



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Council Meeting Public Agenda

Wednesday, September 16, 2026

Excerpt from the Regulated Health Professions Act, 1991

***Schedule 2
Health Professions Procedural Code***

Duty of College

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

Objects of College

3. (1) The College has the following objects:

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

Duty

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

SCHEDULE 1 TO THE BY-LAWS

Code of Conduct for Members of the Council and All Committees

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

PROVISION 11.16 OF THE BY-LAWS - Language of Meetings

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

SCHEDULE 2 TO THE BY-LAWS

Rules of Order of the Council

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

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

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

Code of Ethics for Registered Members

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

1. General Responsibility

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

2. Responsibility to Patients

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

3. Responsibility to Oneself and the Profession

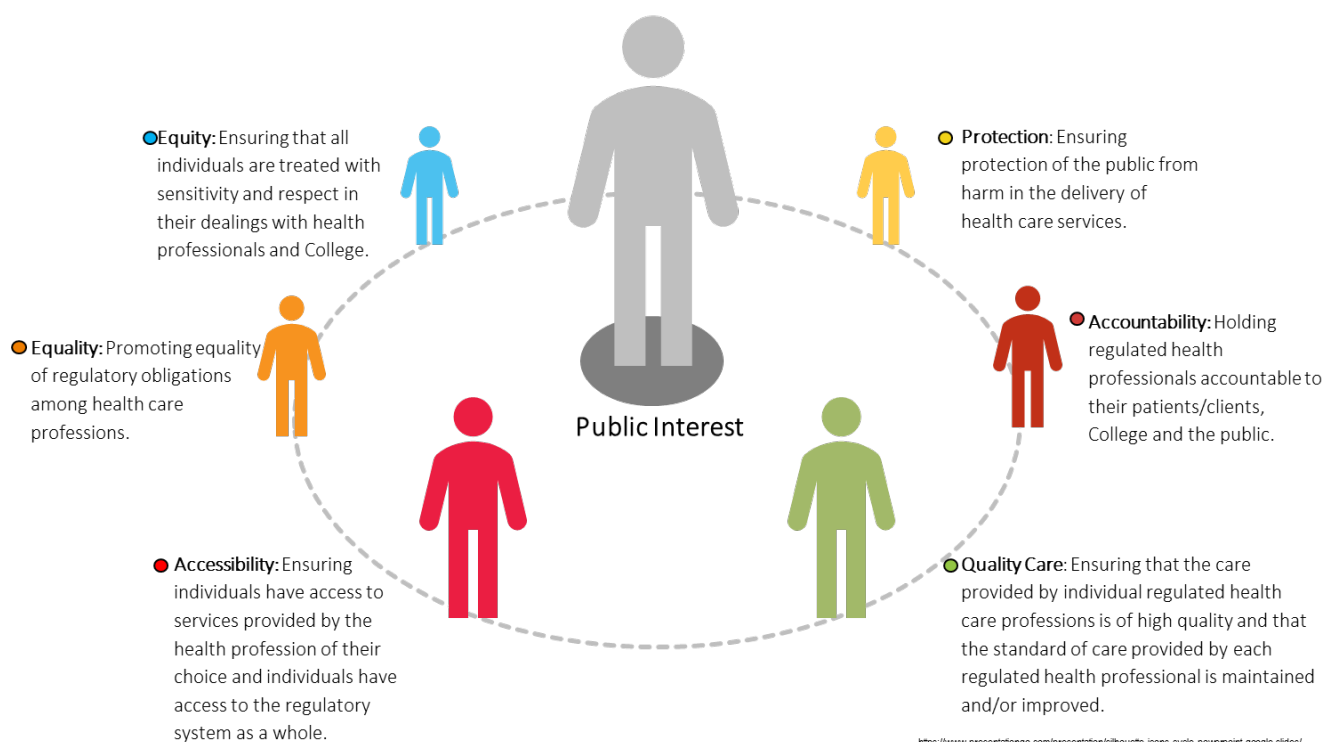
- Acknowledge the limitation of one's knowledge, skills and judgment;
- State one's qualification and experience honestly and fairly;
- Continually upgrade one's knowledge, skills and judgment to improve one's services to patients;
- Respect other health professionals and members of the TCM profession;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

4. Responsibility to the Public

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

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



Decision Making Tool for Council

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

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

BRIEFING ON MEETING PROCEDURE

Guideline for Observers Attending a Virtual Council Meeting

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

Individuals attending as observers are requested to:

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

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

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

Robert's Rules of Order – Quick Reference

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



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

AGENDA

Council Meeting

Wednesday, September 16, 2026

9:00 a.m. – 3:45 p.m.

via Webex

Item	Open Session / In-Camera	Time	Speaker	Action	Book Page
1. Welcome and Call to Order a) Declarations of Conflicts of Interest b) Briefing on Meeting Procedure	Open Session	9:00 a.m. (5 min.)	D. Worrad <i>Chair</i>	Information	
2. Adoption of the Agenda	Open Session	9:05 a.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	
3. Consent Agenda a. Draft Minutes of June 10, 2026, Council Meeting b. Executive Committee Report c. Registration Committee Report d. Inquiries, Complaints and Reports Committee Report e. Quality Assurance Committee Report f. Patient Relations Committee Report g. Discipline Committee Report h. Fitness to Practise Committee Report i. Dr. Title Working Group Report j. Acupuncture Working Group k. Nominations Committee A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda. As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda. However, if a person wishes to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.	Open Session	9:10 a.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	

Item	Open Session / In-Camera	Time	Speaker	Action	Book Page
4. President's Remarks	Open Session	9:15 a.m. (10 mins.)	J. Pritchard-Sobhani <i>President</i>	Information	
5. Registrar's Report	Open Session	9:25 a.m. (10 mins.)	S. Cassman <i>Registrar & CEO</i>	Information	
6. Presentation of the 2024-25 Fiscal Year Audited Financial Report	Open Session	9:35 a.m. (35 mins.)	F. Zou, CPA, CA L. Bell, CPA, CA, <i>Partner, Hilborn, LLP</i>	Information	
7. Approval of Audited 2025-26 Fiscal Year Financial Package a) Approval of Audit Report b) Appointment of Auditors 2025-2026	Open Session	10:10 a.m. (10 mins)	D. Worrada <i>Chair</i>	Motions	
8. Finance – 1 st Quarter Statement of Operations for Fiscal Year 2026-27	Open Session	10:20 a.m. (15 mins)	F. Ortale <i>Director IT, Finance & Corporate Services</i>	Information	
BREAK		10:35 a.m. (15 mins.)			
9. Approval of Annual Report for Fiscal Year 2025-26	Open Session	10:50 p.m. (10 mins)	S. Cassman <i>Registrar & CEO</i>	Motion	
10. Approval of Language Fluency Policy	Open Session	11:00 a.m. (30 mins)	M. Cappuccino, <i>Director of Registration, Examinations, and Communications</i>	Motion	
11. Election Update	Open Session	11:30 am (15 mins)	S. Cassman <i>Registrar & CEO</i>	Motion	
LUNCH		11:45 p.m. (60 min.)			
12. Standards Review – Minor Revisions	Open Session	12:45 p.m. (35 mins)	M. Kennedy <i>Manager Quality Practice</i>	Motion	
13. Standards Review – Revisions Requiring Consultation	Open Session	1:20 p.m. (35 mins)	M. Kennedy <i>Manager Quality Practice</i>	Motion	
14. Safety and Jurisprudence Handbook Review Process	Open Session	1:55 p.m. (20 mins)	M. Kennedy <i>Manager Quality Practice</i>	Information	

Item	Open Session / In-Camera	Time	Speaker	Action	Book Page
BREAK		2:15 p.m. (15 mins.)			
MOVE TO “IN-CAMERA”		2:30 p.m.		Motion	
15. Closed Session			R. Chu <i>Deputy Registrar & Director of Professional Conduct</i>	Direction	
MOVE OUT OF “IN-CAMERA”		3:15 p.m.		Motion	
16. Risk Management Report	Open Session	3:15 p.m. (10 mins.)	S. Cassman <i>Registrar & CEO</i>	Information	
17. Other Business	Open Session	3:25 p.m. (10 min.)	S. Cassman <i>Registrar & CEO</i>	Information	
18. June 10, 2026, Meeting Evaluation Review	Open Session	3:35 p.m. (5 min.)	D. Worrad <i>Chair</i>	Information	
19. Next Meeting Dates and Meeting Effectiveness Survey	Open Session	3:40 p.m. (5 min.)	D. Worrad <i>Chair</i>	Information	
20. Adjournment	Open Session	3:45 p.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	

FOR INFORMATION SEE COUNCIL RESOURCES

- a. Fiscal Year Council Meeting Minutes
- b. Grey Areas – Legal Issues Affecting Regulators



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

CONSENT AGENDA

Council Meeting

Wednesday, September 16, 2026

9:00 a.m. – 4:00 p.m.

Virtual - Teams Meeting

Item	Open/ In-Camera	Time	Speaker	Action	Page No.
1. Consent Agenda	Open Session	9:20 a.m. (5 mins)	D. Worrada <i>Chair</i>	Motion	
a) Draft Minutes of June 10, 2026 Council Meeting					Page 2
b) Executive Committee Report					Page 12
c) Registration Committee Report					Page 13
d) Inquiries, Complaints and Reports Committee Report					Page 17
e) Quality Assurance Committee Report					Page 19
f) Patient Relations Committee Report					Page 20
g) Discipline Committee Report					Page 21
h) Fitness to Practise Committee Report					Page 22
i) Dr. Title Working Group Report					Page 23
j) Acupuncture Working Group					Page 24
k) Nominations Committee					Page 25
<i>A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda. As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda. For item "i", only substantive decisions that the Executive Committee made on behalf of Council were included and ergo need to be ratified.</i>					
<i>However, if a person wishes to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.</i>					



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

MEETING OF COUNCIL

MINUTES

June 10, 2026 from 9:00 a.m. to 1:31 p.m.
55 Commerce Valley Dr West, Thornhill, ON & Virtual – via Teams Meeting

IN ATTENDANCE

External Chair

Deborah Worrada

Council

Joanne Pritchard-Sobhani	President/ Professional Member
Jin Qi (Jackie) Zeng	Vice-President / Professional Member (virtual)
Kimberley Bishop	Public Member (virtual)
Ming Cha	Professional Member
Iftikhar Choudry	Public Member
Julia Chuang	Professional Member
Judy Cohen	Public Member
Maria Damiano	Public Member
Terry Hui	Professional Member
Fanny Ip	Professional Member
Christine Lang	Professional Member (virtual)
Heidi Machel	Public Member
Deborah Sinnatamby	Public Member
Yanzhi Xu	Professional Member (virtual)

Staff

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

Observers

Vivian Pang (MOH)
Nathalie Xian Yan

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
June 10, 2026

1. WELCOME AND CALL TO ORDER

After calling the meeting to order at 9:00 a.m., Ms. Worrada welcomed participants to the June 10, 2026 Council meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

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

2. DECLARATIONS OF CONFLICT OF INTEREST AND REMINDER OF CONFIDENTIALITY

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

3. BRIEFING ON MEETING PROCEDURE

Ms. Worrada provided an overview of the meeting procedure.

4. ADOPTION OF THE AGENDA

The agenda of the June 10, 2026 meeting of Council was adopted as presented.

MOTION: F. Ip - T. Hui

THAT the Agenda of the June 10, 2026, 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 March 18, 2026 Council Meeting
- b) Executive Committee Report
- c) Registration Committee Report
- d) Inquiries, Complaints and Reports Committee Report
- e) Quality Assurance Committee Report
- f) Patient Relations Committee Report
- g) Discipline Committee Report
- h) Fitness to Practise Committee Report
- i) Dr. Title Working Group Report

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 10, 2026

- j) Acupuncture Working Group Report
- k) Nominations Committee Report

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

The Registration Committee report was removed from the consent agenda and moved to Other Business.

MOTION: J. Cohen - I. Choudry
THAT the Consent Agenda of the June 10, 2026 Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as amended.

CARRIED

6. PRESIDENT'S REMARKS

The President welcomed all participants to the meeting. A special welcome was extended to Ms. Damiano, the new Public member.

The President's remarks covered an overview of:

- Committees' work and achievements
- Registration amendments and stakeholder engagements
- Collaborations with schools and associations
- Government relations and advocacy

Gratitude was expressed to the Council, Registrar, staff and volunteers for their work and efforts on various initiatives.

Highlights:

- Amendments to the Doctor Class draft regulation have been completed, and were submitted to the Ministry of Health on June 9, 2026. Thanks were extended to the Doctor Title Working Group, Phil Schalm, and in particular, Mr. Cassman and Ms. Nghiem.
- Council and Registrar are reaching out to stakeholders and government MPPs. Opportunities for collaboration with schools and associations are being explored.
- Note was taken of Humber College's approval for the Bachelor of Science in TCM degree, with another degree program by Loyalist College to be launched in September. Two private schools have also applied to provide degree programs. This marks a significant milestone for the profession.
- The College held a Queen's Park day on May 27, in collaboration with two

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June 10, 2026

associations. Several meetings were held with MPPs to provide awareness about TCM, the College's role as a regulator and its public interest mandate.

- It was also observed that TCM acupuncture offers a patient centred approach that can fill gaps in the health care system, especially for individuals seeking treatment aligned with cultural traditions.

7. REGISTRAR'S REPORT

Mr. Cassman greeted all present, and welcomed Ms. Damiano. The Ministry was also thanked for its role in keeping the College constituted.

Thanks were extended to all Council members for their work on the Doctor Title proposal, especially the Doctor Title Working group.

Professional members were asked to complete CARB's survey on competencies.

The following updates were provided:

- Quality Assurance is working on a new pilot program.
- Prince Edward Island joined CARB in March.
- CARB's interim Executive Director and Mr. Cassman met with the Federation of Chinese schools to discuss standardization of source material.
- The President and Registrar have met with the Ministry's Health Workforce Oversight Branch to discuss the Doctor title.
- Mr. Cassman attended HPRO's board meeting, which was attended by the Minister of Health, Hon. Sylvia Jones. An emphasis was placed on the role of colleges in public confidence.
- A submission is being planned on red tape submissions.
- The Executive Committee has started discussions on Council's self-assessment process, in alignment with meeting assessments. A draft will be brought to the Council once ready.

8. FINANCE

Mr. Ortale presented the College's fourth quarter financial statement for the 2025/2026 fiscal year. This outlines revenue collected and expenses incurred until March 31, 2026.

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College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 10, 2026

Cash: The College's cash position, as of March 31, 2026, is over \$10.5 million.

Revenue

- The College has collected \$5,018,000, representing 105.84% of the projected revenue.
- The largest revenue category is annual renewal, which was on target at 102.41% with approximately 3,050 members renewed. This figure includes 205 Inactive members.
- New registration is at approximately 113% of the projection, representing approximately 320 candidates across individual, corporation, and student registration. This contributed to an increase in administrative fees at 139.41% for various applications.
- The Pan-Canadian exam for R.Ac, R.TCMP included 460 candidates and is at 120.78%, for 460 candidates (314 R. Ac + 144 R.TCMP). This includes application fees.
- Other fees include the Safety program and Jurisprudence courses at 166%, representing 401 Safety test candidates, 381 Jurisprudence test candidates.
- The College also collected the final instalment of \$20,000 from the Ministry of Health, for the Chinese language Pan-Canadian exam.
- Other income is on target at 100%. It consists of \$225,000 banking interest, with little in cost orders. A new figure of \$2,000 is from school program approval fees.

Expenses

Overall, expenses are at 86.7%.

All other components are below budget or on target. However, not all invoices rendered in this quarter have been received. Net income is thus expected to be less than presented.

- Council and Committees: Overall, this item is at 87%, which is below the projection. All other committees are under budget or on target, except the Discipline Committee and ICRC at 105%. All committees share common expenses, such as per diems, legal costs and training.
- Professional services: This item is at 79%. The accounting fee, at 102.03%, is slightly over due to the accounting and payroll software fee. Government relations is at 96.82%, also on target.
- Special programs and projects: Overall, this item is below budget at 60.9%. The English Pan Canadian exam is at 117%. The Safety and Jurisprudence tests are

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above projection at 117%.

- Administration: This item is on target at 96.67%.
- IT costs are below budget at 75%. Some of the sub components are slightly over budget, such as online services at 104%.
- Operating: Operating is below budget at 88%. Costs for the payment gateway are 84%, and are linked to annual renewal.

Overall, the College's fiscal year shows a net income of \$580,000. Once invoices are collected, expected income is approximately \$550,000.

