



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

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

# Council Meeting

**Wednesday, March 19, 2025**



***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

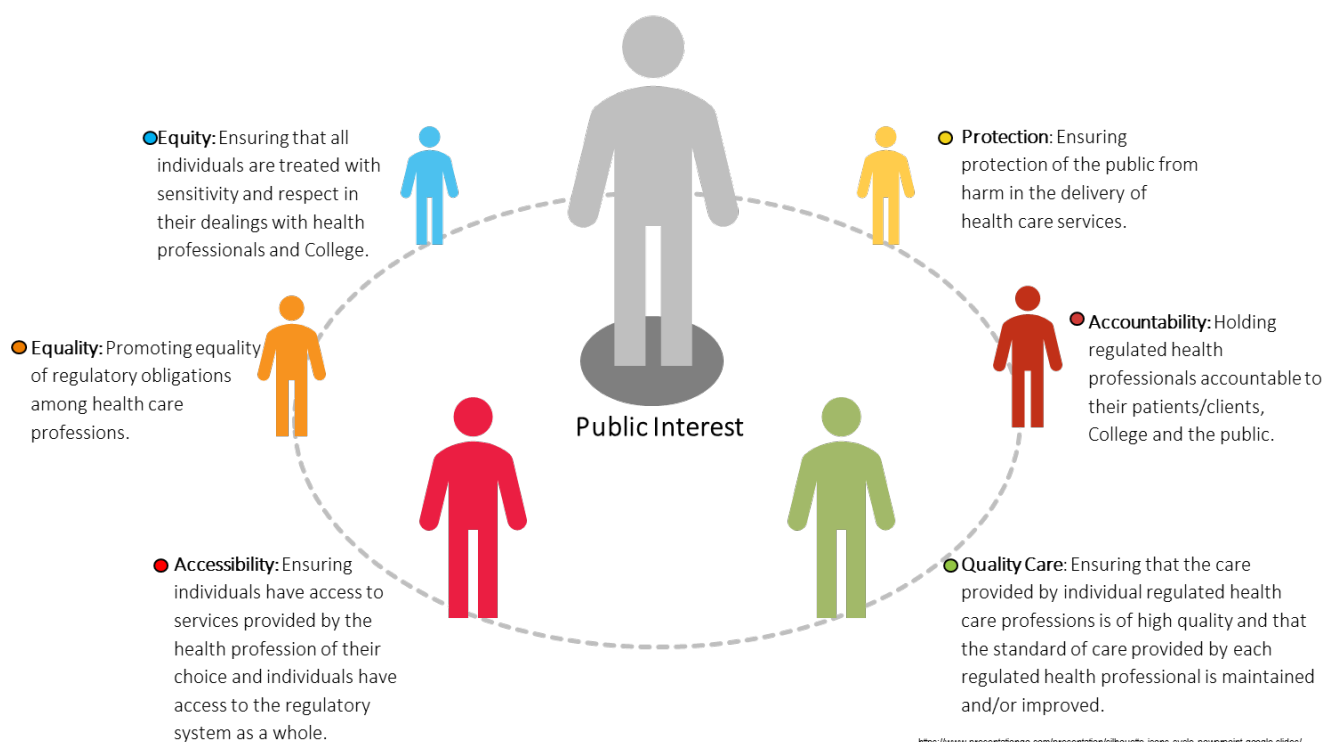
- Acknowledge the limitation of one's knowledge, skills and judgment;
- State one's qualification and experience honestly and fairly;
- Continually upgrade one's knowledge, skills and judgment to improve one's services to patients;
- Respect other health professionals and members of the TCM profession;
- 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

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



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

### AGENDA

Council Meeting

**Wednesday, March 19, 2025**

9:00 a.m. – 5:00 p.m. Virtual

via Teams Meeting

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
<b>1. Welcome and Call to Order</b> a. Declarations of Conflicts of Interest b. Briefing on Meeting Procedure	Open Session	9:00 a.m. (5 min.)	D. Worrad <i>Chair</i>	Information	
<b>2. Adoption of the Agenda</b>	Open Session	9:05 a.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	Section 2
<b>3. Consent Agenda</b> a. Draft Minutes of December 5, 2024, Council Meeting b. Executive Committee Report c. Registration Committee Report d. Inquiries, Complaints and Reports Committee Report e. Quality Assurance Committee Report f. Patient Relations Committee Report g. Discipline Committee Report h. Fitness to Practise Committee Report i. Dr. Title Working Group Report j. Acupuncture Working Group k. Nominations Committee  A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda.  As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda.  <b>However, if a person wishes</b> to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.	Open Session	9:10 a.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	Section 3

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
4. President's Remarks	Open Session	9:15 a.m. (10 mins.)	J. Pritchard-Sobhani <i>President</i>	Information	Verbal Report
5. Registrar's Report	Open Session	9:25 a.m. (10 mins.)	S. Cassman <i>Registrar &amp; CEO</i>	Information	Verbal Report
6. Finance – 3 <sup>rd</sup> Quarter Statement of Operations	Open Session	9:35 a.m. (10 mins.)	F. Ortale <i>Director of IT, Finance &amp; Corporate Services</i>	Information	Section 6
7. Finance – Operating Budget Fiscal Year 2025-26	Open Session	9:45 a.m. (30 mins.)	F. Ortale <i>Director of IT, Finance &amp; Corporate Services</i>	Motion	Section 7
<b>BREAK</b>		10:15a.m. (15 mins.)			
8. Governance Review	Open Session	10:30 a.m. (120 mins.)	S. Cassman, <i>Registrar &amp; CEO</i>	Motion	Section 8
<b>LUNCH</b>		12:30 p.m. (60 min.)			
<b>MOVE TO "IN-CAMERA"</b>		1:30 p.m. (2 mins)		Motion	
9. Closed Item	Session	1:32 p.m. (3 mins)			Section 9
10. Closed Item	Closed Session	1:35 p.m. (30 mins)			Section 10
<b>MOVE OUT OF "IN-CAMERA"</b>		2:05 p.m.		Motion	
11. College Performance Measurement Framework Approval	Open Session	2:05 pm (20 mins)	S. Cassman <i>Registrar &amp; CEO</i>	Discussion	Section 11
12. Update on Doctor Title Next Steps and Approval	Open Session	2:25 p.m. (45 mins)	S. Cassman <i>Registrar &amp; CEO</i>	Motion	Section 12
<b>BREAK</b>		3:10 p.m. (10 mins)			
13. QA Program Update a. Aligning QA Program dates with Registration year b. CPD Completion Cycle c. Targeted Self-Assessment Tool 2025 d. Learning Hub	Open Session	3:20 p.m. (60 mins)	C. Lang <i>QA Committee Chair</i>  M. Kennedy <i>Manager of Quality Practice</i>	Motion	Section 13

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
<b>14. Elections</b> a. Election of District 4 and 5	Open Session	4:20 p.m. (15 mins)	S. Cassman <i>Registrar &amp; CEO</i>	Motion	Section 14
<b>15. Risk Management Report</b>	Open Session	4:35 p.m. (10 mins.)	S. Cassman <i>Registrar &amp; CEO</i>	Information	Section 15
<b>16. Other Business</b>	Open Session	4:45 p.m. (5 mins.)	S. Cassman <i>Registrar &amp; CEO</i>	Information	Section 16
<b>17. December 5, 2024, Meeting Evaluation Review</b>	Open Session	4:50 p.m. (5 mins.)	D. Worrada <i>Chair</i>	Information	Section 17
<b>18. Next Meeting Dates and Meeting Effectiveness Survey</b>	Open Session	4:55 p.m. (5 mins.)	D. Worrada <i>Chair</i>	Information	Section 18
<b>19. Adjournment</b>	Open Session	5:00 p.m.	D. Worrada <i>Chair</i>	Motion	

**FOR INFORMATION**

Grey Areas – Please see Council Resource Folder in OnBoard





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

**CONSENT AGENDA**

Council Meeting

**Wednesday, March 19, 2025**

9:00 a.m. – 4:55 p.m.

Virtual via Teams Meeting

Item	Open/ In-Camera	Time	Speaker	Action	Page No.
<b>1. Consent Agenda</b> a) Draft Minutes of December 5, 2024 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 <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> <b>However, if a person wishes</b> to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.	Open Session	9:20 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion	Page 2 Page 16 Page 17 Page 21 Page 23 Page 25 Page 26 Page 28 Page 29 Page 30 Page 31

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

**MEETING OF COUNCIL**

**MINUTES**

December 5, 2024 from 9:01 a.m. to 3:28 p.m.  
Via Webex

**IN ATTENDANCE**

**External Chair**

Deborah Worrall (out from 9:08 a.m. to 9:09 a.m.)

**Council**

Kimberley Bishop	Public Member (9:50 a.m. to 11:00 a.m.)
Meiying Chen	Professional Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Kathy Feng	Professional Member
Kevin Ho	Public Member
Terry Hui	Professional Member
Fanny Ip	Professional Member
Christine Lang	Professional Member
Deborah Sinnatamby	Public Member (out from 10:35 a.m. to 11:00 a.m.)
Joanne Pritchard-Sobhani	Professional Member / President
Xianmin Yu	Professional Member / Vice-President
Jin Qi (Jackie) Zeng	Professional Member

**Staff**

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

**Observers**

Karina Ferrante (MOH)  
Pierre Chen  
Nathalie Xian Yi Yan

***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***  
December 5, 2024

## 1. WELCOME AND CALL TO ORDER

After calling the meeting to order at 9:01 a.m., Ms. Worrad welcomed participants to the December 5, 2024 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. Worrad 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. Worrad provided an overview of the meeting procedure.

## 4. APPOINTMENT OF EXTERNAL CHAIR

*Ms. Worrad left the meeting at 9:08 a.m., and re-joined at 9:09 a.m.*

Ms. Pritchard-Sobhani introduced the appointment, noting the positive feedback outlined in the surveys.

Ms. Worrad was appointed as the external chair until December 2025.

**MOTION:** T. Hui - I. Choudry

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appoint Deborah Worrad as the external Chair for Council meetings until December 2025.*

CARRIED

## 5. ADOPTION OF THE AGENDA

The agenda of the December 5, 2024 meeting of Council was adopted as presented.

**Council Meeting**

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

December 5, 2024

**MOTION:** C. Lang - T. Hui

*THAT the Agenda of the December 5, 2024 Meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario be adopted as presented.*

CARRIED

**5. CONSENT AGENDA**

- a) Draft Minutes of September 18, 2024 Council Meeting
- b) Executive Committee Report
- c) Registration Committee Report
- d) Inquiries, Complaints and Reports Committee Report
- e) Quality Assurance Committee Report
- f) Patient Relations Committee Report
- g) Discipline Committee Report
- h) Fitness to Practise Committee Report
- i) Dr. Title Working Group Report
- j) Acupuncture Working Group Report

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

The following amendments were made:

*Draft Minutes of September 18, 2024 Council Meeting*

Page 12: Council Third-Party Governance Review

Amendment: "This approach will be presented to Council in ~~September~~." **December.**

*Acupuncture Standard Ad Hoc Committee Report*

*Doctor Title Working Group Report*

It was agreed that there is no need for a differentiation between professional and non-Council members in the meeting material.

As the agenda items remained the same, the consent agenda of the December 5, 2024 Council Meeting was approved as presented.

**MOTION:** J. Cohen - I. Choudry

*THAT the Consent Agenda of the December 5, 2024 Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as presented.*

CARRIED

**Council Meeting**

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

December 5, 2024



## 7. PRESIDENT'S REMARKS

The President welcomed all participants to the meeting. Congratulations were extended to Mr. Hui and Ms. Feng who were re-elected for second terms and Ms. Ip, who was elected for her first term, and has been a non-Council member since 2018.

Thanks were also extended to non-Council members, and public members. The work of Committees, Council and staff in various projects, in consideration of governance and right touch regulation, was also acknowledged.

The President gave an update of current initiatives, such as completion of Phase 2 of the Doctor class, work on succession planning, as well as changes to the Bylaws to reflect the roles of the Registrar/CEO, and Deputy Registrar.

In addition, the Ministry of Health is currently reviewing the Provisional class registration. There have been governance changes at CARB, which will improve delivery of the Pan-Canadian exam.

Note was also taken of the efforts of the College's registrants to continue safeguarding TCM practice in the interests of the public, as well several TCM groups and associations' intervention in Health Canada's proposed changes to natural health products.

The President concluded by noting that the College is on track to become a leader amongst other health regulatory colleges.

Mr. Cassman, Council, staff and volunteers were thanked for their trust, and efforts to help the College fulfil its strategic initiatives and to increase public confidence.

## 8. REGISTRAR'S REPORT

8.1 CARB Memo re: PCE Changes

8.2 City of Markham Update

The Registrar greeted Council, staff, as well as observers, thanking them for their work in regulation in the public interest.

Mr. Cassman provided the following updates:

- The College recently passed a milestone with 3,000 registrants.
- Feedback has been received from the Ministry regarding the Doctor Title. This will be reviewed at an upcoming Working Group meeting.
- The School approval project is at the stage of obtaining feedback from schools.
- Continuous quality improvement will be discussed with schools. The QAC is also

***Council Meeting***

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

December 5, 2024

improving its processes to enable more assessments and better use of peer assessors, with the creation of tools to help members improve their self-assessments.

- In changes to the renewal process, members will be asked to provide an estimated total of patient visits over a three year period. This will provide data for various uses in the College.
- In a bid to increase awareness of the College and its work in the public interest, the College has met with representatives from the Ministry of Citizenship and Multiculturalism, as well as the Ministry of Municipal Affairs and Housing.
- Members will be appointed to the Nominations Committee for the first time, which will allow the College to implement the Council competency framework for the next election.

### **8.1 CARB Memo re: PCE Changes**

An overview was provided of changes at CARB, which aim to improve delivery of the Pan-Canadian examination. These include reorganization of CARB's committees to ensure coordinated and streamlined operations.

The entire process of reviewing the examination will now be under the oversight of the Steering Committee. Subject matters experts will be responsible to this committee, and will be rotated so that the exam is not exposed. This will also allow for savings in the process.

### **8.2 City of Markham Update**

An update was provided on the City of Markham's requirement for registrants who work in the City of Markham to obtain a business license.

The City does not intend to regulate practitioners and has stated that the license would only apply to practitioners with a physical location. However, the designation of personal service shop will be used. This will affect the public's perceptions regarding registrants who are providing health care services.

Mr. Cassman proposed a joint response to the City with the College of Massage Therapists, as their registrants are also affected. An update on this item will be brought back to Council.

Council members and staff were thanked for their hard work and their continued support and dedication.

## 9. COUNCIL UPDATE

Congratulations were extended to both Mr. Hui and Ms. Feng who were re-elected to their seats, and to Ms. Ip who was elected as a new Professional member.

*Ms. Bishop joined the meeting at 9:50 a.m.*

## 10. ELECTION PROCESS OVERVIEW

Ms. Worrad provided an overview of the process for election of officers (President, Vice-President and Executive Committee members). As there were 13 Council members present, majority was calculated as seven members.

### a) Appointment of Returning Officers

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

**MOTION:** T. Hui - J. Pritchard-Sobhani

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

CARRIED

## 11. ELECTION: PRESIDENT

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

The nominee for President was:

1. Joanne Pritchard-Sobhani, Professional Member

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

Ms. Pritchard-Sobhani was acclaimed as President of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario. Council was thanked for their support.

## 12. ELECTION: VICE-PRESIDENT

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

The nominee for Vice-President was:

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1. Xianmin Yu, Professional Member

Mr. Yu agreed to stand for election and was acclaimed as Vice-President. He thanked Council for their support.

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

#### **PUBLIC MEMBERS**

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

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

The nominees for Public Members to the Executive Committee were:

1. Iftikhar Choudry, Public Member
2. Judy Cohen, Public Member
3. Deborah Sinnatamby, Public Member

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

**First election:** According to the Bylaws, Ms. Cohen received more than 50% of the votes and was elected to the Executive Committee of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

**Second election:** According to the Bylaws, Ms. Sinnatamby received more than 50% of the votes and was hereby elected to the Executive Committee of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

#### **PROFESSIONAL MEMBERS**

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

The nominees for Executive Committee were:

1. Christine Lang, Professional Member
2. Jin Qi Zeng, Professional Member

Both candidates agreed to let their names stand for election. Each candidate gave an overview of their past and current TCM experience, as well as their professional experience.

12 responses were received to the voting survey. The Council agreed to reveal the

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results, as the missing vote would not change the outcome of who won the majority.

*Ms. Sinnatamby left the meeting after voting from 10:35 a.m. to 11:00 a.m.*

**Result:** In accordance with the Bylaws, Ms. Zeng received more than 50% of the votes and was elected to the Executive Committee of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

*The Executive Committee for 2025 comprises:*

President: Joanne Pritchard-Sobhani

Vice-President: Xianmin Yu

Public and Professional Members: Judy Cohen, Deborah Sinnatamby, Jackie Zeng

**MOTION:** K. Ho – K. Feng

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

CARRIED

#### **14. EXECUTIVE COMMITTEE MEETING**

The minutes of the Executive Committee meeting are recorded separately.

#### **15. COMMITTEE APPOINTMENTS**

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

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

*2025 Registration Committee Members:* K. Bishop, J. Cohen, K. Ho, T. Hui, F. Ip, J. Pritchard-Sobhani, X. Yu

*Non-Council Members:* M. Cha, B. Cheung, A. Yokokawa

*2025 Quality Assurance Committee Members:* K. Bishop, M. Chen, I. Choudry, K. Feng, K. Ho, T. Hui, C. Lang, J. Zeng

*Non-Council Member:* E. Cho

*2025 Inquiries, Complaints, Reports Committee Members:* K. Bishop, M. Chen, I. Choudry, J. Cohen, K. Feng, K. Ho, C. Lang, F. Ip, D. Sinnatamby, J. Zeng, X. Yu

*Non-Council Members:* M. Colavecchia, M. Hon, H. Liu

*2025 Patient Relations Committee Members:* M. Chen, I. Choudry, J. Cohen, D. Sinnatamby

*Non-Council Members:* N. Thadani, A. Yokokawa

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*2025 Nominations Committee:* I. Choudry, T. Hui, C. Lang, K. Ho, D. Sinnatamby

*2025 Discipline Committee*

All Council members, as well as E. Cho, M. Colavecchia, H. Liu, and A. Yokokawa

*Fitness to Practice Committee*

All Council members

**MOTION:** F. Ip - M. Chen

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approves the composition of committees for the year of 2025.*

CARRIED

## **16. FINANCE**

Mr. Ortale provided an overview of second quarter expenses for the 2024-2025 fiscal year.

Cash: The College's cash position as of September 30 is approximately \$8.3 million.

Revenue:

- The College's revenue is at \$4.5 million, or 89.87% of the projected revenue. The bulk of the revenue comes from renewal fees at 97.75% or \$3.5 million. New registration is 86.14%, or 150 candidates.
- Administration fees amount to 81%.
- The Pan-Canadian exam is over budget at 103.44%. This figure includes the application fee.
- Other fees include the Safety and Jurisprudence exams, which are 71.95% over the projection and represent 150 candidates each.
- Other income is at 76.25%. Most is bank interest, with \$4,000 from cost orders.
- The government funds represent the amount expected based on the estimated budget. However, there is no information on how to proceed, as funds have not yet been received.

Expenses:

- Overall, expenses are under budget at 38.51%. All other components, including Council and committees are on target or below budget.

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- The exception are the fees for expert consultations are at 185.67%. These include fees for the Executive search firm, between March and August, the previous Registrar outplacement firm, and mentorship for the interim Registrar. These expenses are a one-time cost and were not included in the original budget.
- Operating expenses are below budget at 24.19%, with subscriptions and conferences over budget.

The College currently has a net income of \$2.4 million.

## 17. GOVERNANCE REVIEW CONSULTANT

Mr. Cassman reported that as part of the CPMF requirements, the College is required to conduct a Council effectiveness review every three years. The last review had occurred in 2021.

It was emphasized that a decision would be needed at the day's meeting to meet the deadline set by the government.

Four companies were presented. Three of the companies provided similar deliverables within a comparable price range. One of the firms, the Regulator's Practice, had previously worked with the College on Council self-assessments. The fourth firm was not considered due to insufficient information.

Satori Consulting listed additional services, such as Committee reports and licensing tools. While helpful, the main object is Council effectiveness.

Council members were encouraged to review the firms in terms of how Council is performing, the effectiveness of its governance structure, and if the College is meeting its strategic plan goals. In addition, Council was encouraged to consider how the views of the firm regarding regulation may affect their decision making.

Satori Consulting was selected due to its positive reputation with regulators, as well as the outline of deliverables. The Council also relied on the President's and Registrar's advice and knowledge of which firm would be best to evaluate governance.

Mr. Cassman will also negotiate costs with Satori Consulting.

**MOTION:** T. Hui - K. Ho

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario selects Satori Consulting for the upcoming Council Effectiveness Review.*

CARRIED

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## 18. MOVING IN-CAMERA

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

*THAT, in accordance with Sections 7. (2)b and e of the Health Professions Procedural Code, the meeting will now move in-camera at 1:12 p.m.*

CARRIED

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

## 23. MOVING OUT OF CAMERA

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

**MOTION:** K. Ho - T. Hui

*THAT the meeting be moved out of camera at 2:36 p.m.*

CARRIED

## 24. SUCCESSION PLANNING

24.1 By-Law Updates

24.2 Succession Planning Policy

Mr. Cassman informed Council that a policy will be created to guide Council through any gaps in the Registrar position.

The policy will provide guidance on how to appoint a Deputy Registrar, Acting Registrar or new Registrar. It will also outline the Registrar search process in case a full search is needed, and develop internal resources.

**MOTION:** J. Cohen - I. Choudry

*THAT the By-Law amendments set out in the meeting are approved and implemented by Council as presented.*

CARRIED

a) Bylaw updates

The President presented the issue of continuity in leadership roles on Council.

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It was recommended to establish an advisory role to the Executive Committee, in which the immediate past president would serve as an advisor to the Council, if the current President's term on Council ends and they can no longer be president.

This would be a non-voting role and would provide advice to the Executive Committee where needed. The role was also recommended, as once the President has left Council, to protect confidentiality, they would no longer be able to communicate with Council.

The Registrar's duties have also been updated in the Bylaws. This provides a more fulsome description of the role, and ensures that the information is not lost.

