committee discussed the outcomes of the meeting held on July 21, 2022 with the representatives of FOTCMA.

5) Finance

An overview of the 1st quarter financial statements was provided to the Executive Committee.

6) Draft Audited Statement Review

The auditors from Hilborn LLP presented on the audit findings and draft financial statements. The auditors expressed overall satisfaction with the College's accounting, and that the College is in good financial shape. The statements will be brought forward to the September 21, 2022 Council meeting for approval.

7) Non-Council Committee Member Applications

The Executive Committee reviewed applications from members to serve as non-Council Committee members. Following deliberation, the Committee prepared a list of recommended Committee appointments to be presented to Council for approval. Staff was directed to reach out to several members to inquire if they were willing to serve on the certain Committees due to their particular experience.

This report is current to August 17, 2022 in anticipation of the Council meeting scheduled for September 21, 2022.



FOR: Information

SUBJECT: Registration Committee Report

Registration Committee Members

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

Since the last quarterly report, the Registration Committee met on July 28, 2022. Additionally, two panel meetings were held on June 6, 2022 and July 28, 2022. All meetings were held via Webex meeting.

FOR INFORMATION

1. PAN-CANADIAN EXAMINATIONS

April 2022 Pan-Canadian Examination

The Traditional Chinese Medicine Practitioners examination was held on April 11 and 12, 2022. A total of 64 candidates wrote the Traditional Chinese Medicine Practitioners examination.

The Acupuncturists examination was held on April 27 and 28, 2022. A total of 74 candidates wrote the Acupuncturists examination.

The examination results were released in June with the following:

	TCMP	ACU	Total
Passed	42	53	95
Failed	18	18	36
Nullified*	4	3	7
Total	64 (46.38%)	74 (53.62%)	138

**The Appeals and Accommodations Committee granted the request for nullification on the grounds of the following circumstances: illness on the examination day; personal emergency; and/or procedural irregularities. These will not count towards the exam attempts.*



Oct 2022 Pan-Canadian Examination

The Traditional Chinese Medicine Practitioners (English) examination is scheduled for October 5 and 6, 2022. The Herbalist (Chinese) examination is scheduled for October 3 and 4, 2022. The Acupuncturists (English and Chinese) examination is scheduled for October 26 and 27, 2022.

The application deadline for the Pan-Canadian Examinations was extended from Friday July 15, 2022 to Monday July 18, 2022 due to the Rogers outage on Friday July 8, 2022 which affected application submissions.

The number of applicants as of August 19, 2022 is as follows:

	TCMP	ACU	Total
English	94	138	232
Chinese Simplified	7	17	24
Chinese Traditional	0	2	2
Total	101	157	258

2. REGISTRATION COMMITTEE PANEL UPDATES (From April 1, 2022 – August 19, 2022)

	Decisions made by the Registration Committee			
	Approved	Approved with TCLs	Refused	Total
General Class application	3	4	1	8
Title Variation	0	1	0	1
TCL Variation	0	0	0	0
Transfer from Inactive Class	0	4	0	4
Totals	3	9	1	13

The Registration Committee Panel reviewed 4 cases in the May 11, 2022, 9 cases in the June 6, 2022 and 7 cases in July 28, 2022 meetings. The Registration Committee directed staff to contact 5 applicants to determine if the applicants will consent to the Terms, Conditions, and Limitations and to seek out legal advice for 1 of the applicants.

3. QUATERLY MEMBERSHIP STATS (As of August 19, 2022)

Registration by District

	District 1	District 2	District 3	District 4	District 5	Practising outside ON	Unknown	Total
General	191	149	1560	515	73	38	38*	2564
Inactive	16	6	91	17	4	12	12	158
Student	0	1	3	1	0	0	0	5
Total Members	207	156	1654	533	77	50	50	2727

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



Registration updates as of August 19, 2022

	18-Nov-2021	28-Feb-2022	1-Jun-2022	19-Aug-2022
General R. Ac	1273	1285	1243	1285
General R. TCMP	1266	1288	1246	1279
Student R. Ac	5	4	4	4
Student R. TCMP	4	2	0	1
Inactive R. Ac	78	75	84	80
Inactive R. TCMP	70	69	81	78
Current Members	2696	2723	2658	2727
Resigned	415	422	489	491
Expired	658	661	662	663
Revoked	86	85	82	85
Suspended	122	121	165	164
Total Registrants	3977	4012	4056	4130

Changes within the Quarter

	Sept 2, 2021 – Nov 18, 2021	Nov 19, 2021 – Feb 28, 2022	Mar 1, 2022 – May 31, 2022	Jun 1, 2022 – Aug 19, 2022
New members	51	35	49	74
Resignations	0	7	31	2
Revocation	0	0	0	0
Suspensions	2	0	46	2
Expired	0	3	1	1
Net Change	49	25	-29	79

Members practicing with terms, conditions and limitations: 271

2022 Jurisprudence Course Tests (From June 1, 2022 – August 19, 2022)

Passed	Failed	Total
40	0	40

2022 Safety Program Tests (From June 1, 2022 – August 19, 2022)

Passed	Failed	Total
44	0	44

This report is current to August 19, 2022 in anticipation of the Council Meeting scheduled for September 21, 2022.



FOR: Information

SUBJECT: Inquiries, Complaints and Reports Committee Report

Inquiries, Complaints and Reports Committee Members

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

The Inquiries, Complaints and Reports Committee (the “ICRC”) is divided into two main panels to accommodate the number of ongoing matters, and to accommodate the selection of panel members, should the need arise for a discipline hearing. Since the last quarterly report, the ICRC met four times on June 1, 2022 and June 23, 2022, June 24, 2022 and August 15, 2022. Training for new members on the ICRC was conducted on June 1, 2022.

New Cases and Nature of Concerns

Note: Some cases may have more than one concern

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



					Violations
		Unauthorized Practice			Unauthorized Practice

Completed Cases and Outcomes*

Note: Some decisions have more than one outcome

Complaints	Outcomes		Registrar Reports Investigations	Outcomes	
7	4	Take no action	1		Take no action
		Advice			Advice
	2	Written Caution			Written Caution
	1	Oral Caution			Oral Caution
	1	SCERP		1	SCERP
		Refer to Discipline		1	Refer to Discipline
		Undertaking			Undertaking

Complaints cases before Health Professions Appeal and Review Board

New Cases	Pending Cases	Cases Upheld
	1	2

Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # cases
19	76		95

This report is current as of August 22, 2022, in anticipation of the Council meeting scheduled for September 21, 2022.



FOR: Information

SUBJECT: Quality Assurance Committee Report

Quality Assurance Committee Members

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

Since the last quarterly report, the Quality Assurance Committee (QAC) met on July 7, 2022, July 25, 2022 (Panel) and August 22, 2022.

FOR INFORMATION

1. Quality Assurance Enhancement Program

A Request for Proposals (RFP) was announced in June 30, 2022, for the Development of Self, Peer and Practice Assessment Components of the Quality Assurance (QA) Program. The QAC heard a presentation on August 22, 2022 and approved the consultant for Phase 2 of the QA Program development project.

2. Quality Assurance Program

a) 2019* Peer and Practice Assessments

Status	Total
Completed (Satisfactory)	9
Assessed (pending review of resubmission)	1
Inactive status	1
Resigned	1

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



b) 2021 Peer and Practice Assessments

Status	Total
Selected Members	78
Assessed (awaiting initial review)	0
Assessed (pending review of resubmission)	9
Assessment Satisfactory	4
Pending assessment	25
Confirmed deferral	3
Inactive status	6
Suspended	9
Resigned	22

c) Random Selections for 2022

- The Peer and Practice Assessment (PPA) - According to the General Requirements Policy (Peer and Practice Assessment), each year, a percentage of members in the General Class of Registration will be selected at random to undergo a PPA. The College randomly selected 2 members in December 2021 to undergo the peer and practice assessments in 2022. The members have been notified accordingly and assessors have been assigned. It is anticipated that their assessments will be completed in the next couple of months.
- Self-Assessment and Professional Development - Every member of the College must participate in self-assessment and continuing professional development each year. As per the College's General Requirements Policy for Self-Assessments and Professional Development, each year, a percentage of all members are selected at random to submit their Self-Assessment Tool (SAT) and professional development plan (PDP). All 53 (2%) selected members have submitted their documentation and were approved.

d) Quality Assurance staff were provided with a list of 19 members who declared non-compliance with the QA Program on their 2022 renewal applications.

- 5 members were exempt from the 2021 QA Program period, as they had completed their initial registration in the same year.
- 7 members submitted their completed Self-Assessment Forms and were found to be satisfactory.
- 6 members have received deferrals from the 2021 Self-Assessment. The members have been notified that they will be required to submit their Self-Assessment and Professional Development Forms in 2023.
- 1 member is pending additional information for their submission.



3. Standards and Guidelines

a) Telepractice Guideline

In response to the changing work and social environments during the COVID-19 pandemic, the QA Committee developed a Telepractice Position Statement and Telepractice Guideline. The final Telepractice Guideline is now posted on the College's website.

b) Standard for Maintaining Professional Boundaries

College staff hosted a webinar on the Standard for Maintaining Professional Boundaries held on August 5, 2022. This webinar is relevant to both Quality Assurance and Patient Relations.

c) Practice Standards - Procedure

Consistent with the recently developed Practice Standards Procedure document, the QA Committee adopted a systemic approach to developing, reviewing and monitoring the Standards of Practice. As part of this approach, the Committee will be conducting a review of the Standards on Communication, Diagnosis and Treatment, Legislation and Ethics, as well as Advertising.

4. 2022-2023 QAC Workplan

The Quality Assurance Committee (QAC) approved the general 2022-2023 QAC Workplan as revised with amendments to be made as required.

5. QA Peer and Practice Assessor Remuneration

The QA Committee considered the costs incurred by assessors for travel related expenses in comparison to the actual remuneration for assessors conducting peer and practice as outlined in the current Peer and Practice Assessor Remuneration Policy. Based on their review and consideration of travel related cost allocations for assessors, the Committee recommends that Council consider updates to the currently allocated travel expenses for Peer and Practice Assessor Remuneration. A Briefing Note outlining the details are provided as part of the Council Agenda.

This report is current to August 22, 2022, in anticipation of the Council meeting scheduled for September 21, 2022.



FOR: Information

SUBJECT: Patient Relations Committee Report

Patient Relations Committee Members

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

Since last quarterly report, the Patient Relations Committee (PRC) met on July 13, 2022.

