Transitional Council Newsletter

Volume 2, Issue 2 March/April 2010

TABLE OF CONTENTS

- 1 President's Message
- 2 Are there benefits to health professionals under the system of the (RHPA)?
- B Highlights of 9th Meeting of Transitional Council
- 4 法定醫療護理專業條例(RHPA)制度是否對醫療 專業人士有利?

TRANSITIONAL COUNCIL

President Cedric K.T. Cheung

Vice-President Lynn Bowering Members David X.Bai Kristin Bulmer Zhao Chang

Richard Dong

Ian Eng James Fu Ellen Hanna Sharon Lam Henry Maeots Ruth Pike Joanne Pritchard-Sobani Catherine Elizabeth Wilson Mary X. Wu

President's Message

As part of the transitional Council's commitment to open and accurate communication with practitioners and the public, we held three preconsultation working sessions on March 24 and 25, 2010 in Toronto and Ottawa to present our working draft on the Registration Regulation and to encourage feedback and suggestions.

I would like to thank Legal Counsel Richard Steinecke for presenting an overview of the draft, speaking on the key issues and responding to questions raised by practitioners at these sessions. I would also like to express heartfelt appreciation to Holly Nimmons for her commitment and expertise in facilitation. Despite challenging circumstances, she ably moved the agenda forward to accomplish our goals to communicate and to receive feedback. The sessions would not have been successful without the participation of practitioners who took time out of their busy schedules, some driving long distances, to come to share their views, recommendations and concerns. I thank each and every one of you that registered, attended and actively participated in the sessions. The group discussions at the sessions were particularly useful. We witnessed participants from different backgrounds, cultures and experience working together to offer their constructive suggestions. I also want to thank the staff of CTCMPAO: Emily Cheung, Registrar; Arwen Long, Executive Assistant; and Steven Wang, Committees and Operations Assistant, for all of their hard work organizing and assisting with the pre-consultation sessions.

We are also grateful to those who reviewed the working draft of the Registration Regulation on our website and sent their suggestions to us. By April 23, 2010, the deadline for receipt of comments, we received 154 replies by email, fax and mail. Further information is available on page 3 of this Newsletter under *Highlights of the 9th Meeting of the Transitional Council*.

The Executive and Registration Committees have already met to review the feedback and are considering necessary revisions. With the support of Legal Counsel, and after discussion with the Ministry, we shall embark on revisions to the draft Registration Regulation. We expect to start the formal 60-day consultation after the revised draft is approved for circulation by the transitional Council later in the year. Submission of the draft regulation to the Ministry of Health and Long-Term Care will take place after completion of the 60-day consultation, subject to approval of the transitional Council at a scheduled meeting.

過渡委員會主席張金達 (Cedric Cheung) 引言:

過渡委員會於2010年3月24日及25日在多倫多和渥太 華舉辦了三場前期諮詢工作會議,實現了作為與從業 者和公眾公開和準確溝通的部分承諾,會議闡述了註 冊規章的工作草案,並鼓勵反饋和建議。

我想感謝 Richard Steinecke 律師在這些會議中概述了 註冊草案內容,闡述了關鍵問題,並回答了從業者的 提問。我還想衷心感謝 Holly Nimmons, 她在主持這 些會議時展示了其敬業精神和專長。儘管遇到挑戰, 她仍能完成會議議程,實現了與參會者溝通並收集意 見的目標。從業者從他們繁忙的日程中抽出時間,有 些人駕車從很遠的地方來參加會議,分享他們的觀點 、建議和關注,沒有他們的參加,這些會議就不可能 取得成功。我對報名、出席並積極參與會議的每個人 表示感謝。這些會議中的小組討論有著特殊的作用。 我們看到了來自不同背景、文化和經歷的到會者共同 合作,提出了建設性的提議。我還想感謝安省中醫師 及針灸師管理局過渡委員會(TC-CTCMPAO) 註冊總監 張關亮冰、行政助理 Arwen Long, 以及委員會及運作 助理 Steven Wang,為安排和協助前期諮詢會議所做 的辛努工作。

我們還要感謝那些通過我們的網站審閱註冊規章工作草案並給我們發送建議的人士。至接受意見的截止日期2010年4月23日,我們共收到通過電子郵件、傳真和信函發來的回復合共154份。(詳情請參閱本通訊第3頁中的過渡委員會第九次會議紀要。)

執行委員會和註冊委員會已經開會審閱反饋意見,並考慮進行必要的修改。在律師的幫助下,及與衛生廳討論之後,我們將開始修改註冊規章草案。60天的正式諮詢預計將在過渡委員會批準傳閱修訂的草案之後於今年下半年開始。在60天諮詢期結束之後,如果過渡委員會在預定的會議中批準了規章草案,該草案將被呈交給衛生及長期護理廳。

ARE THERE BENEFITS TO HEALTH PROFESSIONALS UNDER THE SYSTEM OF THE REGULATED HEALTH PROFESSIONS ACT (RHPA)?