The appointment of the immediate past president is an option, covered in the use of the word "may." It was also noted that an immediate past President would have more current knowledge.

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

*THAT the By-Law amendments set out in the meeting are approved and implemented by Council as presented.*

CARRIED

b) Mr. Chu's appointment as Deputy Registrar

The in-camera motion to appoint Mr. Chu as Deputy Registrar was moved in the public session.

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

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve Ryan Chu as the new CTCMPO Deputy Registrar.*

CARRIED

## **25. INACTIVE CLASS REGISTRATION POLICY AMENDMENT**

Ms. Nghiem provided an overview of the consultation for the policy, which had been previously discussed by Council and had been circulated for 30 days. The next step is for final approval of the policy amendments.

Mr. Cassman reported that the comments will be brought back to the Registration Committee for further discussion.

**MOTION:** K. Feng - T. Hui

*THAT the Inactive Class Policy set out in the meeting is approved as*

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*presented.*

CARRIED

## **26. RISK MANAGEMENT REPORT**

Mr. Cassman referred Council members to the condensed risk management report. The full report will be presented to Council once a year.

Future plans include more objectivity in terms of how risk is approached, by using a risk assessment checklist.

It was also noted that risk management is both an operational and Council matter. While staff manage the risks, Council provides oversight by being aware, and by supporting staff.

## **27. OTHER BUSINESS**

Voting for the Chairs of the Discipline and Fitness to Practice Committees was held after the Council meeting was adjourned.

## **28. SEPTEMBER 18, 2024 MEETING EVALUATION REVIEW**

An overview was provided of the results of the review.

Council was thanked for the comments, which help to improve the governance process.

## **29. NEXT MEETING DATES AND MEETING EFFECTIVENESS SURVEY**

The 2025 meeting dates for Council are as follows:

**Council Meetings:** March 19, June 11, September 17, and December 3 & 4

**Executive Committee Meetings:** January 22, February 26, May 14, August 13, and November 5

Council members were encouraged to complete the effectiveness survey.

## **30. ADJOURNMENT**

The meeting was adjourned at 3:28 p.m.

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**MOTION:** T. Hui - J. Pritchard-Sobhani

*THAT the meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of December 5, 2024 be adjourned until the next meeting or at the call of the President.*

CARRIED





**FOR:** Information

**SUBJECT:** Executive Committee Report

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### **Executive Committee Members**

Joanne Pritchard-Sobhani	Professional Member/President
Xianmin Yu	Professional Member/Vice-President
Judy Cohen	Public Member
Deborah Sinnatamby	Public Member
Jin Qi (Jackie) Zeng	Professional Member

Since the last Council meeting held on December 5<sup>th</sup>, 2024, the Executive Committee met on January 22<sup>nd</sup>, 2025, and February 26<sup>th</sup>, 2025.

### **FOR INFORMATION**

#### **1) Composition of the Committees for 2025**

The Executive Committee submitted the composition of the Registration Committee, Quality Assurance, ICRC, Patient Relations Committee, and Nominations Committee to Council for approval. In addition the entire Council was assigned to the Discipline Committee and Fitness to Practice Committee for 2025.

#### **2) Finance Update Q3 and Draft Budget for 2025-26**

The Financial Statements for the 3<sup>rd</sup> quarter and the 2025-26 Draft Budget were presented to the Executive Committee by the College. The Committee had the opportunity to ask questions regarding several aspects of the report prior to it being submitted to Council for review and approval.

#### **3) Procedure for the Registrar & CEO's Performance Review**

At its January 22, 2025, meeting, the Executive committee received an overview and instructions on how to complete and submit the Registrar & CEO's 2024 Performance review. At its February 26, 2025, meeting, the Executive Committee discussed the submissions from Committee members, senior staff, and the Registrar. The Executive Committee expects the review process to be completed prior to the start of the new fiscal year.

*This report is current as of March 3, 2025, in anticipation of the Council meeting scheduled for March 19, 2025.*



**FOR:** Information

**SUBJECT:** Registration Committee Report

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### Registration Committee Members

Terry Hui (Chair)	Professional Member
Iftikhar Choudry – Until December 2024	Public Member
Judy Cohen – as of December 2024	Public Member
Kevin Ho	Public Member
Kimberley Bishop	Public Member
Akari Yokokawa (Non-Council)	Professional Member
Brendan Cheung (Non-Council)	Professional Member
Fanny Ip – as of December 2024	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Ming C. Cha (Non-Council)	Professional Member
Xianmin Yu	Professional Member

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

- November 28, 2024 - RC and Panel 2 Meeting
- January 23, 2025 – RC and Panel Meeting
- February 27, 2025 – Panel 1 Meeting

All meetings were held via Teams.

*This report is current to February 27, 2025, unless otherwise noted, in anticipation of the Council meeting scheduled for March 19, 2025.*

## FOR INFORMATION

### 1. PAN-CANADIAN EXAMINATIONS

#### Fall 2024 Pan Canadian Examination

The examinations were held on the following dates:

- Traditional Chinese Medicine Practitioners examination - October 3 and 4, 2024
- Acupuncturists examination - October 23 and 24, 2024.

A total of 239 Ontario candidates wrote the exams. The table below illustrates the number of candidates and pass rates for each exam, for both Ontario and nationally.



The result of one acupuncture candidate has been nullified, as it met the criteria outlined in CARB's Appeals Policy, and was not counted as an attempt.

Fall 2024 PCE Results				
	Ontario		National	
	Candidates	Passing rate	Candidates	Passing Rate
R. TCMP Examination	70	76%	83	71%
R. Ac Examination	168	83%	331	86%

### Spring 2025 Pan Canadian Examinations

The next examinations will be held on the following dates:

- TCM Practitioners examination – April 28 and 29, 2025
- Acupuncturists examination – May 1 and 2, 2025

The application was available on the College website starting on December 2, 2024, and the deadline to submit was on January 15, 2025. The examinations are scheduled to take place in person at venues across Canada.

The College received a total of 228 online applications for the Spring 2025 administration. After reviewing the applications, 219 candidates were deemed to be eligible to write the examinations this Spring; this includes 146 candidates for the Acupuncturists examination and 73 candidates for the Practitioners examination. Also of note, a total of 79 candidates have opted to write Chinese-language examinations.

<b>Application for Pan-Canadian Exam R. Ac</b>	<b>146</b>
English	97
Simplified Chinese	45
Traditional Chinese	4
<b>Application for Pan-Canadian Exam R. TCMP</b>	<b>73</b>
English	43
Simplified Chinese	27
Traditional Chinese	3
<b>Grand Total</b>	<b>219</b>

## 2. ANNUAL RENEWAL

The College opened the renewal application on February 1, 2025. Members registered in the General, Student, or Inactive Class are required to renew their registration by March 31, 2025.

As of February 27, 2025, 802 members have successfully renewed their 2025-2026 registration with the College.



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

Currently, there is one appeal to the Health Professionals Appeal and Review Board in progress.

### 4. QUARTERLY REGISTRATION STATISTICS FOR MOH

The Q3 report required by the Ministry, with data about application processing times, was submitted on time and has been acknowledged by MOH.

### 5. OFFICE OF THE FAIRNESS COMMISSIONER

All health professional regulators are required to submit a report to the OFC each calendar year with statistics about applicants and members, and information on registration processes. Staff are compiling the necessary details and will submit the report by the March 31, 2025, deadline.

### 6. REGISTRATION COMMITTEE PANEL UPDATES (From November 14, 2024, to February 27, 2025)

	Decisions made by the Registration Committee				
	Approved	Approved with TCLs	Request for More Info	Rejected	Total
Fourth Exam Attempt Proposal	2	0	0	0	2
General Class application	1	2	0	0	3
TCL Variation	0	0	0	0	0
Title Variation	0	0	0	0	0
Transfer from Inactive Class	1	1	0	0	2
<b>Totals</b>	4	3	0	0	7

The Registration Committee Panel reviewed 1 case at the November 28, 2024, meeting; 2 cases at the January 23, 2025, meeting; and 4 cases at the February 27, 2025, meeting.

### 7. MEMBERSHIP STATISTICS

#### Registration by District

	District 1	District 2	District 3	District 4	District 5	Practicing outside ON/Unknown	Total
General	209	174	1721	567	82	162	2915
Inactive	14	6	99	15	2	40	176
Student	0	0	3	0	0	1	4
<b>Total Members</b>	223	180	1823	582	84	203	3095



## Registration Updates

	16-Aug-23	16-Nov-23	28-Feb-24	21-May-24	3-Sep-24	13-Nov-24	26-Feb-25
General R. Ac	1328	1388	1408	1355	1404	1437	1472
General R. TCMP	1333	1358	1396	1379	1410	1423	1443
Student R. Ac	2	5	3	5	4	4	2
Student R. TCMP	6	5	2	2	2	1	2
Inactive R. Ac	94	89	87	90	88	85	88
Inactive R. TCMP	81	80	79	87	89	88	88
<b>Current Members</b>	<b>2844</b>	<b>2925</b>	<b>2975</b>	<b>2918</b>	<b>2997</b>	<b>3038</b>	<b>3095</b>
Resigned	575	580	602	681	685	693	715
Revoked	83	83	84	84	85	85	85
Suspended	206	203	187	226	217	216	212

## Changes since previous reports

	24-May-23 to 16-Aug-23	17-Aug-23 to 16-Nov-23	17-Nov-23 to 28-Feb-24	29-Feb-24 to 21-May-24	22-May-24 to 3-Sep-24	3-Sep-24 to 13-Nov-24	13-Nov-24 To 26-Feb-25
Current members	39	81	50	-57	79	41	57
Resignations	4	5	22	79	4	8	22
Revocation	0	0	1	0	1	0	0
Suspensions	0	-3	-16	39	-9	-1	-4

Members practising with terms, conditions and limitations: 278

## Jurisprudence Course Tests (From September 4, 2024 – February 26, 2025)

Passed	Failed	Total
152	7	159

## Safety Program Tests (From September 4, 2024 – February 26, 2025)

Passed	Failed	Total
157	2	159



**FOR:** Information

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

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### **Inquiries, Complaints and Reports Committee Members**

Xianmin Yu	Professional Member, Chair
Meiying Chen	Professional Member
Bo (Kathy) Feng	Professional Member
Christine Lang	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Fanny Ip	Professional Member
Matthew Colavecchia	Non-Council Professional Member
Melody Hon	Non-Council Professional Member
Hui Liu	Non-Council Professional Member
Kimberly Bishop	Public Member
Judy Cohen	Public Member
Iftikhar Choudry	Public Member
Kevin Ho	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 met five times on November 26, 2024, November 27, 2024, December 2, 2024, January 17, 2025, and January 27, 2025.

### **New Cases and Nature of Concerns**

Note: Some cases may have more than one concern

Complaints	Nature of Concerns		Registrar Report Investigations	Nature of Concerns	
6	2	Advertising			Advertising
		Billing and Fees			Billing and Fees
		Communication			Communication
	3	Competence / Patient Care			Competence / Patient Care
		Fraud			Fraud
	4	Professional Conduct & Behaviour			Professional Conduct & Behaviour
		Record Keeping			Record Keeping



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

### Completed Cases and Outcomes\*

Note: Some decisions have more than one outcome

Complaints	Outcomes		Registrar Reports Investigations	Outcomes	
2		Take no action	5	4	Take no action
		Advice			Advice
		Written Caution			Written Caution
		Oral Caution			Oral Caution
		SCERP			SCERP
		Refer to Discipline			Refer to Discipline
	2	Undertaking/Withdraw		1	Undertaking/Withdraw

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

New Cases	Pending Cases
-	-

### Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # Cases
17	35		52

*This report is current as of February 26, 2025, in anticipation of the Council meeting scheduled for March 19, 2025.*





**FOR:** Information

**SUBJECT:** Quality Assurance Committee Report

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### Quality Assurance Committee Members

Christine Lang (Chair)	Professional Member
Kimberley Bishop	Public Member
Evelyn Cho	Non-Council Professional Member
Iftikhar Choudry	Public Member
Kevin Ho	Public Member
Jin Qi Zeng	Professional Member
Terry Hui	Professional Member
Bo Feng	Professional Member
Meiying Chen	Professional Member

Since the last quarterly report, the Quality Assurance Committee (QAC) met on December 10, 2024, December 11, 2024, and February 14, 2025.

### FOR INFORMATION

#### 1. Quality Practice Programs

##### a) 2024 Peer and Practice Assessment

Status	Total
Total Assessments <ul style="list-style-type: none"><li>Random Selection (67)</li><li>Registrar Referral (2)</li></ul>	69
Assessed (pending review of submission(s) and follow-up)	38
Completed	12
Awaiting Assessments	
To be Scheduled	11
Deferral	1
Not Currently in Practice	
Inactive status / Resigned	7



**b) 2025 Peer and Practice Assessment**

The 2025 Peer and Practice Assessment process has commenced, this year we will be assigning 150 assessments to be completed and Peer and Practice Assessors will be self-assigning for the year.

New this year, the Quality Practice team held Peer and Practice Assessment Information Sessions via webinar. The goal of the webinars was to explain the process of the Peer and Practice Assessments and attempt to break down the barriers impeding the educational experience for all members. Five (5) dates were provided to 150 potential assessees and 112 members attended the webinars. An exit survey was circulated via email to all participants and 60 members responded. Based on majority of responses and feedback heard during webinar, the webinars were successful and will be continued in the future.

Status	Total
Total Assessments	150
Contacted Members	150
<b>Awaiting Assessments</b>	
To be Scheduled	138
Deferral	3
<b>Not Currently in Practice</b>	
Inactive status / Resigned	2
Pending Inactive status / Resignation	7

**Workplan**

The Quality Practice team continues to work on projects to meet deliverables of the QA Committee Workplan.

*This report is current to March 5, 2025, in anticipation of the Council meeting scheduled for March 19, 2025.*



**FOR:** Information

**SUBJECT:** Patient Relations Committee Report

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**Patient Relations Committee Members**

Iftikhar Choudry (Chair)	Public Member
Meiying Chen	Professional Member
Deborah Sinnatamby	Public Member
Judy Cohen	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 February 20, 2025.

**FOR INFORMATION**

PRC met on one occasion during this reporting period. This was the first meeting since Council elections; therefore, Chair appointment was required. Iftikhar Choudry was appointed by the Committee as their new Chair.

The Committee reviewed and discussed the Consent to Treatment Form (Sensitive Areas). Recommended changes will be circulated at the June meeting for review and approval.

*This report is current as of March 5, 2025, in anticipation of the Council meeting scheduled for March 19, 2025.*



**FOR:** Information

**SUBJECT:** Discipline Committee Report

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### Discipline Committee Members

Christine Lang	Professional Member, Chair
Meiying Chen	Professional Member
Bo (Kathy) Feng	Professional Member
Terry Hui	Professional Member
Fanny Ip	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Xianmin Yu	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Evelyn Cho	Non-Council Professional Member
Matthew Colavecchia	Non-Council Professional Member
Hui Liu	Non-Council Professional Member
Akari Yokokawa	Non-Council Professional Member
Kimberley Bishop	Public Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Kevin Ho	Public Member
Deborah Sinnatamby	Public Member

The Discipline Committee released one decision in this quarter.

- [Delon Dik-Lung Cheng](#)

As of February 26, 2025, there are five open cases which have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

	Member Name	Status
1	Mohmed Shoeb M. Chikhlikar	PHC was completed on April 11 & May 17, 2024. A contested hearing was held on: <ul style="list-style-type: none"><li>- December 16-18, 2024.</li><li>- January 6, 2025.</li><li>- February 4, 2025 &amp; February 10-12, 2025.</li></ul> The next scheduled hearing date will be on March 3, 2025.
2	Nathalie Xian Yi Yan	The Notice of Hearing was served on the Member on May 14, 2024. Pre-hearing is scheduled to occur on April 15, 2025.



3	Chun Sheng Liu (1)	PHC was completed on January 23, 2025. Hearing is scheduled for May 26, 2025, and July 7 to 10, 2025.
4	Chun Sheng Liu (2)	PHC was completed on January 23, 2025. Hearing is scheduled for May 26, 2025, and July 7 to 10, 2025.
5	Mai Thi Tuyet Pham	The Notice of Hearing was served on the Member on November 26, 2024. Pre-hearing is scheduled to occur on March 7, 2025.

There is no discipline decision currently under appeal.

*This report is current as of February 26, 2025, in anticipation of the Council meeting scheduled for March 19, 2025.*



**FOR:** Information

**SUBJECT:** Fitness to Practise Committee Report

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**Fitness to Practise Committee Members**

Iftikhar Choudry	Public Member (Chair)
Meiying Chen	Professional Member
Bo (Kathy) Feng	Professional Member
Terry Hui	Professional Member
Fanny Ip	Professional Member
Christine Lang	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Xianmin Yu	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Kimberley Bishop	Public Member
Judy Cohen	Public Member
Kevin Ho	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

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

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

Since the last quarterly report, the Doctor Title Working Group met on December 17, 2024, and January 28, 2025.

### **FOR INFORMATION**

#### **1. Discussions Following Ministry of Health Feedback**

The College provided the Ministry of Health (MOH) with a package of documents and a progress update on the Doctor Title Project, as per their request. The MOH reviewed the materials and provided valuable questions for the Working Group to consider as they move forward with the project. The Committee had an in-depth discussion of the questions, including a discussion of scope of practice change requests that may accompany the Doctor Title Proposal.

The Working Group has had thorough discussions on the draft documents and are submitting them to Council for consideration at the March 19, 2025, Council meeting. If approved by Council, the Working Group will move forward with Phase 3 of the Doctor Title Project.

The Working Group has also continued work on assessment tools for the Doctor Class, including potential exam format and content.

#### **2. Next Steps**

The College will begin preparation to start Phase 3 of the Doctor Title Project.

*This report is current to March 3, 2025, in anticipation of the Council meeting scheduled March 19, 2025.*





**FOR:** Information

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

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### **Acupuncture Standard Committee Members**

Meiying Chen	Professional Member
Shuli Chen	Professional Member
Ming Cha	Professional Member
Julia Chuang	Professional Member
Joanne Pritchard-Sobhani	Professional Member
Jin Qi (Jackie) Zeng	Professional Member / Chair
Kevin Ho	Public Member
Deborah Sinnatamby	Public Member

Since the last quarterly report, the Acupuncture Standard Ad Hoc Committee met on February 21, 2025.

## **FOR INFORMATION**

### **1. Committee Meeting**

Prior to this meeting, the Committee members collected a large number of documents and websites to aid in their research. The Committee had a fulsome discussion on the resources and what will be needed going forward, the Entry-Level Occupational Competencies, and the draft workplan. While the workplan has not yet been finalized, there will be 3 different stages of the project, including research and content development, stakeholder engagement, and presenting to the Council.

The Committee has come to an agreement on next steps for the project and will continue to work of recommendations to Council regarding a standard of practice for Acupuncture.

Staff will make updates to the workplan and add research materials based on the feedback provided for review and discussion at the Committee's next meeting.

*This report is current to February 27, 2025, in anticipation of the Council meeting scheduled March 19, 2025.*



**FOR:** Information

**SUBJECT:** Nominations Committee Report

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### **Nominations Committee Members**

Terry Hui	Professional Member
Christine Lang	Professional Member / Chair
Iftikhar Choudry	Public Member
Kevin Ho	Public Member
Deborah Sinnatamby	Public Member

The Nominations Committee met on February 6, 2025.

### **FOR INFORMATION**

#### **1. Initial Meeting**

The initial meeting of the Nominations Committee took place on February 6, 2025. The Committee discussed the approved council competencies, the draft council competency assessment, and updates to the current election process. New changes will include a pre-orientation presentation for members, completing the assessment form, and an online interview.

The Committee discussed what they expect nominees to submit, and what they would look for in determining if a member has met the competencies. Following the meeting, staff will continue to work on the assessment process.

Staff are organizing communications and orientation sessions as part of the new election process. Those in Districts 4 and 5 will participate in these new steps in the upcoming election. An election date for 2025 will be proposed to Council at the March 19, 2025 meeting.

Also, as per the CPMF, the council competencies will be posted on the College's website.