9. ELECTION

Mr. Cassman reported that the election process commenced after the March Council meeting. Several pre-orientation sessions have been held for Districts 1, 2 and 3, with another planned for after nominations are received.

Nominations packages were sent out on June 3 with a deadline of July 3. Candidates are expected to be confirmed by August 13. Elections will start in September.

10. UPDATE ON DOCTOR TITLE

Mr. Cassman reported that regulation for the Doctor title was submitted on June 9. All Council members were thanked for their assistance with the project, and documentation will be sent out.

In terms of next steps:

- The government relations firm has suggested a supplemental environmental scan to boost the College's position. This will emphasize an increase in patients turning to TCM. Further discussion will be held with the Doctor Title Working Group.
- The Working Group will be reviewing the increase in scope changes, in collaboration with associations, as professional input is needed.

Council members were invited to ask questions and make comments. Discussion ensued on the College's relationship with TCM associations, the role of advocacy versus regulation, as well as the educational requirements for internationally trained applicants. An overview was also provided of the benefits of the Doctor class, as well as the relevance of scope changes to the profession.

All documentation pertaining to the Class will be sent to Council members.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 10, 2026

11. PUBLIC APPOINTMENT UPDATE

Ms. Pritchard-Sobhani explained the importance of public members and the confidence the Public Appointments Secretariat has shown in the College.

Ms. Machel and Ms. Damiano have been appointed for three year terms. Ms. Damiano has completed her orientation, and the Executive Committee has recommended appointments to several committees.

MOTION: F. Ip - I. Choudry

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve Maria Damiano's appointment to the Quality Assurance, Standard for Acupuncture, Discipline, and Fitness to Practice Committees.

CARRIED

12. UPDATE ON THE NEW CRM SYSTEM

Mr. Cassman provided an update on the CRM project. The College has been working with the consultants on business requirements and the project is now in the development phase. The plan is to have the new system in place by April 2027, and test it with renewal for 2028.

The website's design has been contracted separately, and an outline will be presented at a future meeting. An audit has been conducted with recommendations made. These have given the College initial ideas for the website's functionality.

Council members suggested various features.

In response to queries, the budget for the learning hub is separate from that of the CRM. The contract for the CRM also includes coding for the website.

13. BY-LAW AMENDMENTS

Council had previously approved the By-law amendments, and those pertaining to fees and the membership were sent out for consultation. These were brought back to Council for review.

The following amendments were presented. Overall, there was support from the members, with some suggestions made. Legal opinion has also been obtained.

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 10, 2026

a) 4.08 Eligibility for Election

- The member must hold a General class of certificate of registration, and a minimum of three years since the date of their initial registration in the General Class.
- The change, if approved by Council, would apply to the upcoming election. Advice has been provided that there may be some challenges to this criterion, but being put into consultation will protect the Council's decision.

b) 13.04 (ii) k. Providing Information to the College

- Members will be required to notify the College if they have received notification from an insurer of being delisted as a provider.
- Some concerns were expressed that this change legitimizes insurance companies. However, it was noted that if mistakes have been made, the College can help members deal with the matter.
- Discussion ensued on the circumstances in which a member would be delisted by an insurance company, which usually occurs when fraud is suspected.
- Council was also informed that the requirement to report, once the amendment is approved, will be within the Bylaws. A breach of this item will be considered as professional misconduct.

c) SCHEDULE 4 TO THE BY-LAWS

- This amendment proposed changes to the fee schedule regarding exams, and added a fee for compliance monitoring of ICRC and Discipline orders.
- More education is needed regarding the compliance monitoring fee, as this only applies in specific cases.

MOTION: T. Hui - I. Choudry

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the By-Law amendments to sections 4.08, 13.04, and Schedule 4 as presented.

CARRIED

14. QUEEN'S PARK EVENT

Council members were asked to share their experiences at the Queen's Park day.

Overall, the College is pleased with the work done behind the scenes by Burson/Hill &

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 10, 2026

Knowlton. Both associations and the College advocated for and educated participants about the profession, and clarified the role of the College as a regulator.

Note was also taken of the representation by MPPs. The President, Registrar and Deputy Registrar also had private meetings with several MPPs, where they were able to explain TCM acupuncture, inform them about the Doctor Title regulation and how the College works for public interest.

Council members expressed their approval of the day, noting the level of organization, and access to politicians.

Suggestions were made that Council members could reach out to their MPPs ahead of attending another Queen's Park day, as this could support the Doctor Title. It was noted that MPPs need education on this issue and need to be aware of the College's role.

Council members were also reminded that the role of the College is to inform the government about its role as a regulator, while advocacy is that of associations.

The President advised that any queries on how an intake session and treatment occurs can be brought to the President or Registrar.

Support was also expressed for another Day to occur. Mr. Cassman confirmed that staff will meet with the government relations firm to plan the event.

15. RISK MANAGEMENT REPORT

Mr. Cassman reported that while an abridged report is usually provided to Council, staff have started the process to provide a full report to the Executive Committee. Changes are being made to improve the report's efficacy.

Changes have been made to the governance section, as all public appointments are now in place. The College is now constituted until 2029, which has lowered the College's risk of becoming unconstituted. This will provide stability to its governance processes.

Staff will add baselines to help with risk comparisons to address inherent risks. While the report currently shows reds and yellows, a more efficient framework is needed to better frame how risks are assessed.

Staff will work on the report and determine later if a consultant is needed. It was also noted that the College can use resources provided by HPRO.

16. OTHER BUSINESS

a) Registration Committee report

Council members discussed the item that had been removed from the consent agenda.

In response to a query, an overview was provided about the registration requirements, as well as the benefits of the Student class. Discussion ensued on the number of registrants, methods of promotion, and supervision requirements.

MOTION: J. Cohen - K. Bishop

THAT the Registration Committee report was accepted as presented.

CARRIED

17. MARCH 18, 2026 MEETING EVALUATION REVIEW

Ms. Worrad reported that five responses were received. Council members were encouraged to add comments on improvements for the meeting.

18. NEXT MEETING DATES & COUNCIL EFFECTIVENESS SURVEY LINK

The next Council meeting will be held on September 26, 2026. Council members were informed about the new meeting evaluation survey now available in OnBoard.

17. ADJOURNMENT

The meeting was adjourned at 1:31 p.m.

MOTION: I. Choudry - H. Machel

THAT the meeting of Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of June 10th, 2026, be adjourned until the next meeting or at the call of the President.

CARRIED



FOR: Information

SUBJECT: Executive Committee Report

Executive Committee Members

Joanne Pritchard-Sobhani	Professional Member/President
Jin Qi (Jackie) Zeng	Professional Member/Vice-President
Kimberley Bishop	Public Member
Deborah Sinnatamby	Public Member
Ming Cha	Professional Member

Since the last quarterly report, the Executive Committee met on August 12th, 2026.

FOR INFORMATION

1) Finance Update Q4

Hilborn LLP presented the audited financial report for the Fiscal Year 2025-26. There were no issues found and the audited report will be included in the College's annual report. The Financial Statement for the 1st quarter was presented to the Executive Committee by the College. The Committee had the opportunity to ask questions regarding several aspects of the report.

2) 2026 Election

Staff reported that 2 nominations were received for District 1 and one nomination for District 2. All three nominations were approved and will be acclaimed to Council in October. The District 3 Council seat will remain open until the 2027 election as there were no nominations.

3) Presentation of New Draft Website

Staff presented a mockup version of the new CTCMPAO website, and it was well received with some suggestions for future drafts.

4) Council Annual Assessment

The Executive Committee members were asked to provide their feedback on current competencies, especially from the perspective of someone new to Council.

This report is current as of August 31st, 2026, in anticipation of the Council meeting scheduled for September 16th, 2026.



FOR: Information

SUBJECT: Registration Committee Report

Registration Committee Members

Terry Hui (Chair)	Professional Member
Heidi Machel	Public Member
Judy Cohen	Public Member
Kimberley Bishop	Public Member
Akari Yokokawa (Non-Council)	Professional Member
Brendan Cheung (Non-Council)	Professional Member
Fanny Ip	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Ming C. Cha	Professional Member
Yanzhi Xu	Professional Member

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

- o June 18, 2026 – RC and Panel 1 meeting
- o July 23 – Panel 2 meeting
- o August 27 – RC and Panel 2 meeting

All meetings were held via Microsoft Teams.

This report is current to September 1, 2026, unless otherwise noted, in anticipation of the Council meeting scheduled for September 16, 2026.

FOR INFORMATION

1. PAN-CANADIAN EXAMINATIONS

Spring 2026 Pan Canadian Examinations

The Spring examinations were held on the following dates:

- Traditional Chinese Medicine Practitioners examination – April 27 and 28, 2026
- Acupuncturists examination – April 30 and May 1, 2026
- A total of 197 candidates from Ontario participated in the examinations. The table below provides a breakdown of the number of candidates and pass rates for each examination, both for Ontario and across Canada.



- There were 83 candidates who completed the exam in Chinese, including 9 who used the toggle feature on the exam platform to change from one language to another.

Spring 2026 PCE Results				
	Ontario		National	
	Candidates	Passing rate	Candidates	Passing Rate
R. TCMP Examination	55	78%	78	81%
R. Ac Examination	144	80%	299	88%

Fall 2026 Pan Canadian Examinations

The Fall examinations will be held on the following dates:

- Traditional Chinese Medicine Practitioners examination - October 26 and 27, 2026
- Acupuncturists examination - October 29 and 30, 2026

The College received a total of 344 applications for the Fall 2026 administration, including 260 candidates for the Acupuncturists examination and 84 candidates for the Practitioners examination.

2. QUARTERLY REGISTRATION STATISTICS FOR MOH

The Q1 report required by the Ministry, with data about application processing times, was submitted by the August 31, 2026 deadline. The College's processing times consistently fall well within the timeframes required in the regulations.

3. OFFICE OF THE FAIRNESS COMMISSIONER

The 2025 Fair Registration Practices (FRP) Report and supplementary information requested by the Office of the Fairness Commissioner (OFC) were submitted as part of the Risk-Informed Compliance Framework (RICF) assessment. This risk assessment considers the following factors:

1. Quality, consistency and timeliness of assessment practices
2. Oversight of third-party processes
3. Impact of major changes to assessment and registration practices
4. Ability to monitor and address compliance gaps and to comply with newly introduced legislative and/or regulatory obligations
5. Public policy considerations:



- i. Responsiveness to labour market needs and efficient processing of domestic labour mobility applicants
- ii. Ability to promote inclusion and address anti-racism concerns in registration practices.

Following their assessment, the OFC has determined that the College falls in the “low-risk” category. This risk rating will remain in effect for the period from April 1, 2027 to March 31, 2030.

4. REGISTRATION COMMITTEE PANEL UPDATES (From May 22, 2026, to August 26, 2026)

	Decisions made by the Registration Committee				
	Approved	Approved with TCLs	Request for More Info	Rejected	Total
Refresher Course Proposal	-	-	-	1	1
General Class application	3	5	-	-	8
Student Class application	-	-	-	-	0
Transfer from Inactive Class	-	3	-	-	3
Title variation	-	1	-	-	1
Totals	3	9	-	1	13

The Registration Committee Panel reviewed 6 cases on June 18, 2026; 4 cases on July 23, 2026, and 3 cases at the August 27, 2026 meeting.

5. MEMBERSHIP STATISTICS

Registration by District

	District 1	District 2	District 3	District 4	District 5	Practicing outside ON/Unknown	Total
General	226	195	1783	606	87	166	3063
Inactive	19	6	116	20	6	68	235
Student	3	1	4	1	1	2	12
Total Members	248	202	1903	627	94	236	3310



Registration Updates

	13-Nov-24	26-Feb-25	04-Jun-25	19-Nov-25	2-Mar-26	21-May-26	1-Sep-26
General R. Ac	1437	1472	1456	1549	1577	1546	1598
General R. TCMP	1423	1443	1410	1456	1477	1447	1465
Student R. Ac	4	2	2	6	5	8	9
Student R. TCMP	1	2	3	2	3	5	3
Inactive R. Ac	85	88	95	96	95	114	114
Inactive R. TCMP	88	88	100	102	101	121	121
Current Members	3038	3095	3066	3211	3258	3241	3310
Resigned	693	715	800	809	826	914	918
Revoked	85	85	85	85	85	85	85
Suspended	216	212	243	239	238	279	276

Changes since previous report

	13-Nov-24 to 26-Feb-25	27-Feb-25 to 04-Jun-25	5-Jun-25 to 19-Nov-25	20-Nov-25 to 2-Mar-26	3-Mar-26 to 21-May-26	22-May-26 to 1-Sep-26
Current members	57	-29	145	47	-17	69
Resignations	22	85	9	17	88	4
Revocation	0	0	0	0	0	0
Suspensions	-4	31	-4	-1	41	-3

Members practising with terms, conditions and limitations: 243

Jurisprudence Course Tests (From May 22, 2026 to September 1, 2026)

Passed	Failed	Total
82	4	86

Safety Program Tests (From May 22, 2026 to September 1, 2026)

Passed	Failed	Total
92	3	95



FOR: Information

SUBJECT: Inquiries, Complaints and Reports Committee Report

Inquiries, Complaints and Reports Committee Members

Jin Qi (Jackie) Zeng	Professional Member, Chair
Julia Chuang	Professional Member
Fanny Ip	Professional Member
Christine Lang	Professional Member
Yanzhi Xu	Professional Member
Meiying Chen	Non-Council Professional Member
Matthew Colavecchia	Non-Council Professional Member
Noel Wright	Non-Council Professional Member
Xianmin Yu	Non-Council Professional Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Deborah Sinnatamby	Public Member

The Inquiries, Complaints and Reports Committee (the “ICRC”) is divided into three main panels to accommodate the number of ongoing matters, and to accommodate the selection of panel members, should the need arise for a discipline hearing. Since the last quarterly report, the ICRC has met five times on June 24, 26, 29, August 17, and 31, 2026.

New Cases and Nature of Concerns

Note: Some cases may have more than one concern

Complaints	Nature of Concerns		Registrar Report Investigations	Nature of Concerns	
1	1	Advertising	5		Advertising
		Billing and Fees		3	Billing and Fees
		Communication			Communication
		Competence / Patient Care		4	Competence / Patient Care
		Fraud			Fraud
		Professional Conduct & Behaviour		1	Professional Conduct & Behaviour
		Record Keeping		3	Record Keeping



		Sexual Abuse / Harassment / Boundary Violations			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		
6	2	Take no action	1		Take no action
	3	Advice			Advice
		Written Caution			Written Caution
		Oral Caution			Oral Caution
	1	SCERP			SCERP
	1	Refer to Discipline		1	Refer to Discipline
		Undertaking/Withdraw			Undertaking/Withdraw

Complaint cases before the Health Professions Appeal and Review Board

New Cases	Pending Cases
0	2

Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # Cases
12	23		35

This report is current as of September 1, 2026, in anticipation of the Council meeting scheduled for September 16, 2026.



FOR: Information

SUBJECT: Quality Assurance Committee Report

Quality Assurance Committee Members

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

The Quality Assurance Committee (QAC) meeting dates this quarter include July 15, 2026, July 16, 2026, and August 20, 2026

FOR INFORMATION

1. Quality Practice Programs

Peer and Practice Assessment (PPA) Update

Conclusion of the Current PPA Program: Scheduled PPAs continued through the end of the last fiscal year (March 31). Currently, new PPAs are being scheduled for members who previously requested deferrals or who are now returning to compliance after missing initial scheduling requirements. QAC panels continue to meet to review completed assessments, and routine monitoring of Specified Continuing Education or Remediation Programs (SCERPs) is ongoing as required.

QAC Panels continue to meet and review PPA reports.

Update on Member Education: Practice Documentation Review

The Quality Assurance Committee (QAC) met on August 20 to conduct a congruency check of all practice documentation, leveraging the subject matter expertise of our peer and practice assessors alongside public health perspectives. This comprehensive review ensures that the College's documentation has evolved alongside environmental changes in practice and current global health standards, such as infection control protocols. Updating these standards is a foundational step for the educational documents and training initiatives that the QAC has been spearheading to date. To facilitate further



discussion, the QAC will present these documents for review as agenda items at the upcoming Council meeting on September 19, 2026, supported by the detailed information outlined in the briefing notes.