FOR INFORMATION

1. Funding for Therapy

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

2. Type of Therapists Services within Funding Therapy

An environmental scan of similar-sized regulated health professions was conducted and presented to the Committee. Since the *Health Professions Procedural Code* does not prevent patients from using therapists who are not members of a regulated college, the Committee wanted to assure that the necessary steps are in place to assure that patients are protected and informed. In line with other colleges, persons seeking funding are required to sign a document acknowledging that the unregulated therapist is not subject to professional discipline. As this is also a CTCMPAO requirement (outlined on Form B), the Committee agreed that no further action is required to assure patients are informed.

3. 2022-2023 PRC Workplan

The PRC approved the general 2022-2023 PRC Workplan as revised with amendments to be made as required.



3. Standards

College staff hosted a webinar on the Standard for Maintaining Professional Boundaries on August 5, 2022. This webinar is relevant to both Patient Relations and Quality Assurance.

This report is current to August 18, 2022, in anticipation of the Council meeting scheduled for September 21, 2022.



FOR: Information

SUBJECT: Discipline Committee Report

Discipline Committee Members

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

The Discipline Committee did not release any decisions in this quarter.

As of August 22, 2022, there are nine open cases which has been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

	Member Name	Status
1	Sen Ching Cheung	The Notice of Hearing was served on the Member on August 6, 2021. The discipline hearing was scheduled for and proceeded on June 3, 2022. The Discipline Panel reserved their decision to be released at a later date.
2	Shuangjin Zhang	The Notice of Hearing was served on the Member on August 19, 2021. A pre-hearing conference occurred on May 17, 2022. The Member did not participate and dates were canvassed to proceed for a hearing on a contested basis. A discipline hearing is scheduled for September 29 and 30, 2022.
3	Jeff McMackin	The Notice of Hearing was served on the Member on October 29, 2021. A pre-hearing conference proceeded on June 2, 2022. Discipline Office awaiting to hear from parties regarding their discussions post pre-hearing conference.



4	Kyung Chun Oh	The Notice of Hearing was served on the Member on November 2, 2021. A discipline hearing proceeded on February 8, 2022. The hearing proceeded on a contested basis on July 20, 2022 and August 3, 2022. The Discipline Panel reserved their decision to be released at a later date.
5	Hongxing Xiao	The Notice of Hearing was served on the Member on November 2, 2021. A pre-hearing conference was conducted on May 7, 2022 and May 24, 2022. The discipline hearing was scheduled for and proceed on June 22, 2022. The Member attended for the reprimand on August 17, 2022. The Discipline Panel reserved their decision to be released at a later date.
6	Hongxing Xiao	The Notice of Hearing was served on the Member on November 2, 2021. A pre-hearing conference was conducted on May 7, 2022 and May 24, 2022. Discipline office canvassing the parties for hearing date availability.
7	Yaqing Sun	The Notice of Hearing was served on the Member on December 15, 2021. A pre-hearing conference is scheduled to occur on September 15, 2022.
8	Peter Witz	The Notice of Hearing was served on the Member on January 4, 2022. Discipline office canvassing the parties for pre-hearing conference availability.
9	Christine Richards	Notice of referral to discipline was sent to the Member on June 28, 2022. Discipline office awaiting confirmation of service of the Notice of Hearing.

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

This report is current as of August 22, 2022 in anticipation of the Council meeting scheduled for September 21, 2022.



FOR: Information

SUBJECT: Fitness to Practise Committee Report

Fitness to Practise Committee Members

Matthew Colavecchia (Chair)	Professional Member
Ming C. Cha	Professional Member
Hai Su	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Justin Lee	Professional Member
Ryan Longenecker	Professional Member
Xianmin Yu	Professional Member
Deborah Sinnatamby	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Kimberley Bishop	Public Member
Mark Handelsman	Public Member
Martin Forget	Public Member
Maureen Morton	Public Member

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

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



FOR: Information

SUBJECT: Doctor Title Working Group Report

Doctor Title Working Group Members

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

Since the last quarterly report, the Doctor Title Working Group (the Working Group) met on July 18, 2022.

FOR INFORMATION

1. Election of Chair

Joanne Pritchard-Sobhani was elected chair of the Working Group at the July 18, 2022 meeting.

2. Training

Working Group members received training from College legal counsel, Rebecca Durcan, and from a presentation prepared by former Registrar Emily Cheung. As this was the first meeting since 2019, the training served as a detailed refresher for long standing members of the Working Group, in addition to the new members of the Working Group.

3. Phase 1

The Working Group reviewed the phase 1 report, and confirmed a previous decision to keep the report confidential for the time being. However, in the interest of transparency, the Working Group agreed that a summary of the report should be released. A draft summary was approved by the Working Group.

4. Phase 2

The Working Group began planning for Phase 2 of the doctor title project with a discussion on the workplan. This discussion focused on both the deliverables and timeline. As the project was significantly delayed over the past two and a half years due to the COVID-19 pandemic and Council being unconstituted, the Working Group expressed their intention to complete this phase as quickly as possible. The Working Group finally reviewed and approved a draft RFP for a consultant to assist in this phase of the project.

This report is current to September 7, 2022, in anticipation of the Council meeting scheduled for September 21, 2022.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 6

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 7

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 8

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Committee Meeting Evaluation Results

Meeting Date: June 15 and 16, 2022

	Item	Yes	Most of the time	No	Other	Please provide comments
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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 9

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***College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario***

***Audit Findings Communication
for the year ended March 31, 2022***

A message from Liana Bell to the Executive Committee

I am pleased to provide you with the findings of our audit of the financial statements of College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the “College”) for the year ended March 31, 2022.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Executive Committee in fulfilling their responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Executive Committee, the Council and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address.



Liana Bell, CPA, CA
Partner
Hilborn LLP
August 3, 2022

**“Our
commitment
to quality is
reflected in
every aspect
of our work.
If you have
any questions
or comments,
please contact
me.”**



7 cbhYbhg

9I YW hj YGi a a Ufm	1
Gj[b]ZVubhEi U]Hhj Y5 gdYWg'cZH Y7 c``Y[Yg'5 WVi bh[b['DfUWjWg'	2
CH Yf'Gj[b]ZVubhA UHYfg''	4

Your client service team

Liana Bell, Engagement Partner
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“At Hilborn, 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.”

Executive Summary



5i X]hghUli g`

We have substantially completed our audit of the financial statements of the College for the year ended March 31, 2022, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Council's approval of the financial statements

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



5i X]hghUli g` fYdcfhUbX'fYdfYgYbH]cbg'Zca `a UbU[Ya Ybhi

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements being provided.

We will provide the management representation letter upon the Council's approval of the draft financial statements. We will ask management to sign and return this letter to us before we issue our auditor's report.



abXYdYbXYbWV`

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.



G][b]ZVUbhX]ZVW`hYg`YbWti bHfYX`

There were no significant difficulties encountered while performing the audit.



7\ Ub[Yg'Zca `H Y'U X]hd'Ub`

Our audit approach was consistent with the approach communicated to you in our audit plan dated June 13, 2022.

Final materiality is consistent with preliminary materiality set at \$100,000.

Significant Qualitative Aspects of the College’s Accounting Practices

7 UbUX]Ub`5 i X]hjb[`GHUbXUfXg`fYei]fY`A Uhk Y`Vta a i b]WUHY`k]A `nci `UVci h]g]] b]Z]WUbhie i U]HUhj Y`UgdYWg`cZ` A Y` 7 c``Y[Ydg` UWWti bhjb[` dfUWqWYgZ`]bWi X]b[` UWWti bhjb[` dc`]WYgZ` UWWti bhjb[` Ygha UHYg` UbX` Z]bUbV]U` ghUHYa YbhX]gWcgi fYg"	
5 WWTi bhjb[`dc`]WYgZ`UWWti bhjb[`Ygha UHYg`UbX` Z]bUbV]U`ghUHYa YbhX]gWcgi fYg`	<]`Vcfb]fYgdcbgY`UbX`j]Yk g`
The significant accounting policies are disclosed in Note 1 to the financial statements. Management is responsible for the appropriate selection and application of accounting policies under Canadian accounting standards for not-for-profit organizations.	<ul style="list-style-type: none">- We reviewed all accounting policies adopted by the College, and based on audit work performed, the accounting policies are appropriate for the College and applied consistently.
Management has considered the impact of the COVID-19 pandemic on the College’s financial statements and concluded that a note disclosure is appropriate to describe that the impact on the future operations of the College cannot be estimated.	<ul style="list-style-type: none">- We worked with management to understand the implications of COVID-19 on the College and its future operations.- The financial statement disclosures related to COVID-19 are clear and transparent and meet the requirements of the College’s financial reporting framework.
Management is responsible for the accounting estimates included in financial statements. Estimates and the related judgements and assumptions are based on management’s knowledge of the operations and past experience about current and future events.	<ul style="list-style-type: none">- Based on audit work performed, we are satisfied with the estimates made by management.

5 WŁi bĥb[`dc`jWYgžUWŁi bĥb[`Yghĥa UHġ'UbX` ZĥUbWU`ghUHĥa YbhX]gWcgi fYg`	<]`Vcfbĥĥ'fYgdcbgY'UbX'j]Yk g`
Annual report	<ul style="list-style-type: none">- We acknowledge that a copy of the College's financial statements for the year ended March 31, 2022 and a copy of our audit report related to the financial statements will be included in the College's annual report. As agreed in our engagement letter, we will review the annual report prior to it being finalized to ensure that there are no inconsistencies with the audited financial statements.- If, based on the work that we will perform on the annual report, we conclude that there is a material misstatement of the annual report we will communicate that fact to you.

Other Significant Matters

<p>ᄁ'UWWᄁfXUbWY'k jR '7 UbUXjUb'5 i Xjhjb['GHUbXUfXgžH YfY'UfY'Ubi a VYf'cZfYei jfYX'Wᄁa a i b]WUjcbg'VYHk YYb'R Y' U' X]ᄁcf'UbX'R cgY'W Uf[YX'k jR '[c j YfbUbWY'fY'UHYX'ᄁc'R Y'c j Yfgj[\ ᄁcZH Y'ZjbUbWjU'fYdcfHjb['dfcWgg"ᄁ cgY' Wᄁa a i b]WUjcbg'k j''df]a Uf]mVY'k f]HfYb'j b'R Y'Zᄁfa 'cZci f'U' X]hd'Ub'UbX'U' X]hZjbX]b[g'Wᄁa a i b]WUjcb"K Y' a UmUgc'Wᄁa a i b]WUHY'cfU'miH fci [\ 'X]gW gg]cbg"ᄁ Y'UUV'YVY'ck 'gi a a Uf]nYg'h Y'Wᄁa a i b]WUjcbg'fYei jfYX' UhiH Y'WᄁbW' g]cb'cZH Y'U' X]H'</p>	
Gj[b]ZjWUbhA UHYf'	8 jgW gg]cb'
Gi a a UfmicZi bWᄁffYWYX'a jggHUYa YbHg'	We did not identify any misstatements that remain uncorrected in the financial statements.
7 cffYWYX'a jggHUYa YbHg''	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.
Gj[b]ZjWUbhXYZjWYbWYg'j b'j bHYfbU'WᄁbHc''	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 practical; therefore, reliance is placed on supervision and approvals by the Executive Committee and the Council.