*This report is current to February 27, 2025, in anticipation of the Council meeting scheduled March 19, 2025.*

UNAUDITED College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario  
Statement of Operations  
Q3 April - December 2024

		Actuals Q3 2024-2025	Annual Budget 2024-2025	Actual to Budget %	Budget Remaining (balance of Year)
<b>GL Code</b>	<b>Revenue</b>				
4101000	Registration Fees	\$ 199,550.00	\$ 190,825.00	104.57%	\$ (8,725.00)
4102000	Renewal Fees	\$ 3,545,983.31	\$ 3,625,000.00	97.82%	\$ 79,016.69
4200000	Administration Fees	\$ 74,650.00	\$ 73,775.00	101.19%	\$ (875.00)
4300000	Pan Can Examination Fees	\$ 528,193.75	\$ 510,720.00	103.42%	\$ (17,473.75)
4400000	Other Income-Government Funds	\$ -	\$ 340,000.00	0.00%	\$ 340,000.00
4500000	Other Fees	\$ 49,100.00	\$ 42,000.00	116.90%	\$ (7,100.00)
4600000	Other Income	\$ 226,003.58	\$ 201,000.00	112.44%	\$ (25,003.58)
	<b>Total Income</b>	<b>\$ 4,623,480.64</b>	<b>\$ 4,983,320.00</b>	<b>92.78%</b>	<b>\$ 359,839.36</b>
<b>GL Code</b>	<b>Expenses</b>				
	<b>Council &amp; Committees</b>	<b>\$ 611,552.75</b>	<b>\$ 1,127,200.00</b>	<b>54.25%</b>	<b>\$ 515,647.25</b>
6100000	Council	\$ 35,662.05	\$ 101,500.00	35.14%	\$ 65,837.95
6201000	Executive Committee	\$ 11,998.26	\$ 30,500.00	39.34%	\$ 18,501.74
6202000	Registration Committee and Panel	\$ 27,528.40	\$ 68,300.00	40.31%	\$ 40,771.60
6203000	ICRC Committee	\$ 251,760.96	\$ 370,000.00	65.87%	\$ 126,287.35
6204000	Quality Assurance Committee	\$ 34,802.93	\$ 142,600.00	24.41%	\$ 107,797.07
6205000	Patient Relations Committee	\$ 15,728.38	\$ 47,750.00	32.94%	\$ 32,021.62
6206000	Discipline Committee	\$ 233,021.77	\$ 362,300.00	66.54%	\$ 121,229.92
6207000	Fitness to Practice Committee	\$ 1,050.00	\$ 4,250.00	24.71%	\$ 3,200.00
<b>6300000</b>	<b>Professional Services</b>	<b>\$ 204,124.58</b>	<b>\$ 246,000.00</b>	<b>82.98%</b>	<b>\$ 41,875.42</b>
6301000	Legal Fees	\$ 53,149.79	\$ 95,000.00	55.95%	\$ 41,850.21
6302000	Accounting Fee	\$ 32,552.49	\$ 34,000.00	95.74%	\$ 1,447.51
6303000	Expert Consultation	\$ 52,080.00	\$ 27,000.00	192.89%	\$ (25,080.00)
6304000	Government Relations	\$ 66,342.30	\$ 90,000.00	73.71%	\$ 23,657.70
<b>6400000</b>	<b>Special Programs/Projects</b>	<b>\$ 760,573.95</b>	<b>\$ 1,156,234.00</b>	<b>65.78%</b>	<b>\$ 395,660.05</b>
6401000	Pan-Canadian Examinations	\$ 405,902.00	\$ 379,734.00	106.89%	\$ (26,168.00)
6402000	Doctor Title	\$ 139,166.88	\$ 203,500.00	68.39%	\$ 64,333.12
6403000	Strategic Initiatives	\$ -	\$ 100,000.00	0.00%	\$ 100,000.00
6404000	Program Approval	\$ 72,764.84	\$ 75,000.00	97.02%	\$ 2,235.16
6405000	Safety and Jurisprudence Test	\$ 24,318.19	\$ 35,000.00	69.48%	\$ 10,681.81
6407000	Acupuncture Working Group	\$ 220.00	\$ 23,000.00	0.96%	\$ 22,780.00
6800000	Pan Can Chinese Language Examination	\$ 118,202.04	\$ 340,000.00	34.77%	\$ 221,797.96
<b>6500000</b>	<b>Administrative Expenses</b>	<b>\$ 1,290,460.16</b>	<b>\$ 1,963,600.00</b>	<b>65.72%</b>	<b>\$ 673,139.84</b>
6500000	Salaries and Benefits	\$ 1,290,460.16	\$ 1,913,600.00	67.44%	\$ 623,139.84
6502000	Casual Labour		\$ 50,000.00	0.00%	\$ 50,000.00
<b>6600000</b>	<b>Information Technology</b>	<b>\$ 140,451.91</b>	<b>\$ 291,500.00</b>	<b>48.18%</b>	<b>\$ 151,048.09</b>
6602000	Equipment Expenses	\$ 5,907.04	\$ 12,000.00	49.23%	\$ 6,092.96
6603000	Software Licenses & Development	\$ 34,352.62	\$ 152,000.00	22.60%	\$ 117,647.38
6604000	Maintenance and Support Contracts	\$ 50,171.20	\$ 61,500.00	81.58%	\$ 11,328.80
6605000	Online Services	\$ 42,657.97	\$ 54,000.00	79.00%	\$ 11,342.03
6606000	Network Security	\$ 7,363.08	\$ 12,000.00	61.36%	\$ 4,636.92
<b>6700000</b>	<b>Operating Expenses</b>	<b>\$ 261,112.21</b>	<b>\$ 555,100.00</b>	<b>47.04%</b>	<b>\$ 293,987.79</b>
6701000	General Operating Costs	\$ 199,626.41	\$ 300,100.00	66.52%	\$ 100,473.59
6702000	Payment Gateway	\$ 23,817.20	\$ 150,000.00	15.88%	\$ 126,182.80
6703000	Subscriptions and Conferences	\$ 31,964.42	\$ 50,000.00	63.93%	\$ 18,035.58
6704000	Communications and Publications	\$ 5,704.18	\$ 55,000.00	10.37%	\$ 49,295.82
<b>45</b>	<b>Total Expenses</b>	<b>\$ 3,268,275.56</b>	<b>\$ 5,339,634.00</b>	<b>61.21%</b>	
<b>46</b>	<b>Net Income</b>	<b>\$ 1,355,205.08</b>	<b>\$ (356,314.00)</b>		



## Proposed Budget 2025-2026

Line #	REVENUE	2024-2025 (Approved Budget)	2025-2026 (Budget Proposal)	Difference	Comment
1	Registration Fees	\$ 190,825	\$ 202,200	5.96%	
2	Renewal Fees	\$ 3,625,000	\$ 3,642,100	0.47%	
3	Administration Fees	\$ 73,775	\$ 74,025	0.34%	
4	Examination Fees	\$ 510,720	\$ 520,320	1.88%	
5	Safety Course and Jurisprudence Program	\$ 42,000	\$ 47,000	11.90%	
6	Other Income	\$ 201,000	\$ 236,000	17.41%	
7	Government Funds	\$ 340,000	\$ 20,000	-94.12%	Only 20k projected
TOTAL REVENUE		\$ 4,983,320	\$ 4,741,645	-4.8%	

Line #	EXPENSES	2024-2025 (Approved Budget)	2025-2026 (Budget Proposal)	Difference	Percentage Allocation
<b>Council and Committee</b>					
1	Council	\$ 101,500	\$ 94,500	-6.9%	
2	Executive	\$ 30,500	\$ 29,000	-4.9%	
3	Registration Committee and Panel	\$ 68,300	\$ 63,500	-7.0%	
4	ICRC	\$ 370,000	\$ 362,000	-2.2%	
5	Quality Assurance	\$ 142,600	\$ 132,000	-7.4%	
6	Patient Relations	\$ 47,750	\$ 41,000	-14.1%	
7	Discipline	\$ 362,300	\$ 360,000	-0.6%	
8	Fitness to Practice	\$ 4,250	\$ 4,250	0.0%	
		\$ 1,127,200	\$ 1,086,250	-3.6%	21.2%
<b>Professional Service</b>					
9	Legal Fees	\$ 95,000	\$ 74,000	-22.1%	
10	Government Relations	\$ 90,000	\$ 110,000	22.2%	
11	Accounting Fees	\$ 34,000	\$ 34,000	0.0%	
12	Expert Consultation	\$ 27,000	\$ 26,500	-1.9%	
		\$ 246,000	\$ 244,500	-0.6%	4.8%
<b>Special Programs/Project</b>					
13	Pan-Canadian Examination	\$ 379,734	\$ 410,000	8.0%	
14	Doctor Title	\$ 203,500	\$ 187,000	-8.1%	
15	Acupuncture Working Group	\$ 23,000	\$ 24,000	4.3%	
16	Strategic Initiatives	\$ 100,000	\$ 80,000	-20.0%	
17	Program Approval	\$ 75,000	\$ 75,000	0.0%	
18	Safety and Jurisprudence Test	\$ 35,000	\$ 35,000	0.0%	
19	Learning Hub and QA Online	\$ -	\$ 50,000	100.0%	
20	Chinese Examination	\$ 340,000	\$ 20,000	-94.1%	
		\$ 1,156,234	\$ 881,000	-23.8%	17.2%
<b>Administrative Expenses</b>					
21	Staff Salary and Benefits	\$ 1,913,600	\$ 1,971,008	3.0%	
22	Casual Labour	\$ 50,000	\$ 50,000	0.0%	
		\$ 1,963,600	\$ 2,021,008	2.9%	39.5%
<b>Information Technology</b>					
23	Equipment Expense	\$ 12,000	\$ 12,000	0.0%	
24	Software Maintenance & Development	\$ 152,000	\$ 171,000	12.5%	
25	Support Contracts	\$ 61,500	\$ 65,500	6.5%	
26	Onlines Services	\$ 54,000	\$ 56,000	3.7%	
27	Network Security	\$ 12,000	\$ 12,000	0.0%	
		\$ 291,500	\$ 316,500	8.6%	6.2%
<b>Operating Expenses</b>					
28	General Operating Costs	\$ 300,100	\$ 307,550	2.5%	
29	Payment Gateway for CC Transactions	\$ 150,000	\$ 170,000	13.3%	
30	Subscriptions and Conferences	\$ 50,000	\$ 48,000	-4.0%	
31	Communications and Publications	\$ 55,000	\$ 45,000	-18.2%	
		\$ 555,100	\$ 570,550	2.8%	11.1%
TOTAL EXPENSES		\$ 5,339,634	\$ 5,119,808	-4.1%	100%
Profit\Loss		\$ (356,314)	\$ (378,163)		

Meeting Date:	March 19, 2025
Issue:	Governance Review Update
Reported By:	Sean Cassman
Action:	For Discussion and Decision

### **Issue**

The College contracted a third-party to review our governance practices in December 2024.

### **Public Interest Rationale**

The College has a mandate to regulate the profession in the public interest. Council plays a crucial role in the College fulfilling this mandate, and it is important that College governance practices are reviewed from regularly to ensure the Council is functioning well. This has become more important with the CPMF, which provides specific requirements relating to governance.

### **Background**

A requirement of the College Performance Measurement Framework (CPMF) includes a third-party assessment of Council effectiveness at a minimum every three years. The Council selected Satori Consulting to conduct an assessment this year.

A Council and Committee self-assessment and peer review survey was circulated in January, and Council members were also provided with individual coaching sessions.

The survey evaluated the following:

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

### **Next Steps**

Sandi Verrecchia of Satori Consulting will present the results of the survey to Council.

Encl.: Governance Review Report

Meeting Date:	March 19, 2025
Issue:	College Performance Measurement Framework
Reported By:	Sean Cassman
Action:	Motion

### **Issue**

The College is providing a draft of the 2024 CPMF report for the Council's review.

### **Public Interest Rationale**

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

### **Background**

The CPMF was implemented by the Ministry of Health in 2020. The College must complete and submit a report each year. The report is due this year by March 31, 2025. The CPMF sets out a number of expectations on the College and asks us to provide evidence that we are meeting those expectations.

The CPMF covers 7 domains:

1. Governance
2. Resources
3. System Partner
4. Information Management
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement

No changes were made to the requirements set out the report this year, or to the benchmarked evidence.

The College has completed a draft of the 2024 CPMF reporting tool for Council's review. The College has been able to report significant progress in several areas such as implementing Council competencies and improving succession planning. The College has also made minor improvements, such as how conflict of interest declarations are made transparent.

### **Next Steps**

Provide any feedback Council members may have on the College's 2024 CPMF report. Staff will finalize the report in time for the March 31, 2025, deadline.

Encl.:

- Draft CPMF report



Meeting Date:	March 19, 2025
Issue:	Doctor Title Project Update
Reported By:	Sean Cassman
Action:	Motion

### **Issue**

The Doctor Title Working Group (the Working Group) has completed work on major components of Phase 2 of the Doctor Title Project and is seeking approval from Council in order to begin Phase 3 of the project.

### **Public Interest Rationale**

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

### **Background**

Section 33(2.1) of the RHPA, 1991, permits members of the College to use the title “doctor” provided they hold a certificate of registration that entitles them to it. The Doctor Title Project aims to create a class of registration that is referred to in section 33(2.1), enabling the College to begin offering the “doctor” title.

The Working Group has been working to define requirements for the doctor class (occupational competencies) and routes of entry for potential applicants. At the April 29, 2024, meeting, the Council approved the Doctor Title Class Competencies, Possible Assessment Paths, and a Blueprint Summary for consultation. The TCM Doctor Class competencies were drafted by building upon the competencies currently required of a Traditional Chinese Medicine Practitioner or R. TCMP, and they are in addition to those of the R. TCMP Class.

After a consultation period consisting of a survey and targeted discussions with system partners on the approved documents, the Working Group made minor but important changes to the documents. The Working Group is now ready to present these changes to the Council for their review and approval to move on to the next phase of the project. Phase 3 will involve drafting the regulation amendments for submission to the Ministry of Health.

Changes to the documents resulting from consultation include:

- Removed “full-time” from Path One of the Appendix A in prerequisites 3 and 4. Number of patient visits is sufficient information and adding full-time as a requirement may be unnecessarily restrictive.
- Minor changes to competencies to clarify expectations for Doctor Title holders.

### **Scope of Practice Change Request**

Part of the Working Group’s consultation included seeking feedback from Ministry of Health staff. Ministry staff sent a number of helpful questions for consideration going forward, but one of note asked



if the College is considering any scope of practice changes to go with the Doctor Title. This comes after comments from Minister Jones who encouraged all Colleges and professions to look into scope of practice expansions as a way of assisting with the health human resource issues facing the province.

The Working Group discussed this issue and agreed that a scope increase for the Doctor Class is worth considering and are recommending that Council add this to the Doctor Title Project. The Working Group would continue with Phase 3 of the project and submitting a proposal to the Ministry as planned. It is not proposed that scope of practice work delay the submission of the proposal. However, a scope change request could be submitted at a later date.

As of yet, no specific scope changes are being proposed, as this will need to be researched before recommendations can be brought to Council. The initial goal of this project would be to investigate whether scope changes are appropriate.

### **Next Steps**

Council is asked to provide feedback to the Working Group and approve the finalization of Phase 2 of the Doctor Title Project.

# Competencies For the Traditional Chinese Medicine Doctor Class, Ontario, Canada

## Introduction

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) regulates the practices of Traditional Chinese Medicine and Acupuncture under two pieces of Ontario legislation:

- Regulated Health Professions Act, 1991 (RHPA) and Regulations
- Traditional Chinese Medicine Act, 2006 (TCM Act) and Regulations

This legislation requires healthcare professionals who practice traditional Chinese medicine to register with the CTCMPAO as a General Class member. These registered General Class members must meet and maintain the *Entry-level Occupational Competencies for the Practice of Traditional Chinese Medicine in Canada*, professional practice standards, safety, ethics and other requirements, as approved by CTCMPAO.

These competencies have been used in the registration of the General Class Acupuncturists and TCM Practitioners in Ontario since proclamation in 2013. These members also must participate in the Quality Assurance Program to continue to be competent and upgrade their competencies throughout their career.

Depending on their competencies, education, training and practice experience, General Class members who holds a certificate of registration shall only use the restricted titles and designation authorized by CTCMPAO to use either or both of the following restricted titles and abbreviations.

- Acupuncturist (R. Ac)
- Traditional Chinese Medicine Practitioner (R. TCMP)

This document sets out the Occupational Competencies, Performance Indicators and Assessment Blueprint for a new Doctor Class, members of which will be entitled to use the title “Doctor of Traditional Chinese Medicine,” or a variation or an abbreviation:

- Doctor of Traditional Chinese Medicine (Dr.TCM)

The creation of the Doctor TCM Class is based on the authorization of the Traditional Chinese Medicine Doctor Class by

- The Regulated Health Professions Act (1991, S.O. 1991, c. 18, S. 33, 2.1), and by
- The Traditional Chinese Medicine Act, (2006, S.O. 2006, c. 27 S. 12).

The implementation of the TCM Doctor Class was endorsed by HPRAC in its report to the Minister of Health: Regulation of Health Professions in Ontario: *New Directions. A Report to the Minister of Health and Long-Term Care on Regulatory Issues and Matters respecting the use of the “Doctor*

*Title” in Traditional Chinese Medicine (2006).* And more recently, Council also was encouraged by the Phase One Environmental Scan that it was completed in 2019.

The occupational competencies proposed below for the Doctor Class include and build upon those requirements of the General Class members who hold the title Traditional Chinese Medicine Practitioner. These competencies are within the scope of practice defined in the TCM Act, 2006 and are in compliance with the authorized controlled acts of the RHPA.

In addition to mastering these competencies, candidates for the Doctor Class also would be required to be familiar and comply with the Regulations, By-Laws, Standards of Practice, Policies and Guidelines as set out in the CTCMPAO [website](#).

### 1. Occupational Competencies

Occupational competence refers to the ability of an individual, in a given practice situation, to act in a safe, effective and ethical manner. Competence is a subjective measure that is enabled by the ability to perform specific practice tasks with acceptable levels of proficiency.

As used in this document, an occupational competency is a statement that defines *the ability to perform a practice task with a specified level of proficiency*. Thus, professional competence is enabled by the mastery of occupational competencies at specified levels of performance.

The Doctor Class competencies in this document conform to the TCM Act, 2006, section 3, that sets out the definition of scope of practice, and section 4 that specifies authorized acts. They describe practice tasks that are broad and complex. Their performance requires the application of significant learning in the cognitive, psychomotor and affective domains.

The Dr. TCM brings an array of abilities to the workplace and applies them in the context of the situation at hand using professional judgment. Competencies are not applied in isolation but as an integrated set of knowledge and abilities, with a specific competency informing and qualifying others. These competencies involve a broad range of practice tasks to ensure that the Dr.TCM is equipped to work in a variety of practice settings.

The Dr.TCM is able to deal effectively with common conditions and situations of their patients, as well as those not frequently encountered, including diseases that are complex and difficult to resolve.

The Dr. TCM maintains collaboration with colleagues and other health care professionals, reviews relevant research literature, consults with TCM colleagues and other health professionals, and refers where appropriate. Therefore, some of these competencies also

pertain to the extent that the Dr. TCM is expected to understand and utilize treatment concepts that underpin the practice of biomedical healthcare professionals. This understanding is essential for effective treatment, and for communication with patients, other health care professionals and for appropriate referrals to other health professionals as necessary.

Those registered in the Doctor Class will have met the highest standards set for the TCM profession in Ontario. They will have demonstrated that they have the required competencies to practice as a Dr. TCM.

## 2. Competency Assessment

In order to determine an applicant's eligibility to register in the Doctor Class and use the title Dr.TCM, CTCMPAO shall conduct competency assessment of each applicant for registration. This assessment for registration relies on verifying scope of applicants' education and experience against the competencies, plus verification of the applicant's competencies against performance indicators using cognitive and psychomotor assessment vehicles, as set out in the following competency grid.

A performance indicator pertains to the specified level of performance of a task that is evaluated using 1) a cognitive test and/or 2) a clinical psychomotor observation using an Objective Structured Clinical Examination (OSCE) or clinical case study (CCS) procedure. Successful completion by an applicant of all required assessments will ascertain that the candidate has the required competencies to register and to practice as a Dr. TCM.

### 2.1 Core Assessment Path to Registration in the Doctor Class (See Appendix A)

Core assessment refers to the path that most individuals would be expected to follow after proclamation of the Regulation defining the TCM Doctor Class in order to become qualified for the Doctor Class. Alternative paths and the circumstances under which they may be registered also are summarized below.

Some of the core assessment components proposed here derive from *Recommendation 8.1 of The HPRAC 2006 Health Professions Regulatory Advisory Council (HPRAC) Report, Regulation of Health Professions in Ontario: New Directions, 2006*. This program would include:

#### 2.1.1 Completion of a Traditional Chinese Medicine educational program approved by Council

that leads to a Doctor of Traditional Chinese Medicine and that comprises the following:

- a) A prerequisite entry requirement of successful completion of a minimum of two years undergraduate education or equivalent and that has been authenticated by a member of The Alliance of Credential Evaluation Services of Canada (ACESC) if earned outside of Canada; and

- b) Five years of education in a Traditional Chinese Medicine educational program or equivalent, consisting of 4000 to 5000 hours which includes 1,200 supervised, structured and comprehensive clinical patient contact hours in which the curriculum matches the competencies required by the Doctor Class.

*NOTE: It is proposed that after a transitional period that is determined by Council following proclamation of the Regulation defining the Doctor Class, the educational program requirement would comprise completion of a TCM professional degree program that has been authorized by the Government of Ontario under the Post-Secondary Education Choice and Excellence Act, 2000, S.O. 2000, c. 36.*

**2.1.2 A cognitive examination** using multiple choice questions (MCQ) approved or set by Council and administered by the College or another body approved by the Council;

**2.1.3 A clinical psychomotor examination** using objective structured clinical examination (OSCE) and/or clinical case study (CCS) components approved or set by Council and administered by the College or another body approved by Council.

### **2.2 Alternative Assessment Paths**

Consistent with the related findings of the 2019 Doctor Class Phase 1 Report, and the 2006 HPRAC Recommendation 8.2, the core assessment that is set out in 2.1, above, may be replaced partially by alternative assessment under circumstances specified by Council from time to time. These include the path for TCM Practitioners in good standing in Ontario, and also the path for those with a TCM degree, as set out below and in Appendix A.

**2.2.1 Assessment Path to Registration in the Doctor Class for Traditional Chinese Medicine Practitioners in Ontario.** Because TCM Practitioners are registered Members who practice TCM in Ontario, it is proposed that these Members should not be required to duplicate the evaluation they completed to become a TCM Practitioner.

In addition to being a Member in good standing at the time of application, TCM Practitioners seeking to be a candidate for the Doctor Class also would provide evidence of a minimum of two years of undergraduate education or equivalent and a minimum of three years of TCM clinical practice AND a minimum of 2,400 patient visits. These candidates would take a cognitive examination and a clinical examination based exclusively on the competencies that are unique to the Doctor TCM Class.

Candidates with a minimum of ten years of TCM practice as a TCM Practitioner in Ontario AND a minimum of 8,000 patient visits, are exempted from the written cognitive examination and the prerequisite of two years of undergraduate education.

A candidate may complete part or all of an Academic Bridging Program approved by CTCMPAO, and offered by a government-approved or accredited academic institution. Please see Appendix A.

**2.2.2 Assessment of International TCM Degree Programs.** Internationally educated applicants shall have their post-secondary education, including any prerequisite and a TCM degree, authenticated and assessed by a member of *The Alliance of Credential Evaluation Services of Canada (ACESC)* to determine the authenticity of the presented documents, the status of the awarding institutions, and equivalencies of the applicants' TCM degree program curriculum to the Doctor Class competencies. Please see Appendix A.

### 2.3 Academic Bridging Program

The objective of the Academic Bridging Program is to provide academic upgrading to aspiring applicants to the Doctor Class who require it in specific competency areas. The design, content and assessment for completion of the bridging program will be approved by Council. The basis of approval should include that this program is offered by an accredited and/or government-approved academic institution.

Candidates for the program who are not already Members of the College would join only through referral to it by CTCMPAO.

This bridging program may include cognitive, psychomotor and affective elements, but will not provide clinical experience. Candidates for a bridging program would be:

- A TCM Practitioner who self-identifies additional learning needs to qualify for the Doctor Class, and
- An internationally educated TCM professional who has completed the process in 2.2.2 above, and has additional learning needs.