This report is current to September 1, 2026, in anticipation of the Council meeting scheduled for September 16, 2026



FOR: Information

SUBJECT: Patient Relations Committee Report

Patient Relations Committee Members

Kimberley Bishop	Chair, Public Member
Ming Cha	Professional Member
Iftikhar Choudry	Public Member
Deborah Sinnatamby	Public Member
Heidi Machel	Public Member
Nisha Thadani	Non-Council Professional Member
Akari Yokokawa	Non-Council Professional Member

Since the last quarterly report, the Patient Relations Committee (PRC) met on July 8, 2026

FOR INFORMATION

Since the last quarterly report, the Patient Relations Committee convened a business meeting on July 8, 2026. During this session, Kimberley Bishop was officially elected to serve as the Committee Chair.

The committee focused its agenda on discussing the education roll-out strategy for the Prevention of Sexual Abuse Standard.

The members addressed the scheduling of future gatherings, deciding that the committee will meet on an as-needed basis moving forward. For example, a meeting will be convened specifically if an application for funding is submitted and requires the committee's review.

This report is current to September 1, 2026, in anticipation of the Council meeting scheduled for September 16, 2026



FOR: Information

SUBJECT: Discipline Committee Report

Discipline Committee Members

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

The Discipline Committee released two decisions in this quarter.

- Decision and Reasons for Penalty: [Mai Thi Tuyet Pham](#)
- Decision and Reasons for Liability: [Nathalie Xian Yi Yan](#)

As of September 1, 2026, there are three open cases which have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

	Member Name	Status
1	Nathalie Xian Yi Yan	Penalty hearing date to be scheduled.
2	Jong Chul Kim	Pre-hearing was completed on June 2, 22, and 25, 2026. Hearing dates to be canvassed.
3	Huai Kui Xu	The Notice of Hearing was served on the Member on August 19, 2026. Request for PHC from parties pending.



There is one discipline decision currently under appeal.

- [Mohmed Shoeb M. Chikhlikar](#)

This report is current as of September 1, 2026, in anticipation of the Council meeting scheduled for September 16, 2026.



FOR: Information

SUBJECT: Fitness to Practise Committee Report

Fitness to Practise Committee Members

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

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

The Fitness to Practise Committee did not meet since the last quarterly report.



FOR: Information

SUBJECT: Doctor Title Working Group Report

Doctor Title Working Group Members

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

Since the last quarterly report, the Doctor Title Working Group met on July 22, 2026.

FOR INFORMATION

1. Committee Meeting

The College submitted the draft regulation and proposal package to the Ministry of Health on June 8, 2026. The Council was provided with an overview of the package materials at the previous meeting.

The Committee met on July 22, 2026. The College's GR firm attended to discuss the government relations strategy for the doctor title. The Committee was also introduced to the topic of additions to scope of practice for consideration.

This report is current as of September 2, 2026, in anticipation of the Council meeting scheduled for September 16, 2026.



FOR: Information

SUBJECT: Acupuncture Standard Ad Hoc Committee Report

Acupuncture Ad Hoc Committee Members

Meiying Chen	Professional Member
Shuli Chen	Professional Member
Ming Cha	Professional Member
Julia Chuang	Professional Member
Maria Damiano	Public Member (as of June 10, 2026)
Jin Qi (Jackie) Zeng	Professional Member / Chair
Deborah Sinnatamby	Public Member

The Acupuncture Standard Ad Hoc Committee has not met since the last quarterly report.

FOR INFORMATION

1. Upcoming Meeting

Public member, Maria Damiano, was appointed to the Committee on June 10, 2026, and has completed the training with the Registrar.

The Committee will be meeting on September 23, 2026, to discuss the next Principle of the Acupuncture Standard.

This report is current to September 2, 2026, in anticipation of the Council meeting scheduled September 16, 2026.



FOR: Information

SUBJECT: Nomination Committee Report

Nomination Committee Members

Terry Hui	Professional Member
Ming Cha	Professional Member
Iftikhar Choudry	Public Member / Chair
Deborah Sinnatamby	Public Member
Judy Cohen	Public Member

Since the last quarterly report, the Nominations Committee met on June 23, July 27, July 30, and August 5, 2026.

FOR INFORMATION

1. 2026 Election Update

Following the nomination process that was implemented for the 2025 elections, the Nomination Committee met in June to review the process and procedures and finalized a few adjustments to the documents for this election year.

Three interviews were conducted by the Committee on July 27, July 30, and August 5, respectively. All three candidates (2 in District 1, and 1 in District 2) were approved to stand for election and were notified of results on August 11, 2026.

The College did not receive nominations for the District 3 by-election.

This report is current as of September 2, 2026, in anticipation of the Council meeting scheduled for September 16, 2026.

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Summary Statement of Financial Position

March 31	2026 \$	2025 \$
ASSETS		
Current assets		
Cash	10,751,786	10,094,450
Accounts receivable	129,070	238,570
Prepaid expenses	44,424	45,297
	10,925,280	10,378,317
Long-term assets		
Capital assets	63,263	80,849
	10,988,543	10,459,166
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	160,013	379,487
Account payable - Minister of Health	228,972	81,719
Deferred membership dues	4,073,754	3,902,373
	4,462,739	4,363,579
Deferred lease inducement	69,213	103,820
	4,531,952	4,467,399
NET ASSETS		
Operating Fund	3,956,591	3,491,767
Investigations and Hearings Reserve Fund	1,000,000	1,000,000
Sexual Abuse Therapy Fund	200,000	200,000
Strategic Initiatives Fund	500,000	500,000
Contingency Reserve Fund	500,000	500,000
Property and Technology Fund	300,000	300,000
	6,456,591	5,991,767
	10,988,543	10,459,166

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Summary Statement of Operations

Year ended March 31	2026 \$	2025 \$
Revenues		
Membership dues	4,061,200	3,864,000
Examination fees	628,732	528,194
Minister of Health Funding	14,747	111,956
Other	305,904	348,694
	5,010,583	4,852,844
Expenses		
Salaries and employee benefits	1,984,363	1,905,657
Council and committees	944,981	1,096,931
Consulting and professional services	198,521	243,709
Special programs and project	764,599	903,727
Office and general operational costs	570,297	448,412
	4,462,761	4,598,436
Excess of revenues over expenses from operations before the following	547,822	254,408
Depreciation	(82,998)	(63,711)
Excess of revenues over expenses for the year	464,824	190,697

The accompanying notes are an integral part of these financial statements

COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

Note to Financial Statements

March 31, 2026

Basis of presentation

These summary financial statements have been prepared from the audited financial statements of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College") for the year ended March 31, 2026, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows and disclosed in the notes to the audited financial statements has not been presented.

UNAUDITED College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Statement of Operations

Q1 April - June 2026

		Q1 Actuals 2026-2027	Annual Budget 2026-2027	Actual to Budget %	Budget Remaining (balance of Year)
GL Code	Revenue				
4101000	Registration Fees	\$ 144,000.00	\$ 203,925.00	70.61%	\$ 59,925.00
4102000	Renewal Fees	\$ 3,847,945.00	\$ 3,859,500.00	99.70%	\$ 11,555.00
4200000	Administration Fees	\$ 48,125.00	\$ 76,850.00	62.62%	\$ 28,725.00
4300000	Pan Can Examination Fees	\$ 298,962.00	\$ 598,900.00	49.92%	\$ 299,938.00
4500000	Safety Program and Jurisprudence Course	\$ 18,100.00	\$ 57,000.00	31.75%	\$ 38,900.00
4600000	Other Income	\$ 79,843.52	\$ 231,000.00	34.56%	\$ 151,156.48
	Total Income	\$ 4,436,975.52	\$ 5,027,175.00	88.26%	\$ 590,199.48
GL Code	Expenses				
	Council & Committees	\$ 180,008.71	\$ 1,115,750.00	16.13%	\$ 935,741.29
6100000	Council	\$ 5,999.60	\$ 93,500.00	6.42%	\$ 87,500.40
6201000	Executive Committee	\$ 1,104.75	\$ 27,000.00	4.09%	\$ 25,895.25
6202000	Registration Committee and Panel	\$ 2,952.25	\$ 59,500.00	4.96%	\$ 56,547.75
6203000	ICRC Committee	\$ 61,382.42	\$ 361,000.00	17.00%	\$ 299,617.58
6204000	Quality Assurance Committee	\$ 11,029.07	\$ 170,500.00	6.47%	\$ 159,470.93
6205000	Patient Relations Committee	\$ 2,370.00	\$ 41,000.00	5.78%	\$ 38,630.00
6206000	Discipline Committee	\$ 95,170.62	\$ 359,000.00	26.51%	\$ 263,829.38
6207000	Fitness to Practice Committee	\$ -	\$ 4,250.00	0.00%	\$ 4,250.00
6300000	Professional Services	\$ 56,829.44	\$ 253,800.00	22.39%	\$ 196,970.56
6301000	Legal Fees	\$ 19,322.13	\$ 73,000.00	26.47%	\$ 53,677.87
6302000	Accounting Fee	\$ 2,340.58	\$ 36,000.00	6.50%	\$ 33,659.42
6303000	Expert Consultation	\$ -	\$ 16,000.00	0.00%	\$ 16,000.00
6304000	Government Relations	\$ 35,166.73	\$ 128,800.00	27.30%	\$ 93,633.27
6400000	Special Programs/Projects	\$ 225,664.52	\$ 862,900.00	26.15%	\$ 637,235.48
6401000	Pan-Canadian Examinations	\$ 207,462.00	\$ 463,900.00	44.72%	\$ 256,438.00
6402000	Doctor Title	\$ -	\$ 169,000.00	0.00%	\$ 169,000.00
6403000	Strategic Initiatives	\$ -	\$ 80,000.00	0.00%	\$ 80,000.00
6404000	Program Approval	\$ 9,770.78	\$ 75,000.00	13.03%	\$ 65,229.22
6405000	Safety and Jurisprudence Course	\$ 8,431.74	\$ 54,500.00	15.47%	\$ 46,068.26
6407000	Acupuncture Working Group	\$ -	\$ 20,500.00	0.00%	\$ 20,500.00
6500000	Administrative Expenses	\$ 493,292.00	\$ 2,157,000.00	22.87%	\$ 1,663,708.00
6500000	Salaries and Benefits	\$ 480,792.02	\$ 2,107,000.00	22.82%	\$ 1,626,207.98
6502000	Casual Labour	\$ 12,499.98	\$ 50,000.00	25.00%	\$ 37,500.02
6600000	Information Technology	\$ 93,705.10	\$ 587,750.00	15.94%	\$ 494,044.90
6602000	Equipment Expenses	\$ 2,412.55	\$ 12,300.00	19.61%	\$ 9,887.45
6603000	Software Maintenance & CRM Development	\$ 58,515.36	\$ 435,800.00	13.43%	\$ 377,284.64
6604000	Support Contracts	\$ 16,005.15	\$ 69,450.00	23.05%	\$ 53,444.85
6605000	Online Services	\$ 14,317.68	\$ 57,900.00	24.73%	\$ 43,582.32
6606000	Network Security	\$ 2,454.36	\$ 12,300.00	19.95%	\$ 9,845.64
6700000	Operating Expenses	\$ 120,993.79	\$ 572,000.00	21.15%	\$ 451,006.21
6701000	General Operating Costs	\$ 76,743.92	\$ 314,000.00	24.44%	\$ 237,256.08
6702000	Payment Gateway for CC Transactions	\$ 12,061.71	\$ 180,000.00	6.70%	\$ 167,938.29
6703000	Subscriptions and Conferences	\$ 30,641.41	\$ 48,000.00	63.84%	\$ 17,358.59
6704000	Communications and Publications	\$ 1,546.75	\$ 30,000.00	5.16%	\$ 28,453.25
45	Total Expenses	\$ 1,170,493.56	\$ 5,549,200.00	21.09%	
46	Net Income	\$ 3,266,481.96	\$ (522,025.00)		

Meeting Date:	September 16, 2026
Issue:	Language Fluency Policy
Reported By:	Mohan Cappuccino
Action:	Motion

Issue

To review and approve the draft revisions to the College's Language Fluency Policy.

Public Interest Rationale

A core aspect of the College's public interest mandate is ensuring that only qualified individuals are registered to practice the profession. The Registration Regulation sets out requirements applicants must meet to obtain registration. Policies such as the language fluency policy assist the College in determining if the applicant has met certain requirements set out in the regulation.

Background

The Registration Regulation (O. Reg. 27/13) specifies that reasonable fluency in English or French is a requirement for registration with the College. The College's Language Fluency Policy (LFP) sets out the different ways that "reasonable fluency" can be demonstrated and accepted by the College. The fluency requirement of the College is an exemptible requirement, meaning that an applicant can be registered without fluency if they meet the intent of the requirement in another way. This is typically done through a language plan.

As part of its regular review of registration policies, the Registration Committee has considered and approved a number of changes to the LFP. These changes are intended to ensure that the various methods of demonstrating reasonable fluency are clear, appropriate, and fair.

Draft Policy

Wording has been revised throughout the policy to improve clarity. The significant changes to specific policy provisions include the following:

- Removed of the provision that deems completion of the Safety, Jurisprudence and Registration exams in English (or French) as satisfying the fluency requirement. Recent changes by CARB related to delivery of the registration exam have made this provision irrelevant.
- Removed the requirement that school documents (secondary and post-secondary) submitted to demonstrate English or French-language instruction must be original or notarized copies. Access to original documentation may be an administrative challenge for applicants, and having copies notarized is an unnecessary requirement.
- Clarified the minimum acceptable amount of English or French-language instruction at the secondary school level by replacing four "credits" with "semesters", to ensure sufficient background in English or French.

- Modified the provision recognizing completion of an undergraduate degree from a recognized public university or college to instead recognize completion of at least two years of instruction in English or French at a recognized public university or college.
- Removed the provision permitting an interview with the Registrar to demonstrate fluency. The interview process is subjective, and there is a risk that any language proficiency decisions made by staff on the basis of an interview may be challenged in terms of fairness.
- Revised the minimum scores required on the standardized language proficiency tests that the College accepts. The current policy requires scores equivalent to Canadian Language Benchmark (CLB) 7. The proposed scores have been revised to be equivalent to CLB 5, as the existing scores may be higher than is necessary to denote reasonable fluency.

To find credible and potentially appropriate test scores that would signify “reasonable fluency” for registration in the profession, existing standards used by other organizations were considered. One such example is the language proficiency score that the Canadian government has established for TCM/TCMA practitioners, for immigration purposes.

Immigration, Refugees and Citizenship Canada (IRCC) includes the profession of TCM/TCMA in a job category where CLB 5 is the proficiency level required for immigration purposes. The College’s draft Language Fluency Policy adopts these scores for its language proficiency tests.

To assist Council in their review of the draft policy, the meeting package includes the following documents:

- A copy of the current policy
- A draft of the revised policy
- A comparison chart outlining the policy revisions and the rationale for the changes
- A chart describing the different CLB levels

Action

Council to consider a motion to approve the draft Language Fluency Policy.



NAME	Language Fluency Policy		
TYPE	Registration		
STATUS	Final	VERSION	4
DATE APPROVED	January 18, 2017	DATE REVISED	February 16, 2024

Intent

As set out in [Section 4. \(1\)4. of Ontario Regulation 27/13](#) (the Registration Regulation), it is a requirement of this College that applicants be able to speak, read, and write either English or French with reasonable fluency. This requirement is exemptible. This policy is intended to outline the criteria that will be used by the College to determine if an applicant meets this language fluency requirement of the College.

Policy

Applicants to the College will be deemed to have met the language fluency requirement of the College if they have met one of the following:

- The applicant signs a self-declaration on the application form confirming that the applicant's first language is English or French;
- The applicant successfully completes the Safety Program Test, Jurisprudence Course Test, and Registration Examination in either English or French;
- The applicant submits an original or notarized copy of a transcript showing graduation from a secondary school with four consecutive, first language English or French credits at the secondary school level;
- The applicant submits an original or notarized copy of a transcript and degree showing completion of an undergraduate degree from a recognized public university or college in English or French;
- The applicant is able to demonstrate their fluency through an in-person interview with the Registrar or panel of the Registration Committee; or
- The applicant provides results from a College approved test (made within two years of the date of the application for registration), that meets the minimum scores determined by the College.



Approved Tests and Minimum Scores¹

	Reading	Writing	Listening	Speaking
IELTS	6.0	6.0	6.0	6.0
CELP	7.0	7.0	7.0	7.0
PTE	60	69	60	68
TEF (taken after December 10, 2023)	434	428	434	456
TEF (taken on or before December 10, 2023)	450	450	450	450
TCF	453	10	458	10
TOEFL iBT	18	21	19	19

¹ IELTS, CELPIP, PTE, TEF, and TCF are approved under the *Immigration and Refugee Protection Act (Canada)*

Applicants Unable to Demonstrate Reasonable Fluency

As the fluency requirement of the College is exemptible, an applicant can still be granted registration if they can show they meet the intent of the requirement in another way. Applicants who are unable to demonstrate that they are reasonably fluent, as per this policy, may still seek registration with the College by submitting a Written Language Plan.