Gj[b]ZUbiA UHYf`	8]gW gg]cb`
: fU X`UbX`bcb!W@a d`]UbW`k]H ``Uk g`UbX` fY[i `U]cbg`	No fraud or non-compliance with laws and regulations came to our attention during the course of the audit. We would like to reconfirm with the Executive Committee and the Council that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.
Gj[b]ZUbiX]Z]W`h]Yg`YbW@i bHYfYX`	No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.
FY`UHYX`dUf]Yg`	We did not identify any related party transactions and balances that require disclosure in the financial statements.
Gi VgYei YbhYj YbHg`	No subsequent events, which would impact the financial statements, have come to our attention.

HILBORN

LISTENERS. THINKERS. DOERS.

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

FINANCIAL STATEMENTS

MARCH 31, 2022

Draft Statement Subject to Revision

HILBORN LLP

Independent Auditor's Report

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

Opinion

We have audited the financial statements of College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2022, and the statements of operations, changes in 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, 2022, 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.

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

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.

Independent Auditor's Report (continued)

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.
- 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
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Statement of Financial Position

March 31	2022 \$	2021 \$
ASSETS		
Current assets		
Cash	8,631,851	7,813,449
Accounts receivable (note 3)	103,412	118,447
Prepaid expenses	31,198	30,920
	8,766,461	7,962,816
Long-term assets		
Capital assets (note 4)	314,531	410,217
	9,080,992	8,373,033
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	223,567	175,010
Deferred membership dues	3,353,530	2,481,150
	3,577,097	2,656,160
Deferred lease inducements (note 5)	65,154	93,078
	3,642,251	2,749,238
NET ASSETS		
Operating Fund	2,938,741	3,423,795
Investigations and Hearings Reserve Fund	1,000,000	1,000,000
Sexual Abuse Therapy Fund	200,000	150,000
Strategic Initiatives Fund	500,000	400,000
Contingency Reserve Fund	500,000	500,000
Property and Technology Fund	300,000	150,000
	5,438,741	5,623,795
	9,080,992	8,373,033

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Board:

Director/Member

Director/Member

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Statement of Operations

Year ended March 31	2022 \$	2021 \$
Revenues		
Membership dues	2,693,444	3,279,475
Examination fees	385,630	269,700
Other	75,552	109,767
	3,154,626	3,658,942
Expenses		
Salaries and employee benefits	1,393,252	1,387,189
Council and committees	755,368	529,234
Consulting and professional services (<i>Schedule</i>)	108,595	82,248
Special programs and project (<i>Schedule</i>)	610,686	549,280
Office and general operational costs (<i>Schedule</i>)	372,817	359,344
	3,240,718	2,907,295
Excess of revenues over expenses from operations before the following	(86,092)	751,647
Depreciation	(98,962)	(98,606)
Excess (deficiency) of revenues over expenses for the year	(185,054)	653,041

The accompanying notes are an integral part of these financial statements

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended March 31

	2022						
	Operating Fund	Investigations and Hearings Reserve Fund	Sexual Abuse Therapy Fund	Strategic Initiatives Fund	Contingency Reserve Fund	Property and Technology Fund	Total
	\$	\$	\$	\$	\$	\$	\$
Balance - at beginning of year	3,423,795	1,000,000	150,000	400,000	500,000	150,000	5,623,795
Excess (deficiency) of revenues over expenses for the year	(185,054)	-	-	-	-	-	(185,054)
Inter-fund transfers	(300,000)	-	50,000	100,000	-	150,000	-
Balance - at end of year	2,938,741	1,000,000	200,000	500,000	500,000	300,000	5,438,741

	2021						
	Operating Fund	Investigations and Hearings Reserve Fund	Sexual Abuse Therapy Fund	Strategic Initiatives Fund	Contingency Reserve Fund	Property and Technology Fund	Total
	\$	\$	\$	\$	\$	\$	\$
Balance - at beginning of year	3,470,754	1,000,000	40,000	260,000	200,000	-	4,970,754
Excess of revenues over expenses for the year	653,041	-	-	-	-	-	653,041
Inter-fund transfers (note 1)	(700,000)	-	110,000	140,000	300,000	150,000	-
Balance - at end of year	3,423,795	1,000,000	150,000	400,000	500,000	150,000	5,623,795

The accompanying notes are an integral part of these financial statements

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Statement of Cash Flows

Year ended March 31	2022 \$	2021 \$
Cash flows from operating activities		
Cash received from members	4,015,453	3,903,358
Interest received	18,152	18,767
Cash paid to employees and suppliers	(3,211,927)	(2,994,017)
	821,678	928,108
Cash flows from investing activity		
Purchase of capital assets	(3,276)	(55,330)
Change in cash during the year and cash at end of year	818,402	872,778
Cash, beginning of year	7,813,449	6,940,671
Cash, end of year	8,631,851	7,813,449

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Revision

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Schedules to Financial Statements

Year ended March 31

Schedule of Expenses

	2022 \$	2021 \$
Consulting and professional services		
Professional services	108,595	82,248
	<u>108,595</u>	<u>82,248</u>
Special programs and projects		
Special projects and programs	406,310	331,665
Information technology	204,376	217,615
	<u>610,686</u>	<u>549,280</u>
Office and general operational costs		
General operating costs	372,817	359,344
	<u>372,817</u>	<u>359,344</u>

The accompanying notes are an integral part of these financial statements

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Notes to Financial Statements

March 31, 2022

Nature of operations

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. 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.

(a) Basis of accounting - operations

The operating fund reflects the day-to-day activities of the College which are financed generally by registration, renewal and application fees. All investment income earned is allocated to the operating fund.

The College's Council has internally restricted net assets to be used for specific purposes. These funds are not available for operations without approval of the Council. The details of internally restricted funds are as follows:

- (a) The Investigations and Hearings Reserve Fund is designated to cover costs, including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeals hearings and other hearings that may arise related to regulating the profession. During the fiscal year, the Council approved the transfer of \$Nil (\$Nil - 2021) from the operating fund.
- (b) The Sexual Abuse Therapy Fund is designated to cover costs for funding for therapy and counseling. During the fiscal year, the Council approved the transfer of \$50,000 (\$110,000 - 2021) from the operating fund.
- (c) The Strategic Initiatives Fund is designated to meet the anticipated future requirements of the College for strategic directions and key activities as outlined in the College's Strategic Plan. During the fiscal year, the Council approved the transfer of \$100,000 (\$140,000 - 2021) from the operating fund.
- (d) The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and are not otherwise covered by the Investigations and Hearings Reserve Fund or to fund the College's obligations in extreme circumstances as determined and approved by the Council of the College including in the event that the College ceases to exist as a corporate statutory body. During the fiscal year, the Council approved the transfer of \$Nil (\$300,000 - 2021) from the operating fund.

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2022

1. Significant accounting policies (continued)

(a) Basis of accounting - operations (continued)

- (e) The Property and Technology Reserve fund is designated to cover costs, for future needs of the College such as office moves and renovations. It is also designated to fund expenses related to asset replacement, rehabilitation, and significant repair for equipment that fall outside of the provisions of the College's operating budget. During the fiscal year, the Council approved the transfer of \$150,000 (\$150,000 - 2021) from the operating fund.

(b) 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.

(c) 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	5 years	straight line
Computer equipment	3 years	straight line
Computer software	3 years	straight line
Customized computer software	10 years	straight line
Leasehold improvements		straight line 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 2022.

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2022

1. Significant accounting policies (continued)

(d) Deferred lease inducements

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

(e) 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 Financial Statements (continued)

March 31, 2022

1. Significant accounting policies (continued)

(f) Management 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:

Financial instrument	Credit	Liquidity	Risks		
			Market risk		
			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.

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. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations.

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2022

2. Financial instrument risk management (continued)

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 \$94,976 (\$101,576 - 2021) net of an allowance for doubtful accounts of \$475,104 (\$475,104 - 2021).

4. Capital assets

	2022		
	Cost	Accumulated Amortization	Net Book Value
	\$	\$	\$
Furniture and equipment	248,524	248,524	-
Computer equipment and software	110,027	97,710	12,317
Customized computer software	558,560	318,867	239,693
Leasehold improvements	302,859	240,338	62,521
	1,219,970	905,439	314,531
	2021		
	Cost	Accumulated Amortization	Net Book Value
	\$	\$	\$
Furniture and equipment	248,524	247,907	617
Computer equipment and software	106,751	85,507	21,244
Customized computer software	558,560	263,011	295,549
Leasehold improvements	302,859	210,052	92,807
	1,216,694	806,477	410,217

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2022

5. 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.

	2022 \$	2021 \$
Balance - at beginning of year	93,078	121,001
Amortization of lease inducements	(27,924)	(27,923)
Balance - at end of year	65,154	93,078

6. Lease commitments

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

	\$
2023	114,384
2024	114,384
2025	38,128
	266,896

In addition, the College is obligated to pay its proportionate share of operating costs and taxes which amounted to \$73,421 (\$55,176 - 2021).

7. Contingent liability

There are currently two matters under review to assess whether the College has potential liabilities. As the outcome of these matters are not determinable at this time, no amounts have been recorded in the financial statements.

8. Impact of global pandemic

During March 2020, the global pandemic of the virus known as COVID-19 led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. These measures have temporarily reduced certain operations of the College. The College is continuing to serve its members remotely and through online formats.

Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect on the College. No adjustments have been made in the financial statements for these events.