## 3. Competency Standards and Evaluation - General Concepts

Proficiency in each occupational competency is achieved through learning in one or more of the cognitive, psychomotor and affective domains. These were defined originally in *The Taxonomy of Educational Objectives, The Classification of Educational Goals*, Benjamin S. Bloom (Ed.) in 1956, and subsequently have been refined several times by others in the field.

### 3.1 Domains of Learning and Performance Indicators. Domains of Learning:

- Cognitive learning (knowledge and thinking) normally takes place through formal learning in the classroom, through guided independent study and self-directed study, through profession-based conferences and symposia, and possibly through analysis of or participation in research.
- Psychomotor learning (clinical skills, physical actions) builds skills through practical

## Competencies For the Traditional Chinese Medicine Doctor Class

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activities, typically through such means as simulations in which fellow learners or live models simulate the patient or the co-worker, and through job shadowing with debriefing exercises. As well, in a clinical component, learners work directly with patients in a clinical setting under the supervision of a clinical supervisor, who is a senior, experienced practitioner.

- Affective (attitudes, beliefs and values) can be gained throughout cognitive and clinical experience.

The domains of learning and the levels of complexity in relation to their performance indicators are defined briefly in the following table.

Domain	Complexity	Indicator
<b>Cognitive</b> (knowledge and thinking skills)		
	Level 1	Remembers information
	Level 2	Comprehends & applies information
	Level 3	Analyzes and interprets information
	Level 4	Synthesizes (creates new) information
<b>Psychomotor</b> (skills, physical actions)		
	Level 1	Performs simple patterns and tasks
	Level 2	Performs complex patterns and tasks; makes minor adjustments based upon outcome
	Level 3	Adapts tasks to new situations
	Level 4	Develops new tasks
<b>Affective</b> (attitudes, beliefs and values that affect cognitive and psychomotor activity)		
	Level 1	Recognizes and responds within a required system of beliefs and values
	Level 2	Chooses (prefers) to function within a particular system of beliefs and values
	Level 3	Internalizes a system of beliefs and values and instinctively functions within it

**3.2 Evaluation Methods in the Educational Environment.** Assessment of cognitive and affective learning is normally conducted through written or oral examinations designed to identify performance consistent with the designated level of proficiency.

Assessment of both psychomotor and affective learning is normally conducted through practical examinations designed to identify repeated and reliable performance consistent with the



designated level of proficiency.

In the clinical component, assessment is normally conducted by a clinical supervisor and is designed to determine a candidate's level of proficiency, consistency and reliability when treating patients.

Within the registration examination, multiple-choice questions (MCQs) are referenced to indicators that involve cognitive and/or affective learning. The OSCE / CCS component assesses cognitive, affective and psychomotor learning. In both instances, test items are designed to identify performance consistent with the designated level of proficiency.

**3.3 Proficiency Evaluation Methods.** Four methodologies have been identified in the following competency grid for the evaluation of proficiency in a competency. They may be used for Registration Examination and/or in educational programs. Not all are applicable to a given competency.

The four methodologies are:

- a) **Written and oral examination.** Often, but not exclusively, these examinations use multiple-choice questions (MCQs), to test candidates' cognitive competency: the ability to recall, understand, apply, analyze and interpret. Written and/or oral short- and long-answer questions also may be used. Registration Examinations might rely more on multiple choice questions (MCQs), whereas educational programs can be expected to use a variety of methods.
- b) **Objective Structured Clinical Examination (OSCE) and other forms of simulation.** This methodology is designed to simulate patient conditions and real-life situations for which candidates are expected to analyze, diagnose and devise action plans, such as appropriate, effective treatment plans to help restore the health of patients. Specific methods can use actors, mannequins, role plays, virtual reality 'experiences' and others.
- c) **Clinical Case Study (CCS).** Typically, this is a written or virtual presentation of a detailed situation and patient case that the candidate analyzes and responds to with a plan of action, such as a detailed diagnosis and treatment plan.
- d) **Clinical/internship.** This is working with patients directly in TCM practice, in which a candidate working with a patient is observed and evaluated regularly by one or more clinical supervisors on their knowledge, skills, and judgement, subject to standards established by the CTCMPAO.

### 4. Organizational Framework for the Competencies and Indicators Required of a Dr.TCM.

The competencies and indicators for the Dr.TCM are displayed in the pages that follow. The required competencies are grouped into the following nine Competency Areas:

1. Interpersonal Skills
2. Professionalism
3. Practice Management
4. Traditional Chinese Medicine Foundations
5. Fundamentals of Biomedicine
6. Diagnostics and Treatment
7. Acupuncture Techniques
8. Herbal Dispensary Management
9. Practice Safety

### 5. Use of the Competencies

The tables presented in the following pages set out the nine Competency Areas, and specify in each Competency Area the required occupational competencies. Each competency has performance indicators specifying:

- the required level of proficiency within the applicable domain of learning;
- the evaluation methods that may be used in the registration examination and within educational programs, including MCQ, OSCE, CCS, and clinical/internship.

These competencies are designed to be used in four key ways:

1. As the framework and scope for the College to evaluate the curriculum of education programs successfully completed by applicants for Dr. Class registration;
2. As the framework and scope for the College to evaluate the clinical experience of applicants for Dr. Class registration;
3. As the framework and scope for the College to develop Dr. Class registration examinations and upgrading/bridging programs;
4. As the framework and scope for post-secondary education providers to develop education programs that prepare graduates to apply for Dr. Class registration with the College.

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

### AREA 1 INTERPERSONAL SKILLS

<b>1.1</b>	<b>Utilize professional communication.</b>							
a	Speak effectively, using appropriate terminology.							
	1 Speak clearly and concisely using plain language.	2	1			x	x	x
	2 Speak clearly and concisely using TCM terminology.	2	1			x		x
	3 Speak clearly and concisely using biomedical terminology.	2	1			x		x
	4 Convey TCM concepts using plain language.	3				x	x	x
	5 Utilize appropriate body language when speaking.	1	1	1		x	x	x
b	Write effectively, using appropriate terminology.							
	1 Write clearly and concisely using plain language.	2	1		x	x		x
	2 Write clearly and concisely using TCM terminology.	2	1		x	x		x
	3 Write clearly and concisely using biomedical terminology.	2	1		x	x		x
	4 Use common medical abbreviations in written communications and medical records.	1	1		x	x		x
	5 Write legibly.	1	1		x	x	x	x
c	Comprehend written information.							
	1 Understand, analyze and interpret information written in plain language.	2			x	x	x	x
	2 Understand, analyze and interpret information written using TCM terminology.	2			x	x	x	x
	3 Understand, analyze and interpret information written using biomedical terminology.	2			x	x	x	x
d	Comprehend information presented orally.							
	1 Understand, analyze and interpret oral communication in plain language.	2			x	x	x	x
	2 Understand, analyze and interpret oral communication using TCM terminology.	2			x	x	x	x
	3 Understand, analyze and interpret oral communication using biomedical terminology.	2			x	x	x	x
e	Respond to non-verbal communication.							
	1 Describe commonly encountered body language.	1			x	x		
	2 Respond appropriately to the recipient's body language.	1	1	1		x	x	x
f	Respond to sources of interpersonal conflict in healthcare settings.							
	1 Describe factors that may create interpersonal conflict.	2			x	x	x	
	2 Explain possible outcomes of failing to address interpersonal conflict.	2			x	x	x	
	3 Apply strategies that can help resolve interpersonal conflict.	3	2			x	x	x

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
Occupational Competencies		Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
			Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Clinical Case Analysis

g	Adapt communication style in response to needs of recipients.							
	1	Communicate competently with various types of patients, including pediatric, geriatric, and persons with emotional or psychiatric conditions and disabilities.	2				x	x x
	2	Communicate competently with persons with culturally and/or linguistically diverse backgrounds.	2				x	x x
	3	Describe strategies to help overcome language barriers.	2			x	x	x
	4	Communicate competently with diverse genders and gender expressions.	2				x	x x
	5	Communicate competently with colleagues and other health professionals.	2				x	x x
	6	Describe communication challenges that might arise with colleagues and other health professionals.	2			x		x
	7	Describe ways to modify communication modes, styles and methods in response to challenges.	2			x		x
h	Ensure effectiveness of communication.							
	1	Assess recipient's capacity to comprehend and communicate.	3				x	x x
	2	Describe commonly encountered communication problems in TCM practice.	2			x	x	x
	3	Confirm recipient's understanding of communication.	1				x	x x
	4	Demonstrate active listening.	1	1	1		x	x x
i	Communicate with professional integrity.							
	1	Convey information completely and accurately.	1		1		x	x x
	2	Convey information in an objective manner.	2	2			x	x x
	3	Distinguish fact from opinion.	2				x	x x
	4	Distinguish between professional and personal opinions.	2				x	x x
	5	Adopt a non-judgmental stance.	2		1		x	x x
1.2	Develop and maintain effective inter-professional relationships.							
a	Develop productive working relationships.							
	1	Describe how to demonstrate respect for colleagues and other service providers.	2		2	x	x	x x
	2	Contribute TCM information to the patient care team.	3				x	x x
	3	Identify professional differences that may lead to conflict.	2		2		x	x x
	4	Participate as an active team member.	2		2		x	x x
b	Work cooperatively in an interdisciplinary health care setting.							
	1	Describe the structure of health care in Canada.	1			x	x	

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

	2	Describe the role of TCM in an inter-professional health care setting.	2			x	x	
	3	Describe the role of TCM practice within the provincial health care system.	2			x	x	
	4	Identify the functions of other health service providers commonly encountered in the practice setting.	1			x		x
	5	Describe situations in which interprofessional collaboration would benefit the patient.	2			2		x
<b>c Provide leadership in collaborating with other health care providers.</b>								
	1	Describe ways to initiate collaboration with other health care providers.	2				x	x
	2	Demonstrate potential to establish a receptive environment for knowledge sharing.	2		2			x
<b>d Advocate for patients.</b>								
	1	Promote patient rights, dignity and well-being.	1			x		x
	2	Support patients in making informed choices about their healthcare.	1			x		x
<b>e Recognize the variety of health and social services.</b>								
	1	Identify the range of health and social services available in the province.	1			x		x
	2	Identify sources of further information on specific services.	1			x		x
	3	Refer patients appropriately.	2			x	x	x
<b>f Foster a collaborative environment that leads to interprofessional collaboration.</b>								
	1	Identify approaches to collaboration and teamwork within TCM and other healthcare settings.	2			x		x
	2	Describe common communication barriers to collaboration.	1			x		x
<b>1.3 Develop and maintain effective relationships with patients.</b>								
<b>a Show respect toward patients as individuals.</b>								
	1	Explain the importance of respecting diverse cultures and lifestyle choices in TCM practice.	2				x	x
	2	Demonstrate positive regard toward patients.			2		x	x
	3	Describe commonly encountered challenges to establishing an effective therapeutic relationship in TCM practice.	3				x	x
	4	Describe strategies to enhance the therapeutic relationship in TCM practice.	3			x		x
<b>b Exhibit compassion toward patients.</b>								

Competency, Domain of Learning & Proficiency, and Evaluation								
Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCQ / Written	OSCE/Simulation	Case Analysis	

		1	Demonstrate supportive and caring interaction with patients.			2		x	x
		2	Demonstrate concern for patient's well-being.			2		x	x
		3	Probe for patients' opinions relative to assessment and treatment.	2	1	2		x	x
		4	Respond to patient questions.	2	1	2		x	x
c	Maintain practitioner / patient boundaries.								
		1	Explain the clinical concepts of transference and countertransference.	2			x		x
		2	Identify and respond appropriately to situations of transference.	2			x	x	x
		3	Identify and respond appropriately to situations of countertransference.	3			x	x	x
		4	Demonstrate empathy with professional detachment.			2	x		x
		5	Explain the implications of the power differential in the patient - practitioner relationship.	2			x	x	
d	Facilitate honest, reciprocal communication.								
		1	Explain the importance of disclosing complete information concerning the patient's state of health and treatment.	2				x	x
		2	Fully disclose information to patients.		1	2		x	x
		3	Probe for patients' opinions relative to assessment and treatment.	2	1	2		x	x
		4	Respond to patient questions.	2	1	2		x	x
e	Encourage patients to take responsibility for their health.								
		1	Participate in decision-making with the patient.	2		2		x	x
		2	Advise patients on the importance of self-care and health maintenance.	1	1		x	x	x
		3	Provide patients with options for continuity of care.	1				x	x
		4	Respect patients' right to access the health care of their choice.			2		x	x
f	Articulate one's professional identity and scope of practice.								
		1	Recognize one's own professional limitations.	2		1	x	x	x
		2	Articulate differences in one's professional role and scope of practice from other professionals.	2			x		x
		3	Encourage networking with other health professionals to improve patient care.	2				x	x

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

### AREA 2 PROFESSIONALISM

<b>2.1</b>	<b>Comply with legal requirements.</b>							
<b>a</b>	<b>Apply current, relevant federal and provincial legislation and regulation requirements that affect TCM practice.</b>							
	1	Understand how to practice within relevant federal legislation and regulation requirements.	3	1		x	x	x
	2	Understand how to practice within relevant provincial legislation and regulation requirements.	3	1		x	x	x
<b>b</b>	<b>Understand CTCMPAO regulations, bylaws, practice standards, safety and ethical requirements.</b>							
	1	Identify CTCMPAO requirements.	2			x		
	2	Understand how to practice according to all CTCMPAO requirements.	3	1		x	x	x
<b>c</b>	<b>Apply current, relevant requirements of municipal and local authorities that impact TCM practice.</b>							
	1	Identify common local regulations relevant to operating a practice.	2			x		
<b>d</b>	<b>Describe the legislative framework of TCM practice in other jurisdictions.</b>							
	1	Describe the framework for TCM practice in other Canadian provinces and territories.	1			x		
	2	Summarize the framework for TCM practice in international jurisdictions.	1			x		
<b>2.2</b>	<b>Practice patient-centred care, in a manner that accords patient dignity and reflects patient rights.</b>							
<b>a</b>	<b>Obtain informed consent from the patient before treatment.</b>							
	1	Explain the process to obtain patient consent and how to receive consent when the patient is incapable.	2				x	x
	2	Explain the role of TCM therapies in patient's overall health care.	2				x	x
	3	Discuss TCM treatment options with patient.	2	1			x	x
	4	Discuss risks inherent in treatment.	2	2			x	x
	5	Discuss prognosis and anticipated outcomes of treatment.	2	2			x	x
<b>b</b>	<b>Ensure initial written informed consent and ongoing consent, as required by the CTCMPAO Standards of Practice.</b>							
	1	Explain written consent.	2			x		
	2	Explain oral consent.	2			x		
	3	Explain implied consent.	2			x		
	4	Explain the importance of ongoing, informed consent.	2		2	x		x
	5	Obtain informed consent prior to assessment of patient and commencement of treatment.	1	1	1		x	x

Competency, Domain of Learning & Proficiency, and Evaluation									
Occupational Competencies			Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
				Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Clinical Case Analysis

		6	Discuss treatment outcomes and progress with patient on a regular basis.	3		2		x	x	x
		7	Reassess patient at appropriate intervals to ensure currency of treatment plan.	1				x	x	x
		8	Assess patient's level of satisfaction with treatment.	3		2		x	x	x
		9	Maintain ongoing consent to treatment.	1	1	1		x	x	x
c	Respect patient rights to privacy and confidentiality.									
		1	Explain the importance of maintaining patient privacy and confidentiality.	2			x			
		2	Maintain confidentiality with regard to patient information.	1				x	x	x
		3	Conduct interactions with patient in a professional way in a private space.		1			x	x	x
		4	Identify situations where a patient might waive the right to treatment in a private space.	2			x		x	
		5	Maintain patient boundaries in regard to assessment and treatment.	1	1	1		x	x	x
		6	Maintain appropriate draping during assessment and treatment.	1	2		x	x	x	x
		7	Describe situations when involvement of patient support person/ guardian/ advocate is appropriate.	1		2	x			
		8	Explain the mandatory processes for handling a privacy breach according to PHIPA and PIPEDA.	1			x			
d	Terminate course of treatment when appropriate.									
		1	Describe situations and conditions that indicate termination of treatment.	2			x			
		2	Describe the importance of continuity of patient care.	2			x			
		3	Describe procedures required for termination of a therapeutic relationship, including referral.	2			x	x		
		4	Explain how to manage issues of patient abandonment.	2			x	x		
e	Practice with a key mindset of Equity, Diversity, Inclusion and Belonging.									
		1	Advocate for health equity in partnership with patients, communities and populations served.	2		2		x		x
		2	Value the influence of psychological, biological, social, cultural, economic, environmental, and educational determinants on health and well-being.	3		3	x	x		x
		3	Demonstrate leadership in the area of community health.		3	3		x	x	x
<b>2.3 Maintain practitioner self-care.</b>										
a	Maintain personal health and wellness in the context of professional practice.									



COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION									
	Occupational Competencies		Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
				Cognitive	Psychomotor	Affective	MCQ / Written	OSCE/Simulation	Clinical Case Analysis

		1	Identify the physical, mental and emotional signs of stress.	2		1	x		
		2	Describe strategies to reduce stress.	2		1	x		
		3	Maintain physical, mental and emotional health consistent with providing effective patient care.	1	1	2		x	x
b	Exhibit professional deportment.								
		1	Describe the importance of appropriate professional deportment.	1			x		
		2	Maintain personal hygiene.		1			x	x
		3	Maintain personal grooming appropriate to practice setting.		1	1		x	x
		4	Dress in a professional manner appropriate to practice setting.		1	1		x	x
<b>2.4 Practice with professional integrity.</b>									
a	Practice within the authorized TCM scope of practice, in the areas in which you have knowledge and competence.								
		1	Explain the TCM scope of practice in Ontario.	1			x		
		2	Provide care within the TCM scope of practice in Ontario.	2		2	x	x	x
b	Modify treatment plan to enhance effectiveness.								
		1	Demonstrate critical self-reflection and reflexivity on performance.			2	x	x	x
		2	Develop and implement a plan to enhance effectiveness of personal practice of TCM.	2			x		
		3	Incorporate empirical-informed and evidence-informed practice.	2	2	1	x	x	x
c	Exhibit professional behaviour.								
		1	Maintain honesty in all professional activities.			2		x	x
		2	Describe ethical dilemmas that are commonly encountered in TCM practice.	2		1	x	x	
		3	Identify situations involving conflict of interest.	2		1	x	x	
		4	Take responsibility for decisions and actions.			2		x	x
<b>2.5 Maintain awareness of research and new developments and methodologies in TCM.</b>									
		1	Identify and justify sources of current information.	1			x		x
		2	Critically appraise new TCM developments and methodologies.	2			x		x
<b>2.6 Utilize research literature.</b>									
		1	Stay current with research in TCM practice.	2			x		
		2	Be proficient in searching the literature.	1	1		x	x	
		3	Critically review published information.	3			x		x
		4	Identify relevance of published information to a specific clinical situation.	3			x		x
<b>2.7 Demonstrate knowledge of clinical research design and methodology in TCM.</b>									

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION									
Occupational Competencies			Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
				Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Clinical Case Analysis

		1	Describe usual approaches to clinical research design and methodology in health sciences.	2			x		
		2	Recognize ethical issues raised by a specific TCM clinical study.	2		2			x
		3	Describe ethical issues that might be raised concerning clinical research and the journals that publish research.	2		2	x		x
<b>2.8 Apply principles of reflective practice.</b>									
<b>a Collaborate with colleagues in professional activities related to the practice of TCM.</b>									
		1	Describe the importance of engagement with colleagues.	2		1	x		
		2	Identify potential opportunities for engagement with colleagues.	2			x		
		3	Initiate professional activities with colleagues.		2		x		x
<b>b Critically assess personal performance and set goals for improvement.</b>									
		1	Describe the importance of self-assessment.	2		1	x		
		2	Identify methods of self-assessment.	2			x	x	x
		3	Identify personal strengths and weaknesses.	2		1	x	x	x
		4	Set goals for improvement.	2		1	x		x
<b>c Undertake professional development activities aimed at enhancing practice.</b>									
		1	Describe the importance of professional development.	2		1	x		
		2	Identify potential opportunities for professional development.	2			x		
<b>2.9 Facilitate the learning of others.</b>									
<b>a Be a mentor to colleagues.</b>									
		1	Describe the importance of assisting colleagues in their development.	1		1	x		
		2	Identify qualities of an effective mentor.	2		1	x		
		3	Encourage colleagues in their professional development.	1			x		
<b>b Make effective presentations to groups.</b>									
		1	Describe the essentials of presentation planning, organization and delivery.	2		1	x		
		2	Utilize presentation technology and resources.	1	1			x	x
		3	Make effective presentations to groups.	2	1	1		x	x
<b>c Demonstrate leadership in the TCM profession and the community.</b>									
		1	Speak as a TCM professional to the broader community.	2	2	1	x	x	x
		2	Explain how TCM fits into the healthcare system.	2			x		
		3	Perform as an active member of the TCM and broader community.	2		1		x	x

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies		Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
			Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

### AREA 3 PRACTICE MANAGEMENT

<b>3.1</b>	<b>Maintain patient records.</b>								
a	Ensure the accuracy and completeness of patient records, consistent with CTCMPAO requirements.								
	1 Document patient information in a timely manner.	2	1		x	x			x
	2 Document comprehensive history, assessment and treatment information.	2	1		x	x			x
	3 Document patient-specific financial information.	2	1		x	x			x
	4 Maintain consistency in record keeping.	2	1		x	x			x
	5 Ensure that records are legible.		1		x	x			x
b	Maintain the security, confidentiality and accessibility of patient records.								
	1 Describe procedures to maintain physical security of records.	2			x			x	
	2 Describe procedures to ensure privacy and confidentiality of records.	2			x			x	
	3 Describe procedures for appropriate patient access to records.	2			x			x	
	4 Describe requirements for maintenance, retention, preservation, transfer and disposal of records.	2			x			x	
<b>3.2</b>	<b>Utilize sound and ethical business strategies.</b>								
a	Ensure sound financial management.								
	1 Develop a sustainable business plan.	3			x				
	2 Explain the importance of complete and accurate business record keeping.	2			x				
	3 Describe required statutory filings.	1			x				
	4 Describe approaches to monitor business performance.	2			x				
	5 Explain the importance of professional liability and malpractice insurance.	1			x				
b	Employ ethical business practices.								
	1 Communicate fee and payment terms, policies and insurance coverage to patients in advance.	1		1	x			x	x
	2 Describe ethical billing practices.	2		1	x				
c	Establish office procedures and supervise staff accordingly.								
	1 Identify activities that require standardized procedures.	2			x			x	
	2 Develop clear procedural directions.	2	1		x			x	
	3 Describe basic principles of good supervision.	2		2	x			x	
	4 Describe regulations affecting working conditions for staff, including harassment and Health and Safety.	2			x			x	