Applications with a Written Language Plan will be referred to the Registration Committee for consideration. For more information on Written Language Plans, please see our [Written Language Plan Policy](#).



NAME	Language Fluency Policy		
TYPE	Registration		
STATUS	Final	VERSION	5
DATE APPROVED	January 18, 2017	DATE REVISED	June 18, 2026

Intent

As set out in [Section 4. \(1\) 4. of Ontario Regulation 27/13](#) (the Registration Regulation), it is a requirement of this College that applicants be able to speak, read, and write either English or French with reasonable fluency. This requirement is exemptible. This policy outlines the criteria used by the College to determine if an applicant meets this requirement.

Policy

An applicant is deemed to have met the College's language fluency requirement if they:

- Sign a self-declaration on the application form confirming that the applicant's first language is English or French;
- Submit a transcript showing completion of at least four semesters of full-time education at the secondary school level, taught in English or French;
- Submit a transcript or diploma/degree showing completion of at least two years of an English or French-language program from a recognized public university or college;
- Provide results from a College approved test (made within two years of the date of the application for registration), that meets the minimum scores determined by the College as set out in the table below.

Approved Tests and Minimum Scores¹

	Reading	Writing	Listening	Speaking
IELTS	4.0	5.0	5.0	5.0
CELP	5.0	5.0	5.0	5.0
PTE	42	51	39	51
TEF	352	330	352	387
TCF	375	6	369	6
TOEFL iBT	8	9	8	14

¹ IELTS, CELPIP, PTE, TEF, and TCF are approved under the *Immigration and Refugee Protection Act (Canada)*



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

Applicants Unable to Demonstrate Reasonable Fluency

If an applicant does not believe that they can meet the language fluency requirement, they are encouraged to consider submitting a Written Language Plan. A Written Language Plan may provide sufficient information to the Registration Committee to exempt this requirement.

For more information on Written Language Plans, please see our [Written Language Plan Policy](#)

CTCMPAO Language Fluency Policy Comparison Chart

Existing Wording or Provision	Proposed Change	Rationale
Intent As set out in Section 4. (1)4. of Ontario Regulation 27/13 (the Registration Regulation), it is a requirement of this College that applicants be able to speak, read, and write either English or French with reasonable fluency. This requirement is exemptible. This policy is intended to outline the criteria that will be used by the College to determine if an applicant meets this language fluency requirement of the College.	As set out in Section 4. (1)4. of Ontario Regulation 27/13 (the Registration Regulation), it is a requirement of this College that applicants be able to speak, read, and write either English or French with reasonable fluency. This requirement is exemptible. This policy outlines the criteria used by the College to determine if an applicant meets this requirement.	More intentional wording in the last sentence.
Policy Applicants to the College will be deemed to have met the language fluency requirement of the College if they have met one of the following:	Policy An applicant is deemed to have met the College's language fluency requirement if they:	Simpler wording.
The applicant signs a self-declaration on the application form confirming that the applicant's first language is English or French;	Sign a self-declaration on the application form confirming that the applicant's first language is English or French;	Restructured wording to be consistent with the preceding sentence.
The applicant successfully completes the Safety Program Test, Jurisprudence Course Test, and Registration Examination in either English or French	The applicant successfully completes the Safety Program Test, Jurisprudence Course Test, and Registration Examination in either English or French	Removed this provision as we can no longer reliably determine the language of the Registration Examination taken by applicants.
The applicant submits an original or notarized copy of a transcript showing graduation from a secondary school with four consecutive, first language English or French credits at the secondary school level;	Submit a transcript showing completion of at least four semesters of full-time education at the secondary school level, taught in English or French;	Removed the "original/notarized" requirement to minimize administrative barriers for the applicant in obtaining the necessary documentation. Revised wording to clarify the requirement for four semesters (equivalent to two years) of English or French-language education.

The applicant submits an original or notarized copy of a transcript and degree showing completion of an undergraduate degree from a recognized public university or college in English or French	Submit a transcript or degree showing completion of at least two years of an English or French-language program from a recognized public university or college;	Removed the “original/notarized” requirement to minimize administrative barriers for the applicant in obtaining the necessary documentation. Revised the requirement to allow for a minimum of two years of English or French-language education, rather than completion of a degree, as the latter is not necessary to demonstrate reasonable fluency.																																																																											
The applicant is able to demonstrate their fluency through an in-person interview with the Registrar or panel of the Registration Committee; or	The applicant is able to demonstrate their fluency through an in-person interview with the Registrar or panel of the Registration Committee; or	Removed this provision, as the interview process is subjective and may lead to concerns about fairness.																																																																											
The applicant provides results from a College approved test (made within two years of the date of the application for registration), that meets the minimum scores determined by the College. Approved Tests and Minimum Scores¹ <table><tr><th></th><th>Reading</th><th>Writing</th><th>Listening</th><th>Speaking</th></tr><tr><td>IELTS</td><td>6.0</td><td>6.0</td><td>6.0</td><td>6.0</td></tr><tr><td>CELP</td><td>7.0</td><td>7.0</td><td>7.0</td><td>7.0</td></tr><tr><td>PTE</td><td>60</td><td>69</td><td>60</td><td>68</td></tr><tr><td>TEF (taken after December 10, 2023)</td><td>434</td><td>428</td><td>434</td><td>456</td></tr><tr><td>TEF (taken on or before December 10, 2023)</td><td>450</td><td>450</td><td>450</td><td>450</td></tr><tr><td>TCF</td><td>453</td><td>10</td><td>458</td><td>10</td></tr><tr><td>TOEFL iBT</td><td>18</td><td>21</td><td>19</td><td>19</td></tr></table> ¹ IELTS, CELPIP, PTE, TEF, and TCF are approved under the Immigration and Refugee Protection Act (Canada)		Reading	Writing	Listening	Speaking	IELTS	6.0	6.0	6.0	6.0	CELP	7.0	7.0	7.0	7.0	PTE	60	69	60	68	TEF (taken after December 10, 2023)	434	428	434	456	TEF (taken on or before December 10, 2023)	450	450	450	450	TCF	453	10	458	10	TOEFL iBT	18	21	19	19	The applicant provides results from a College approved test (made within two years of the date of the application for registration), that meets the minimum scores determined by the College as set out in the table below. Approved Tests and Minimum Scores¹ <table><tr><th></th><th>Reading</th><th>Writing</th><th>Listening</th><th>Speaking</th></tr><tr><td>IELTS</td><td>4.0</td><td>5.0</td><td>5.0</td><td>5.0</td></tr><tr><td>CELP</td><td>5.0</td><td>5.0</td><td>5.0</td><td>5.0</td></tr><tr><td>PTE</td><td>42</td><td>51</td><td>39</td><td>51</td></tr><tr><td>TEF</td><td>352</td><td>330</td><td>352</td><td>387</td></tr><tr><td>TCF</td><td>375</td><td>6</td><td>369</td><td>6</td></tr><tr><td>TOEFL iBT</td><td>8</td><td>9</td><td>8</td><td>14</td></tr></table> ¹ IELTS, CELPIP, PTE, TEF, and TCF are approved under the Immigration and Refugee Protection Act (Canada)		Reading	Writing	Listening	Speaking	IELTS	4.0	5.0	5.0	5.0	CELP	5.0	5.0	5.0	5.0	PTE	42	51	39	51	TEF	352	330	352	387	TCF	375	6	369	6	TOEFL iBT	8	9	8	14	Revised the minimum test scores from the equivalent of Canadian Language Benchmark (CLB) 7 to CLB 5. A score of CLB 7 may be higher than is necessary to demonstrate “reasonable fluency”, which is the requirement for registration. Immigration, Refugees and Citizenship Canada (IRCC) requires scores equivalent to CLB 5 for TCM/TCMA professionals applying for work-based immigration programs. The proposed scores in the College’s revised policy align with the IRCC language proficiency levels for the profession. Also removed scores for TEF taken before December 2023, as this test would have been taken more than two years ago and therefore would not be accepted.
	Reading	Writing	Listening	Speaking																																																																									
IELTS	6.0	6.0	6.0	6.0																																																																									
CELP	7.0	7.0	7.0	7.0																																																																									
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<u>Applicants Unable to Demonstrate Reasonable Fluency</u> As the fluency requirement of the College is exemptible, an applicant can still be granted registration if they can show they meet the intent of the requirement in another way. Applicants who are unable to demonstrate that they are reasonably fluent, as per this policy, may still seek registration with the College by submitting a Written Language Plan. Applications with a Written Language Plan will be referred to the Registration Committee for consideration. For more information on Written Language Plans, please see our Written Language Plan Policy.	<u>Applicants Unable to Demonstrate Reasonable Fluency</u> If an applicant does not believe that they can meet the language fluency requirement, they are encouraged to consider submitting a Written Language Plan. A Written Language Plan may provide sufficient information to the Registration Committee to exempt this requirement. For more information on Written Language Plans, please see our Written Language Plan Policy	Simpler language.



Understanding your Canadian Language Benchmarks Placement Test (CLBPT) Assessment Report

What is the Canadian Language Benchmarks Placement Test (CLBPT)?

The CLBPT uses the Canadian Language Benchmarks (CLB) to assess how well you use English. Your CLBPT assessment report gives your CLB levels for listening, speaking, reading and writing.

What are the Benchmarks?

The Canadian Language Benchmarks (CLB) is a 12-level (benchmark) system used to describe listening, speaking, reading and writing skills. The CLBPT measures your ability to use English within the first 8 benchmarks, CLB 1 to 8.

CANADIAN LANGUAGE BENCHMARKS (CLB)											
STAGE I BASIC PROFICIENCY				STAGE II INTERMEDIATE PROFICIENCY				STAGE III ADVANCED PROFICIENCY			
1	2	3	4	5	6	7	8	9	10	11	12
THE CLBPT MEASURES CLB LEVELS 1 – 8.											

What do my CLBPT Results Mean?

The chart below describes your CLBPT results. Look at the column on the left to find your benchmark, and then look under the skill (listening, speaking, reading, or writing) to understand what your benchmark level means. Your scores might be different for each skill; this is normal. Some people are stronger at listening or speaking and others are stronger at reading or writing.

CLB	Listening	CLB	Speaking	CLB	Reading	CLB	Writing
Pre-CLB	You do not understand English.	Pre-CLB	You do not communicate in English.	Pre-CLB	You do not read English, and may be unfamiliar with the English alphabet.	Pre-CLB	You do not write in English, but you may be able to copy letters or numbers.
STAGE I: BASIC PROFICIENCY							
CLB	Listening	CLB	Speaking	CLB	Reading	CLB	Writing
1	You understand some simple and familiar words. You greet people when they greet you. You need a lot of help to understand what people say.	1	You greet people and give some simple information about yourself. You use only a few words. You need help when you speak.	1	You read the alphabet and common, simple words with the help of pictures.	1	You copy words and numbers. You can write a few words.
2	You understand simple and familiar words, phrases and sentences. You understand basic questions about yourself. You need help to understand what people say.	2	You greet people and give some simple information about yourself. You speak in short sentences. You often don't have the words you need, so you need some help when you speak.	2	You read the alphabet, simple words and very simple sentences about everyday life. You use pictures to help you.	2	You copy words and numbers correctly. You can write a few short, simple sentences about yourself.
3	You understand short sentences about everyday topics. You understand simple questions about yourself and some simple questions about familiar topics. Sometimes you need help to understand what people say.	3	You say a few simple sentences about familiar, everyday topics. You answer simple questions about yourself with single words or short sentences. You sometimes still need help when you speak.	3	You read and understand simple, everyday words. You also understand some basic information from simple, short stories about routine events. You use pictures to help you.	3	You can write short, simple sentences about yourself and things you know well, such as your family or a familiar place.
4	You understand simple questions and information about familiar, everyday topics. You understand when someone talks about what they like and dislike. You only need a little help to understand what people say.	4	You participate in everyday conversations and describe your personal experiences. You use short sentences. You talk about your preferences, your likes and dislikes. You don't need much help when you speak.	4	You read many familiar words and sentences. You understand simple stories about familiar topics. You can also get information from some longer descriptions about less familiar topics.	4	You use short, simple sentences to write a paragraph about a personal experience or other familiar topics.

For more information, visit: www.language.ca



Understanding your Canadian Language Benchmarks Placement Test (CLBPT) Assessment Report

STAGE II: INTERMEDIATE PROFICIENCY

CLB Listening	CLB Speaking	CLB Reading	CLB Writing
5 You understand many words and phrases about familiar topics spoken at a normal speed. You also understand some indirect meanings when people talk about familiar topics. You usually don't need help understanding when someone speaks to you, but sometimes you misunderstand what they say.	5 You speak about your personal experiences and describe your likes and dislikes independently. You are beginning to use longer sentences and make clear suggestions and comparisons. You know a lot of common words and some idioms. Sometimes you hesitate or pause. People occasionally have difficulty understanding you when you speak.	5 You understand many familiar and unfamiliar words. You get the main ideas, some details and some indirect meaning in descriptions of somewhat familiar topics. You are beginning to get information from longer, more difficult texts.	5 You describe an event in a paragraph with a clear main idea and some supporting details. You also describe your ideas in some detail or give your opinion. Although you make some mistakes, your sentences show good control of simple grammar, spelling, punctuation and vocabulary.
6 You understand many common words, some less familiar ones, and some idioms. You understand the important details and indirect meanings when someone speaks about familiar topics. You also recognize some details about the speaker's attitude and opinions. You have no trouble understanding someone when they speak to you.	6 You speak about facts and ideas in some detail. You use different grammatical structures and connect your ideas into longer sentences. Your vocabulary is growing and you use some idioms. Although you make mistakes, people don't usually have trouble understanding you. You are reasonably fluent.	6 You understand short texts written in plain English that are a little difficult. You get the main idea, key details and some indirect meanings. You are beginning to understand the writer's purpose, intent and attitude. You get some main points and details from longer, more difficult texts.	6 You describe or compare events, people, places, objects and routines in a paragraph format. You also express an idea or an opinion clearly and include some details to support it. Your simple sentences have only a few errors in spelling, punctuation and vocabulary. You are beginning to use advanced grammar and vocabulary.
7 You understand more difficult, indirect questions about personal experience, familiar topics and general knowledge. You also understand the main points, important details and indirect meanings when someone talks about more abstract ideas. Your vocabulary is expanding and you know more idioms. You have no trouble understanding conversations on familiar topics.	7 You speak comfortably about many different topics. You describe people, places and situations as well as express your opinions, feelings and reservations about a topic. You make detailed comparisons. You are starting to use advanced vocabulary, including many idioms. You make some grammatical mistakes but people can easily understand you. You are reasonably fluent.	7 You understand texts written in plain English that are long and a little difficult. You find and integrate different ideas in the text, or compare and contrast information. You understand texts that deal with facts, opinions and feelings. You get the main points and some details from longer, more difficult texts.	7 You write short paragraphs about familiar, concrete topics and include clear main ideas and some supporting details. You can write a short essay with an appropriate introduction and conclusion. You have fairly good control over grammar, spelling and sentence mechanics. You use advanced vocabulary and grammar, but sometimes your sentences may sound unusual or awkward.
8 You understand many difficult, indirect questions about personal experience, familiar topics and general knowledge. You also understand main points, details, purpose and attitude when others talk about familiar topics as well as abstract and complex ideas. You understand many idioms and expressions and can follow conversations and detailed stories of general interest.	8 You speak comfortably about a range of both familiar and less familiar topics. You provide descriptions, express opinions, and give explanations. You analyze and compare information in order to recommend solutions to a problem. You use advanced vocabulary, including idioms. Your message is clear and rarely interrupted by errors. People rarely have trouble understanding you. You are reasonably fluent.	8 You follow main ideas, key words and important details in texts written in plain English that are long and a little difficult. You find and integrate information across paragraphs. You understand indirect meanings, and the writer's intention in texts about more abstract and conceptual topics. You may sometimes find it difficult to understand some idioms or cultural references in more advanced texts.	8 You express ideas and opinions about familiar or abstract topics in short paragraphs. You link sentences and provide support for the main ideas in a short essay. You have good control over common sentence patterns, grammar and spelling. You use advanced vocabulary and grammar. Occasionally you have difficulty with complex grammar and style, but your message is easy to understand.