College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 10

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

1st Quarter (April - June 2022)

		Actuals of Q1 2022-2023	Annual Budget 2022-2023	Actual to Budget %	Budget Remaining (balance of Year)
GL Code	Revenue				
4101000	Registration Fees	\$ 71,700.00	\$ 143,750.00	49.88%	\$ 72,050.00
4102000	Renewal Fees	\$ 3,244,725.00	\$ 3,290,000.00	98.62%	\$ 45,275.00
4200000	Administration Fees	\$ 36,528.00	\$ 47,950.00	76.18%	\$ 11,422.00
4300000	Pan Can Examination Fees	\$ 196,583.00	\$ 387,000.00	50.80%	\$ 190,417.00
4400000	Other Income-Government Funds	\$ -	\$ 251,800.00	0.00%	\$ 251,800.00
4500000	Other Fees	\$ 10,600.00	\$ 30,000.00	35.33%	\$ 19,400.00
4600000	Other Income	\$ 14,893.85	\$ 30,000.00	49.65%	\$ 15,106.15
	Total Income	\$ 3,575,029.85	\$ 4,180,500.00	85.52%	\$ 605,470.15
GL Code	Expenses				
	Council & Committees	\$ 230,181.30	\$ 953,000.00	24.15%	\$ 722,818.70
6100000	Council	\$ 35,619.59	\$ 94,000.00	37.89%	\$ 58,380.41
6201000	Executive Committee	\$ 10,814.33	\$ 29,000.00	37.29%	\$ 18,185.67
6202000	Registration Committee and Panel	\$ 7,832.60	\$ 50,500.00	15.51%	\$ 42,667.40
6203000	ICRC Committee	\$ 81,022.63	\$ 228,000.00	35.54%	\$ 146,977.37
6204000	Quality Assurance Committee	\$ 5,494.50	\$ 130,500.00	4.21%	\$ 125,005.50
6205000	Patient Relations Committee	\$ 1,201.03	\$ 48,750.00	2.46%	\$ 47,548.97
6206000	Discipline Committee	\$ 87,884.12	\$ 368,000.00	23.88%	\$ 280,115.88
6207000	Fitness to Practice Committee	\$ 312.50	\$ 4,250.00	7.35%	\$ 3,937.50
6300000	Professional Services	\$ 35,988.80	\$ 109,000.00	33.02%	\$ 73,011.20
6301000	Legal Fees	\$ 30,976.39	\$ 65,000.00	47.66%	\$ 34,023.61
6302000	Accounting Fee	\$ 1,910.98	\$ 31,500.00	6.07%	\$ 29,589.02
6303000	Other Fees	\$ 3,101.43	\$ 12,500.00	24.81%	\$ 9,398.57
6400000	Special Programs/Projects	\$ 139,131.75	\$ 677,000.00	20.55%	\$ 537,868.25
6401000	Pan-Canadian Examinations	\$ 130,210.00	\$ 297,000.00	43.84%	\$ 166,790.00
6402000	Doctor Title	\$ -	\$ 100,000.00	0.00%	\$ 100,000.00
6403000	Strategic Planning	\$ -	\$ 100,000.00	0.00%	\$ 100,000.00
6404000	School Program Approval	\$ -	\$ 50,000.00	0.00%	\$ 50,000.00
6405000	Safety and Jurisprudence Test	\$ 8,921.75	\$ 130,000.00	6.86%	\$ 121,078.25
6500000	Salaries and Benefits	\$ 314,057.82	\$ 1,579,580.00	19.88%	\$ 1,265,522.18
6500000	Salaries and Benefits	\$ 310,534.92	\$ 1,554,580.00	19.98%	\$ 1,244,045.08
6502000	Casual Labour	\$ 3,522.90	\$ 25,000.00	14.09%	\$ 21,477.10
6600000	Information Technology	\$ 39,906.39	\$ 275,400.00	14.49%	\$ 235,493.61
6602000	Equipment Expenses	\$ 420.59	\$ 10,000.00	4.21%	\$ 9,579.41
6603000	Software Development	\$ 15,791.86	\$ 151,000.00	10.46%	\$ 135,208.14
6604000	Maintenance and Support Contracts	\$ 11,874.26	\$ 59,500.00	19.96%	\$ 47,625.74
6605000	Online Services	\$ 9,955.18	\$ 47,400.00	21.00%	\$ 37,444.82
6606000	Network Security	\$ 1,864.50	\$ 7,500.00	24.86%	\$ 5,635.50
6700000	Operating Expenses	\$ 105,835.25	\$ 525,450.00	20.14%	\$ 419,614.75
6701000	General Operating Costs	\$ 71,574.67	\$ 290,450.00	24.64%	\$ 218,875.33
6702000	Payment Gateway	\$ 11,308.10	\$ 120,000.00	9.42%	\$ 108,691.90
6703000	Subscriptions and Conferences	\$ 21,913.91	\$ 60,000.00	36.52%	\$ 38,086.09
6704000	Communications and Publications	\$ 1,038.57	\$ 55,000.00	1.89%	\$ 53,961.43
6800000	Pan Can Chinese Language Examination	\$ 20,762.38	\$ 251,800.00	8.25%	\$ 231,037.62
6801000	Exam Translation Fee	\$ -	\$ 140,000.00	0.00%	\$ 140,000.00
6802000	Professional Fee	\$ 391.55	\$ 11,800.00	3.32%	\$ 11,408.45
6803000	HR & Salary Expenses	\$ 12,325.23	\$ 50,000.00	24.65%	\$ 37,674.77
6804000	Information Technology	\$ 8,045.60	\$ 12,000.00	67.05%	\$ 3,954.40
6805000	Communication & Publications	\$ -	\$ 38,000.00	0.00%	\$ 38,000.00
45	Total Expenses	\$ 885,863.69	\$ 4,371,230.00	20.27%	
46	Net Income	\$ 2,689,166.16	\$ (190,730.00)		



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 11

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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 reappointed 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, 2022 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 reconduite 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 du 14 septembre 2022 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

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

Approved and Ordered:
Approuvé et décrété le : AUG 11 2022

**Lieutenant Governor
La lieutenante-gouverneure**

O.C. | Décret : 1122 / 2022



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 :

Order in Council numbered O.C. 313/2022 dated February 17, 2022 that appointed **Martin Forget** of Toronto as a part-time member of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario under the *Traditional Chinese Medicine Act, 2006*, be revoked effective the date this Order in Council is made.

Le décret 313/2022 daté du 17 février 2022 qui nommait **Martin Forget** de Toronto au poste de membre à temps partiel du Conseil de l'Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario en vertu de la *Loi de 1991 sur les praticiens en médecine traditionnelle chinoise*, est révoqué à compter du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

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

Approved and Ordered:
Approuvé et décrété le : AUG 25 2022

**Lieutenant Governor
La lieutenante-gouverneure**

O.C. | Décret : 1166 / 2022



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 12

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College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)

Strategic Planning: Council Meeting

September 21st, 2022



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

What is a Strategic Plan?

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U **vision statement**

U **mandate statement**

U **core values**

Project Mission and Success

→ Project Mission

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→ Project Success

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Project Team and Roles

TEAM MEMBER	PROJECT ROLE	RESPONSIBILITIES
Jesse Burns	o h 'O	o \ ' ° o) j ° o - '@ 'U
Clare McNeil	o h 'U	o h 'U o o '-' o))
Jenna Paulo	o #	o h 'U 'o o o '-' o))
Nathan Duyck	o k # °	o o '@ ° o k 'O °