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

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<b>3.3</b>	<b>Apply ethical advertising and promotion practices.</b>							
a.	Comply with laws and regulations.							
	1 Ensure the advertisements and promotions comply with all relevant laws and regulations.	1			x		x	
	2 Monitor and review advertisements and promotions to ensure ongoing compliance.	2		2	x	x		x
b	Provide accurate, truthful and legitimate information.							
	1 Provide information on the services, capabilities, and qualifications of TCM professionals.	1				x		x
	2 Display TCM certifications for public view within the clinic.	1		1	x	x		x
	3 Clearly display the clinic's name, address, contact information, operation hours, fee structure, and any necessary municipal and public health licenses.	1			x	x		x
c	Maintain patient confidentiality and privacy.							
	1 Obtain proper consent when sharing identifiable patient information.	2			x	x		x
	2 Comply with privacy laws and regulations, and display privacy policy in the clinic.	1		2	x	x		x
3.4	Understand how and when to incorporate Telepractice.							
a	Describe areas of TCM practice in which Telepractice can be utilized.							
	1 Describe basic principles of virtual consultations, including the importance of conducting initial consultations in-person.	2			x	x		x
	2 Describe limitations of virtual consultations in diagnosis and treatment	2			x	x		x
	3 Understand and apply CTCMPAO practice guidelines for Telepractice	2			x		x	
	4 Evaluate the safety and security of TCM-related digital tools.	2			x		x	x
	5 Comply with laws and regulations.	2			x		x	x
	6 Maintain patient confidentiality.	2			x		x	x

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AREA 4 TCM FOUNDATIONS										
4.1	Apply fundamental knowledge of Traditional Chinese Medicine in practice (diagnosis, treatment and follow-up).									
a	Apply <i>Yīn Yáng</i> Theory.									
	1	Describe <i>Yīn Yáng</i> theory.	2		1	x				
	2	Explain <i>Yīn Yáng</i> theory in TCM practice.	3	2	1	x	x	x	x	
b	Apply Five Element ( <i>Wǔ Xíng</i> ) Theory									
	1	Describe Five Element ( <i>Wǔ Xíng</i> ) theory.	2		1	x				
	2	Explain Five Element ( <i>Wǔ Xíng</i> ) theory in TCM practice.	3	2	1	x	x	x	x	
c	Apply Organ Theory ( <i>Zàng Xiàng</i> Theory)									
	1	Describe the general features, physiological functions and pathological changes of <i>Zàng-Fǔ</i> Organs.	2		1	x				
	2	Describe the interrelationships among <i>Zàng-Fǔ</i> organs, both in physiology and pathology.	2		1	x				
	3	Explain Organ Theory ( <i>Zàng Xiàng</i> Theory) in TCM practice.	3	2		x	x	x	x	
d	Apply Meridians and Collaterals ( <i>Jīng Luò</i> ) Theory.									
	1	Describe the Meridians and Collaterals ( <i>Jīng Luò</i> ) system, including its distribution and interconnections.	2		1	x				
	2	Describe the functions of the Meridians and Collaterals ( <i>Jīng Luò</i> ) system.	2		1	x				
	3	Describe the signs and symptoms associated with disorders of Meridians and Collaterals ( <i>Jīng Luò</i> ).	2		1	x				
	4	Explain Meridians and Collaterals ( <i>Jīng Luò</i> ) in TCM practice.	3	2		x	x	x	x	
e	Apply Essence, Qi, Blood, Body Fluids and Spirit ( <i>Jīng, Qì, Xuě, Jīn Yè &amp; Shén</i> ).									
	1	Understand the concepts of Essence, Qi, Blood, Body Fluids and Spirit ( <i>Jīng, Qì, Xuě, Jīn Yè &amp; Shén</i> ).	3		1	x				
	2	Understand the interrelationships of Essence, Qi, Blood, Body Fluids and Spirit ( <i>Jīng, Qì, Xuě, Jīn Yè &amp; Shén</i> ).	3		1	x				
	3	Describe the signs and symptoms associated with disorders of Essence, Qi, Blood, Body Fluids and Spirit ( <i>Jīng, Qì, Xuě, Jīn Yè &amp; Shén</i> ).	2		1	x				
	4	Explain Essence, Qi, Blood, Body Fluids and Spirit ( <i>Jīng, Qì, Xuě, Jīn Yè &amp; Shén</i> ) theory in TCM practice.	3	2		x	x	x	x	
f	Apply Constitution ( <i>Tǐ Zhì</i> ) Theory.									
	1	Understand the concept of Constitution ( <i>Tǐ Zhì</i> ).	2		1	x				
	2	Describe the signs and symptoms associated with the various types of Constitution ( <i>Tǐ Zhì</i> ).	2		1	x				

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	3	Explain Constitution (Tǐ Zhì) theory in TCM practice.	3	2		x	x	x	x
g		Apply Etiology (Bìng Yīn) Theory.							
	1	Understand the concepts of Etiology (Bìng Yīn).	2	1	x				
	2	Describe the categories of Etiology (Bìng Yīn).	2	1	x				
	3	Apply Etiology (Bìng Yīn) theory in TCM practice.	3	2		x	x	x	x
h		Apply Pathogenesis (Bìng Jī) Theory.							
	1	Understand the concept of Pathogenesis (Bìng Jī).	2	1	x				
	2	Justify the mechanisms of Pathogenesis (Bìng Jī).	2			x			
	3	Apply Pathogenesis (Bìng Jī) Theory in TCM practice.	3	2	1	x	x	x	x
i		Apply Treatment Principles (Zhì Zé) Theory.							
	1	Describe Treatment Principles (Zhì Zé).	2	1	x				
	2	Justify Treatment Principles (Zhì Zé).	2	1	x	x			
	3	Explain Treatment Principles (Zhì Zé) theory in TCM practice.	3	2		x	x	x	x
j		Apply Prevention (Yù Fáng) Theory.							
	1	Understand the concept of Prevention (Yù Fáng).	2	1	x				
	2	Describe methodology of Prevention (Yù Fáng).	2			x			
	3	Apply Prevention (Yù Fáng) theory in TCM practice.	3	2	2	x	x		
	4	Guide patients to incorporate Prevention (Yù Fáng) in their daily life.	2	1			x	x	x
k		Apply Health Preservation (Yǎng Shēng) Theory.							
	1	Understand the concept of Health Preservation (Yǎng Shēng).	2	1	x				
	2	Describe the methods of Health Preservation (Yǎng Shēng).	2	1	x				
	3	Apply Health Preservation (Yǎng Shēng) methods in TCM practice.	3	2	1	x	x	x	x
	4	Guide patients on ways to maintain health through Health Preservation (Yǎng Shēng).	2	1			x	x	x
l		Practice Qì Gōng and Tài Jí.							
	1	Understand the theoretical basis for Qì Gōng and Tài Jí.	2	1	x	x			
	2	Understand the therapeutic significance of Qì Gōng and Tài Jí.	2	1	x	x			
4.2		Apply Acupuncture Point (Shū Xué) Theory in TCM practice.							
a		Categorize Acupuncture Points (Shū Xué).							
		(i) 14 Meridian Points (Jīng Xué).							
	1	Describe the standard nomenclature of Meridian Points (Jīng Xué) published by the World Health Organization (WHO).	2			x			
	2	Locate Meridian Points (Jīng Xué).	1	1		x	x		x
	3	Describe the recommended needling depth and angle for Meridian points (Jīng Xué).	2			x			
	4	Describe the functions of Meridian Points (Jīng Xué).	2	1	x				

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	5	Describe the indications of Meridian Points ( <i>Jīng Xué</i> ).	2		1	x		
	6	Apply combinations of Meridian Points ( <i>Jīng Xué</i> ) in practice.	3	2	1	x	x	x
	(ii) Extra Points ( <i>Jīng Wài Qí Xué</i> ).							
	1	Understand the Extra Points ( <i>Jīng Wài Qí Xué</i> ).	2			x		
	2	Locate the Extra Points ( <i>Jīng Wài Qí Xué</i> ).	1	1		x	x	x
	3	Describe the recommended needling depth and angle for Extra Points ( <i>Jīng Wài Qí Xué</i> ).	2			x		
	4	Describe the functions of Extra Points ( <i>Jīng Wài Qí Xué</i> ).	2		1	x		x
	5	Describe the indications of Extra Points ( <i>Jīng Wài Qí Xué</i> ).	2			x		x
b	Apply knowledge of Specific Points ( <i>Tè Dìng Xué</i> ).							
	(i) Five-Shū Points ( <i>Wǔ Shū Xué</i> ).							
	1	Understand Five-Shu Points ( <i>Wǔ Shū Xué</i> ).	2			x		
	2	Describe the theoretical basis for Five-Shu Points ( <i>Wǔ Shū Xué</i> ).	2		1	x		
	3	Describe the therapeutic significance of Five-Shu Points ( <i>Wǔ Shū Xué</i> ).	2		1	x		
	4	Explain the application of Five-Shu Points ( <i>Wǔ Shū Xué</i> ).	2	2		x	x	x
	(ii) Yuán-Source Points.							
	1	Identify Yuán-Source Points.	1			x		
	2	Describe the theoretical basis for Yuán-Source Points.	2		1	x		
	3	Describe the therapeutic significance of Yuán-Source Points.	2		1	x		
	4	Explain the application of Yuán-Source Points.	2	2		x	x	x
	(iii) Luò-Connecting Points.							
	1	Identify Luò-Connecting Points.	1			x		
	2	Describe the theoretical basis for Luò-Connecting Points.	1		1	x		
	3	Describe the therapeutic significance of Luò-Connecting Points.	2		1	x		
	4	Explain the application of Luò-Connecting Points.	2	2		x	x	x
	(iv) Xì-Cleft Points.							
	1	Identify Xì-Cleft Points.	1			x		
	2	Describe the theoretical basis for Xì-Cleft Points.	2		1	x		
	3	Describe the therapeutic significance of Xì-Cleft Points.	2		1	x		
	4	Explain the application of Xì-Cleft Points.	2	2		x	x	x
	(v) Back-Shū Points.							
	1	Identify Back-Shū Points.	1			x		
	2	Describe the theoretical basis for Back-Shū Points.	2		1	x		
	3	Describe the therapeutic significance of Back-Shū Points.	2		1	x		
	4	Explain the application of Back-Shū Points.	2	2		x	x	x

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(vi) Front-Mù Points.								
	1 Identify Front-Mù Points.	1			x			
	2 Describe the theoretical basis for Front-Mù Points.	2		1	x			
	3 Describe the therapeutic significance of Front-Mù Points	2		1	x			
	4 Explain the application of Front-Mù Points.	2	2		x	x	x	
(vii) Lower Hé-Sea Points.								
	1 Identity Hé-Sea Points.	1			x			
	2 Describe the theoretical basis for Lower Hé-Sea Points.	2		1	x			
	3 Describe the therapeutic significance of Lower Hé-Sea Points.	2		1	x			
	4 Explain the application of Lower Hé-Sea Points.	2	2		x	x	x	
(viii) Eight Confluent Points ( <i>Bā Mài Jiāo Huì Xué</i> ).								
	1 Identify Eight Confluent Points ( <i>Bā Mài Jiāo Huì Xué</i> ).	1			x			
	2 Describe the theoretical basis for Eight Confluent Points ( <i>Bā Mài Jiāo Huì Xué</i> ).	2		1	x			
	3 Describe the therapeutic significance of Eight Confluent Points ( <i>Bā Mài Jiāo Huì Xué</i> ).	2		1	x			
	4 Explain the application of Eight Confluent Points ( <i>Bā Mài Jiāo Huì Xué</i> ).	2	2		x	x	x	
(ix) Eight Influential Points ( <i>Bā Huì Xué</i> ).								
	1 Identify Eight Influential Points ( <i>Bā Huì Xué</i> ).	1			x			
	2 Describe the theoretical basis for Eight Influential Points ( <i>Bā Huì Xué</i> ).	2		1	x			
	3 Describe the therapeutic significance of Eight Influential Points ( <i>Bā Huì Xué</i> ).	2		1	x			
	4 Explain the application of Eight Influential Points ( <i>Bā Huì Xué</i> ).	2	2		x	x	x	
(x) Mother/Child Points ( <i>Zǐ Mǔ Xué</i> ).								
	1 Identify Mother/Child Points ( <i>Zǐ Mǔ Xué</i> ).	1			x			
	2 Describe the theoretical basis for Mother/Child Points ( <i>Zǐ Mǔ Xué</i> ).	2		1	x			
	3 Describe the therapeutic significance of Mother/Child Points ( <i>Zǐ Mǔ Xué</i> ).	2		1	x			
	4 Explain the application of Mother/Child Points ( <i>Zǐ Mǔ Xué</i> ).	2	2		x	x	x	
(xi) Crossing Points ( <i>Jiāo Huì Xué</i> ).								
	1 Identify Crossing Points ( <i>Jiāo Huì Xué</i> ).	1			x			
	2 Describe the theoretical basis for Crossing Points ( <i>Jiāo Huì Xué</i> ).	2		1	x			
	3 Describe the therapeutic significance of Crossing Points ( <i>Jiāo Huì Xué</i> ).	2		1	x			
	4 Explain the application of Crossing Points ( <i>Jiāo Huì Xué</i> ).	2	2		x	x	x	
(xii) Ashi Points ( <i>A Shì Xué</i> ).								
	1 Describe Ashi Points ( <i>A Shì Xué</i> ).	2		1	x			



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Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
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	2	Describe the therapeutic significance of Ashi Points ( <i>A Shì Xué</i> ).	2		1	x		
	3	Explain the application of Ashi Points ( <i>A Shì Xué</i> ).	2	2		x	x	x
<b>4.3</b>	<b>Apply knowledge of herbology in TCM practice.</b>							
a	Four-Qì Theory.							
	1	Describe Four-Qì.	1		1	x		
	2	Describe the relationship between the actions of herbs and their Four-Qì.	2		1	x		
	3	Describe the therapeutic significance of Four-Qì.	2		1	x		
	4	Apply the Four-Qì of herbs.	2	2		x		x
b	Five Flavors ( <i>Wǔ Wèi</i> ) Theory.							
	1	Describe Five Flavors ( <i>Wǔ Wèi</i> ).	1		1	x		
	2	Describe the relationship between the actions of herbs and their Five Flavors ( <i>Wǔ Wèi</i> ).	2		1	x		
	3	Describe the therapeutic significance of Five Flavors ( <i>Wǔ Wèi</i> ).	2		1	x		
	4	Apply the Five Flavors ( <i>Wǔ Wèi</i> ) of herbs.	2	2		x	x	x
c	Ascending, Descending, Floating and Sinking ( <i>Shēng, Jiàng, Fú &amp; Chén</i> ) Theory.							
	1	Describe Ascending, Descending, Floating and Sinking ( <i>Shēng, Jiàng, Fú &amp; Chén</i> ).	1		1	x		
	2	Describe the relationship between the actions of herbs and their Ascending, Descending, Floating and Sinking ( <i>Shēng, Jiàng, Fú &amp; Chén</i> ).	2		1	x		
	3	Describe the therapeutic significance of Ascending, Descending, Floating and Sinking ( <i>Shēng, Jiàng, Fú &amp; Chén</i> ).	2		1	x		
	4	Apply the Ascending, Descending, Floating and Sinking ( <i>Shēng, Jiàng, Fú &amp; Chén</i> ) of herbs.	2	2		x	x	x
d	Meridian Affinity ( <i>Guī Jīng</i> ) Theory.							
	1	Describe Meridian Affinity ( <i>Guī Jīng</i> ).	1		1	x		
	2	Describe the relationship between the actions of herbs and their Meridian Affinity ( <i>Guī Jīng</i> ).	2		1	x		
	3	Describe the therapeutic significance of Meridian Affinity ( <i>Guī Jīng</i> ).	2		1	x		
	4	Apply the Meridian Affinity ( <i>Guī Jīng</i> ) of herbs.	2	2		x	x	x
e	Herbal Actions.							
	1	Describe the actions of herbs.	2		1	x		
	2	Describe the relationship between actions and categorization of herbs.	2		1	x		
	3	Differentiate the actions of herbs within the same category.	2		1	x		

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	4	Describe the relationship between actions and the indications of herbs.	2		2	x		
	5	Describe the therapeutic significance of the actions of herbs.	2		1	x		
f	Herbal Indications.							
	1	Describe the indications of herbs.	2		1	x		
	2	Describe the therapeutic significance of indications.	2		2	x		
	3	Apply the indications of herbs.	2			x	x	x
g	Herbal Toxicity.							
	1	Understand the concept of toxicity of herbs.	2		1	x	x	x
	2	Describe the dosage ranges and cautions when using toxic herbs.	2		1	x		
	3	Describe Eighteen Incompatibilities (Shí Bā Fǎn) and Nineteen Antagonisms (Shí Jiǔ Wèi).	2		1	x	x	x
	4	Describe emerging research findings and understanding of toxicity in commonly used herbs.	3			x	x	x
	5	Understand and comply with Canadian regulations of herbs that are designated as toxic or restricted.	2			x	x	x
h	Apply Herbal Processing (Páo Zhì).							
	1	Understand Herbal Processing (Páo Zhì).	2			x		
	2	Justify the effects of Herbal Processing (Páo Zhì).	2		1	x		
	3	Apply principles of Herbal Processing (Páo Zhì) in practice.	3	2		x	x	x
i	Pharmacological effect.							
	1	Understand emerging knowledge of the pharmacological effects of herbs.	3			x		
j	Pair and combine herbs.							
	1	Understand the principles of pairing and combining herbs.	2			x		
	2	Apply paired and combined herbs in practice.	3	3		x	x	x
4.4	Apply knowledge of herbal formulating strategies.							
a	Composition of formulas.							
	1	Describe the general principles of the composition of formulas.	1		1	x		
	2	Describe the composition of formulas.	2			x		
	3	Analyze the composition of formulas.	2		2	x	x	x
b	Modification of formulas.							
	1	Describe the principles of modification of formula constituents.	2		1	x		
	2	Describe the principles of alteration of the ratio of constituents.	2		1	x		
	3	Describe the principles of changes in dosage form of the formulas.	2		1	x		
	4	Apply the principles of modification, alteration and changes in dosage	3	3		x	x	x

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		in preparation of herbal formulas.						
c	Functions & categorization.							
	1	Understand the categorization of formulas according to their function.	3	1	x			
	2	Describe the clinical relevance of each category of formulas.	2	1	x			
	3	Identify each category of formulas.	2	1	x			
	4	Describe the actions of formulas.	2		x			
	5	Differentiate the actions of formulas within the same category.	2	2	x			
	6	Explain the application of suitable formulas to achieve specific clinical outcomes.	3	2	2	x	x	x
d	Combinations & compatibility.							
	1	Describe the compatibility and incompatibility of herbs.	1		x			
	2	Describe the therapeutic significance of herbal combinations.	2	1	x			
	3	Apply a combination of herbs to achieve a specific clinical outcome.	3	3	2	x	x	x
e	Dosage forms & methods of administration.							
	1	Understand the dosage forms of herbal formulas.	2	1	x	x		
	2	Describe the methods of preparation for each dosage form.	1		x	x		
	3	Describe the methods of administration of herbal formulas.	2		x			
	4	Explain the application of dosage forms and methods of administration to achieve specific clinical outcomes.	3	2		x	x	x
f	Dosage.							
	1	Understand the general dosage ranges of herbs in formulas.	2		x			
	2	Apply dosage of herbs to achieve a specific clinical outcome.	3	2	2	x	x	x
g	Potential adverse effects.							
	1	Describe potential adverse effects of herbal formulas.	2	1	x			
	2	Describe methods to prevent adverse effects.	2	2	x			
	3	Describe actions to take in the event of adverse effects.	3	2	x			
	4	Collaborate with colleagues and justify actions to take in the event of adverse effects.	3		x	x	x	x
h	Contraindications & precautions.							
	1	Understand contraindications for herbal formulas.	2	1	x			
	2	Describe precautions for herbal formulas.	1	1	x			
	3	Explain contraindications and precautions in practice.	2		x	x	x	x
4.5	Apply knowledge of herb interactions in treatment planning.							
a	Herb – drug interactions.							
	1	Describe potential interactions between herbs and drugs.	3		x			

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
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	2	Modify treatment plan based on potential herb - drug interactions.	3	1	x		x	x
b	Herb – herb interactions.							
	1	Describe potential herb-herb interactions.	3		x			
	2	Modify treatment plan based on potential herb - herb interactions.	3	1	x		x	x
	3	Apply Eighteen Incompatibilities ( <i>Shí Bā Fǎn</i> ) and Nineteen Antagonisms ( <i>Shí Jiǔ Wèi</i> ).	3	2		x	x	x
c	Herb – food interactions.							
	1	Describe potential herb - food interactions.	3		x			
	2	Modify treatment plan based on potential herb - food interactions.	3	1	x	x	x	x
d	Herb – natural health product interactions.							
	1	Describe potential herb - natural health product interactions.	3		x			
	2	Modify treatment plan based on potential herb - natural health product interactions.	3	1	x	x	x	x
4.6	Apply TCM dietary therapy in treatment planning.							
a	Adopt the concept of TCM dietary therapy.							
	1	Describe TCM dietary fundamentals.	2	1	x			
	2	Apply TCM dietary principles.	2	2	1	x		
b	Incorporate TCM dietary therapy in practice.							
	1	Categorize foods according to their properties and functions.	2		x			
	2	Apply dietary recipes consistent with the TCM diagnosis.	2	2	x	x	x	x
	3	Describe dietary precautions for common conditions.	2		x	x	x	x
4.7	Apply knowledge of the TCM Classics in diagnosis and treatment.							
a	Study of The Yellow Emperor's Inner Canon ( <i>Huáng Dì Nèi Jīng</i> )							
	1	Explain the concepts behind The Yellow Emperor's Inner Canon ( <i>Huáng Dì Nèi Jīng</i> ), and how the Classic provides TCM insight.	2		x			
	2	Explain clinical situations, with reference to the Classic of <i>Huáng Dì Nèi Jīng</i>	2		x			
	3	Analyze patient presentation in reference to the concepts of The Yellow Emperor's Inner Canon ( <i>Huáng Dì Nèi Jīng</i> ).	2		x		x	
	4	Formulate and justify patient treatment plan derived from The Yellow Emperor's Inner Canon ( <i>Huáng Dì Nèi Jīng</i> ).	2	2	x		x	
b	Study of Treatise on Febrile Diseases ( <i>Shāng Hán Lùn</i> ).							
	1	Explain the concepts behind Treatise on Febrile Diseases ( <i>Shāng Hán Lùn</i> ), and how the Classic provides insight into TCM.	2		x			
	2	Recognize clinical situations, with reference to the Classic of Treatise on Febrile Diseases ( <i>Shāng Hán Lùn</i> ).	2		x			