For more information, visit: www.language.ca



Centre for Canadian
Language Benchmarks



Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada



Ontario

Meeting Date:	September 16, 2026
Issue:	2026 Council Elections
Reported By:	Sean Cassman
Action:	Information

Issue

College staff continue to make progress on implementing the election process.

Public Interest Rationale

Council elections help ensure that Council is constituted with the appropriate number of Council members, which allows the College to function. Professional Council members, making decisions in the public interest, help the College achieve its mandate of public protection.

Background

The Nomination Committee received 3 nomination packages (2 in District 1, and 1 in District 2). We did not receive any nominations for the District 3 by-election.

The interviews were conducted by the Nomination Committee on July 27, July 30, and August 5, utilizing their updated assessment rubrics to aid in their discussions and decision making. All three candidates were approved to stand for election and were notified of results by August 13, 2026.

Voting will not be necessary for this election period, as Council positions will be filled for District 1 and District 2 through acclamation. The candidates will be acclaimed in October. The new Council members will begin their term at the December Council meeting.

Next Steps

Staff will continue working with the Nominations Committee to complete this year's nomination process.

COUNCIL

Meeting Date:	September 16, 2026
Issue:	Review of Standards of Practice by Quality Assurance Committee
Reported By:	Mary Kennedy, Manager, Quality Practice
Action:	For Discussion and Decision

Issue

The Quality Assurance Committee has recommended several changes to College standards as part of a broad review of College documentation.

Public Interest Rationale

Section 3 of the Health Professions Procedural Code states that it is an object of the College to develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession. The College must regularly review standards and make changes where necessary as part of our public interest mandate. Standards set out the minimum expectations in practice for all members of the profession.

Background

Over the last several months, the Quality Assurance Committee (QAC) has conducted a comprehensive review of the College's Standards of Practice. This review was initiated to prepare for the development of comprehensive learning tools that will form the foundation of the new member Learning Hub.

The QAC's review methodology included:

- A comprehensive review and practical recommendations provided by Peer and Practice Assessors.
- A benchmarking review of similar standards from other regulatory bodies.
- An in-person QAC meeting where working groups conducted a line-by-line review of the standards, evaluated assessor feedback, and cross-checked the directives against other College materials and resources.

To improve clarity and facilitate the development of future educational tools, the standards have been transitioned into a unified, principle-based format. During this process, the QAC also confirmed that all external links remain active and relevant, and appended applicable professional misconduct provisions to the bottom of all related standards to ensure congruency and a clear understanding of expectations for members.

For Discussion

The QAC reviewed 9 Standards of Practice during this cycle. (Note: The Standard for Preventing Sexual Abuse was recently updated and was excluded from this review.)

The status and recommended changes for the reviewed Standards are as follows:

Advertising:

- Converted from the old format to the new principle-based format.
- Additions to Legislative Context section.
- No substantive changes.

Communication:

- Converted from the old format to the new principle-based format.
- Addition of Legislative Context section.
- Links to Standard on Consent and Jurisprudence Manual (Confidentiality Section).
- No substantive changes.

Consent:

- Document presently in principle-based format.
- Addition of Legislative Context section.
- No substantive changes.

Diagnosis and Treatment:

- Converted from the old format to the new principle-based format.
- Addition of Legislative Context section.
- No substantive changes.

Legislation, Standards and Ethics:

- Converted from the old format to the new principle-based format.
- Addition of Legislative Context section.
- No substantive changes.

Maintaining Professional Boundaries:

- Document presently in principle-based format.
- Addition of Legislative Context section.
- No substantive changes.

Recommended changes to the Standards: Record Keeping, Infection Control and Fees and Billing will be outlined under Agenda Item 13. Standards Review – Revisions Requiring Consultation

In Ontario, the requirement for health regulatory colleges to consult on changes to standards is dictated by the Regulated Health Professions Act, 1991 (RHPA).

Specifically, this mandate is outlined in the Health Professions Procedural Code, which serves as Schedule 2 to the RHPA.

Key Details of the Legislative Requirement:

- The 60-Day Rule: Under Section 95 of the Health Professions Procedural Code, regulatory colleges are generally required to circulate proposed regulations or substantive changes to standards for a minimum 60-day public consultation period before they can be finalized.
- Substantive vs. Non-Substantive: consultation is legally required for substantive changes (such as the updates to the Fees and Billing and Infection Control standards), whereas non-substantive changes (like minor formatting updates or fixing web links) may bypass this requirement.

Consultation Requirements and Strategic Considerations

In accordance with legislative requirements, only three standards (Record Keeping, Fees and Billing, and Infection Control) require public consultation due to substantive changes. The proposed modifications to the remaining six standards are non-substantive, consisting primarily of reformatting into the principle-based structure, updating active links, and adding a new section titled "Legislative Context (Professional Misconduct Legislation)" across all Standards of Practice.

However, Council may consider proactively circulating all nine standards for consultation. Broadening the consultation scope would encourage members to re-read and re-engage with the standards, driving meaningful learning and professional awareness in the lead-up to the official launch of the Learning Hub.

The QAC is recommending that Council accept the non-substantive changes to the Standards of Practice to begin the educational roll-out for members.

Attachments:

Agenda Item: 12.1 Advertising. Current Document
Agenda Item 12.2 Advertising. New Format
Agenda Item 12.3 Communication. Current Document
Agenda Item 12.4 Communication. New Format
Agenda Item 12.5 Consent. Current Document
Agenda Item 12.6 Diagnosis and Treatment. Current Document
Agenda Item 12.7 Diagnosis and Treatment. New Format
Agenda Item 12.8 Legislation, Standards and Ethics. Current Document
Agenda Item 12.9 Legislation, Standards and Ethics. New Format
Agenda Item 12.10 Maintaining Professional Boundaries. Current Document



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

STANDARD FOR ADVERTISING

Date of Approval: February 6, 2017
Version: 1.0

Standard for Advertising

Note to readers: In the event of any inconsistency between this document and the legislation that affects traditional Chinese medicine and/or acupuncture practice, the legislation governs.

Intent

The intent of this standard is to assist members to comply with the law in Ontario, specifically, the College's Professional Misconduct Regulation. Several paragraphs in the Professional Misconduct Regulation relate to advertising. This standard describes the College's expectations for members involved in advertising.

Background

Advertising is any message under the member's direct or indirect control that communicates information about a member, his or her practice, what services he or she may offer, and fee information. Advertising must be factual, accurate, easily verified, independent of personal opinion, understandable and professionally appropriate. It must not include any information that is misleading by either leaving out relevant information, or including non-relevant, false, or unverifiable information.

Advertisements impact how the public will perceive the profession. As such, all advertisements need to be professional in appearance and tone.

Advertising can be in any medium and in any language. Advertising may include (but is not limited to) the following:

- Radio
- Television
- Websites
- Print based notices – i.e., letterheads, newspapers, magazines, journals, flyers, business cards
- Contact listing services – i.e., yellow pages
- Social Media – i.e., Facebook, LinkedIn, Twitter, YouTube, Weibo, WeChat, WhatsApp, Internet Forums, etc.

Members must take reasonable steps to ensure that advertisements placed by others (i.e., employees, marketing consultants, etc.) meet these standards. This may include making the employer aware of the standard and requesting changes (in writing) that do not comply with the standard.

General Expectations

- Refrain from guaranteeing a certain result. Each patient is individual and will respond to traditional Chinese medicine individually. As such, members are unable to guarantee any result with any patient.
 - For example, members must not state that receiving acupuncture will increase their chance of successful conception. Each patient will respond to treatment differently.
- Be mindful of the inherent power balance between members and patients. This power balance is greater when the patient is in a vulnerable population.
 - Members should take this into consideration so as to ensure that their advertising does not create a demand for unnecessary treatment.
 - Members must be mindful of all claims as any claim about a remedy, treatment, device or procedure must be factual and verifiable.
 - Advertising must not involve pressuring vulnerable persons or patients. Calling people by telephone or sending them an email to ask them to become patients is unprofessional. However, it is acceptable to remind existing patients of appointments, new developments or changes in the office as long as it is done in a professional manner.
- Ensure the information about the member, his or her practice, what services he or she may offer, and fee information, are current and accurate.

Registered Name and Advertising Language

- Members must advertise in the same name they used to register with the College (the “Registered Name”).
 - To do otherwise would cause confusion and misplace the accountability of the member to his or her patients.
- If a member is using a common name in his or her advertising, the member’s legal name will also be listed. Both names must be registered with the College.
 - Members must only practise the profession in the names that are registered with the College. They may advertise with a common name, but the legal name must also be present.
- When advertising in a different language, the member ensures that his or her registered name appears in the advertisements. The registered name must be the name listed in the College Register.

- This applies to all forms of advertising i.e. print based mediums, social media, or practice based social media. For example, if a member advertises in a foreign language newspaper, the advertisement may be in a different language but the member's name must appear as the registered name.

Social Media and Testimonials

- When using social media, ensure any advertising is consistent with this Standard.
- The name registered with the College must be used, regardless of the language used on any social media. The registered name should be easily visible and verifiable to the public.
- Members may not post patient (or former patient) testimonials, comments or pictures.
 - For example, members may not provide before and after pictures of how one's services improve a patient's appearance as this is inherently misleading and unverifiable.
 - Even if information is anonymized, it can still qualify as a testimonial.
 - If the member becomes aware that a testimonial about the member is on another site not controlled by the member, the member must make all reasonable efforts to have the testimonial removed.

Terms, Titles, and Designations

- Members must use appropriate titles on all advertisements and do not use titles that are not authorized by law or the College.
 - Under the *Traditional Chinese Medicine Act, 2006, S.O. 2006, c.27*, there are two protected designations and titles:
 - ▶ R. TCMP, Traditional Chinese Medicine Practitioner and/or Acupuncturist
 - ▶ R. Ac, Acupuncturist
- Members must only use the title and designation given to them by the College for their class of registration.
 - Members of this College may not use the title of Doctor.

- Non-Ontario qualifications need to be verifiable and clearly stated. For example, if a member obtained an MD in India, this must be clearly stated MD (India).
- Members may not use titles that infer expertise or a specialty.
 - The College does not currently have any areas of specialities and as such, it would be misleading to the public to claim any level of expertise or specialty.
 - Members may not refer to themselves as a “Pediatric”, “Gynecological” or “Chief” acupuncturists or TCM practitioners.
 - Members may not refer to themselves as “Senior” Acupuncturists, or “Head” TCM Practitioners/Acupuncturists.

Billings and Fees

Fees must not be excessive.

- Fees or prices advertised should meet expectations for honesty and accuracy (generally accepted rates for the profession).
- Fees should not be misleading or hard to understand. Fees are to be clearly understood by all.
- Prior to receiving treatment, patients must be advised of the fee to be charged for the treatment so that they can make an informed decision before proceeding with the service.
- Fees should be itemized so that the patient is clearly aware of what the member charged for each service and product.
- Refrain from offering or giving a reduction of fees in exchange for prompt payment.
 - Fees for service should be objective and fair. Members should not unduly pressure patients to pay their accounts. As such, fees for treatment should be consistent and should not reduce as a result of patients paying more quickly than needed.

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the *Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27*.

Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:
 1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.
 7. Recommending or providing unnecessary treatment when the member knows or ought to know that the recommendation or the provision of treatment is unnecessary.
 19. Submitting an account or charge for services that the member knows or ought to know is false or misleading.
 20. Charging a fee that would be regarded by members as excessive in relation to the service provided.
 21. Failing to advise a patient or a patient's authorized representative, prior to providing a service, of the fee to be charged for the service or of any penalties that will be charged for late payment of the fee.
 22. Failing to itemize an account for professional products or services while practising the profession.
 23. Offering or giving a reduction for prompt payment of an account.
 24. Breaching, without reasonable cause, an agreement with a patient or a patient's authorized representative relating to professional services for the patient or fees for such services.
 28. Making a claim about a remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.
 29. Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable.
 30. Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice.

31. Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless,
- i. the person who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that,
 - A. the purpose of the communication is to solicit use of the member's professional services, and
 - B. the person may elect to end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and
 - ii. the communication ends immediately if the person who is the subject of the solicitation so elects.
32. Using a term, title or designation in respect of the member's practice that is not authorized by the College.
33. Using a term, title or designation indicating or implying a specialization in an area or areas of practice of the profession where the use of the term, title or specialty designation is not authorized by the College.
34. Practising the profession or offering to provide services using a name other than the member's name as set out in the register.
39. Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts.



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

705 - 55 Commerce Valley Drive West
Thornhill, ON L3T 7V9
Tel: (416) 238-7359 or 866 624 8483
info@ctcmpao.on.ca

www.ctcmpao.on.ca

Standard for Advertising

Advertising is any message under a member's direct or indirect control that communicates information about the member, their practice, what services they may offer, and fee information. Advertising can be in any medium and in any language, including print, radio, television, websites, and social media.

This standard addresses the following principles:

- **Principle 1:** Members must ensure all advertising is factual, accurate, and verifiable.
 - **Principle 2:** Members must use their registered names and appropriate titles in all advertisements.
 - **Principle 3:** Members must not use testimonials, comments, or pictures of patients.
 - **Principle 4:** Members must ensure advertised fees are clear, honest, and accurate.
-

Principle 1: Members must ensure all advertising is factual, accurate, and verifiable.

Advertising must be independent of personal opinion, understandable, and professionally appropriate. It must not include any information that is misleading, whether by leaving out relevant information or by including non-relevant, false, or unverifiable claims.

Applying the principle to practice

- **Professionalism:** Advertisements impact how the public perceives the profession. As such, all advertisements must be professional in appearance and tone.
 - **Third-party advertising:** Members must take reasonable steps to ensure that advertisements placed by others (e.g., employers or marketing consultants) meet these standards. This includes making the employer aware of the standard and requesting necessary changes in writing.
 - **Unnecessary treatment:** Advertising must not create a demand for unnecessary treatment. Any claim about a remedy, treatment, device, or procedure must be factual and verifiable.
 - **Pressure tactics:** Advertising must not involve pressuring vulnerable persons. Contacting people by telephone or sending unsolicited emails asking them to become patients is unprofessional.
-

Principle 2: Members must use their registered names and appropriate titles in all advertisements.

Members must consistently advertise using the name they registered with the College to ensure they are easily identifiable to the public.

Applying the principle to practice

- **Registered names:** Members must only practice the profession and advertise in the names that are registered with the College.
 - **Common names:** Members may advertise with a registered common name, but their legal name must also be present in the advertisement.
 - **Foreign languages:** When advertising in a different language, the member must ensure that their registered English or French name clearly appears in the advertisement.
 - **Titles and Designations:** Members must use appropriate titles on all advertisements and must not use titles that are not authorized by law or the College (e.g., "Senior Acupuncturist" or "Head TCM Practitioner").
-

Principle 3: Members must not use testimonials, comments, or pictures of patients.

Using patient testimonials or progress photos is prohibited, as individuals react differently to the same treatments, making these claims inherently misleading and impossible to verify objectively.

Applying the principle to practice

- **Testimonials and photos:** Members may not post patient (or former patient) testimonials, comments, or "before and after" pictures demonstrating how a service improves a patient's appearance or condition.
 - **Anonymized data:** Even if the information is anonymized, it still qualifies as a testimonial and is strictly prohibited.
 - **Third-party platforms:** If a member becomes aware that a testimonial about their practice is posted on a site they do not control, the member must make all reasonable efforts to have the testimonial removed.
-

Principle 4: Members must ensure advertised fees are clear, honest, and accurate.

If a member chooses to include billing and fee information in their advertising, it must be transparent so that patients can make fully informed decisions before proceeding with a service.

Applying the principle to practice

- **Honesty and accuracy:** Fees or prices advertised must meet expectations for honesty and align with generally accepted rates for the profession. Fees must not be excessive.
- **Clarity:** Advertised fees should not be misleading or hard to understand.
- **Informed consent:** Prior to receiving treatment, patients must be clearly advised of the fee to be charged for the treatment.

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

28. Making a claim about a remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.

29. Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable.

30. Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice.

31. Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless,

i. the person who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that,

A. the purpose of the communication is to solicit use of the member's professional services, and

B. the person may elect to end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and

ii. the communication ends immediately if the person who is the subject of the solicitation so elects.

32. Using a term, title or designation in respect of the member's practice that is not authorized by the College.

33. Using a term, title or designation indicating or implying a specialization in an area or areas of practice of the profession where the use of the term, title or specialty designation is not authorized by the College.

39. Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts.