Project Scope

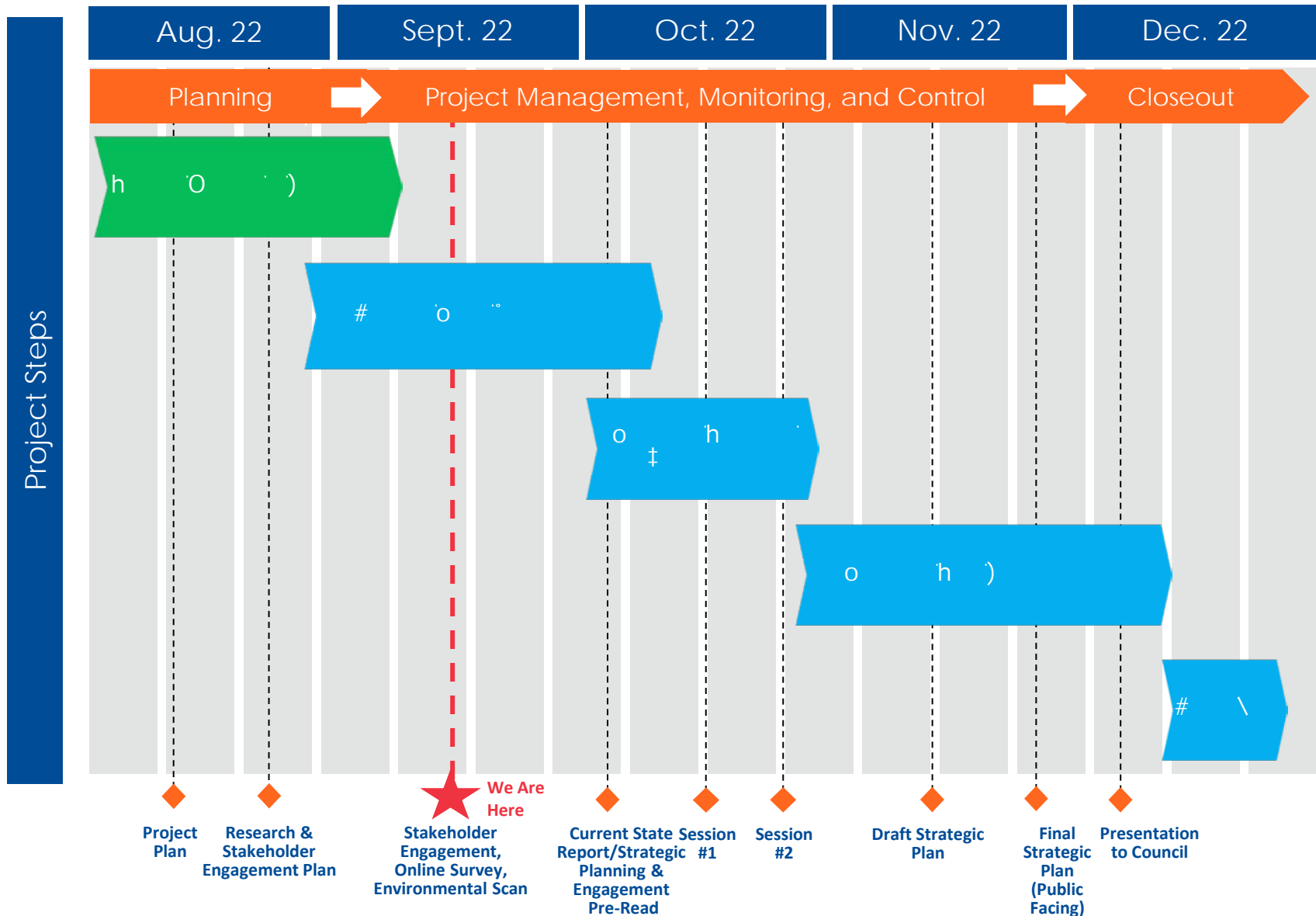
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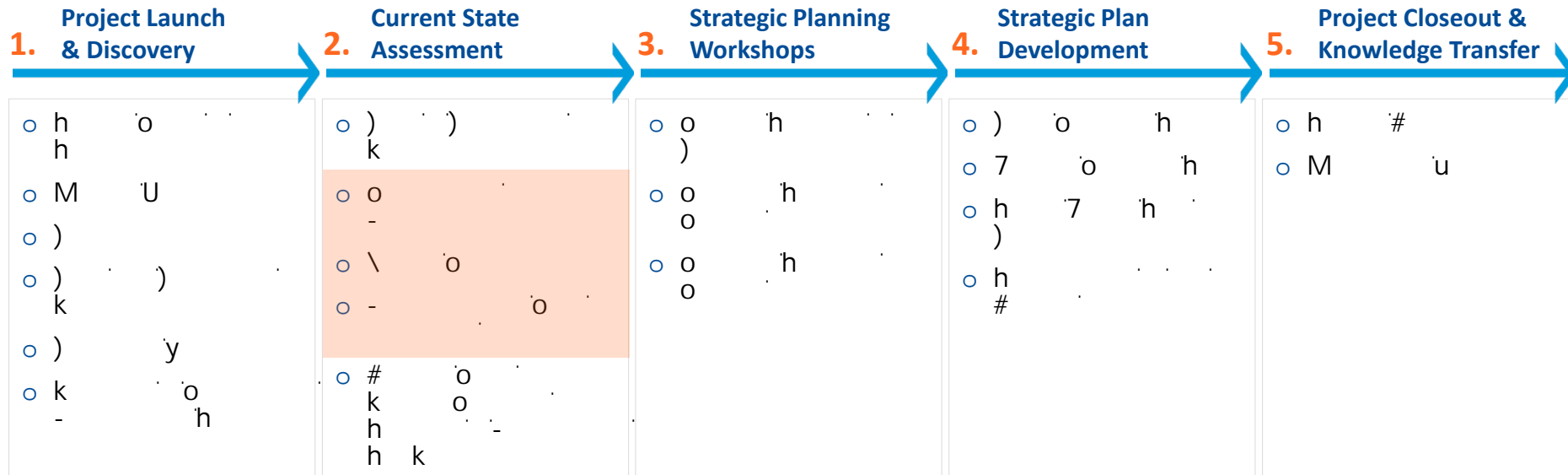
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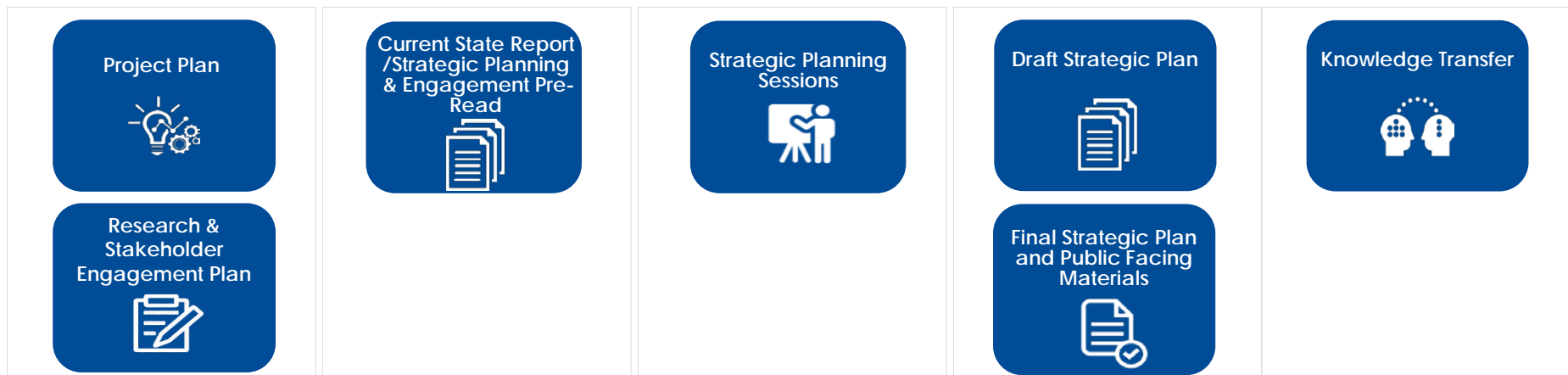
Timeline



Project Activities



Deliverables



Immediate Next Steps

Next Steps			Accountable	Dates
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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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

COUNCIL

Recommended Non-Council Committee Member Appointments

Patient Relations Committee	Registration Committee	Investigation, Complaints and Reports Committee	Quality Assurance Committee	Discipline Committee	Fitness to Practice Committee
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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

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Travel Related Expenses	*Allocated Costs
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Travel Related Expenses	*Current Allocated Costs	Proposed Allocated Cost
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Legislative Context

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Per Diem Rates

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Claim Type	Rate	Maximum
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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 22

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Public Interest Rationale

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

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Council	Responsible for approving Risk Tolerance Evaluation, reviewing Risk Management Plan and periodically reassessing success of Risk Management strategies.	Council Members
President	Responsible for leading Executive Committee and Council in reviewing the Risk Management Plan, implementing certain procedures needed in specified emergency situations, ensuring action is taken as necessary to protect the separation of Council from operations.	Joanne Pritchard-Sobhani
Registrar and CEO	Responsible for ensuring comprehensive risk assessment within the organization, development and implementation of mitigation strategies, and ongoing evaluation of effectiveness of risk management by the organization.	Ann Zeng
Director, IT, Finance and Corporate Services	Responsible for identifying risk factors relating to financial management policies and procedures, adhering to sound financial risk management and mitigation policies and strategies. Champions organization-wide effort to protect the vital assets of the College and engage key stakeholders in risk management activities.	Francesco Ortale
Program Managers	Responsible for complying with obligations outlined in the Health Professional Procedural Code respecting procedure, timelines, transparency, objectivity and fairness.	Ryan Chu, Claudia Frisch, Mohan Cappuccino, Sean Cassman

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

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

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

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

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

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<div> <div>Likelihood (probability of occurring)</div> <div>Consequence/ Impact'</div> </div>		FUfY'	I b1_Ymi	Dcgg1VY'	@_Ymi	5`a cgh7YfH1b'
		The event may occur in exceptional circumstances. (0 – 5 %)	The event has happened at some time. (6-33%)	The event has happened periodically (34-65%)	The event has happened previously and could reasonably occur again. (66-79%)	The event is extremely likely to occur (80-100%)
Level		1	2	3	4	5
BY1 11 JVY'	1	1	2	3	4	5
Low financial/reputation loss, small impact on operations						
A1bcf'	2	2	4	6	8	10
Some financial loss, moderate impact on business						
AcXYfUH1''	3	3	6	9	12	15
Moderate financial loss, moderate loss of reputation, moderate business interruption						
AUcf'	4	4	8	12	16	20
Major financial loss, several stakeholders raised concerns, major loss of reputation, major business interruption						
91 HfYa Y'	5	5	10	15	20	25
Complete cessation of business, extreme financial loss, irreparable loss of reputation						

F1g_ 'FU1b1 '	F1g_ 'Df1cf11mi	Description
1-3	L	Low Risk: May require consideration in any future changes to the work area or processes, or can be fixed immediately
3-6	M	Medium Risk: May require corrective action, planning and budgeting process



8-12	H	High Risk: Requires immediate corrective action
15-25	E	Extreme Risk: Requires immediate prohibition of the work, process and immediate corrective action

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This step involved analysing the likelihood and consequences of each identified risk using the measures provided in the table above. The staff looked at the existing controls for each risk and identified what we would do to control the risk. Then, using the chart, they rated the effectiveness of existing controls in preventing the risk from happening or minimising its impact should it occur.

- Likelihood is a qualitative description of probability and frequency, asking the question 'what is the likelihood of the risk occurring?'
- Consequence was described as the outcome of the event, being a financial loss, loss of reputation, or business interruption, asking the question, 'what is the consequence of the risk event?'
- The risk rating was the sum of the consequence rating times the likelihood rating.
- The risk priority chart provides an indication of urgency to how soon the staff needed to implement a strategy to address the risk.



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



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



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Loss of Confidence in CTCMPAO	Applicant/member disengagement resulting in: <ul style="list-style-type: none">• Lack of interest for election to Council• Lack of membership on Committees/working groups• Reduction in overall registration numbers	4 major	4 Major	16 Extreme	Council, Registrar,	Current Treatment: <ul style="list-style-type: none">• Create and advertise opportunities for engagement with College.
						Additional Proposed Treatment: <ul style="list-style-type: none">• Continuous outreach to key stakeholders to ensure they are able to keep their members informed and engaged.• Regular outreach meetings and educational sessions through professional associations, TCM schools, and other events as presented.• Develop “stories” for publication, describing benefits of engagement.• Incorporate simple plain language in all college documents.• <u>Develop a recruitment plan for new Council and Committee members</u>
Loss of Confidence in CTCMPAO	Public, government, stakeholders perceive the College as not being transparent and/or fair	4 Major	3 Moderate	12 High	President, Council, Registrar	Current Treatment: <ul style="list-style-type: none">• Implementation of bylaws related to transparency i.e. posting additional information on public register.• Conduct annual review of bylaws.• Continuous outreach to TCM schools to reach prospective members to ensure understanding of the College’s role and why regulation matters.• Posting workplan update on College website
						Additional Proposed Treatment: <ul style="list-style-type: none">• Adoption of ARGE transparency principles.• Update and post all statutory policies on website.• Collaborate with other regulatory colleges on strategies to promote transparency.



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Loss of Confidence in CTCMPAO	Poor customer service/public relations	3 Possible	2 Minor	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none"> One point of contact. An enquirer is provided with the name by respondent and that person commits to and takes necessary action. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Research and develop internal organizational customer service standards and policies (i.e. client services policy part of AODA requirement. Statutory teams to prepare FAQs for each department. Invite feedback through customer service surveys. Review of website material to ensure accessible and easy to understand.
Financial	<p>Insufficient financial resources impact the ability of the College to meets its mandate. This will result in:</p> <ul style="list-style-type: none"> Lack of retained funds to carry out Low membership in College Uneven cash flow 	3 Possible	4 Major	12 High	Registrar, Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Prepare operating budgets using 5-year projections and outlook. Strategies in place for cost savings. Develop reserve funds to cover unexpected expenses <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Prepare multiple scenarios for forecasting and develop plans that are flexible. Calendarize revenue to predict cash flow.