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION									
Occupational Competencies		Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
			Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical
		3 Analyze patient presentation in reference to the concepts of Treatise on Febrile Diseases ( <i>Shāng Hán Lùn</i> ).	2			x		x	x
		4 Formulate and justify patient treatment plan derived from Treatise on Febrile Diseases ( <i>Shāng Hán Lùn</i> ).	2		2	x	x	x	x
c	Study of Synopsis of the Golden Chamber ( <i>Jīn Guì Yào Luè</i> ).								
		1 Explain the concepts behind Synopsis of the Golden Chamber ( <i>Jīn Guì Yào Luè</i> ), and how the Classic provides insight into TCM.	2			x			
		2 Recognize clinical situations, referencing the Classic of Synopsis of the Golden Chamber ( <i>Jīn Guì Yào Luè</i> ).	2			x			
		3 Analyze patient presentation in reference to the concepts of Synopsis of the Golden Chamber ( <i>Jīn Guì Yào Luè</i> ).	2			x		x	x
		4 Formulate and justify patient treatment plan derived from Synopsis of the Golden Chamber ( <i>Jīn Guì Yào Luè</i> ).	2		2	x	x	x	x
d	Study of Science of Epidemic Febrile Disease ( <i>Wēn Bīng Xué</i> ).								
		1 Explain the concepts behind Science of Epidemic Febrile Disease ( <i>Wēn Bīng Xué</i> ), and how the Classic provides insight into TCM.	2			x			
		2 Recognize clinical situations, referencing the Classic of Science of Epidemic Febrile Disease ( <i>Wēn Bīng Xué</i> ) would be advantageous.	2			x			
		3 Analyze patient presentation in reference to the concepts of Science of Epidemic Febrile Disease ( <i>Wēn Bīng Xué</i> ).	2			x		x	x
		4 Formulate and justify patient treatment plan derived from Science of Epidemic Febrile Disease ( <i>Wēn Bīng Xué</i> ).	2		2	x	x	x	x
e	Study of Shen Nong's Classic of Materia Medica ( <i>Shén Nóng Běn Cǎo Jīng</i> ).								
		1 Identify the fundamentals of Shen Nong's Classic of Materia Medica ( <i>Shén Nóng Běn Cǎo Jīng</i> ).	1			x			
		2 Apply Shen Nong's Classic of Materia Medica ( <i>Shén Nóng Běn Cǎo Jīng</i> ). in developing treatment strategies.	2	2	2	x		x	x
4.8	Integrate knowledge of the TCM Classics.								
		1 Describe similarities and differences in content and application of the TCM Classics listed in 4.7, above.	2		2	x			
		2 Describe insights that can be gained by combining knowledge from the TCM Classics with contemporary information sources.	2		2	x			

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION									
	Occupational Competencies		Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
				Cognitive	Psychomotor	Affective	MCQ / Written	OSCE/Simulation	Clinical Case Analysis

AREA 5: FUNDAMENTALS OF BIOMEDICINE IN RELATION TO TCM PRACTICE								
<b>5.1</b>	<b>Integrate biomedical concepts and TCM practices.</b>							
	<b>a</b>	<b>Working knowledge of human anatomy.</b>						
		1	Familiar with anatomical terminology.	1			x	
		2	Identify major systems and structures of the body.	2			x	
		3	Familiar with spatial relationships between organs, tissues, and body cavities.	2			x	
		4	Explain the clinical relevance of human anatomic structures.	2			x	x x
		5	Locate acupuncture points using surface anatomical structures.	2	2		x x	x x
		6	Identify potential target structures and vulnerable structures associated with acupuncture points.	2			x x	x x
	<b>b</b>	<b>Working knowledge of physiology.</b>						
		1	Understand cellular physiology.	2			x	
		2	Understand organ system functions.	2			x	
		3	Understand regulatory mechanisms. (e.g., homeostasis, hormonal feedback mechanisms, autonomic nervous system).	2			x	
		4	Explain the integration and interactions of different physiological systems.	2			x	x
		5	Explain physiological adaptations and responses.	2			x	x
	<b>c</b>	<b>Working knowledge of pathology.</b>						
		1	Recognize disease classification and terminology.	2			x	x x
		2	Understand the clinical presentation of common diseases.	2			x	x x
		3	Describe pathophysiologic processes of common diseases.	2			x	
		4	Describe morphological alterations of common diseases.	2			x	
		5	Explain pathogenesis and etiology of common diseases.	2			x	
	<b>d</b>	<b>Working knowledge of biochemistry.</b>						
		1	Understand and explain the structures and functions of DNA, RNA, and proteins.	2			x	
		2	Understand and explain the bioenergetics and metabolism of carbohydrates and lipids.	2			x	
		3	Understand and explain the metabolism of proteins, amino acids and nucleic acids.	2			x	
		4	Explain the roles of minerals, vitamins, enzymes and hormones.	2			x	
<b>5.2</b>	<b>Relate biomedical diagnostic and treatment approaches to TCM practices.</b>							
	<b>a</b>	<b>Understand and explain biomedical diagnosis and treatment methods.</b>						
		1	The purposes of commonly used laboratory tests and diagnostic	2			x	

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

		procedures.						
	2	Findings in laboratory reports.	2			x	x	x
	3	Findings of physical examination.	2			x	x	x
	4	Findings in diagnostic imaging reports.	2			x	x	x
	5	Relate abnormal findings to common diseases.	2			x	x	
	6	Identify typical biomedical treatments for common diseases.	2			x		
	7	Identify the underlying principles of biomedical diagnostic and treatment approaches.	2			x		
b	Pharmacology.							
	1	Identify the therapeutic effects, adverse effects and signs and symptoms of toxicity of drugs from common drug categories.	2			x		x
	2	Describe the concepts of pharmacokinetics and pharmacodynamics.	2			x		
	3	Identify the pharmacological actions of drugs from common drug categories.	2			x		x
	4	Understand common drug categories, mechanisms of action, indications, interactions, common side effects and adverse reactions.	2			x		x
	5	Recognize how some medications may alter the clinical presentation of the patient in TCM practice.	2			x		x
5.3	Integrate TCM and biomedical concepts.							
a	Relate biomedical information concerning patient's condition and treatment to TCM state of health.							
	1	Understand the similarities and the differences between a biomedical diagnosis and TCM diagnosis.	3		2	x	x	x
	2	Relate the actions of acupuncture to biomedical concepts.	3		2	x	x	x
	3	Relate the actions of herbal treatment to biomedical concepts.	3		2	x	x	x
	4	Enumerate the benefits and limitations of biomedical therapies in TCM treatments.	2			x	x	x
b	Communicate TCM diagnostic and treatment information to other health care professionals, and to third parties.							
	1	Explain TCM diagnosis and clinical progress using terms that are readily understood by other healthcare professionals.	2		2	x	x	x
c	Maintain knowledge of emerging diseases and conditions, and their responsiveness to treatment by TCM.							
	1	Critically appraise sources of information.	2		x			x
	2	Describe examples of recent developments of emerging diseases and conditions.	2		1	x		
	3	Apply and assess current trends in TCM treatments that may address emerging diseases and conditions.	3	3	1	x	x	x

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

### AREA 6 DIAGNOSTICS AND TREATMENT

<b>6.1</b>	<b>Establish priorities for assessment and treatment planning.</b>							
<b>a</b>	<b>Identify and interpret chief complaint.</b>							
	1	Elicit patient's reason(s) for seeking treatment.	2	2	2	x	x	x
	2	Prioritize the chief complaint in complex situations.	3	2	2	x	x	x
<b>b</b>	<b>Initiate suitable approach to gather details about the chief complaint.</b>							
	1	Determine an approach relevant to the chief complaint.	3	2		x	x	x
	2	Perform a focused physical examination within the scope of TCM practice relevant to the chief complaint.	2	2	2	x	x	x
<b>c.</b>	<b>Recognize conditions that require urgent medical treatment and advise the patient appropriately.</b>							
	1	Describe the signs and symptoms of conditions that require urgent medical treatment.	2			x	x	x
	2	Describe how and when to advise patients in the event of conditions that require urgent medical treatment.	2		2	x	x	x
<b>d</b>	<b>Modify assessment strategy.</b>							
	1	Describe the significance for patients of advising the patient on both positive and negative findings.	2			x		
	2	Modify assessment strategy based upon emerging patient information.	2			x		x
<b>e</b>	<b>Initiate collaboration, consultation or referral as appropriate.</b>							
	1	Identify conditions for which TCM therapies provide effective treatment.	2			x		
	2	Identify conditions beyond practitioner's individual clinical knowledge and experience.	2			x		x
	3	Recognize unsatisfactory therapeutic outcome of treatment.	2			x		x
	4	Acknowledge the limitations of TCM practice.	2			x	x	x
	5	Understand how to assess the efficacy of TCM treatments in comparison to widely used therapeutic approaches by other healthcare professionals.	3			x	x	x
	6	Describe ways to initiate collaboration, consultation or referral.	1		2	x		x
	7	Recognize patients' needs that extend beyond the realm of TCM practice and provide guidance, including social and healthcare-related services.	3	1	2	x	x	x
<b>6.2</b>	<b>Collect information to perform Clinical Assessment.</b>							
<b>a</b>	<b>Collect information using Diagnostic Inspection (Wàng Zhěn).</b>							
	1	Understand Diagnostic Inspection (Wàng Zhěn).	2			x		



# COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

	2	Explain the significance of Diagnostic Inspection ( <i>Wàng Zhěn</i> ).	2		1	x		
	3	Apply Diagnostic Inspection ( <i>Wàng Zhěn</i> ).	3	3	1	x	x	x
b		Collect information using Diagnostic Inquiry ( <i>Wèn Zhěn</i> ).						
	1	Understand Diagnostic Inquiry ( <i>Wèn Zhěn</i> ).	2		1	x		
	2	Explain the significance of Diagnostic Inquiry ( <i>Wèn Zhěn</i> ).	2		1	x		
	3	Apply Diagnostic Inquiry ( <i>Wèn Zhěn</i> ).	3	3	1	x	x	x
c		Collect information using Diagnostic Auscultation and Olfaction ( <i>Wén Zhěn</i> ).						
	1	Understand Diagnostic Auscultation and Olfaction ( <i>Wén Zhěn</i> ).	2		1	x		
	2	Explain the significance of Diagnostic Auscultation and Olfaction ( <i>Wén Zhěn</i> ).	2		1	x		
	3	Apply Diagnostic Auscultation and Olfaction ( <i>Wén Zhěn</i> ).	3	3	1	x	x	x
d		Collect information using Diagnostic Palpation ( <i>Qìè Zhěn</i> ).						
	1	Understand Diagnostic Palpation ( <i>Qìè Zhěn</i> ).	2		1	x		
	2	Explain the significance of Diagnostic Palpation ( <i>Qìè Zhěn</i> ).	2		1	x		
	3	Apply Diagnostic Palpation ( <i>Qìè Zhěn</i> ).	3	3	1	x	x	x
e		Measure vital signs.						
	1	Explain the significance of vital signs.	2			x	x	
	2	Perform vital signs measurements.		2			x	x
	3	Recognize abnormal vital signs.	2			x	x	
f		Conduct relevant non-invasive physical examination.						
	1	Describe the techniques and equipment used in physical examinations.	1			x		
	2	Explain the diagnostic significance of physical examinations.	2			x	x	
	3	Perform relevant physical examinations.		2		x	x	x
	4	Perform physical examinations in a manner that minimizes patient distress, embarrassment, and risk of injury.		2	2	x	x	x
6.3		Establish Syndrome Differentiation.						
a		Ensure that the clinical assessment information is clear, complete and accurate.						
	1	Verify completeness and accuracy of clinical assessment information.	2			x	x	x
	2	Understand the risk of clinical assessment error.	2					
b		Determine, analyze and apply TCM syndrome differentiations.						
	1	Determine the selection of TCM syndrome for a patient.	3		1	x	x	x
	2	Justify the selection of TCM syndrome for a patient.	3		1	x	x	x
	3	Integrate TCM syndrome in the assessment of complex medical conditions.	3		1	x	x	x
		(i) Syndrome Differentiation of Eight Principles ( <i>Bā Gāng Biàn Zhèng</i> ).						

# COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

	1	Describe the TCM Syndrome of Eight Principles ( <i>Bā Gāng Biàn Zhèng</i> ).	2	1	x			
	2	Identify syndromes according to the TCM Syndrome of Eight Principles ( <i>Bā Gāng Biàn Zhèng</i> ).	2	1	x			
	3	Analyze and justify the etiology and pathogenesis of the TCM Syndrome of Eight Principles ( <i>Bā Gāng Biàn Zhèng</i> ).	2	1	x			
	4	Formulate a diagnosis for a patient according to the TCM Syndrome of Eight Principles ( <i>Bā Gāng Biàn Zhèng</i> ).	3	1	x	x	x	x
(ii) Syndrome Differentiation of Five-Elements ( <i>Wǔ Xíng Biàn Zhèng</i> ) .								
	1	Describe the TCM Syndrome of Five-Elements ( <i>Wǔ Xíng Biàn Zhèng</i> ).	2	1	x			
	2	Identify the TCM Syndrome of Five-Elements ( <i>Wǔ Xíng Biàn Zhèng</i> ).	2	1	x			
	3	Analyze and justify the etiology and pathogenesis of the TCM Syndrome of Five-Elements ( <i>Wǔ Xíng Biàn Zhèng</i> ).	2	1	x			
	4	Formulate a patient diagnosis according to TCM Syndrome of Five-Elements ( <i>Wǔ Xíng Biàn Zhèng</i> ).	3	1	x	x	x	x
(iii) Syndrome Differentiation of Zàng-Fǔ Organs ( <i>Zàng Fǔ Biàn Zhèng</i> ).								
	1	Describe the TCM Syndrome of Zàng-Fǔ Organs ( <i>Zàng Fǔ Biàn Zhèng</i> ).	2	1	x			
	2	Identify the TCM Syndrome of Zàng-Fǔ Organs ( <i>Zàng Fǔ Biàn Zhèng</i> ).	2	1	x			
	3	Analyze and justify the etiology and pathogenesis of the TCM Syndrome of Zàng-Fǔ Organs ( <i>Zàng Fǔ Biàn Zhèng</i> ).	2	1	x			
	4	Formulate a diagnosis for a patient according to TCM Syndrome of Zàng-Fǔ Organs ( <i>Zàng Fǔ Biàn Zhèng</i> ).	3	1	x	x	x	x
(iv) Syndrome Differentiation of Qì, Blood, and Body Fluids ( <i>Qì Xuě &amp; Jīn Yè Biàn Zhèng</i> )								
	1	Describe the TCM Syndrome of Qì, Blood, and Body Fluids ( <i>Qì Xuě &amp; Jīn Yè Biàn Zhèng</i> ).	2	1	x			
	2	Identify the TCM Syndrome of Qì, Blood, and Body Fluids ( <i>Qì Xuě &amp; Jīn Yè Biàn Zhèng</i> ).	2	1	x			
	3	Analyze and explain the etiology and pathogenesis of the TCM Syndrome of Qì, Blood, and Body Fluids ( <i>Qì Xuě &amp; Jīn Yè Biàn Zhèng</i> ).	2	1	x			
	4	Formulate a diagnosis for a patient according to the TCM Syndrome of Qì, Blood, and Body Fluids ( <i>Qì Xuě &amp; Jīn Yè Biàn Zhèng</i> ).	3	1	x	x	x	x
(v) Syndrome Differentiation of Etiological Factors ( <i>Bìng Yīn Biàn Zhèng</i> ).								
	1	Describe the TCM Syndrome of Etiological Factors ( <i>Bìng Yīn Biàn Zhèng</i> ).	2	1	x			
	2	Identify the TCM Syndrome of Etiological Factors ( <i>Bìng Yīn Biàn Zhèng</i> ).	2	1	x			
	3	Analyze and explain the etiology and pathogenesis of the TCM Syndrome of Etiological Factors ( <i>Bìng Yīn Biàn Zhèng</i> ).	2	1	x			

# COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
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	4	Formulate a diagnosis for a patient according to the TCM Syndrome of Etiological Factors ( <i>Bīng Yīn Biàn Zhèng</i> ).	3	1	x	x	x	x
(vi) Syndrome Differentiation of Six Stages ( <i>Liù Jīng Biàn Zhèng</i> ).								
	1	Describe the TCM Syndrome of Six Stages ( <i>Liù Jīng Biàn Zhèng</i> ).	2	1	x			
	2	Identify the TCM Syndrome of Six Stages ( <i>Liù Jīng Biàn Zhèng</i> )	2	1	x			
	3	Describe and explain the etiology and pathogenesis of the TCM Syndrome of Six Stages ( <i>Liù Jīng Biàn Zhèng</i> )	2	1	x			
	4	Formulate a patient diagnosis according to the TCM Syndrome of Six Stages ( <i>Liù Jīng Biàn Zhèng</i> )	3	1	x		x	x
(vii) Syndrome Differentiation of Defense, Qi, Nutrients and Blood ( <i>Wèi Qì Yíng Xuě Biàn Zhèng</i> ).								
	1	Describe the TCM Syndrome of Defense, Qi, Nutrients and Blood ( <i>Wèi Qì Yíng Xuě Biàn Zhèng</i> ).	2	1	x			
	2	Identify the TCM Syndromes of Defense, Qi, Nutrients and Blood ( <i>Wèi Qì Yíng Xuě Biàn Zhèng</i> ).	2	1	x			
	3	Analyze and justify the etiology and pathogenesis of TCM Syndromes of Defense, Qi, Nutrients and Blood ( <i>Wèi Qì Yíng Xuě Biàn Zhèng</i> ).	2	1	x			
	4	Formulate a patient diagnosis according to the TCM Syndromes of Defense, Qi, Nutrients and Blood ( <i>Wèi Qì Yíng Xuě Biàn Zhèng</i> )	3	1	x	x	x	x
(viii) Syndrome Differentiation of Triple Energizer ( <i>Sān Jiāo Biàn Zhèng</i> ) .								
	1	Describe the Syndrome Differentiation of Triple Energizer ( <i>Sān Jiāo Biàn Zhèng</i> ).	2	1	x			
	2	Identify the syndromes of the Syndrome Differentiation of Triple Energizer ( <i>Sān Jiāo Biàn Zhèng</i> ).	2	1	x			
	3	Analyze and justify the etiology and pathogenesis of the syndromes of Syndrome Differentiation of Triple Energizer ( <i>Sān Jiāo Biàn Zhèng</i> ).	2	1	x			
	4	Formulate a patient diagnosis according to Syndrome Differentiation of Triple Energizer ( <i>Sān Jiāo Biàn Zhèng</i> ).	3	1	x	x	x	x
(ix) Syndrome Differentiation of Meridians ( <i>Jīng Luò Biàn Zhèng</i> ).								
	1	Describe the TCM Syndrome of Meridians ( <i>Jīng Luò Biàn Zhèng</i> ).	2	1	x			
	2	Identify the TCM Syndrome of Meridians ( <i>Jīng Luò Biàn Zhèng</i> ).	2	1	x			
	3	Describe and explain the etiology and pathogenesis of the TCM Syndrome of Meridians ( <i>Jīng Luò Biàn Zhèng</i> ).	2	1	x			
	4	Formulate a patient diagnosis according to the TCM Syndrome of Meridians ( <i>Jīng Luò Biàn Zhèng</i> ).	2	1	x	x	x	x
(x) Integrate Syndrome Differentiations.								
	1	Describe the combination of TCM Syndromes for Exterior disorders ( <i>Wài Gǎn Bīng</i> ).	3			x	x	x

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

	2	Describe the combination of TCM Syndromes for Zàng-Fǔ Organ system disorders ( <i>Zàng Fǔ Bìng</i> ) and miscellaneous disorders ( <i>Zá Bìng</i> ).	3			x	x	x	x
	3	Describe the interrelation of disease diagnosis ( <i>Biàn Bìng</i> ) and the TCM Syndrome ( <i>Biàn Zhèng</i> ).	3			x	x	x	x
c	Make TCM diagnosis.								
	1	Formulate primary diagnosis of presenting illness.	3		1	x	x	x	x
	2	Formulate secondary diagnosis as necessary.	3		1	x	x	x	x
	3	Formulate the syndromes associated with the illness.	2		1	x	x	x	x
	4	formulate the differential diagnosis of disease.	3		1	x	x	x	x
	5	Justify the differential diagnosis of disease	3			x	x	x	x
	6	Justify the differential diagnosis of syndromes.	3			x			x
6.4	Evaluate patient risk profile.								
a	Determine risk profile relative to acupuncture treatment.								
	1	Identify conditions in which acupuncture treatment poses a risk to patient.	2		1	x		x	
	2	Justify acupuncture treatment where acupuncture treatment poses a risk to the patient.	3		1	x		x	
	3	Describe conditions in which acupuncture is contraindicated.	2		1	x		x	
b	Determine level of risk relative to TCM herbal treatment.								
	1	Identify conditions in which herbal treatment poses a risk to the patient.	2		1	x		x	
	2	Justify herbal treatment when herbal treatment poses a risk to the patient.	3		1	x		x	
	3	Describe conditions when herbal treatment plans are contraindicated.	2		1	x		x	
6.5	Establish treatment plan.								
a	Address precautions and contraindications.								
	1	Describe complications or adverse reactions that could arise during the treatment of syndromes associated with illnesses.	2		1	x	x	x	
	2	Describe contraindications for the treatment of syndromes associated with illnesses.	2		1	x	x	x	x
	3	Modify treatment strategies and methods to account for contraindications, potential complications or adverse reactions that could arise during the treatment of syndromes associated with illnesses.	3		1	x	x	x	x
b	Adapt treatment according to patient characteristics and needs.								