40. Contravening, by act or omission, a law if,

i. the purpose of the law is to protect or promote public health, or

ii. the contravention is relevant to the member's suitability to practise.

48. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional.

49. Engaging in conduct that would reasonably be regarded by the profession as conduct unbecoming a practitioner of traditional Chinese medicine or acupuncture. O. Reg. 318/12, s. 1.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

STANDARD FOR COMMUNICATION

Date of Approval: January 14-15, 2013 (Approved by the Transitional Council)
Version: 1.0

Standard for Communication

R. TCMPs and R. Acs effectively communicate with their patients, families, care givers, other professionals and other important individuals. R. TCMPs and R. Acs recognize that good communication skills are essential for establishing rapport and trust with the patient, formulating an assessment , delivering information, striving for mutual understanding, and facilitating a shared plan of care.

R. TCMPs and R. Acs must be able to develop a trusting and therapeutic relationships with patients. They must have good communication skills to elicit and combine relevant information to assess the patient and develop and implement a treatment plan. R. TCMPs and R. Acs must be able to accurately convey relevant information and explanations to patients, families, colleagues and other professionals.

Performance Indicators

R. TCMPs and R. Acs **must**:

- a) provide clear and understandable information to the patient, or the patients substitute decision maker, prior to, during and after treatment, using an interpreter if necessary;
- b) give the patient, or the patient's substitute decision maker, an opportunity to ask questions;
- c) carry out examinations or treatment only with the informed consent of the patient, or the patients substitute decision maker;
- d) keep all patient information confidential, except when necessary to facilitate an assessment or treatment of the patient or when legally obliged or allowed to disclose such information;
- e) observe all relevant legislation, such as the Health Care Consent Act, and all CTCMPAO guidelines pertaining to consent;
- f) observe the Regulated Health Professions Act and all guidelines of the CTCMPAO pertaining to boundaries and the prevention of sexual abuse;
- g) use a range of communication skills to develop and maintain effective professional relationships;
- h) collaborate with other members of the health care team to promote the best possible outcomes for the patient;

- i) use a range of relationship skills to address professional differences that may lead to conflict;
- j) 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.



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chinoise et des acupuncteurs de l'Ontario

705 - 55 Commerce Valley Drive West
Thornhill, ON L3T 7V9
Tel: (416) 238-7359 or 866 624 8483
info@ctcmpao.on.ca

www.ctcmpao.on.ca

Standard for Communication

Effective communication is essential for establishing rapport and trust, formulating an assessment, delivering information, and facilitating a shared plan of care. Members (Registered Traditional Chinese Medicine Practitioners and Registered Acupuncturists) must develop trusting and therapeutic relationships by accurately conveying relevant information to patients, families, caregivers, substitute decision-makers (if applicable) and colleagues.

This standard addresses the following principles:

- **Principle 1:** Members must communicate clearly and effectively with patients to facilitate care.
- **Principle 2:** Members must obtain informed consent for all examinations and treatments.
- **Principle 3:** Members must maintain patient confidentiality, professional boundaries, and provide equitable care.
- **Principle 4:** Members must foster collaborative professional relationships.

Principle 1: Members must communicate clearly and effectively with patients to facilitate care.

Members rely on good communication skills to elicit relevant information, assess the patient, and develop and implement an appropriate treatment plan.

Applying the principle to practice

- **Clear Information:** Members must provide clear and understandable information to the patient (or their substitute decision-maker) prior to, during, and after treatment.
- **Use of Interpreters:** If necessary, members must use an interpreter to ensure the patient fully understands the information being delivered.
- **Encouraging Questions:** Members must give the patient or their substitute decision-maker ample opportunity to ask questions regarding their care and treatment.

Principle 2: Members must obtain informed consent for all examinations and treatments.

Members must ensure that patients fully understand proposed assessments and treatments before proceeding.

Applying the principle to practice

- **Informed Consent:** Members must carry out examinations or treatments only with the explicit informed consent of the patient or their substitute decision-maker (Standard for Consent).
- **Legislation and Guidelines:** Members must observe all relevant legislation, such as the *Health Care Consent Act*, as well as all CTCMPAO guidelines pertaining to consent.

Principle 3: Members must maintain patient confidentiality, professional boundaries, and provide equitable care.

A trusting therapeutic relationship is built on the assurance of privacy, safety, and respect for all patients.

Applying the principle to practice

- **Confidentiality:** All patient information must be kept strictly confidential, except when necessary to facilitate an assessment or treatment, or when legally obliged or allowed to disclose such information.
- **Professional Boundaries:** Members must observe the *Regulated Health Professions Act* and all CTCMPAO guidelines pertaining to boundaries and the prevention of sexual abuse.
- **Non-Discriminatory Care:** Members must 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.

Principle 4: Members must foster collaborative professional relationships.

Members must effectively interact not just with patients, but with other healthcare professionals and important individuals to ensure the best outcomes.

Applying the principle to practice

- **Effective Relationships:** Members must use a diverse range of communication skills to develop and maintain effective professional relationships.
- **Collaboration:** Members must collaborate with other members of the healthcare team to promote the best possible outcomes for the patient.
- **Conflict Resolution:** Members must use relationship skills appropriately to address professional differences that may lead to conflict.

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

2. Abusing a patient or a patient's representative verbally, physically, psychologically or emotionally.

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose except,

i. with the informed consent of the patient or the patient's authorized representative, or

ii. as required or authorized by law.

4. Failing to reply appropriately to a reasonable request by a patient or a patient's authorized representative for information respecting a service or product provided or recommended by the member.

5. Giving information about a patient to a person other than the patient or the patient's authorized representative except with the consent of the patient or the authorized representative or as required or authorized by law.

9. Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the Regulated Health Professions Act, 1991, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skills or judgment to offer or is beyond his or her scope of practice.

Standard for Consent

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

have all the information they need in order to make an informed decision and

know they have the right to decide to receive treatment, refuse treatment, or withdraw consent for treatment.

This standard addresses the following principles:

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

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

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

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

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

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

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

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

Applying the principle to practice

Members must keep in mind that ability to understand can come and go.

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

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

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

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

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

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

Confirming the substitute decision maker

In most cases, substitute decision makers are close family who come with the patient for treatment. If there is more than one substitute decision maker who is willing and able to do this, the member must decide which one will give consent.

The Health Care Consent Act says the person who is highest on this list must be chosen:

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

Record keeping

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

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

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

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

Applying the principle to practice

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

- The nature of the treatment (including the body parts that will be touched)
- What benefit they can expect from the treatment
- Any risks from having the treatment
- Any side effects of the treatment
- Other options instead of this treatment
- What will likely happen if they do not have the treatment
- What the treatment will cost.
- Identify if any aspect of the treatment will be delegated to another individual, such as a student or a person practicing under supervision.

Commented [MK1]: To be consistent with original provision under when to ask for consent again.

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

Expressed and implied consent

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

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

When to ask for consent

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

- Any aspect of the treatment will begin to be delegated to another individual, such as a student or a person practicing under supervision. Any other person, such as a student, or anyone under supervision will help with the treatment.
- The member wants to adjust the treatment in any way that changes the expected benefit, risks, or side effects.
- If in the course of multiple treatments the risks or benefits have changed.
- The member wants to start a new form of treatment.

Commented [MK2]: Same requirement, rewrite for better understanding

Are there times when members can give treatment without consent?

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

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

Record keeping

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

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

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

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

Principle 3: Members must always get expressed consent for treatment that involves contact with sensitive areas. For the initial treatment, the expressed consent must be written.

Sensitive areas include upper inner thigh, buttocks, , pelvic floor (perineum) and/or external genitalia breasts, and chest wall muscles~~the upper and inner thigh, buttocks, penis, vagina, breasts, and chest wall muscles.~~

Applying the principle to practice

Members must advise patients what body parts will be touched during a proposed treatment (see above). However, when the proposed treatment involves sensitive areas, members must take extra care in explaining what areas will be touched, how it will be

Commented [MK3]: Update from Standard for Preventing Sexual Abuse

touched, why it is necessary to touch and whether it will be exposed during the treatment. All of this should be carefully charted to ensure that the patient and the member are in agreement on the limits of the consent.

If the touch involves the breast, members should not touch the nipple or the areola. If sensitive areas are being treated, they should be exposed as little as possible.

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

After discussing the treatment of a sensitive area, members must get written consent before starting treatments. For follow up visits for the same treatment, the member must get expressed consent, but not necessarily written consent.

The consent form should clearly state the patient's right to withdraw consent at any time.

Record keeping

Members must always have a record of the patient's written consent to treatment in sensitive areas. As noted above, this dialogue should be carefully charted

to ensure that both the patient and the member are fully aware as to what can occur during the proposed treatment.

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

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

Applying the principle to practice

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

Record keeping

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

Document the reasons the patient gave for withdrawing their consent.

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose except,

i. with the informed consent of the patient or the patient's authorized representative, or

ii. as required or authorized by law.

5. Giving information about a patient to a person other than the patient or the patient's authorized representative except with the consent of the patient or the authorized representative or as required or authorized by law.

7. Recommending or providing unnecessary treatment when the member knows or ought to know that the recommendation or the provision of treatment is unnecessary.

13. Failing to document the delegation of a controlled act in the patient's health record at the time of the delegation or within a reasonable time thereafter, with the following information:

i. The date.

ii. The name of the delegatee.

iii. The controlled act that was delegated.

iv. The conditions, if any, relating to the delegation.

25. Failing to keep records in accordance with the standards of the profession.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

STANDARD FOR DIAGNOSIS AND TREATMENT

Date of Approval: January 14-15, 2013 (Approved by the Transitional Council)
Version: 1.0

Standard of Practice: Diagnosis and Treatment

R. TCMPs and R. Acs are health care professionals who possess a fundamental body of knowledge, skills and judgment following traditional Chinese medicine principles which are directed to effective patient care in the diagnosis and treatment of patients. R. TCMPs and R. Acs use the essential principles of traditional Chinese medicine to assess patients and promote their health, and prevent and treat common disease. Their care is characterized by ethical and safe clinical practice as well as with effective communication in partnership with patients and other health care providers.

R. TCMPs and R. Acs are authorized to perform two controlled acts, which they have been authorized to perform within their scope of practice under the Traditional Chinese Medicine Act. The two controlled acts that R. TCMPs and R. Acs are authorized to perform are:

- Performing a procedure on tissue below the dermis and below the surface of a mucous membrane for the purpose of performing acupuncture.
- Communicating a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person's symptoms using traditional Chinese medicine techniques.

Under the Regulated Health Professions Act, R. TCMPs and R. Acs may delegate the two controlled acts authorized to R. TCMPs and R. Acs under the Traditional Chinese Medicine Act provided they comply with the Regulated Health Professions Act, and the professional misconduct regulation made under the Traditional Chinese Medicine Act.

R. TCMPs and R. Acs must be able to accurately assess body system disorders through traditional Chinese medicine techniques. R. TCMPs and R. Acs must be proficient in providing treatment using traditional Chinese medicine therapies to promote, maintain or restore health. R. TCMPs and R. Acs must be skilled in the application of acupuncture and must adhere to the World Health Organization (WHO) standard for the location of acupuncture points. R. TCMPs must be able to accurately select and recommend herbal medicines based on the Traditional Chinese Medicine diagnosis and treatment plan and make modifications based on the patient's physical, medical and health history as necessary.

R. TCMPs and R. Acs must be able to perform the two controlled acts authorized to R. TCMPs and R. Acs as required in the course of engaging in the practice of the

profession. They must not perform the authorized acts, or any exempted controlled acts, unless the conditions under the Regulated Health Professions Act, the Traditional Chinese Medicine Act and their respective regulations have been met.

Performance Indicators

R. TCMPs and R. Acs **must**:

- a) perform only those controlled acts that have been authorized, under the legislation;
- b) not perform any procedure which may result in serious physical harm, unless that procedure is within the scope of practice of the profession or the R. TCMP and R. Ac is authorized or permitted to do so by legislation;
- c) carry out assessment and treatment only with the informed consent of the patient, or the patient's substitute decision maker;
- d) use appropriate aseptic techniques and infection control procedures in the course of examinations and treatment;
- e) instruct the patient to remove only the clothing and items that would interfere with the examination or treatment procedures;
- f) provide use of appropriate draping materials to cover areas where clothing was removed;
- g) explain to the patient when and where the R. TCMP and R. Ac might touch the patient and why;
- h) touch the patient in only those areas needed to facilitate the carrying out the procedure;
- i) effectively perform a physical assessment of the patient for the purpose of health promotion, diagnosis and/or management that is relevant and accurate.
- j) effectively analyse the information to determine a diagnosis and establish an effective treatment plan; k) adhere to the World Health Organization (WHO) standard for the location of acupuncture points;
- l) apply safe and accurate procedures and processes in implementing the treatment plan;
- m) account for every needle that is inserted, removed, and disposed of during treatment;

- n) initiate emergency response procedures as required if a patient suffers any adverse reaction to a treatment;
- o) communicate a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person's symptoms;
- p) assess the patient's condition during the course of the treatment or procedures and respond accordingly;

In addition R. TCMPs must:

- q) take into account all precautions and contradictions of the herbs and formulas recommended to the patient;
- r) select, recommend and combine herbal medicines based on the Traditional Chinese Medicine diagnosis and treatment plan and make modifications based on the patient's physical, medical and health history as necessary; and
- s) advise patients about the use of herbal treatment including the dosage route of administration, and schedule for administration.



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705 - 55 Commerce Valley Drive West
Thornhill, ON L3T 7V9
Tel: (416) 238-7359 or 866 624 8483
info@ctcmpao.on.ca

www.ctcmpao.on.ca

Standard for Diagnosis and Treatment

Members (Registered Traditional Chinese Medicine Practitioners and Registered Acupuncturists) are healthcare professionals who possess a fundamental body of knowledge, skills, and judgment following Traditional Chinese Medicine (TCM) principles. They use these essential principles to assess patients, promote health, and prevent and treat common diseases. Their care is characterized by ethical and safe

R. TCMPs and R. Acs are authorized to perform two controlled acts, which they have been authorized to perform within their scope of practice under the Traditional Chinese Medicine Act. The two controlled acts that R. TCMPs and R. Acs are authorized to perform are:

- Performing a procedure on tissue below the dermis and below the surface of a mucous membrane for the purpose of performing acupuncture.
- Communicating a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person's symptoms using traditional Chinese medicine techniques.

Under the Regulated Health Professions Act, R. TCMPs and R. Acs may delegate the two controlled acts authorized to R. TCMPs and R. Acs under the Traditional Chinese Medicine Act provided they comply with the Regulated Health Professions Act, and the professional misconduct regulation made under the Traditional Chinese Medicine Act. This standard addresses the following principles:

- **Principle 1:** Members must practice within their authorized scope and perform only permitted controlled acts.
- **Principle 2:** Members must obtain informed consent, ensure patient comfort, and maintain appropriate physical boundaries.
- **Principle 3:** Members must perform accurate assessments and formulate effective diagnoses and treatment plans.
- **Principle 4:** Members must execute treatments safely, maintain infection control, and be prepared for emergencies.
- **Principle 5:** Members prescribing herbal medicines must do so safely and accurately based on a TCM diagnosis.

Principle 1: Members must practice within their authorized scope and perform only permitted controlled acts.

Members must ensure that any assessment or treatment provided falls strictly within the legal scope of practice for the profession and their specific designation.

Applying the principle to practice

- **Authorized Acts:** Members must perform only those controlled acts that have been authorized under the legislation.
- **Preventing Harm:** Members must not perform any procedure that may result in serious physical harm,

- Members must ensure that any procedure carrying an inherent risk of harm is explicitly permitted by legislation under their scope of practice, and that these risks are fully explained to the patient prior to treatment.
-

Principle 2: Members must obtain informed consent, ensure patient comfort, and maintain appropriate physical boundaries.

Respecting the patient's autonomy, privacy, and physical boundaries is essential during all diagnostic and treatment procedures.

Applying the principle to practice

- **Informed Consent:** Members must carry out assessments and treatments only with the informed consent of the patient or their substitute decision-maker.
 - **Draping and Clothing:** Members must instruct patients to remove only the clothing and items that would interfere with the examination or treatment procedures. Furthermore, members must provide and use appropriate draping materials to cover areas where clothing was removed.
 - **Appropriate Touch:** Members must explain to the patient when and where they might be touched and why. Touching must be restricted only to those specific areas needed to facilitate the carrying out of the procedure.
-

Principle 3: Members must perform accurate assessments and formulate effective diagnoses and treatment plans.