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Financial	Poor financial management results in the College being unable to meet strategic initiatives	2 Unlikely	4 Major	8 High	Registrar, Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Budget is prepared annually and approved by Council. Use of 5-year time horizon for financial planning. Prepare multiple scenarios for forecasting and develop plans that are flexible. Prepared a formal Reserve Fund Policy outlining specific purpose of each internally restricted fund to ensure funds are used for its intended purpose Calendarize revenue to predict cash flow.
Finance	Risk of Fraud/Theft	2 Unlikely	3 Moderate	6 Medium	Registrar, Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Financial audit completed annually by chartered accountants. Finance coordinator reviews and verifies invoices prior to submitting Registrar for approval. Bank cheques require documentation and two signatures Bank statements are reviewed and reconciled monthly. Financial update provided at each Council meeting. <p>Proposed Treatment:</p> <ul style="list-style-type: none"> Prepare formal financial policies to document financial procedures as part of the College's financial policies. Establish a procurement policy through a process that is open, fair and transparent.



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Information Management	Information and computer systems are compromised due to: <ul style="list-style-type: none">Viruses, worms and malicious softwareSecurity breach/hackingLoss of power	3 Possible	4 Major	12 High	Director, IT, Finance and Corporate Services	<div>Current Treatment:<ul style="list-style-type: none">Backup procedures carried out daily on electronic files.Processes such as encryption, access control procedures, and network firewalls in place.Adequate cyber security insurance in place.</div> <div>Proposed Additional Treatment:<ul style="list-style-type: none">Prepare a disaster recovery plan.Solicit services of an external vendor to conduct an IT audit, vulnerability assessment and security penetration assessment.</div>
Information Management	Improper handling of data by staff or vendors leads to exposure of sensitive data	3 Possible	3 Moderate	9 High	Director, IT, Finance and Corporate Services	<div>Current Treatment:<ul style="list-style-type: none">College ensures that personal information is stored in electronic and physical files that are secure. Physical files are under lock and key.</div> <div>Additional Proposed Treatment:<ul style="list-style-type: none">Add additional security measures to safeguard information which include restricting access to personal information to authorized personnel.</div>
Information Management	Breach of confidentiality: <ul style="list-style-type: none">Member/applicant personal informationPublic information	3 Possible	3 Moderate	9 High	All	<div>Current Treatment:<ul style="list-style-type: none">Applicant/registrant information housed on secure external server (CRM).Use secure login protocols, data encryption, and passwords.</div>



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	<ul style="list-style-type: none"> Vendor information Council member information 					<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Develop protocols for reporting, investigating and correcting security breaches to ensure PHIPA compliance. Require signed commitment to adhere to College confidentiality requirements by Council and College staff. Facilitate regular orientation and training on privacy and confidentiality for Council and College staff.
Information Management	<p>Unintended destruction or loss of records results in:</p> <ul style="list-style-type: none"> Inaccurate info posted on public register Duplication of records Inaccurate information provided to Council/committees 	2 Unlikely	3 Moderate	6 High	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Staff adopt filing protocols for naming, deletion of copies, electronic and paper storage. Backup procedures carried out daily on electronic files. File room/cabinets are secured and locked daily. <p>Proposed Additional Treatment:</p> <ul style="list-style-type: none"> Increase security in the College server room.
Facility/Site Safety and Security	Permanent damage to equipment and/or furnishings due to water/fire damage.	2 Unlikely	2 Minor	4 Medium	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Office building is code compliant for building and fire standards. Adequate insurance in place to recover replacement. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Ongoing annual fire training for all staff, Council and Committee members.



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Facility/Site Safety and Security	Computers, servers and other items of value belonging to the College are stolen	2 Unlikely	1 Negligible	2 Low	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none"> Security cameras installed at each exit, common hallways and meeting rooms. College maintains a complete inventory of its electronic equipment, computers and technology systems. Adequate insurance in place to recover replacement of loss goods.
Human Resources	Disruption in work due to unexpected and/or extended absence of an employee, or employee permanently leave organization resulting in: <ul style="list-style-type: none"> Backlog of work Inability to meet required timelines Major interruption in work 	2 Unlikely	3 Moderate	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	Current Treatment: <ul style="list-style-type: none"> Job descriptions have been created for all positions. Regular staff meetings are held to update all staff on work in progress.
						Additional Proposed Treatment: <ul style="list-style-type: none"> Prepare succession plan for the Registrar position. All college departments to document procedures for all key functions.
Human Resources	Interpersonal conflicts result in: <ul style="list-style-type: none"> Complaints of harassment Decrease productivity Poisoned work environment Staff discontent and poor morale High turnover rate in staff 	2 Unlikely	1 Negligible	2 Low	Registrar	Current Treatment: <ul style="list-style-type: none"> HR policies in place. Staff receive legislated training on violence in the workplace. and this is documented. Team-building events held involving all staff. Registrar addresses all issues of conflict promptly.



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Statutory Obligations (Patient Relations)	College is not doing everything possible to keep client/patients safe from sexual abuse.	3 Possible	4 Major	12 High	Registrar, Program Manager, Policy and Governance Analyst	Current Treatment: <ul style="list-style-type: none"> Therapy and counselling forms have been updated to be compliant with legislation. New Standards for Maintaining Professional Boundaries and Preventing Sexual Abuse. Additional Proposed Treatment: <ul style="list-style-type: none"> Develop a comprehensive and effective Sexual Abuse Plan. Adopt a number of policies and measures that underpin a zero-tolerance approach to sexual abuse. Provide resources to the membership and public to be aware of the measures the College has in place to prevent and deal with sexual abuse;
Statutory Obligations (Registration)	Majority of TCM education programs are unregulated eroding public confidence	4 Likely	4 Major	16 Extreme	Registrar, Program Managers	Current Treatment: <ul style="list-style-type: none"> Registration regulations outline entry requirements. College is working with provincial regulators to develop approval framework. Additional Proposed Treatment: <ul style="list-style-type: none"> Encourage the Ministry to accredit TCM education programs.
Statutory Obligations (Registration)	Ensuring the College's registration process is fair, open and transparent.	3 Possible	2 Minor	6 Medium	Registrar Program Managers	Current Treatment: <ul style="list-style-type: none"> College underwent an audit of its registration practices from the Office of the Fairness Commissioner (OFC). Recommendations from the OFC have been implemented



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Statutory Obligations (QA)	Quality Assurance Program is not an effective tool for ensuring the continuing competency	4 Likely	3 Moderate	12 High	Program Manager, Policy and Governance Analyst	Current Treatment: <ul style="list-style-type: none"> Only small percentage of members randomly selected to submit paper-based self-assessment form. Current Peer and Practice Assessment are only done for members ordered by an ICRC/Discipline program. QA policies developed to support current QA program. Additional Proposed Treatment: <ul style="list-style-type: none"> Develop standards of practice that outline practice expectations of members Develop a new QA program that supports member engagement
Statutory Obligations (ICRC)	Lack of tools for members who must complete additional education or remediation	4 Likely	3 Moderate	12 High	Registrar, Program Managers	Current Treatment: <ul style="list-style-type: none"> Record-keeping guideline developed and webinar developed. Additional Proposed Treatment: <ul style="list-style-type: none"> Develop working group to establish TCM specific standards of various modalities i.e. Acupuncture
Statutory Obligations (ICRC)	Complaints received are not resolved in a timely manner. Backlog of Registrar's reports.	2 Unlikely	3 Moderate	6 Medium	Registrar, Program Managers	Additional Proposed Treatment: <ul style="list-style-type: none"> Fast track complaints that are high risk to public safety (i.e. sexual abuse) using a risk chart.
Statutory Obligations (ICRC/Discipline)	Ensuring fairness to member who receives a complaint or is going through discipline.	3 Possible	2 Minor	6 Medium	Registrar, Program Managers	Additional Proposed Treatment: <ul style="list-style-type: none"> Post more information on the website for members related to: <ul style="list-style-type: none"> Sexual abuse complaints and investigation process Mandatory reporting of sexual abuse



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



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



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Agenda # 23

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College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle
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Agenda # 24

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2022 Council Meeting Dates

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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by Erica Richler
Summer 2022 - No. 268

The Health Professions Appeal and Review Board (HPARB) renders a lot of decisions. Many, of course, have similar issues and reviewing them can become repetitive. Few people have the luxury of reading all of the decisions. As an experiment, we reviewed 100 recent registration decisions of HPARB decided over the past three years. Our goal was to see if we could identify principles and concepts underlying HPARB's approach to recurring registration issues, especially those that might be different from approaches taken in the past.

The following summarizes our analysis, which may be instructive both to regulators appearing before HPARB and regulators who deal with registration issues scrutinized by other tribunals and the courts. This is the fourth of a four-part series.

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HPARB states: "Procedural fairness requires that an applicant be given an opportunity to respond to any concerns that the Committee has before it makes a determination." The lack of adequate notice of the regulator's concerns and adequate reasons for its decision can result in a referral back to the regulator to allow the applicant to provide more information to enable an informed decision to be made: *Y. F. P. v College of Psychologists of Ontario*, 2020 CanLII 63852 (ON HPARB), <https://canlii.ca/t/j9jxp>.

However, not every inadequacy of notice will result in a referral back to the regulator: *College of Registered Psychotherapists of Ontario and Registered Mental Health Therapists of Ontario*, 2019 CanLII 93539 (ON HPARB), <https://canlii.ca/t/j2r8m>.

Even if the regulator did not provide full notice of the concerns it has with the application, HPARB will often consider whether the defect is cured by the process before HPARB where the applicant is given an opportunity to provide information and make submissions on the point: *Cohen v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2020 CanLII 91886 (ON HPARB), <https://canlii.ca/t/jbs3n>.

This approach to curing any procedural unfairness also means that HPARB will often accept additional evidence that was not before the regulator at the time that the original decision was made. However, in those cases any decision favourable to the applicant will generally result in a referral back to the regulator to consider the additional information: *Breton v College of Psychologists of Ontario*, 2020 CanLII 90815 (ON HPARB), <https://canlii.ca/t/jbqk3>; *P. D.-R. G. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2020 CanLII 49272 (ON HPARB), <https://canlii.ca/t/j8th6>.

HPARB looks to whether the regulator's process is transparent, objective, impartial and fair. The use of forms and guides (such as a mapping tool for assessment of educational equivalency) provides assurance that the procedure meets these expectations: *C.F. v College of Registered Psychotherapists*, 2019 CanLII 115465 (ON HPARB), <https://canlii.ca/t/j3scb>.

Procedural shortcomings by the regulator cannot substitute for an objective requirement that is not met by the applicant: *K.B. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2020 CanLII 49615 (ON HPARB), <https://canlii.ca/t/j8v7z> (delay in processing the application). However, HPARB has indicated that it will exercise discretion in analyzing objective requirements in the applicant's favour where there is no "identifiable and significant public interest to the contrary": *E.M. v Ontario (College of Registered*

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Kinesiologists), 2019 CanLII 75371 (ON HPARB), <https://canlii.ca/t/j1zb9> (assessing educational substantial equivalency).