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

	1	Describe the modification of treatment strategies and methods based on patient characteristics and needs during the treatment of syndromes associated with illnesses.	2		1	x	x	x	x
	2	Modify and justify treatment strategies and methods to account for patient characteristics and needs during the treatment of a patient.	3		1	x		x	x
	3	Describe modifications to treatment based on effects and / or symptoms produced by non-TCM therapies.	3		1	x		x	x
<b>c</b>	<b>Understand information obtained from biomedical diagnostic data, medical and health history.</b>								
	1	Relate relevant biomedical diagnostic data, medical and health history in TCM treatment.	3			x	x	x	
	2	Identify conditions that benefit from information on biomedical diagnostic data, medical and health history.	3			x	x	x	
<b>d</b>	<b>Inform TCM knowledge with biomedical concepts and approaches.</b>								
	1	Describe the potential value of integrating biomedical concepts and clinical approaches with TCM treatment strategies.	3			x			
	2	Justify treatment strategy that references clinical data.	3		1	x	x	x	x
	3	Understand a biomedical impression of presenting illness.	3		1	x	x	x	x
<b>6.6</b>	<b>Implement acupuncture treatment plan.</b>								
<b>a</b>	<b>Adapt clinical setting to enhance comfort and safety.</b>								
	1	Describe modifications of clinical setting to enhance comfort and safety based upon patient needs.	2			x			x
	2	Describe modifications of clinical setting according to specific requirements of common illnesses.	2			x			x
<b>b</b>	<b>Position patient for treatment.</b>								
	1	Inform and position patient for needling.	2	2		x	x	x	x
	2	Inform and position patient for moxibustion.	2	2		x	x	x	x
	3	Inform and position patient for treatment using supplementary devices.	2	2		x	x	x	x
	4	Inform and position patient for cupping.	2	2		x	x	x	x
<b>c</b>	<b>Locate selected points on patient.</b>								
	1	Locate points on patients of varying ages and body types.		2		x		x	x
	2	Locate points on patients in various body positions.		2		x	x	x	x
<b>d</b>	<b>Apply treatment techniques.</b>								
	1	Perform needling on a patient.		2		x	x	x	x
	2	Perform moxibustion on a patient.		2		x	x	x	x
	3	Perform cupping on a patient.		2		x	x	x	x

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
Occupational Competencies			Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency	
				Cognitive	Psychomotor	Affective	MCO / Written	Clinical Case Analysis / OSCE/Simulation

e	Monitor and respond to patient condition during treatment.							
	1	Obtain and interpret feedback from patient.		2		1	x	x x
	2	Recognize significant changes in patient condition.		2			x	x x
	3	Respond appropriately to patient feedback and changes in condition.		2	2	1	x	x x
6.7	Implement herbal treatment plan.							
a	Instruct patient on accessing TCM raw herbs, powdered herbs and manufactured herbal formula.							
	1	Provide guidance regarding the local availability of herbs.		1			x	
	2	Provide guidance regarding on-line availability of herbs.		1			x	
b	Instruct patient on preparation and administration of TCM herbal formula.							
	1	Describe method of preparation and administration of TCM formula for a patient.		2			x x	x x
	2	Describe conditions under which the method of administration for a patient should be altered.		2		1	x	x x
6.8	Apply herbal treatment in complex cases.							
a	Utilize a combination of formulas for treating complex cases.							
	1	Describe the principles of formula combination.		3			x	x x
	2	Explain the application of formula combinations.		3			x	x x
	3	Justify application of formula combination for a complex case.		3		1	x	x x
b	Maintain currency in empirical and evidence-based herbal medicine studies for complex cases.							
	1	Maintain knowledge of developments in applications of herbal formulas.		2			x	x
	2	Maintain knowledge of applications of individual herbs.		2			x	x
	3	Maintain knowledge of pharmacological effects of individual herbs.		2			x	x
6.9	Understand supplemental therapy methods.							
a	Understand such therapy methods as heat, therapeutic soundwave and laser.							
	1	Explain their characteristics and therapeutic use.		1		1	x	x
	2	Identify factors affecting intensity and duration of therapy.		1		1	x	x
	3	Identify cautions and constraints related to the use of each therapy method.		1		1	x	x
	4	Remain current in evolving supplemental therapy methods.		1			x	x
6.10	Monitor effectiveness of treatment plan and modify where necessary.							
a	Evaluate effectiveness of treatment plan on an ongoing basis.							
	1	Identify anticipated treatment outcomes for a patient.		2			x	x x
	2	Evaluate patient response relative to anticipated outcomes.		2			x	x x
	3	Identify causative factors in the event that outcomes are not achieved.		3			x	x

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

b	Modify treatment plan to enhance effectiveness.							
	1 Explain and justify modification of treatment plan to achieve anticipated outcomes for a patient.	3			x			
	2 Justify the termination of treatment.	2			x			x
	3 Justify referral of patient.	2			x			x
<b>6.11</b>	<b>Educate and counsel patient.</b>							
a	Explain etiology and pathogenesis of condition.							
	1 Explain in plain language the TCM etiology and pathogenesis of patient condition.	3			x	x	x	x
b	Explain TCM concepts as they apply to patient condition.							
	1 Explain in plain language TCM concepts as they apply to patient condition.	3			x		x	x
c	Inform patient of possible side effects and reaction to treatment.							
	1 Describe anticipated side effects and reactions to acupuncture treatments.	2			x		x	x
	2 Describe anticipated side effects and reactions to moxibustion, cupping, and tui-na treatments.	2			x		x	x
	3 Describe anticipated side effects and reactions to TCM herbal treatments.	2			x		x	x
d	Advise patient on Prevention ( <i>Yù Fáng</i> ) and Health Preservation ( <i>Yǎng Shēng</i> ).							
	1 Explain the TCM principles of Prevention ( <i>Yù Fáng</i> ) and Health Preservation ( <i>Yǎng Shēng</i> ) related to diet.	2		1	x			
	2 Explain the use of TCM dietary therapy in treatment of syndromes associated with illnesses and maintaining health.	2		1	x			
	3 Explain the principles of Prevention ( <i>Yù Fáng</i> ) and Health Preservation ( <i>Yǎng Shēng</i> ) through physical exercise and Qì Gōng.	2		1	x			
	4 Explain the principles of mental cultivation, and the relationship between mental state, lifestyle, illness and longevity.	2		1	x			
e	Counsel patient on compliance with treatment recommendations.							
	1 Explain the significance of patient compliance with treatment recommendations.	2			x		x	x
<b>6.12</b>	<b>Demonstrate knowledge of TCM rehabilitation (<i>Kāng Fù</i>).</b>							
a	Describe the essentials of TCM rehabilitation ( <i>Kāng Fù</i> ).							
	1 Explain TCM fundamentals of rehabilitation ( <i>Kāng Fù</i> ).	2			x			x
	2 Perform TCM rehabilitation ( <i>Kāng Fù</i> ) assessment.		3			x	x	x
b	Apply TCM rehabilitation ( <i>Kāng Fù</i> ).							

Competency, Domain of Learning & Proficiency, and Evaluation									
	Occupational Competencies		Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
				Cognitive	Psychomotor	Affective	MCQ / Written	OSCE/Simulation	Case Analysis

		1	Describe TCM rehabilitation ( <i>Kāng Fù</i> ) techniques.	2			x	x	x	
		2	Apply TCM rehabilitation ( <i>Kāng Fù</i> ) in clinic practice.		3			x	x	x



COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
Occupational Competencies			Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency	
				Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation

AREA 7 ACUPUNCTURE TECHNIQUES								
<b>7.1 Understand the Nine Traditional Needles (Jiǔ Zhēn).</b>								
		1	Describe the forms of the Nine Traditional Needles (Jiǔ Zhēn).	2			x	x
		2	Describe the techniques of the Nine Traditional Needles (Jiǔ Zhēn)	2			x	x
		3	Explain the clinical application of the Nine Traditional Needles (Jiǔ Zhēn).	2		1	x	x
		4	Identify safety concerns related to use of the Nine Traditional Needles (Jiǔ Zhēn).	2			x	x
		5	Remain current in evolving application of the Nine Traditional Needles (Jiǔ Zhēn).	2		1		
<b>7.2 Prepare for treatment.</b>								
<b>a Select points or areas for treatment.</b>								
		1	Describe the relationship between the point formula and the principle(s) of treatment.	2		1	x	x
		2	Explain how acupuncture point functions and indications affect the selection of points and areas for treatment.	2		1	x	x
		3	Devise a point formula for the treatment of syndromes.	3		1	x	x
		4	Explain how precautions and contraindications affect the selection of points and areas for treatment.	2		1	x	x
		5	Explain how local anatomy affects the selection of points and areas for treatment.	2		1	x	x
<b>b Select treatment method.</b>								
		1	Describe the therapeutic aims of needling techniques.	2		1	x	
		2	Describe the therapeutic aims of moxibustion techniques.	2		1	x	
		3	Describe the therapeutic aims of cupping techniques.	2		1	x	
		4	Justify the treatment techniques selected to achieve specified therapeutic outcome.	3		1	x	x
<b>7.3 Apply needling.</b>								
<b>a Apply Filiform Needling (Háo Zhēn).</b>								x
		1	Describe the physical characteristics and therapeutic use of Filiform Needling (Háo Zhēn).	2		1	x	
		2	Identify the factors affecting insertion depth and angle.	2		1	x	x
		3	Perform needle insertion to the required depth and angle.	2	2			x
		4	Describe Filiform Needling (Háo Zhēn) manipulation methods.	2			x	x
		5	Perform Filiform Needling (Háo Zhēn) manipulation methods.	2	2	1		x
		6	Describe characteristics of arrival of qi (dé qì).	2		1	x	

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION									
Occupational Competencies			Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
				Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Clinical Case Analysis

		7	Describe needle manipulation methods of Reinforcing ( <i>bǔ</i> ), Reducing ( <i>xiè</i> ) and Balanced Reinforcing and Reducing ( <i>Píng Bǔ Píng Xiè</i> ).	2			x		
		8	Perform needle manipulations of Reinforcing ( <i>bǔ</i> ), Reducing ( <i>xiè</i> ) and Balanced Reinforcing and Reducing ( <i>Píng Bǔ Píng Xiè</i> ).	2	2			x	x
		9	Identify factors affecting the duration of needle retention.	2		1	x		
		10	Describe needle withdrawal.	2		1	x		
		11	Describe problems that may occur during needle withdrawal and corresponding management.	2			x	x	
		12	Perform needle withdrawal.	2	2			x	x
		13	Explain the precautions and contraindications related to Filiform Needling ( <i>Háo Zhēn</i> ).	2			x		
b	Apply dermal (plum blossom, seven star) needling ( <i>Pí Fū Zhēn</i> ).								
		1	Describe characteristics and therapeutic use of Dermal Needling ( <i>Pí Fū Zhēn</i> ).	2		1	x		
		2	Describe Dermal Needling ( <i>Pí Fū Zhēn</i> ) techniques.	2		1	x		x
		3	Explain precautions and contraindications related to Dermal Needling ( <i>Pí Fū Zhēn</i> ).	2			x		x
		4	Perform Dermal Needling ( <i>Pí Fū Zhēn</i> ).	2	2			x	x
c	Apply Intradermal Needling ( <i>Pí Nèi Zhēn</i> ).								
		1	Describe the characteristics and therapeutic use of Intradermal Needling ( <i>Pí Nèi Zhēn</i> ).	2		1	x		
		2	Identify factors affecting needle retention.	2		1	x		
		3	Explain the precautions and contraindications related to Intradermal Needling ( <i>Pí Nèi Zhēn</i> ).	2			x		
		4	Perform Intradermal Needling ( <i>Pí Nèi Zhēn</i> ).	2	2			x	x
d	Apply three-edged needling ( <i>Sān Léng Zhēn</i> ).								
		1	Describe the characteristics and therapeutic use of three-edged needling ( <i>Sān Léng Zhēn</i> ).	2		1	x		
		2	Identify factors affecting the amount of blood that is let.	2		1	x		
		3	Explain the precautions and contraindications related to three-edged needling ( <i>Sān Léng Zhēn</i> ).	2			x		
		4	Perform three-edged needling ( <i>Sān Léng Zhēn</i> ).	2	2			x	x
7.4	Apply moxibustion.								
a	Apply direct moxibustion.								
		1	Explain the characteristics and therapeutic use of direct moxibustion.	2		1	x		
		2	Distinguish factors affecting moxa cone number.	2		1	x		x

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
Occupational Competencies		Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
			Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Clinical Case Analysis

		3 Distinguish between scarring, non-scarring and blistering moxibustion.	2		1	x		x
		4 Describe scarring, non-scarring and blistering moxibustion.	2			x		
		5 Perform scarring, non-scarring and blistering moxibustion.	2	2			x	x
		6 Identify factors affecting scarring, non-scarring and blistering moxibustion duration.	2		1	x		x
		7 Explain the precautions and contraindications related to direct moxibustion.	2		1	x		x
	b	Apply indirect moxibustion.						
		1 Explain the characteristics and therapeutic use of indirect moxibustion.	2		1	x		
		2 Distinguish between types of indirect moxibustion.	2		1	x		
		3 Identify factors affecting duration and intensity of indirect moxibustion.	2		1	x		
		4 Explain the precautions and contraindications related to indirect moxibustion.	2			x		
		5 Perform indirect moxibustion.	2	2			x	x
	c	Apply warming needle technique.						
		1 Explain the characteristics and therapeutic use of warming needle technique.	2		1	x		
		2 Explain the precautions and contraindications related to the use of warming needle technique.	2			x		
		3 Perform warming needle technique.	2	2			x	x
	7.5	Apply microsystems acupuncture (Wēi Zhēn).						
	a	Apply auricular acupuncture.						
		1 Describe the theoretical basis for different approaches to auricular acupuncture (WHO system).	2		1	x		
		2 Locate auricular acupuncture points.	1	1		x		
		3 Describe the functions of auricular acupuncture points.	2		1	x		
	b	Apply scalp acupuncture (Check RTCMP competencies)						
		1 Describe the theoretical basis for scalp acupuncture (WHO MS system)	2		1	x		
		2 Locate scalp acupuncture zones.	1	1		x		
		3 Describe the functions of scalp acupuncture zones.	2			x		
	c	Apply other acupuncture microsystems, such as wrist-ankle, abdominal, hand and foot systems.						
		1 Describe their theoretical bases.	2			x		
		2 Locate their acupuncture points.	1			x		
		3 Describe their functions	2			x		

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
Occupational Competencies			Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency	
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<b>7.6</b>	<b>Apply supplemental treatment methods.</b>							
<b>a</b>	<b>Apply electro-acupuncture devices.</b>							
	1	Explain the characteristics and therapeutic use of electro-acupuncture devices.	2		1	x		x
	2	Identify factors affecting frequency, intensity, wave pattern and duration of electro-acupuncture stimulation.	2		1	x		x
	3	Identify cautions and constraints related to the use of electro-acupuncture stimulation.	2		1	x		x
	4	Perform treatment using an electro-acupuncture device.	2	2		x	x	x
<b>b</b>	<b>Apply other treatment methods, such as low-intensity laser.</b>							
	1	Explain their characteristics and therapeutic use.	2		1	x		x
	2	Identify factors affecting intensity and duration of treatments.	2		1	x		x
	3	Identify cautions and constraints related to the use of each treatment method.	2		1	x		x
	4	Remain current in evolving supplemental treatment methods.	2			x		x
<b>7.7</b>	<b>Apply cupping and scraping.</b>							
<b>a</b>	<b>Cupping.</b>							
	1	Explain the characteristics and therapeutic use of cupping.	2		1	x		x
	2	Distinguish between different techniques used in cupping.	2		1	x		x
	3	Identify factors affecting cupping duration and intensity.	2		1	x		x
	4	Explain the precautions and contraindications related to wet cupping.	2		1	x		x
	5	Perform stationary cupping.	2	2			x	x
	6	Perform glide cupping.	2	2			x	x
	7	Perform flash cupping.	2	2			x	x
	8	Perform wet cupping.	2	2			x	x
	9	Perform needle-retention cupping.	2	2			x	x
	10	Perform cupping with local herbal applications.	2	2			x	x
<b>b</b>	<b>Scraping (<i>guā shā</i>).</b>							
	1	Explain the theoretical basis for scraping ( <i>guā shā</i> ).	2		1	x		x
	2	Describe the therapeutic significance of scraping ( <i>guā shā</i> ).	2		1	x		x
	3	Perform scraping ( <i>guā shā</i> ).	2	2			x	x
<b>7.8</b>	<b>Apply Tuina (Tuī Ná) technique.</b>							
	1	Describe the theoretical basis for Tuina (Tuī Ná) technique.	2		1	x		x
	2	Identify each of the major Tuina (Tuī Ná) massage techniques, including the functions and therapeutic indications of the technique.	2		1	x		x
	3	Describe the therapeutic significance of Tuina (Tuī Ná) technique.	2		1	x		x

COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION								
Occupational Competencies			Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency	
				Cognitive	Psychomotor	Affective	MCQ / Written	Clinical

		4	Justify the use of Tuina (Tuī Ná) technique to achieve a specified therapeutic outcome.	2		1	x	x
		5	Describe the application of Tuina (Tuī Ná) technique in the management of syndromes associated with common illnesses.	2		1	x	
		6	Explain the precautions and contraindications related to Tuina (Tuī Ná) technique.	2		1	x	x
		7	Apply Tuina (Tuī Ná) technique.	2	2		x	x

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Clinical Case Analysis

### AREA 8 HERBAL DISPENSARY MANAGEMENT

<b>8.1</b>	<b>Herbal inventory quality control.</b>						
a	Identify appropriate supply for herbs.						
	1 Describe the ethical and legal issues associated with the use of herbs.	2			x		x
	2 Identify regulations impacting the supply of herbs and herbal products.	1			x		x
	3 Identify endangered species used in TCM herbal practice.	1			x		x
b	Assess quality of herbs.						
	(i) packaging						
	1 Identify appropriate packaging for TCM herbs.	2			x		x
	2 Distinguish the condition of packaging.	1	1		x		x
	(ii) labeling						
	1 Identify basic labeling requirements for consumer packaging.	1			x		
	2 Identify regulations impacting the labeling of TCM herbal products.	1			x		
	3 Identify labeling requirements for TCM herbal products.	1			x		x
	4 Identify labeling concerns that may negate use of a product.	1			x		x
	(iii) physical properties						
	1 Describe physical properties of herbs that indicate quality.	1			x	x	x
	2 Distinguish the quality of samples of herbs on the basis of physical properties.	1	1		x	x	x
	(iv) available quality assurance information						
	1 Explain the significance of third-party testing services.	2			x		
	2 Explain the significance of Good Manufacturing Practice (GMP) certification.	1			x		
	3 Explain the significance of Good Agricultural Practices (GAP) certification.	1			x		
	4 Explain the significance of Natural Health Product (NHP) license.	1			x		
c	Store herbs in appropriate conditions, including:						
	(i) environment						
	1 Describe general environmental requirements for storing herbs.	1			x		
	2 Identify commonly used herbs that have unique storage requirements.	1			x		x
	(ii) security						
	1 Describe security measures for the storage of toxic herbs.	1			x		x

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

	(iii) monitoring							
	1	Describe methods of monitoring the quality of herbs in storage	1			x		x
d		Maintain records with respect to inventory.						
	1	Describe information required in inventory records.	1			x	x	
	2	Explain the importance of up-to-date inventory records.	2			x	x	x
8.2		Prepare and dispense herbal formulas.						
a		Verify formula information is clear, complete and accurate.						
	1	Identify information required for herbal prescription.	1			x	x	x
	2	Verify completeness of herbal prescription.	1			x	x	x
	3	Verify authenticity of herbs and herbal prescription.	2				x	x
	4	Identify apparent errors or omissions in the names, preparation methods, herbal combinations or dosages specified on the herbal prescription.	2			x	x	x
	5	Confirm herbal prescription with prescribing practitioner where appropriate.	1			x		x
b		Verify availability of components and confirm substitution if required.						
	1	Determine the stock availability of prescribed herbs.	1			x		x
	2	Identify herbs that may be used as substitutes.	2			x		x
	3	Describe the functions of potential substitutes in comparison with the preferred herbs that are not available.	1			x		x
	4	Confirm substitutes with prescribing practitioner.	1			x		x
c		Confirm identity of components.						
	1	Identify unlabeled samples of commonly used herbs.	2	2		x		x
d		Compound formulas.						
	1	Convert units of weight as required.	2			x		
	2	Dispense raw or powdered herbs by weight according to TCM herbal prescription.	1	1		x	x	x
	3	Dispense extracted or granulated herbs by the manufacturer's specification and weight according to TCM herbal prescriptions.	1	1		x	x	x
	4	Dispense herbs by dosage forms according to patient needs (pills, liquids and other forms).	1	1		x	x	x
e		Apply packaging.						
	1	Identify commonly used herbs that have unique packaging requirements.	1			x		x

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

	2	Package formula components according to TCM herbal prescription.	1	1		x		x
f	Apply labeling.							
	1	Describe labeling requirements for dispensed herbs.	1			x		
	2	Describe labeling requirements for individually packaged components of TCM herbal formulas in decoction form.	1			x		
	3	Produce comprehensible and complete labels.	1	1		x	x	x
g	Provide instructions for storage and use.							
	1	Describe general methods of preparing a decoction.	1			x	x	
	2	Describe specific preparation methods for a particular prescription.	2		1	x	x	
	3	Describe storage requirements for dispensed formulas.	1			x	x	
	4	Describe administration process and timing.	1			x		
	5	Describe post-administration procedure.	1			x		
h	Maintain dispensing records.							
	1	Describe requirements for dispensing records.	1			x		x
	2	Demonstrate consistency in maintaining dispensing records.	1			x		x
	3	Describe procedures to maintain physical security of dispensing records.	1			x		x



## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency		
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Clinical Case Analysis