A thorough and accurate physical assessment is the foundation of effective TCM diagnosis and management.

Applying the principle to practice

- **Physical Assessment:** Members must effectively perform a physical assessment of the patient for the purpose of health promotion, diagnosis, and/or management that is both relevant and accurate.
 - **Diagnosis and Planning:** Members must effectively analyze the collected information to establish an effective treatment plan. They must successfully communicate a TCM diagnosis identifying a body system disorder as the underlying cause of a person's symptoms.
 - **Ongoing Monitoring:** Members must continually assess the patient's condition throughout the course of the treatment or procedures and respond accordingly.
-

Principle 4: Members must execute treatments safely, maintain infection control, and be prepared for emergencies.

Safety and cleanliness must be prioritized during the implementation of any treatment plan.

Applying the principle to practice

- **Safe Procedures:** Members must apply safe and accurate procedures and processes when implementing the treatment plan. This includes adhering strictly

to the World Health Organization (WHO) standard for the location of acupuncture points.

- **Infection Control:** Members must use appropriate aseptic techniques and infection control procedures during all examinations and treatments.
- **Emergency Response:** Members must be prepared to initiate emergency response procedures as required if a patient suffers any adverse reaction to a treatment.

Principle 5: Members prescribing herbal medicines must do so safely and accurately based on a TCM diagnosis.

(Note: This principle applies specifically to Registered Traditional Chinese Medicine Practitioners - R. TCMPs)

R. TCMPs have the expanded authorization to recommend and prescribe herbal medicines and must exercise appropriate care and professional judgment when doing so.

Applying the principle to practice

- **Selection and Modification:** R. TCMPs must select, recommend, and combine herbal medicines based entirely on the TCM diagnosis and treatment plan. They must make modifications based on the patient's physical, medical, and health history as necessary.
- **Precautions:** R. TCMPs must meticulously take into account all precautions and contraindications of the herbs and formulas recommended to the patient.
- **Patient Education:** R. TCMPs must advise patients about the use of the herbal treatment, clearly explaining the dosage, route of administration, and proper schedule for administration.

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

2. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose except,

- i. with the informed consent of the patient or the patient's authorized representative, or
- ii. as required or authorized by law.

8. Treating or attempting to treat a condition that the member knows or ought to know he or she does not have the knowledge, skills or judgment to treat.

10. Performing a controlled act that the member is not authorized to perform.
11. Delegating a controlled act to a delegatee unless the member appropriately supervises him or her, the delegation is appropriate in all of the circumstances and the member takes reasonable measures to ensure that the delegatee has the knowledge, skills and judgment to perform the procedure.
12. Where the member has delegated a controlled act, failing to document in the member's own records, at or before the time of delegating the controlled act, information about the delegatee's knowledge, skill and judgment concerning the performance of the delegated act.
13. Failing to document the delegation of a controlled act in the patient's health record at the time of the delegation or within a reasonable time thereafter, with the following information:
 - i. The date.
 - ii. The name of the delegatee.
 - iii. The controlled act that was delegated.
 - iv. The conditions, if any, relating to the delegation.
14. Failing to appropriately supervise a person to whom the member has assigned a task related to the practice of the profession.
15. Permitting, counselling or assisting a person who is not a member to represent himself or herself as a member or to perform a controlled act that the person is not authorized to perform under a health profession Act.



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

STANDARD FOR LEGISLATION, STANDARDS AND ETHICS

Date of Approval: January 14-15, 2013 (Approved by the Transitional Council)
Version: 1.0

Standard for Legislation, Standards and Ethics

R. TCMPs and R. Acs are members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario. This ensures that they have met the professional education requirements of the College and that they continue to educate themselves about practical, legal, ethical and other matters pertaining to the profession.

R. TCMPs and R. Acs must understand, and adhere to, the legislation governing the practice of the profession, the Standards of Practice set by the College, the Code of Ethics set by the College and the Bylaws.

Performance Indicators

R. TCMPs and R. Acs **must**:

- a) maintain the knowledge, skills and judgement to perform procedures undertaken in the course of practicing the profession;
- b) adhere to all relevant provincial and federal legislation and municipal law and guidelines governing the practice of the profession;
- c) adhere to the Standards of Practice set by the College;
- d) adhere to the Code of ethics;
- e) adhere to all regulations made under the Traditional Chinese Medicine Act including:
 - I. professional misconduct;
 - II. registration; and
 - III. quality assurance.



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705 - 55 Commerce Valley Drive West
Thornhill, ON L3T 7V9
Tel: (416) 238-7359 or 866 624 8483
info@ctcmpao.on.ca

www.ctcmpao.on.ca

Standard for Legislation, Standards and Ethics

Members (R. TCMPs and R. Acs) are regulated professionals of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario. This status ensures that they have met the professional education requirements of the College and mandates that they continue to educate themselves about practical, legal, ethical, and other matters pertaining to the profession.

This standard addresses the following principles:

- **Principle 1:** Members must adhere to all applicable laws and legislation governing the profession.
 - **Principle 2:** Members must comply with the College's Standards of Practice and Code of Ethics.
 - **Principle 3:** Members must maintain the necessary knowledge, skills, and judgment for practice.
-

Principle 1: Members must adhere to all applicable laws and legislation governing the profession.

Understanding and complying with the legal framework of the healthcare system is a fundamental requirement for all members to ensure public safety and lawful practice.

Applying the principle to practice

- **Legislation and Laws:** Members must adhere to all relevant provincial and federal legislation, as well as municipal laws and guidelines governing the practice of the profession.
 - **The Traditional Chinese Medicine Act:** Members must adhere strictly to all regulations made under the *Traditional Chinese Medicine Act*. This includes, but is not limited to, regulations concerning:
 - Professional misconduct
 - Registration
 - Quality assurance
-

Principle 2: Members must comply with the College's Standards of Practice and Code of Ethics.

Members must conduct their practice in accordance with the regulatory, ethical, and professional expectations established by the College.

Applying the principle to practice

- **Standards of Practice:** Members must understand and adhere to all Standards of Practice set by the College to ensure safe, effective, and consistent patient care across the province.

- **Code of Ethics:** Members must adhere to the College's Code of Ethics, ensuring that their daily practice, patient interactions, and professional decisions are guided by strong ethical principles.
-

Principle 3: Members must maintain the necessary knowledge, skills, and judgment for practice.

Being a member of a regulated health profession requires an ongoing commitment to professional competence, self-reflection, and continuous education.

Applying the principle to practice

- **Professional Competence:** Members must maintain the specific knowledge, skills, and judgment required to safely and effectively perform any procedures undertaken in the course of practicing the profession.
- **Professional Development:** Members must actively continue to educate themselves about practical, legal, ethical, and other emerging matters pertaining to the profession to ensure their practice remains current and safe.

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

Standard for Maintaining Professional Boundaries

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

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

This standard addresses the following principles:

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

Principle 2: Members must set professional boundaries with each patient. Principle 3: Members must maintain professional boundaries with their patients. Principle 4: Members must safeguard the privacy and dignity of their patients.

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

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

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

Applying the principle to practice

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

Emergencies

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

Record keeping

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

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

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

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

Applying the principle to practice

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

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

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

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

Record keeping

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

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

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

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

Applying the principle to practice

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

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

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

Record keeping

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

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

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

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

Applying the principle to practice

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

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

Record keeping

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

Learn more about the laws governing our practice:

CTCMPAO's Jurisprudence Course Handbook

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

6. Discontinuing professional services that are needed unless the discontinuation would reasonably be regarded by members as appropriate having regard to,

i. the member's reasons for discontinuing the services,

ii. the condition of the patient,

iii. the availability of alternate services, and

iv. the opportunity given to the patient to arrange alternate services before the discontinuation.

18. Acting in a professional capacity while in a conflict of interest.

48. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional.

49. Engaging in conduct that would reasonably be regarded by the profession as conduct unbecoming a practitioner of traditional Chinese medicine or acupuncture. O. Reg. 318/12, s. 1.

COUNCIL

Meeting Date:	September 16, 2026
Issue:	Standards Review – Revisions Requiring Consultation
Reported By:	Mary Kennedy, Manager, Quality Practice
Action:	For Discussion and Decision

Issue

The Quality Assurance Committee has recommended several changes to College standards as part of a broad review of College documentation.

Public Interest Rationale

Section 3 of the Health Professions Procedural Code states that it is an object of the College to develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession. The College must regularly review standards and make changes where necessary as part of our public interest mandate. Standards set out the minimum expectations in practice for all members of the profession.

Background

The Quality Assurance Committee (QAC) has conducted a review of the College's Standards of Practice. While most standards required only non-substantive formatting changes, the Standard for Fees and Billing, the Standard for Infection Control, and the Standard for Record Keeping contain substantive revisions. Under the Regulated Health Professions Act, 1991 (RHPA), these substantive changes necessitate a mandatory public consultation period before they can be formally approved.

For Discussion

1. Standard for Fees and Billing: Receipt Requirements

The QAC recommends removing the mandatory requirement for members to include the patient's address and telephone number on financial receipts.

Privacy and Risk of Harm: The Committee is concerned that if a patient loses a receipt, having their full name, address, and telephone number printed together poses an unnecessary privacy risk and could create harm.

Member Flexibility: Members may continue to include this information on receipts if they choose—especially if requested by a patient's third-party insurance company—but it will no longer be a rigid regulatory mandate.

Cross-Regulatory Alignment: A jurisdictional review reveals that most Ontario health regulatory colleges only require the patient's name on a receipt, provided full demographic details are stored securely in the clinical chart to comply with privacy laws (PHIPA).

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The College of Massage Therapists of Ontario (CMTO), College of Physiotherapists of Ontario (CPO), College of Chiropractors of Ontario (CCO), and College of Optometrists of Ontario do not require addresses on receipts.

The College of Denturists of Ontario (CDO) recently updated its Record Keeping Standard to explicitly remove the address requirement as of June 18, 2024.

Currently, only the CTCMPAO and the College of Naturopaths of Ontario (CONO) strictly require this information for fraud prevention, a stance the QAC believes is outweighed by the privacy risks.

2. Standard for Infection Control: Biohazard Waste (Principle 3)

The QAC recommends revising Principle 3 to remove the blanket mandatory requirement for members to keep biohazard waste containers in their clinics.

Practice Discrepancies: During peer and practice assessments, assessors frequently noted compliance discrepancies regarding biohazard containers. Technically, the standard waste generated in most routine TCM and acupuncture clinics does not meet the strict public health definition of "biohazardous waste."

Contextual Compliance: Rather than enforcing a blanket mandate, the QAC recommends shifting to a risk-based approach. The revised standard will require members to understand the technical definition of biohazardous waste, independently evaluate the specific waste generated in their clinic, and implement disposal processes that meet actual requirements. This aligns the College's expectations with the true hazard level of TCM practice and mirrors the approach of similar health regulatory bodies.

3. Standard for Record Keeping

Timeliness of Entries (Principle 1): The QAC recommends explicitly defining a "timely manner" for documentation. The revised standard will mandate that clinical entries be created as soon as possible following a patient visit, and no later than 24 hours post-visit.

Electronic Transfer of Records (Principle 4): The QAC recommends adding a provision that addresses modern communication, explicitly outlining the requirement to obtain patient consent before transferring a copy of their records via secured email.

Recommendation

The Quality Assurance Committee (QAC) recommends that Council approve the proposed changes to the Standard for Fees and Billing, the Standard for Infection Control, and the Standard for Record Keeping for the purpose of public consultation.

If approved, the College will circulate these draft Standards for the mandatory 60-day consultation period as required by legislation. Following the conclusion of this period, the QAC will review all submitted feedback, incorporate any necessary revisions, and present the finalized Standards to Council for formal approval at a future meeting.

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Attachments:

Agenda Item: 13.1 Infection Control. Current Format, Tracked changes.

Agenda Item 13.2 Fees and Billing. Current Format, Tracked changes.

Agenda Item 13.3 Record Keeping. Current Format, Tracked changes.

Standard for Infection Control

Members are responsible for maintaining a safe, clean work environment.

They must follow evidence-based procedures to minimize the risk of transmitting infectious agents.

Infectious agents are micro-organisms that cause infection or disease.

The four most common types of infectious agents are viruses, bacteria, fungi, and parasites.

This standard addresses the following principles:

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

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

Principle 3: Members must carry out infection control procedures.

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

Infection control procedures are the steps that healthcare workers must take to prevent infection from taking place or spreading in the healthcare setting.

Infection control procedures are based on how an infectious agent is transmitted. This includes transmission between patients, from patients to healthcare workers, and from healthcare workers to patients.

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

Applying the principle to practice

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

Record keeping

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

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

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

Applying the principle to practice

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

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

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

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

Record keeping

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

Principle 3: Members must carry out infection control procedures.

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

Applying the principle to practice

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

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

Equipment and supplies

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

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

- Members are required to evaluate their clinic operations against the definition of biohazardous waste; where such waste is generated, members must maintain a compliant waste disposal process. Biohazard waste containers

Commented [MK1]: Recommended change by QAC

Workplace training

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

Record Keeping

Members should keep a detailed inventory of infection control supplies. Infection control procedures should be easy for members and staff to access.

Learn more about infection control:

World Health Organization – Tools for Infection Control in Healthcare

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

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

Public Health Ontario – Routine Practices Fact Sheet for all Healthcare Settings
Public Health Ontario – Best Practice Guidelines for Hand Hygiene

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

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

Public Health Ontario – Best Practice Guidelines for Environmental Cleaning
Infection Prevention and Control (IPAC) Canada – Evidence-based Guidelines

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

Standard for Fees and Billing

Patients must be able to make informed decisions about the cost of their care. Fees must be reasonable, consistent, and clearly explained in advance.

Members are accountable for any fee, billing, or account that uses their name and registration number. They must employ ethical billing practices and keep thorough records.

This standard addresses the following principles:

Principle 1: Members must charge fees that are reasonable, consistent, and clearly explained.

Principle 2: Members must use ethical billing practises.

Principle 3: Members must maintain a financial record for every patient to whom a fee is charged.

Principle 1: Members must charge fees that are reasonable, consistent, and clearly explained.

Applying the principle to practice

Members must set fees and charges that are reasonable for the service provided or product sold. They must post a written fee schedule listing:

- The fee for each service provided (for example, assessment, re-assessment, treatment)
- Cost of products for sale
- Charges for administrative services (such as copying records, completing forms, preparing reports)
- Late payment or interest charges
- Charges for cancellations or missed appointments.

Before providing any service, members must ensure that the patient is fully informed of the fees.

All fees and billing records must be kept in English or French at all times.

Consistency

Members must not offer or give a reduction in fees for prompt payment.

They must not depart from their set fee schedule unless they and the patient have agreed on the reasons for doing so before providing the service. These reasons must be documented.

Fees for a package of services

Members may not charge fees for a package of services.

Principle 2: Members must use ethical billing practises.

Members are accountable for the use of their name and registration number on their Certificate of Registration.

Applying the principle to practice

Commented [MK1]: To be consistent with language legislation

Members must explain billing to their patients for procedures like paying balances owed and accepted methods of payment.

Members must have a process for regular review of fees and billing practices.

Use of registration information

Members must have processes in place to prevent the improper use of their name and registration number. If there is fraudulent use of a member's registration information, they must report it to the College, to insurers, and to other authorities as required.

Principle 3: Members must maintain a financial record for every patient to whom a fee is charged.

Applying the principle to practice

All records for fees and billing must be kept in English at all times.

Members must provide receipts that accurately reflect the service provided and/ or product sold. A record of receipts issued and payments received form the financial record. Financial records can be stored in the patient's health record, in the member's accounting records, or both. They must be kept for 10 years from the last patient visit. For patients who are minors, records must be kept for 10 years after they turn 18.

Record keeping

Members must provide receipts that contain:

- The member's registration information
- Names of others involved in the care such as staff or students
- The clinic name, address, telephone number
- The patient's full name, ~~address, and telephone number~~
- The date and duration of service
- An accurate description of the services and products provided
- The type of payment used and amount received
- Any balance on the account
- HST registration number, if applicable
- If the receipt is a duplicate, this must be marked.
- If a patient or a third-party payer, such as an insurer, requests it, members must be able to provide an itemized account of fees.