HPARB will reconsider a decision it has made if it appears that factual errors were made (e.g., in counting the minimum required hours of instruction): *J.H. v College of Psychologists of Ontario*, 2019 CanLII 121575 (ON HPARB), <https://canlii.ca/t/j480l>.

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In some cases, the applicant asserts that others with similar education or experience have been accepted for registration. HPARB's approach is to state that it expects consistency on the part of the regulator but, in the absence of detailed information about the education and experience of other applicants, it is unwilling to accept this assertion as a basis for appeal:

For registration decisions, the Board has found that "in the interests of transparency and fairness, and as an assurance that the College's assessment can be relied on to produce justifiable results, the Board would expect to see that similarly situated applicants are assessed with similar results." [citation omitted] The Board does not have any information on the work or education that were sufficient for the Applicant's colleagues to be registered with the College. However, the Board would expect that if the colleagues performed similar work to the Applicant and that work was found to fall within the scope of practice of psychotherapy, the Applicant's work would similarly be found to fall within that scope. Also, if the colleagues' education that met the requirements was similar to that of the Applicant, his education would also be found to meet the requirements. (*C.B. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2019

CanLII 72763 (ON HPARB), <https://canlii.ca/t/j1trr>.)

In addition, if other applicants were admitted under a different route, such as grandparented provisions for existing practitioners at the time the legislation was enacted, HPARB will generally not compare individual requirements from the distinct pathways: *Siegel v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2021 CanLII 34199 (ON HPARB), <https://canlii.ca/t/jflrl>; *McLeod v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2021 CanLII 41966 (ON HPARB), <https://canlii.ca/t/jq03b>.

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There are very few cases in which the jurisdiction of HPARB is raised. Its role is fairly well defined in the enabling legislation. However, sometimes jurisdictional issues arise.

For example, in one case HPARB determined that it did not have jurisdiction to direct how information should be posted on the public register of the regulator: *Solomon v College of Psychologists of Ontario*, 2021 CanLII 63354 (ON HPARB), <https://canlii.ca/t/jh2zv>.

HPARB has not dealt with the retrospectivity issue very often in recent years. However, its view appears to be that a new registration requirement applies to applicants even though they obtained the education (or other registration component) previously, even where the component at issue met the requirements at the time it was obtained: *O.V. v College of Psychologists of Ontario*, 2020 CanLII 51677 (ON HPARB), <https://canlii.ca/t/j8zsv>. However, this interpretation may depend on the wording of the provisions: *Narula v College of Psychologists of Ontario*, 2021 CanLII 74804 (ON HPARB), <https://canlii.ca/t/jhksj>.

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College of Physicians and Surgeons of Ontario v R.R.

HPARB considers the mobility provisions of the legislation based on the Canadian Free Trade Agreement: *College of Physicians and Surgeons of Ontario v R.R.*, 2019 CanLII 18858 (ON HPARB), <https://canlii.ca/t/hz13w> (examination requirement no longer applies, but suitability concerns can be considered).

However, where those provisions do not apply (e.g., because language fluency was not assessed in the other Canadian jurisdiction), HPARB does not see its role as further enhancing labour mobility: *Z. S. v College of Occupational Therapists of Ontario*, 2020 CanLII 28323 (ON HPARB), <https://canlii.ca/t/j6qn2>.

HPARB does not consider a practitioner who is still being monitored by their home regulator for billing infractions as being “in good standing”, and conduct concerns constitute another basis upon which to deny registration under the mobility provisions: *W.-S. (V.) W. v College of Optometrists of Ontario*, 2019 CanLII 35335 (ON HPARB), <https://canlii.ca/t/hzzfl>.

There are very few cases where discrimination based on race or place of origin are raised before HPARB. Where raised, HPARB considers the evidence provided in support of the claim, whether the registration requirement itself has an apparent adverse impact, and whether the process and criteria used by the regulator considered irrelevant factors: *Gonash-Nelson v Ontario (College of Registered Psychotherapists and Registered Mental Health Therapists)*, 2021 CanLII 80179 (ON HPARB), <https://canlii.ca/t/jht6c>.

In another case, HPARB found that there was no evidence to support the assertion that refusal of a third-party body to admit the applicant into their program was because of the applicant's age: *A.H.S.M. v College of Physicians and Surgeons of Ontario*,

2020 CanLII 30676 (ON HPARB), <https://canlii.ca/t/j6ch7>.

Similarly, HPARB recognizes the need to accommodate for an applicant's disabilities, but that such accommodation cannot substitute for an applicant's lack of knowledge, skill and judgment: *C.S. v Ontario (College of Physicians and Surgeons)*, 2019 CanLII 49856 (ON HPARB), <https://canlii.ca/t/j0s7f>. The applicant must indicate how the regulator should have accommodated a disability; the failure of an educational program to accommodate a disability is not something the regulator can address: *Sloss v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2021 CanLII 88746 (ON HPARB), <https://canlii.ca/t/ji5vt>; *Garew v College of Physicians and Surgeons of Ontario*, 2022 CanLII 915 (ON HPARB), <https://canlii.ca/t/jlqds>.

Payne v Ontario (College of Physicians and Surgeons of Ontario)

The Divisional Court of Ontario indicated in *College of Physicians and Surgeons of Ontario v. Payne*, 2002 CanLII 39150 (ON SCDC), <https://canlii.ca/t/7bh9> that the Registration Committee of the regulator had expertise in the significance of registration requirements. The Court held that the role of HPARB was to provide a “civilian overlay on the operation of the self-governing health professions.” As such, the Court's direction was that HPARB should defer to the expertise of the regulator on issues relating to competence to practise.

In only one of the cases we reviewed, the *Payne* case appears to have been applied by HPARB in the context of whether an examination requirement should be exempted: *Ciurleo v Ontario (College of Chiropractors)*, 2021 CanLII 85583 (ON HPARB), <https://canlii.ca/t/jhsrq>.

However, HPARB often distinguishes the application of *Payne* (i.e., in the remaining five cases). For

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example, HPARB has indicated that applying *Payne* depends on whether the issue in the case calls for that expertise: *J.H. v College of Psychologists of Ontario*, 2019 CanLII 121575 (ON HPARB), <https://canlii.ca/t/j480l>.

HPARB also distinguishes *Payne* on the basis of whether it had evidence before it that was not before the regulator: *M. K. P. v College of Nurses of Ontario*, 2020 CanLII 101091 (ON HPARB), <https://canlii.ca/t/jc6v5>. HPARB also interprets that it complies with the principle in *Payne* where it refers a matter back for reconsideration rather than directs the registration of the applicant. For both propositions, see: *Mor v College of Psychologists of Ontario*, 2021 CanLII 109382 (ON HPARB), <https://canlii.ca/t/jk4hd>.

In yet another case that made no reference to *Payne*, HPARB describes its role as to consider its reviews independently from the regulator:

The Board's mandate when conducting a review of an application is to consider de novo whether the Applicant meets the requirements for registration, based upon all the information before it. In this case, the Board's role is to review the application and not ... the decision of the Committee refusing to issue a certificate of registration. (*R.Y. v College of Registered Psychotherapists and Mental Health Therapists of Ontario*, 2019 CanLII 91588 (ON HPARB), <https://canlii.ca/t/j2npc>.)

In other cases HPARB appears to make findings of an expert nature contrary to those made by the regulator without referencing *Payne*: *J.P. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2019 CanLII 84510 (ON HPARB), <https://canlii.ca/t/j2chq> (hours were within the scope of practice of psychotherapy and applicant demonstrated the "safe and effective use of self"); *Manley v College of Psychologists of Ontario*, 2021 CanLII 41498 (ON HPARB), <https://canlii.ca/t/jfz6j>

(regulator's expertise in asynchronous online learning is not definitive).

However, the Divisional Court has reversed the Board's decision in the *Manley* case: *College of Psychologists of Ontario v. Ontario (Health Professions Appeal and Review Board)*, 2022 ONSC 1365 (CanLII), <https://canlii.ca/t/jn1vs>. The Court concluded that on issues like whether an unapproved educational program was substantially similar to an approved program, the Board was required to defer to the expertise of the regulator. However, as is often the case on Board reviews, where additional information is before the Board than was before the regulator, the impact of the regulator's expertise changes:

In those circumstances, absent evidence that the Registration Committee exercised its powers improperly, the Board is limited in what it can do. It cannot do more than refer the application back to the Registration Committee for further consideration by a panel on the basis of the more extensive evidentiary record together with the Board's reasons and recommendations.

It appears that the *Payne* decision will be given new life.

Reviewing HPARB's registration decisions over a three-year period indicates that it is a busy tribunal dealing with a variety of registration issues.

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by Julie Maciura
July 2022 – Special Edition

The Supreme Court of Canada has just released its most significant decision for professional regulators since *Green v. Law Society of Manitoba*, 2017 SCC 20 (CanLII), [2017] 1 SCR 360, <https://canlii.ca/t/h2wx1>.

The issue of when inordinate delay constitutes an abuse of process in the professional disciplinary context has been uncertain since some very restrictive rules were imposed in criminal proceedings. There was concern that the Supreme Court would impose fixed deadlines (e.g., 30 months) rather than continuing to apply the “consider all of the circumstances” approach adopted more than two decades ago in *Blencoe v. British Columbia (Human Rights Commission)*, 2000 SCC 44 (CanLII), [2000] 2 SCR 307, <https://canlii.ca/t/525t>.

However, in *Law Society of Saskatchewan v. Abrametz*, 2022 SCC 29 (CanLII), <https://canlii.ca/t/jqbs7>, the Supreme Court maintained the *Blencoe* approach with some minor modifications. In the *Abrametz* case the lawyer had been the subject of an extensive, and hotly contested, investigation into his trust accounts. While there had been no misappropriation of funds, the lawyer was found to have disregarded the rules in a dishonest way, possibly to conceal income from the tax authorities. He also was found to have made loans to clients without full disclosure and charged excessive fees for the loans.

The primary issue was whether there was inordinate delay on the part of the regulator. The Saskatchewan Court of Appeal thought so, calculating the delay as follows: “... of the 53-month period in issue, only 18 months were inherent to the process, and only 2 ½ months were attributable to Mr. Abrametz. The

remainder, totaling 32 ½ months, the Court of Appeal concluded, was undue delay.”