### AREA 9 PRACTICE SAFETY

<b>9.1</b>	<b>Provide a safe working environment.</b>							
a	Maintain current knowledge of communicable diseases and infection control techniques.							
	1	Understand the principles of communicable disease and infection control in a clinical setting.	2			x		
	2	Understand the principles for safe management and disposal of sharps and other biohazards.	2			x		
b	Apply universal precautions for infection control.							
	1	Apply universal precautions for infection control in daily practice.	2	2		x	x	x
	2	Apply clean needle technique in daily practice.	2	2			x	x
	3	Demonstrate procedures for the management of sharps and other biohazards.	2	2		x	x	x
c	Ensure effective supervision of staff and / or students.							
	1	Identify the chain of accountability within the clinic.	2			x	x	
	2	Describe the duties of clinic staff and / or students relative to safe treatment of patients and clinic operation.	1			x	x	
	3	Demonstrate understanding of the standards for supervision/delegation relative to students, staff, and other health-care related professionals.	1			x	x	
d	Understand the need the occupational safety standards related to electrical, fire and physical hazards, and the preventative actions to take.							
	1	Identify electrical hazards, fire risk, and physical and environmental hazards that pose risks in clinical facilities.	1			x	x	
	2	Describe actions to minimize electrical hazards, fire risk and physical and environmental hazards that pose risks in clinical facilities.	2			x	x	
e	Understand the need to establish emergency procedures and routes for emergency evacuation of facilities.							
	1	Identify principles applicable to emergency evacuation.	1			x		
	2	Describe typical procedures for emergency evacuation of facility.	1			x		
f	Understand the need to establish procedures to manage abusive or violent behaviour.							
	1	Describe indicators of potentially abusive or violent behaviour.	2			x	x	
	2	Describe management principles to enhance protection of all parties.	2			x	x	

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

<b>9.2</b>	<b>Manage risks to patients.</b>							
a	Include safety precautions in herbal treatment plan.							
	1 Provide clear directions to patient regarding safety precautions.	1			x	x	x	x
	2 Explain to patients the situations that require follow-up.	2			x	x	x	x
b	Manage adverse reactions and accidents resulting from treatment.							
	1 Describe the management of physical harm resulting from needling.	2			x		x	
	2 Describe the management of physical harm resulting from moxibustion.	2			x		x	
	3 Describe the management of physical harm resulting from cupping.	2			x		x	
	4 Describe the management of physical harm resulting from the use of supplementary devices.	2			x		x	
	5 Describe the management of physical harm resulting from <i>tui na</i> .	2			x		x	
	6 Describe the management of unexpected responses resulting from needling.	2			x		x	
	7 Describe the management of unexpected responses resulting from moxibustion.	2			x		x	
	8 Describe the management of unexpected responses resulting from cupping.	2			x		x	
	9 Describe the management of unexpected responses resulting from the use of supplementary devices.	2			x		x	
	10 Describe the management of unexpected responses resulting from <i>tui-na</i>	2			x		x	
	11 Describe the management of adverse reactions to herbal treatment.	2			x		x	
	12 Describe safety precautions in acupuncture treatment to enhance accident prevention.	2			x		x	
c	Know how to respond appropriately to medical emergencies.							
	1 Perform first aid.	2	2		x	x		
	2 Perform cardiopulmonary resuscitation.	2	1		x	x		
	3 Communicate medical emergency conditions in biomedical terms for emergency medical service providers.	2	1		x	x		
	4 Take steps for post-emergency follow-up.	2			x	x		
f	Control and extinguish small fires.							
	1 Describe procedures for small fire control.	1			x			
<b>9.3</b>	<b>Understand how to ensure that equipment is safe and functional.</b>							
a	Understand how to select equipment that enhances patient safety.							
	1 Describe the desirable characteristics of equipment for a particular	2			x		x	

## COMPETENCY, DOMAIN OF LEARNING & PROFICIENCY, AND EVALUATION

Occupational Competencies	Performance Indicators	Domain of Learning & Proficiency			Evaluation of Proficiency			
		Cognitive	Psychomotor	Affective	MCO / Written	OSCE/Simulation	Case Analysis	Clinical

		clinical use.						
	2	Know how to select safe and functional equipment.	2	2		x		x
	3	Know how to prepare equipment, materials and work area for, moxibustion, cupping and acupuncture, including use of supplementary devices.	1	1		x	x	x
	4	Prepare equipment, materials and work area for preparing and dispensing herbal formulas.	1	1		x	x	x
	5	Demonstrate the hygienic handling of equipment and materials for acupuncture, moxibustion and cupping	1	1		x	x	x
b	Maintain equipment in good working order.							
	1	Describe the procedures involved in the management of treatment equipment and materials for acupuncture (including use of supplementary devices), moxibustion and cupping.	1			x		x
	2	Describe the procedures involved in the management of equipment and materials for preparing and dispensing herbal formulas.	1			x		x
	3	Know how to safely store equipment and materials.	1			x		x
c	Know how to clean and disinfect equipment regularly, as appropriate.							
	1	Describe the contamination and infection risks of equipment and materials used, including plastic, silicon, glass, metal and others.	1			x		x
	2	Know how to clean and disinfect equipment and materials utilized in the TCM practice.	1			x		x

# APPENDIX A

## Possible Competency Assessment Paths to Registration In the TCM Doctor Class in Ontario (Doctor of Traditional Chinese Medicine, Dr. TCM)

### Path One: Possible Competency Assessment Path to Registration for TCM Practitioners who are Members of CTCMPAO

**Prerequisites:**

1. TCM Practitioner in good standing at the date of application to the Dr. Class.
2. Minimum of two years of undergraduate education or equivalent. This must be authenticated by a member of The Alliance of Credential Evaluation Services of Canada (ACESC) if earned outside of Canada.
3. Minimum of three years of TCM clinical practice as a TCM Practitioner AND a minimum of 2,400 patient visits.
4. Candidates with a minimum of ten years of TCM practice as a TCM Practitioner AND a minimum of 8,000 patient visits, are exempted from the written cognitive examination and the prerequisite of two years of undergraduate education.

**Optional:** In preparation, a candidate may complete part or all of an Academic Bridging Program approved by CTCMPAO, and offered by a government-approved or accredited academic institution.



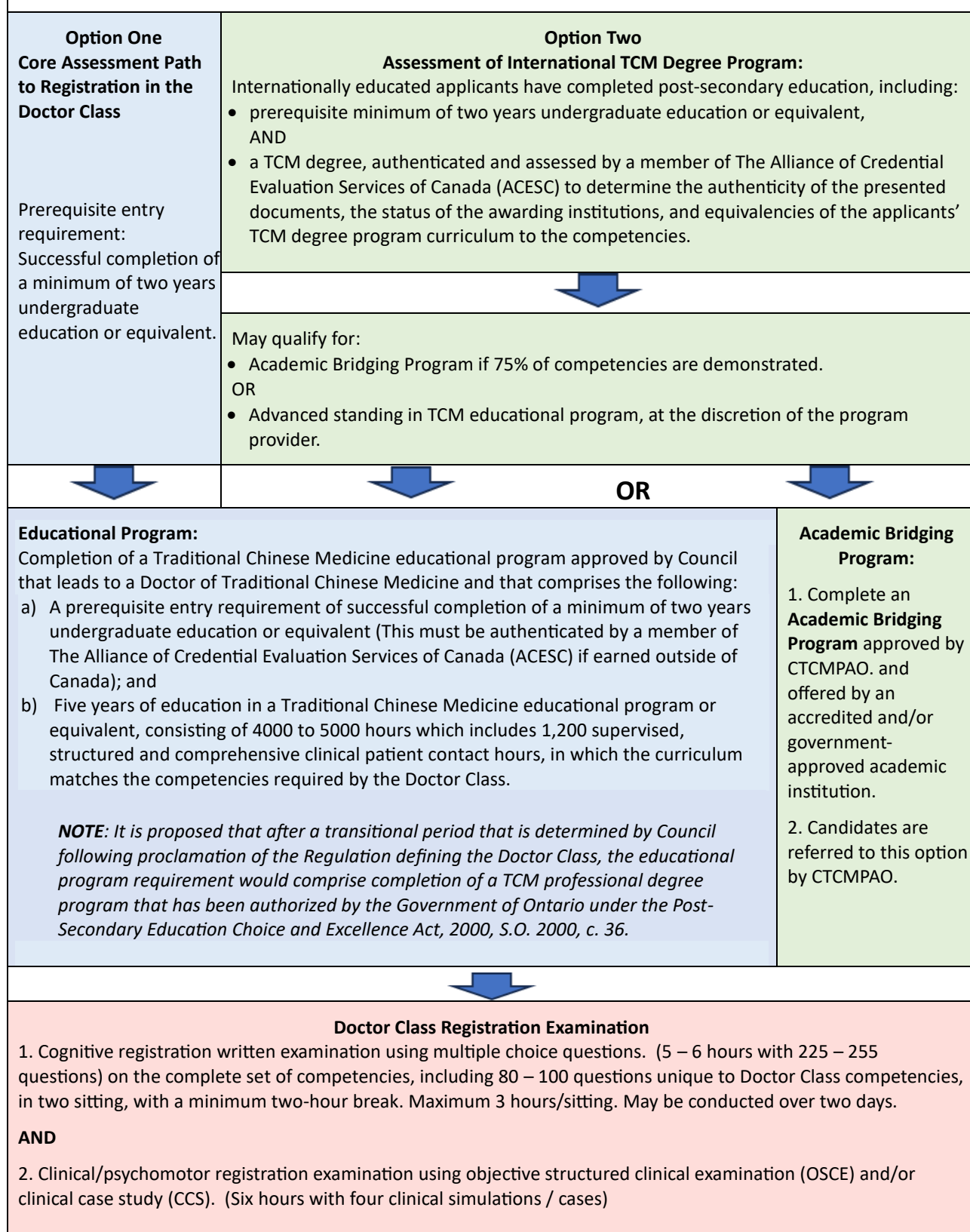
#### Doctor Class Registration Examination

1. Written registration examination: Comprised of 80 – 100 questions on competencies unique to Dr.TCM Class; maximum 2.5 hours.

**AND**

2. Clinical registration examination: Comprised of two sets of OSCEs, each with three stations.; maximum three hours.

## Path Two: Possible Competency Assessment Paths for Non-TCM Practitioners



## APPENDIX B: Blueprint Summary: Ontario Traditional Chinese Medicine Doctor Class

### Development Guidelines: MCQ (Multiple Choice Question) Component

SUMMARY CHART –MCQ COMPONENT				
STRUCTURAL VARIABLES				
Length and Format	The examinations are computer-administered. The examinations consist of operational questions that are scored as well as up to 10% of experimental questions that are not scored.			
	Total Questions	TCM Practitioner 175 questions	Doctor Class – R. TCMP Candidates Comprised of 80 – 100 questions on competencies unique to Dr.TCM Class.	Doctor Class – New Candidates 175 – 200 questions on the complete set of competencies, including 80 – 100 questions unique to Dr. TCM Class competencies.
	Duration	3.5 hours	120 - 150 minutes, determined by the number of questions	Two sitting, with a minimum one-hour break. Maximum 150 minutes/sitting, determined by the number of questions
Question Form and Presentation	The component contains independent multiple-choice questions. The pool of questions for Dr. TCM includes all of the question bank for TCM Practitioners plus questions based on the competencies unique to the Dr. TCM. <b>Candidates for Dr. TCM who are R. TCMP will be examined only on those competencies unique to the Dr. Class.</b>			
Cognitive Ability Levels		Remembering 20% – 30% Comprehension & Application 35% – 50% Analysis & Interpretation 20% – 30%	Remembering 1% – 5% Comprehension & Application 55% – 70% Analysis & Interpretation 25% – 40%	Remembering 15% – 25% Comprehension & Application 40% – 55% Analysis and Interpretation 25% – 35%
Percentage of Examination Questions by Practice Areas	Competency Areas	TCM Practitioner	Doctor Class – R. TCMP Candidates	Doctor Class – New Candidates
	1. Interpersonal Skills	5% - 9%	5% - 9%	5% - 9%
	2. Professionalism			
	3. Clinic Management	23% - 33%	23% - 33% (must pass this Area)	23% - 33% (must pass this Area)
	4. TCM Foundations			
	5. Fundamentals of Biomedicine	11% - 17%	16% - 19%	13% - 17%
	6. Diagnostics and Treatment	25% - 35%	25% - 35% (must pass this Area)	25% - 35% (must pass this Area)
	7. Acupuncture Techniques	5% - 9%	11% - 14%	7% - 11%
	8. Herbal Dispensary Management	5% - 9%	0% - 2% (Few are unique to Dr Class)	5% - 9%
	9. Practice Safety	5% - 9%	0% (Competencies unchanged from CARB)	5% - 9%
CONTEXTUAL VARIABLES				
Patient Demographics	The multiple-choice question component may include questions pertaining to individuals, families, and groups such as populations and communities.			
Lifespan	Questions are included that relate to lifespan, from preconception through to advanced age, including end of life.			
Practice Environment	The practice environment can be any setting or circumstance within the scope of practice defined by provincial legislation and regulation. A TCM Practitioner and/or a Dr. TCM can practice in a variety of settings and because most of the competencies are not setting dependent, the practice environment is only specified when required.			
TCM Illnesses and Formulae	Items pertaining to the TCM illnesses include, but are not limited to, Internal Medicine ( <i>Nei Ke</i> ), External Medicine ( <i>Wai Ke</i> ), Obstetrics and Gynecology ( <i>Fu Ke</i> ), Pediatrics ( <i>Er Ke</i> ), Orthopedics and Traumatology ( <i>Gu Shang Ke</i> ).			

## Development Guidelines:

### OSCE (Objective Structured Clinical Examination) And CCS (Clinical Case Study) Component

SUMMARY CHART - OSCE AND CCS COMPONENT				
STRUCTURAL VARIABLES				
Length and Format	The examinations consist of operational questions that are scored and up to 10% of experimental questions that are not scored. Dr. TCM Class: The examination may be a combination of OSCE (Objective Structured Clinical Examination), and CCS (Clinical Cases Study).			
		TCM Practitioner	Doctor Class – R. TCMP Candidates	Doctor Class – New Candidates
	Total	55 questions	Two sets of OSCEs, each with three stations.	Four sets of OSCEs, each with three stations.
	Duration	3.5 hours	3 hours	6 hours
Question Form and Presentation	The examinations may consist of both OSCE and CCS. The pool of questions for Dr. TCM includes the complete bank of R. TCMP questions, plus questions based on the competencies unique to the Dr. TCM Class. Candidates for Dr. TCM who are R. TCMP will be examined on those competencies unique to the Dr. TCM Class.			
Cognitive Ability Levels		Remembering 10% – 15% Comprehension/Application 35% – 55% Analysis/Interpretation 35% – 55%	Remembering 5% – 10% Comprehension & Application 40% – 50% Analysis and Interpretation 40% – 55%	Remembering 5% – 10% Comprehension & Application 40% – 55% Analysis and Interpretation 40% – 55%
Percentage of Examination Questions / Simulations by Practice Areas	Competency Areas	TCM Practitioners	Doctor Class– R. TCMP Candidates	Doctor Class – New Candidates
	Interpersonal Skills	5 - 9%	5% - 9%	5% - 9%
	Professionalism			
	Clinic Management			
	TCM Foundations	27 - 37%	27% - 37%	24% - 34%
	Fundamentals of Biomedicine	5 - 9%	10% - 14%	10% - 14%
	Diagnostics and Treatment	33 - 43%	36% - 46%	36% - 46%
	Herbal Dispensary Management	6 - 10%	0% - 2%*	4% - 8%
	Practice Safety	6 - 10%	0% *	6% - 10%
			*Few or none of the competencies are unique to the Doctor TCM Class.	
CONTEXTUAL VARIABLES				
Patient Demographics	This component may include questions pertaining to individuals, families, and groups such as populations and communities.			
Lifespan	Items are included that relate to lifespan, from preconception through to advanced age, including end of life.			
Practice Environment	The practice environment can be any setting or circumstance within the scope of practice defined by provincial legislation and regulation. A TCM Practitioner and/or a Dr.TCM can practice in a variety of settings and because most of the competencies are not setting dependent, the practice environment is only specified when required.			
TCM Illnesses	Items pertaining to TCM illnesses include, but are not limited to, Internal Medicine (Nei Ke), External Medicine (Wai Ke), Obstetrics and Gynecology (Fu Ke), Pediatrics (Er Ke), Orthopedics and Traumatology (Gu Shang Ke).			



Meeting Date:	March 19, 2025
Issue:	QA Program Updates
Reported By:	Christine Lang and Mary Kennedy
Action:	Motion

### **Issue**

The QA Committee will provide an update on changes to the QA program.

### **Public Interest Rationale**

Colleges are mandated to administer a QA program that ensures members maintain their professional competence over the course of their careers. The College must ensure that this program provides the necessary resources to members that enables their learning and understanding of their professional responsibilities.

### **Background**

Council will receive a presentation from the QA Chair and Program manager to provide an update on QA Program developments. Council will be asked to consider a motion on:

- Aligning QA Program Dates with Registration year
- CPD Completion Cycle

### **Next Steps**

Council is asked to consider the motions regarding QA timelines.





Meeting Date:	March 19, 2025
Issue:	Elections
Reported By:	Sean Cassman
Action:	Motion

## **Issue**

The College is proposing an election date of October 23 for the 2025 Council elections.

## **Public Interest Rational**

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

## **Background**

As per section 4.06 of the College By-Laws, the professional Council Member positions for District 4 (two seats) and District 5 (one seat) are up for election in 2025 for a three-year term ending in 2028.

The regularly scheduled election will be held for District 3 and District 5. There are currently two seats available in District 4 and one in District 5.

## **District 4**

There are two (2) vacant positions on Council from Electoral District 4. There are approximately 580 Members eligible to vote in District 4 – Central West, which is comprised of the city of Hamilton and the regional municipalities of Halton, Niagara, Peel, and Waterloo.

## **District 5**

There is one (1) available position on Council from Electoral District 5. There are approximately 84 Members eligible to vote in District 5 – West, which is comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth, Oxford, and the regional municipality of Chatham- Kent.

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

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

## **Proposed Dates and Timelines**

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



Members eligible to vote may cast their ballot beginning September 23, 2025, and ending October 23, 2025, at 5:00 p.m. The electronic ballot will contain a link to the member's profile on the public registry, their biographical statement and, if desired, a head shot photograph.

ELECTION DATE	October 23
Nomination Package Out (minimum 120 days prior to election date)	June 4
Nominations Submission Deadline (minimum 90 days)	July 4
Nominations due/confirmed (minimum 60 days prior to election date)	August 14
Option to withdraw nomination deadline (minimum 30 days prior to election date)	September 12
Voting instructions sent to members	September 19
Voting Ballots sent to members (no later than 30 days prior to election date)	September 23
End of Voting timeline Election Day 5:00 p.m. EST	October 23
Ballot Report	October 24
Notification of candidates	October 27
Deadline for recount (no more than 15 days after the date of election)	November 7
Completion of recount, if required (no more than 10 days after receiving request)	November 17
Notification of candidates of results of recount	November 17
Notification to members & posting of results on website (if no recount is requested)	November 7

The first Council meeting following the elections if held on October 23, 2025 (in accordance with the By-Laws, the appointment to Committees and election of officers will occur at this meeting):

Council Training Day	Wednesday, December 3, 2025
Council Meeting	Thursday, December 4, 2025

### Next Steps

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

Meeting Date:	March 19, 2025
Issue:	Risk Management Plan
Reported By:	Sean Cassman
Action:	Information

### **Issue**

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

### **Public Interest Rationale**

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

### **Changes to Risk Register**

There have been no changes to the assessed risk since last Council meetings. As discussed at the previous Council meeting, this quarter, staff are providing the Risk Register Summary, a high-level report of the current year's risk assessment. This will be used to provide regular quarterly updates to the Council.

### **Next Steps**

Staff will continue to monitor risks and maintain the risk management plan.

Encl.: Risk Register Summary

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

### Risk Management Vision

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

### Stakeholder Roles and Responsibilities

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

## **Risk Management Process and Activities**

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

## **Risk Analysis Matrix**

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

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

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

## **Types of Risk Identified:**

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



**Risk Occurrence Matrix**

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

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	●	●	↔	
Governance	Council/Committees operating outside of mandate or becoming involved with operational matters	●	●	↔	
Governance	Council/Committees not adhering to Code of Conduct, Conflict of interest, bylaws and other Council policies	●	●	↔	
Governance	Retention of current Council and Committee members	●	●	↔	
Loss of Confidence in CTCMPAO	Applicant/member disengagement	●	●	↔	
Loss of Confidence in CTCMPAO	Perception of College as not being transparent and/or fair	●	●	↔	
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	●	●	↔	





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

## December 5th, 2024 Council Meeting Survey Results

### Survey Details

Open Date: 12/5/2024 10:00 AM EST

Close Date: 1/31/2025 5:00 PM EST

**Question 1. The agenda and supporting materials were available in OnBoard Meetings one week prior to the meeting.**

#### Graphical Results

Selection	Percent	Count
Yes	100%	9
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 9




**Question 2. The materials were presented in a clear, succinct, and timely manner to allow meeting preparation.**

#### Graphical Results

Selection	Percent	Count
Yes	100%	9
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 9



**Question 3. The meeting agenda was well planned and allowed for adequate time to deal with the necessary committee business.**

Graphical Results

Selection	Percent	Count
Yes	 67%	6
Most of the time	 22%	2
No	0%	0
Write-In	 11%	1
		Total 9


**Question 4. The Chair managed the meeting well allowing each member an adequate opportunity to participate in discussion and decision-making.**

Graphical Results

Selection	Percent	Count
Yes	 89%	8
Most of the time	0%	0
No	0%	0
Write-In	 11%	1
I was unable to attend the full meeting		Total 9




**Question 5. The treatment of all persons was courteous, dignified and fair.**

Graphical Results

Selection	Percent	Count
Yes	 100%	9
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 9



**Question 6. I received sufficient information and training to participate in deliberations and decision-making.**

Graphical Results

Selection	Percent	Count
Yes	 78%	7
Most of the time	 11%	1
No	0%	0
Write-In	 11%	1
Yes, most of the time.		Total 9



**Question 7. I was able to access the meeting book in OnBoard Meetings, and am able to use the annotation function without difficulty. If you feel you need more support or training in OnBoard, please leave a comment.**

Graphical Results

Selection	Percent	Count
Yes	 80%	8
Most of the time	 20%	2
No	0%	0
Write-In	0%	0
		Total 10

**Question 8. Webex Meetings and other communication devices (if any) worked well.**

Graphical Results

Selection	Percent	Count
Yes	 56%	5
Most of the time	 44%	4
No	0%	0
Write-In	0%	0
		Total 9

**Question 9. Any additional comments?**

Comments
Well organized and very constructive. Great leadership. Very happy to see the change and we are heading to right direction for our College.
Great Council meeting