Commented [MK2]: Recommended change by QAC

Learn more about fees and billing:

Professional Misconduct Regulation of the Traditional Chinese Medicine Act, 2006

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario:

Jurisprudence Course Handbook

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario:

Standard for Record Keeping

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

18. Acting in a professional capacity while in a conflict of interest.

19. Submitting an account or charge for services that the member knows or ought to know is false or misleading.

20. Charging a fee that would be regarded by members as excessive in relation to the service provided.

21. Failing to advise a patient or a patient's authorized representative, prior to providing a service, of the fee to be charged for the service or of any penalties that will be charged for late payment of the fee.

22. Failing to itemize an account for professional products or services while practising the profession.

23. Offering or giving a reduction for prompt payment of an account.

24. Breaching, without reasonable cause, an agreement with a patient or a patient's authorized representative relating to professional services for the patient or fees for such services.

25. Failing to keep records in accordance with the standards of the profession.

26. Signing or issuing, in his or her professional capacity, a document that the member knows or ought to know contains a false or misleading statement.

Standard for Record Keeping

Keeping good records is essential to delivering safe, quality, ethical patient care. Records are evidence of professional judgement. They show that the member is accountable to patients and committed to good practice. Patients have the right to expect that their records are:

- Accurate and easy to understand
- Complete
- Private and secure.

This standard addresses the following principles:

Principle 1: Members must follow basic rules for recording and formatting patient records.

Principle 2: Members must maintain required records to support their practice. Principle 3: Members must safeguard the privacy of patient records.

Principle 4: Members must retain records for the required periods and destroy them safely.

Principle 1: Members must follow basic rules for recording and formatting patient records.

Members must manage patient records in a system that makes finding and retrieving records efficient. Patient records can be either on paper or electronic. They must be clear, legible, comprehensive, and accurate.

Applying the principle to practice

Records must be in English or French. Other languages may be used but must be translated into one of the two official languages as soon as possible after the patient visit and no longer than 24 hours after the visit in a timely manner.

Commented [MK1]: Recommended change by QAC

Members must:

- Create entries as soon as possible after the patient visit and no longer than 24 hours after the visit
- Define all short forms used
- Include a patient identifier and page number on each page of a record
- Maintain pages of a record in chronological order
- Date each entry in a consistent format
- Sign each entry, update, and correction
- Note when another person took part in the care (for instance, another person provided the treatment, made an entry, or translated).

Updating or correcting records

Members must not change the original content of an entry. They can add information to make an update or correction but must never remove information.

Principle 2: Members must maintain required records to support their practice.

Members must maintain required patient records, financial records, and records of the supplies and equipment used in their practice.

Applying the principle to practice

Patient records

Members must maintain a daily appointment record that contains the names of patients and the time and duration of each visit.

Members must maintain an individual record for each patient. The record must contain:

- A patient health summary (including contact information, health history, and current health status)
- All notes and signed documents related to informed consent
- Assessment and diagnosis information
- Treatment information (such as acupuncture points, herbal formulations, modalities)
- Progress and follow-up notes
- Referrals from and to other healthcare professionals
- Copies of reports from other healthcare professionals
- Any information on ending the patient-practitioner relationship.

Financial records

Members must keep a financial record for every patient to whom a fee is charged. This can be stored in the patient's health record, in the member's accounting records, or both.

Members must provide receipts to patients that contain:

- The member's registration information
- Names of others involved in the care such as staff or students
- The clinic name, address, and telephone number
- The patient's full name, ~~address, and telephone number~~
- The date and duration of service
- An accurate description of the services and products provided
- The type of payment used and amount received

Commented [MK2]: To be consistent with recommended changes from QAC for Standard on Fees and Billing

- Any balance on the account
- HST registration number, if applicable.

If the receipt is a duplicate, this must be marked.

If a patient or a third-party payer, such as an insurer, requests it, members must be able to provide an itemized account of fees.

Supplies and equipment

Members must keep:

- An inventory of traditional Chinese medicine herbs, including date of purchase, date of expiry, and supplier information
- An equipment inventory, including date of purchase, supplier information, and equipment maintenance such as inspection and servicing
- Records of infection control procedures, such as cleaning, disinfecting, and sterilizing.

Principle 3: Members must safeguard the privacy of patient records.

Members must comply with the laws that protect the privacy of personal and patient health information. The Personal Health Information Protection Act (PHIPA) sets out these duties.

Members have duties as either health information custodians or their agents in the practice where they work. The health information custodian is the person who has custody or control over a patient's record. An agent is a person who has been given responsibility to use a patient's record for the purposes of treatment.

Applying the principle to practice

Each patient record must identify the person in the practice who is the health information custodian. The record should also show who is an agent of the information custodian.

Members must:

- Obtain each patient's informed consent for collecting, using, and sharing personal health information.
- Store and transfer records in a secure way that prevents loss or unauthorized access.
- Respond to a patient requests to access and correct personal health information within a reasonable time.
- Ensure that those involved in taking care of patient records are trained in how to keep them private and safe.
- Have a process to detect and respond to a privacy breach.

Principle 4: Members must retain records for required periods and destroy them safely.

Members must retain patient health and financial records for 10 years from the date of the last patient visit. For patients who are minors, records must be kept for 10 years after they turn 18.

Members must retain traditional Chinese medicine herbs and equipment records for 5 years from the date of the last entry in the record.

Applying the principle to practice

Leaving a group practice

If a member leaves a group practice or the practice dissolves, members must ensure that they can still meet their professional responsibilities for the required periods. This means they must:

- Maintain the patient records they are responsible for, and
- Keep copies of the patient records or
- Ensure that they still have access to them.

Members must give notice to patients when the health information custodian changes. This could happen, for example, if a practice relocates or changes hands. Patients must have the option to

- Obtain a copy of their file or
- Consent to the transfer of a copy of their record to another health information custodian.

Members should give each patient notice personally, either during a scheduled appointment or by letter or phone call. In addition to these direct methods, the member should post notices in the clinic, on their website, and in their office voicemail message.

Destroying records

Members must destroy records in a secure manner that prevents the reconstruction of the records.

Succession planning

Members must establish a succession plan in case they are not able to retain records for reasons such as death or illness. This plan should establish who will be responsible for retaining the records until the end of the required period.

Learn more about the laws governing our practice:

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario:

Jurisprudence Course Handbook

Professional Misconduct Regulation of the Traditional Chinese Medicine Act, 2006

Information and Privacy Commissioner of Ontario: A Guide to the Personal Health Information Protection Act

Information and Privacy Commissioner of Ontario: Frequently Asked Questions: Personal Health Information Protection Act

Information and Privacy Commissioner of Ontario: How to Avoid Abandoned Records: Guidelines on the Treatment of Personal Health Information, in the Event of a Change in Practice

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario:

Written Language Policy Plan

Legislative Context

O. Reg. 318/12: Professional Misconduct, under the Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27. Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.

12. Where the member has delegated a controlled act, failing to document in the member's own records, at or before the time of delegating the controlled act, information about the delegatee's knowledge, skill and judgment concerning the performance of the delegated act.

13. Failing to document the delegation of a controlled act in the patient's health record at the time of the delegation or within a reasonable time thereafter, with the following information:

i. The date.

ii. The name of the delegatee.

iii. The controlled act that was delegated.

iv. The conditions, if any, relating to the delegation.

25. Failing to keep records in accordance with the standards of the profession.

26. Signing or issuing, in his or her professional capacity, a document that the member knows or ought to know contains a false or misleading statement.

27. Falsifying a record relating to the member's practice.

36. If the member intends to close his or her practice, failing to take reasonable steps before the practice is closed, to give appropriate notice of the intended closure to each patient for whom the member has primary responsibility and failing to,

i. ensure that each patient's records are transferred to the member's successor or to another member, if the patient so requests, or

ii. ensure that each patient's records are retained or disposed of in a secure manner.

39. Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts.

40. Contravening, by act or omission, a law if,

i. the purpose of the law is to protect or promote public health, or

ii. the contravention is relevant to the member's suitability to practise.

48. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional.

49. Engaging in conduct that would reasonably be regarded by the profession as conduct unbecoming a practitioner of traditional Chinese medicine or acupuncture. O. Reg. 318/12, s. 1.

COUNCIL

Meeting Date:	September 16, 2026
Issue:	Safety and Jurisprudence Handbook Review Process
Reported By:	Mary Kennedy, Manager, Quality Practice
Action:	For Discussion

Issue

The College's [Safety Program Handbook](#) and [Jurisprudence Course Handbook](#) require updates. As these documents are used across departments for various reasons, Council is being asked to confirm a review process before work begins.

Public Interest Rationale

The Safety and Jurisprudence handbooks important references for members to use throughout their practice. Keeping these documents up to date is necessary for public safety as it ensures members have access to current information regarding safety and jurisprudence.

Background

As the next phase of preparation for the member Learning Hub, the Quality Assurance Committee (QAC) is initiating a comprehensive review of two College documents: the Safety Program Handbook for Traditional Chinese Medicine Practitioners and Acupuncturists and the Jurisprudence Course Handbook. This review ensures these resources remain accurate, legally sound, and fully aligned with the Standards of Practice.

For Discussion

The QAC will convene for an in-person working session on October 8, 2026, to conduct a detailed review of the handbooks. During this meeting, the Committee will evaluate several critical inputs to formulate recommended changes for Council. The review will include:

- Recommendations and real-world clinical feedback provided by Peer Assessors.
- Updated health, safety, and infection control directives from Peel Region Public Health.
- Document revisions and regulatory benchmarking from other colleges regulating TCM and related cross-regulatory groups.
- A cross-reference audit to ensure strict congruency between the handbooks and the newly updated provisions within the Standards of Practice.

Next Steps & Timeline

To ensure Council has ample opportunity to review the proposed updates before formal approval, the QAC has established the following timeline:

- October 8, 2026: QAC holds an in-person working session to review the external feedback, assess document congruency, and draft recommended changes.



COUNCIL

- Mid-October to November: QAC will circulate the drafted recommendations to Council via email, asking for preliminary feedback and review.
- November 19, 2026: QAC will hold a business meeting to discuss the emailed feedback received from Council and finalize the recommendations.
- December 3, 2026: The final recommendations for the Safety Program Handbook and Jurisprudence Course Handbook will be presented at the Council meeting for formal review and approval.

Meeting Date:	September 16, 2026
Issue:	Risk Management Plan
Reported By:	Sean Cassman
Action:	Information

Issue

The College is in the process of updating Council on the current risk management plan, which includes a high-level look at the risks facing the College.

Public Interest Rationale

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

Changes to Risk Register

No changes to the risk register have been made for this quarter. Updates to the risk review process are ongoing.

Next Steps

Staff will continue to work with the Executive Committee on the risk management plan and will provide a more fulsome update at a later meeting.

Encl.: Risk Register Summary

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

Risk Management Vision

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

Stakeholder Roles and Responsibilities

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



Risk Management Process and Activities

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

Risk Analysis Matrix

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

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

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

Types of Risk Identified:

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



Risk Occurrence Matrix

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

Risk Rating	Risk Priority	Description
1-4	L	Low Risk: May require consideration in any future changes to the work area or processes, or can be fixed immediately
5-9	M	Medium Risk: May require corrective action, planning and budgeting process



10-16	H	High Risk: Requires immediate corrective action
20-25	E	Extreme Risk: Requires immediate prohibition of the work, process and immediate corrective action

Risk Assessment

This step involved analysing the likelihood and consequences of each identified risk using the measures provided in the table above. The College considers two types of risk:

- Inherent risk – represents the current level risk that exists given the existing set of controls.
- Residual risk – represents the amount of risk that remains after additional controls are in place.

The staff looked at the existing controls for each risk and identified what we would do to control the risk. Then, using the chart, they rated the effectiveness of existing controls in preventing the risk from happening or minimising its impact should it occur.

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



Risk Register Summary

Risk		Risk Assessment		Risk Outlook	Notes
Category	Risk Description	Previous Quarter	Current		
Governance	Not reaching quorum to constitute a Committee or Council becoming unconstituted				Risk decreased
Governance	Council/Committees operating outside of mandate or becoming involved with operational matters				Risk decreased
Governance	Council/Committees not adhering to Code of Conduct, Conflict of interest, bylaws and other Council policies				Risk decreased
Governance	Retention of current Council and Committee members				Risk decreased
Loss of Confidence in CTCMPAO	Applicant/member disengagement				Risk decreased
Loss of Confidence in CTCMPAO	Perception of College as not being transparent and/or fair				Risk decreased
Loss of Confidence in CTCMPAO	Insufficient support to external stakeholders				
Financial	Insufficient financial resources impacting the ability of the College to meet its mandate				
Financial	Poor financial management resulting in the College meeting its strategic initiatives				
Financial	Risk of fraud and/or theft				
Information Management	Information and computer systems are compromised				
Information Management	Improper handling of digital data				
Information Management	Breach of confidentiality				
Information Management	Unintended destruction or loss of records				
Facility/Site Safety and Security	Permanent damage to equipment and/or furnishings				
Facility/Site Safety and Security	Computers, servers and other items of value are stolen				
Human Resources	Disruption in work due to unexpected employee absence and/or resignation				



Human Resources	Interpersonal conflicts				
Statutory Obligations (Patient Relations)	College is not taking appropriate measures to keep client/patients safe from sexual abuse				
Statutory Obligations (Registration)	Mitigating lack of oversight in TCM education				
Statutory Obligations (Registration)	College's registration process is not transparent, objective, impartial, and fair				
Statutory Obligations (QA)	QA Program is not effective for maintaining the continuing competency of members				
Statutory Obligations (All Departments)	Lack of tools helping members in understanding and meeting their statutory obligations				
Statutory Obligations (ICRC)	Complaints received are not resolved in a timely manner and/or backlog of Registrar's reports				
Statutory Obligations (ICRC/Discipline)	Fairness to member who receives a complaint or is going through discipline				
Statutory Obligations (CPMF)	Demonstrate to the Ministry that College is meeting statutory obligations in a clear and transparent way				
Exam	Exam security is breached				
Exam	Validity of the administration of the exam sitting is challenged				
Exam	Validity of examination is challenged				

Council Meeting Survey for June 10th, 2026

Survey Details

Open Date: 6/10/2026 9:30 AM EDT

Close Date: 6/30/2026 5:30 PM EDT

Survey Results

Questions 1. Were you able to navigate the web applications used in the meeting to access the material and the virtual meeting without difficulty? (OnBoard & Teams)

Graphical Results

Selection	Percent	Count
Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	 50%	2
Strongly Agree	 50%	2
		Total 4

Question 2. Was the agenda laid out so you felt the flow of the meeting was efficient?

Graphical Results

Selection	Percent	Count
Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	 25%	1
Strongly Agree	 75%	3
		Total 4

Question 3. Were the key agenda items clear and well communicated?

Graphical Results

Selection	Percent	Count
Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	 25%	1
Strongly Agree	 75%	3
Total 4		

Question 4. Were the discussions able to lead you to a clear understanding and an actionable outcome?

Graphical Results

Selection	Percent	Count
Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	 75%	3
Strongly Agree	 25%	1
Total 4		

Question 5. Were the topics discussed in a way that prioritized the interest of the public?

Graphical Results

Selection	Percent	Count
Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	 50%	2
Strongly Agree	 50%	2
Total 4		

Question 6. Were you comfortable with the level of inclusivity and collaboration during the meeting?

Graphical Results

Selection	Percent	Count
Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	 75%	3
Strongly Agree	 25%	1
		Total 4

Question 7. Do you feel at ease contacting the College staff should you have any difficulties with the meeting material, the meeting applications or any other concerns you may have?

Graphical Results

Selection	Percent	Count
Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	 25%	1
Strongly Agree	 75%	3
		Total 4

Question 8. CTCMPAO values your opinion and we are always looking to make improvements and if would you like to comment on any part of the meeting or make a suggestion please leave a write in comment here.

	I was most interested in learning about the terminology "dry needling" compared to "acupuncture". From Google: While both dry needling and acupuncture use thin, solid filament needles, they differ completely in their underlying philosophy, technique, and scope. In Ontario, dry needling focuses strictly on releasing muscle trigger points to reduce pain, while acupuncture follows Traditional Chinese Medicine (TCM) to balance energy flow and treat holistic health concerns. With the limited educational courses and time involved to qualify other Regulated Health Colleges to offer "acupuncture", why hasn't the MOH not mandated the correct terminology usage of offering 'dry needling' for the processes that are done? Is this something CTCMPAO can use to identify its specialized practices?
	It was nice to attend the meeting in person. The prepared lunch was exceptional. Members might need encouragement to make sure they are speaking close enough to the microphones for everyone to hear. We could hear the remote attendees well, but the in person speakers were occasionally a little difficult to hear. Thank you for hosting us.

Graphical Results

Selection	Percent	Count
Write-In	 100%	3
		Total 3