The majority of the Supreme Court disagreed with the Court of Appeal’s analysis. Abuse of process in discipline matters can occur in two ways: where the hearing becomes unfair (e.g., because a key witness is no longer available) or where the delay directly causes significant prejudice to one of the parties. On the second type of abuse of process, the majority held that the *Blencoe* test continued to apply:

Blencoe sets out a three-step test to determine whether delay that does not affect hearing fairness nonetheless amounts to an abuse of process. First, the delay must be inordinate. Second, the delay must have directly caused significant prejudice. When these two requirements are met, courts or tribunals will proceed to a final assessment of whether the delay amounts to an abuse of process. Delay will amount to an abuse of process if it is manifestly unfair to a party or in some other way brings the administration of justice into disrepute

In evaluating whether a delay is inordinate, one has to look at all of the circumstances including the nature and purpose of the proceedings, the length and causes of the delay, and the complexity of the facts and issues in the case.

The majority of the Court explicitly chose not to apply the criminal law principles. They stated that administrative law proceedings (especially professional disciplinary proceedings) are designed to protect the public and raised different considerations. “The purposes of disciplinary bodies are to protect the public, to regulate the profession and to preserve public confidence in the profession.... Disciplinary proceedings are neither civil nor criminal, but rather [are in a category of their own].”

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In terms of significant prejudice, that had to result directly from the delay itself and not from the fact that the registrant was facing serious allegations. "Examples include significant psychological harm, stigma attached to the individual's reputation, disruption to family life, loss of work or business opportunities, as well as extended and intrusive media attention...." The registrant has an obligation to raise the issue of delay within the process and seek an expedited process.

In terms of the final assessment of abuse of process, the majority of the Court said: "When these two requirements are met, the court or tribunal should conduct a final assessment as to whether abuse of process is established. This will be so when the delay is manifestly unfair to a party to the litigation or in some other way brings the administration of justice into disrepute."

Perhaps the most significant development from *Blencoe* is the Court's discussion of the remedy of a stay of proceedings for inordinate delay:

When faced with a proceeding that has resulted in abuse, the court or tribunal must ask itself: would going ahead with the proceeding result in more harm to the public interest than if the proceedings were permanently halted? If the answer is yes, then a stay of proceeding should be ordered. Otherwise, the application for a stay should be dismissed. In conducting this inquiry, the court or tribunal may have regard to whether other available remedies for abuse of process, short of a stay, would adequately protect the public's interest in the proper administration of justice.

A stay will be more difficult to obtain where the charges are more serious.

The majority of the Court indicated that regulatory tribunals should actively consider remedies short of staying (or halting) the proceedings, such as a

reduced sanction (to compensate for the harm caused by the delay) or a reduction in costs payable by the registrant to the regulator.

In applying the above principles to the particular case, facts of the *Abrametz* case the majority of the Court found that the Court of Appeal had not shown sufficient deference to the tribunal's findings of fact about the complexity of the investigation, in attributing portions of the delay to the registrant's failure to cooperate with the investigation, in assessing the significance of the prejudice suffered by the registrant directly because of the delay itself, and in the impact of the restrictions on the registrant's practice during the entire process.

The majority of the Court held that there was no abuse of process.

Regulators should not become complacent as a result of this decision. The Court said that: "... insufficient agency resources cannot excuse inordinate delay in any case Administrative tribunals have a duty to devote adequate resources to ensure the integrity of the process...."

There are a number of other noteworthy points in the decision that will keep regulatory lawyers busy for years. For example, the Court touched, in passing, on the argument that the absence of complaints by members of the public against the registrant was a mitigating factor for the registrant. The Court said:

The absence of a complainant is a neutral factor. The public at large expects a professional who is guilty of misconduct to be effectively regulated and properly sanctioned. A professional misconduct hearing involves more than the interests of those affected; rather one needs to consider "the effect of the individual's misconduct on both the individual client and generally on the profession in question. This public dimension is of critical significance to the mandate of professional disciplinary bodies"

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Lawyers for regulators will also be analyzing the comments of the Court on the standard of review for procedural unfairness when there is a statutory ground of appeal. The Court seemed to suggest that the palpable and overriding error test should apply to the factual findings while the correctness test should be applied to the issue of whether those facts demonstrated an abuse of process.

In any event, even though the argument was unsuccessful in this case, regulators should prepare for more frequent instances where registrants place the regulator on notice that they are concerned about delay (in order to preserve their rights later in the process). In addition, delay arguments will likely be frequently raised in the sanction and costs portions of discipline hearings where findings are made against the registrant.

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by Natasha Danson
September 2022 - No. 270

While there is a lot of talk about governance principles and governance reform, there are precious few resources on how governance principles should be applied to a specific regulator. Last spring two experienced regulatory experts, Harry Cayton from the UK and Deanna Williams from Ontario, conducted a review of the governance approach taken at the Ontario College of Social Workers and Social Service Workers. The report includes the application of some recurring governance challenges to the current practices of that particular regulator.

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For a word that is used frequently these days, there is no established definition of “governance”. The report offers the following definition of “good governance”:

In this report we consider that good governance is the effective, efficient, transparent and accountable delivery of an organization's objectives thus creating confidence and trust in its members, clients and the public. Good governance is as much about behaviours and their outcomes as structures.

This definition has the advantage of identifying the goals of good governance. However, those with little prior experience with governance discussions may find that definition theoretical.

A more descriptive definition of “governance” that we have used is:

Governance is an organization's choice as to how it will perform its functions including:

- Setting its missions, goals and strategies
- Selecting its Board, committee and staff members
- Ensuring compliance with fiduciary duties and
- Assigning and enforcing roles within the organization.

That definition, however, does not distinguish between good and bad governance choices.

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Not surprisingly in light of broader discussions in the regulatory space, the report questions the election of registrants to the Board. However, specific observations were made in addition to the usual arguments about ensuring that Board members have demonstrated the necessary competencies and skills. The report notes that the electoral system is also a major barrier to turnover of registrant Directors. Eleven of the 14 registrant Directors were in a second or later term of office and had served 101 years amongst them.

The report further argued that the election method of selection actually prevents diversity:

Elected boards are only representative of those who are willing to stand and those who vote for them. They are often likely to be drawn from a narrow socio-economic group and from older members of a profession.

Perhaps even more blunt is the following comment:

Arguing that elections create diversity, while allowing individuals to be re-elected multiple times, is merely one way of maintaining the influence of those already in position.

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The report says that the selection process should emphasize obtaining credible candidates rather than candidates that represent the profession.

The report also thought it remarkable that “not one of the current public appointees identified themselves as service users.”

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While noting that the use of an Executive Committee was required by the legislation, the report questions its utility. The report suggested that the role of the Executive Committee, beyond making urgent decisions between Board meetings, was unclear; according to the report, the Executive Committee tended to duplicate the work of other committees and of the Board. The report recommended limiting the Executive Committee’s role to addressing Board matters if they could not wait until the next Board meeting.

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Many regulators are criticized for having inadequate policies and procedures. However, in this case, the report observed that this College had more than 270 pages of governance policies contained in 31 separate documents. Board members indicated that they were unfamiliar with them and that they had to rely on staff to identify them.

The report recommended that a unified policy would “provide a framework within which decisions can be made in line with its statutory responsibilities and in the interests of clients and the public.”

The report de-emphasized the significance of rules of order used by Boards, suggesting that a team approach to the conduct of Board meetings was more critical.

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The report commended the corporate risk management approach of the College, including the existence of a risk register, and commended that risk management was a significant part of the work of a number of the regulator’s committees.

However, the report observed that risk of harm to the public, including clients of registrants, was not as prominent. A number of the recommendations and suggestions related to incorporating risk-based regulation as a major focus of the organization, including the Board.

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There are many descriptions of the roles of various entities within an organization, particularly that of the Board and staff. Perhaps one of the oldest metaphors is that the Board steers and staff row. The report has a helpful description: the Board provides strategy and oversight; staff offer delivery and management. The report indicates that this distinction is also essential for the Board Chair and CEO relationship to succeed. The report suggests that the title “Chair” was more descriptive of the office’s role than that of “President”.

The report was not supportive of anonymized feedback surveys. Rather, Board members:

should review their own practice annually in an identifiable and accountable survey and should discuss the results together and be prepared individually to be responsible for what they have said and for what improvements should be made. Anonymity is not transparency.

The report emphasized the need for the Chair to focus on facilitating Board meetings and providing

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leadership to the Board. The Chair should not make decisions on their own.

In terms of the CEO, the report challenged the view of some Board members that the CEO was there to “do their bidding”. The report indicated that Board members should respect the CEO’s ability to decline to respond to inappropriate requests for information.

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The report only briefly touched on the fiduciary duties of Board members. It commented that, while rules were necessary, personal values and behaviour are more important. Board members, particularly the Chair, need to “politely challenge colleagues who behave inappropriately”. The report described an incident of disrespect demonstrated during an observed Board meeting that ought to have been addressed immediately.

The report concluded with:

Our final recommendation is the simplest of all: treat each other with respect and courtesy and put common sense and the benefit of service users and the public at the centre of your decision-making.

The report can be found at:

<https://www.ocswssw.org/wp-content/uploads/OCSWSSW-governance-report.pdf>.

September 8, 2022

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All members of JPNC
 CEOs of Ontario Health
 Ontario Hospital Association (OHA)
 Ontario Long-Term Care Association (OLTCA)
 Ontario Home Care Association
 Principal Nursing Advisory Task Force members
 Chief Nurse of Canada
 Coalition of Regulated Health Professional Associations (CORHPA)
 Health and Supportive Care Providers Oversight Authority
 Health Profession Regulators of Ontario (HPRO)
 Nurse Practitioners' Association of Ontario (NPAO)
 Registered Practical Nurses Association of Ontario (WeRPN)
 Registered Nurses' Association of Ontario (RNAO)
 Ontario Nurses' Association (ONA)
 Council of Ontario University Programs in Nursing
 Provincial Heads of Nursing Programs Executive Committee, College
 of Applied Arts and Technology (CAATS)

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 Deputy Minister
 Ministry of Health

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Building Capacity in Nursing and Professional Practice

For over two years, the Ministry of Health was at the centre of the government's emergency response to the immediate challenges of COVID-19. Now, the ministry is once again able to focus its attention on broader priorities: planning and building the health system we need to address current challenges and be optimized for future needs.

In July, I announced Dr. Karima Velji as our new Chief of Nursing and Professional Practice and ADM. To ensure alignment with our mandate and priorities, we are building capacity in Nursing and Professional Practice. As a result, I am pleased to announce the Nursing and Professional Practice as a Division. Two branches will move into this new division: Capacity and Health Workforce Planning Branch led by David Lamb and Health Workforce Regulatory Oversight Branch led by Allison Henry.

These changes aim to create a structure that reflects how the health system is organized, making it easier for stakeholder to interact with us. These changes will be effective on September 12, and the ministry will ensure a seamless transition of these functions to the Nursing and Professional Practice Division.

Together, we will continue to drive forward the critical work needed to build an optimized health system.

Catherine