Although the primary intent of the RHPA is to protect the Ontario public from harm, health professionals also benefit from the system.

The RHPA regime consists of:

- the Regulated Health Professions Act, 1991 and its regulations;
- the Health Professions Procedural Code (the Code); and
- 26 profession-specific Acts and their regulations that govern each of the health professions, e.g. Medicine Act, 1991 and its regulations on Registration, Professional Misconduct, etc. For TCM, we have the Traditional Chinese Medicine Act, 2006, (TCM Act) and the transitional Council is currently drafting regulations under the Act.

Every regulated health profession benefits from the RHPA framework in the following ways:

Defined Scope of Practice

Each profession-specific Act provides a description of the profession through the scope of practice statement. The statement describes:

- what the profession does;
- what methods are being used by the profession; and
- the purpose for using these methods.

The defined scope of practice helps patients distinguish one healthcare provider from another, allowing them to make informed choice(s).

The scope of practice of traditional Chinese medicine is stated in the TCM Act:

"s. 3 The practice of traditional Chinese medicine is the assessment of body system disorders through traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health."

This statement helps patients understand the holistic approach of TCM practice to healthcare.

Restricted "Controlled Acts"

The RHPA lists the procedures – "controlled acts" - that may only be performed by regulated health professionals, as such acts, if not properly executed, could seriously harm patients. Regulated professionals are expected to perform "controlled acts" in the course of providing services within their profession's scope of practice. It is an offence for anyone to perform a "controlled act" without the authority to do so. The penalty imposed by the RHPA is very severe, including a fine, imprisonment, or both.

The "controlled acts" that only regulated TCM professionals are authorized to perform are stated in the TCM Act as follows:

- "4. In the course of engaging in the practice of traditional Chinese medicine, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
 - 1. Performing a procedure on tissue below the dermis and below the surface of a mucous membrane for the purpose of performing acupuncture.

 Communicating a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person's symptoms suing traditional Chinese medicine techniques."

Use of Protected Titles

Regulations give registered members of Colleges the right to use protected titles. Any person using the protected titles without registration with the concerned regulatory college could be fined.

The TCM Act gives registered members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists the right to use the titles "traditional Chinese medicine practitioner" and "acupuncturist". No person may use these protected titles or hold himself/herself out as qualified to practice in Ontario as a TCM practitioner or acupuncturist or in a specialty of TCM unless they are registered with the CTCMPAO as a member.

Under the TCM Act, the CTCMPAO Council may also make regulations on the use of the title "doctor" for approval of the Lieutenant Governor in Council.

Enhancing Professional Status

The status of a health profession is embellished under the RHPA in a way similar to a trademark. This helps to promote the profession to consumers seeking healthcare services.

Equity and Fairness

The RHPA and the Code provide a consistent framework for all regulated health professions, treating every profession equally. All regulatory Colleges have the same corporate structure, objectives, procedures and public interest mandate.

The RHPA and the Code procedures ensure fairness to all parties, balancing the rights of the regulated health professionals, the public and the powers of the Colleges.

Note: The above list only captures the more important benefits. It is not meant to be exhaustive.

HIGHLIGHTS OF THE 9TH MEETING OF THE TRANSITIONAL COUNCIL APRIL 19, 2010

The Transitional Council held its 9th meeting on April 19, 2010. Twenty-six members of the public and the TCM community observed the proceedings.

The following decisions were made:

Harassment Policy

Council received and approved guidelines and procedures pertaining to harassment. The policy was developed by legal counsel at the request of the Ministry of Health and Long-Term Care (MOHLTC). The Council adopted these guidelines to make it clear that all those dealing with the College can work in a respectful and professional environment.

Work Plan and Budget

The updated work plan, business plan and budget for the period from April 1, 2010- March 31, 2011, were approved for submission to MOHLTC. Key activities include:

- Revision and consultation on the draft Registration Regulation and General Regulations, with subsequent submission of the proposed regulations to MOHLTC by August 2010;
- Development and approval of draft policies, standards/guidelines on: conflict of interest; professional conduct; infection control and safety; sexual abuse prevention; and record keeping. Council gave approval to allocate funds from its budget to engage the services of consultant(s) to undertake research and drafting before the end of the fiscal year;
- Development and approval of Prior Learning Assessment tools and procedures;
- Development of a handbook for registration;
- Development of a jurisprudence handbook;
- Offering programs to assist the TCM community in preparing for regulation and registration; and
- Inter-Provincial Collaboration: Canadian Alliance of Regulatory Bodies for TCM Practitioners and Acupuncturists (CARB)

The transitional Council will continue to work with the provincial regulators with funding from HRSDC. Beginning in May, CARB will:

- validate the draft Performance Indicators for Assessment of TCM Practitioners and Acupuncturists
- develop blueprint for an inter-jurisdictional registration examination
- develop outcome-based requirements for TCM education programs
- develop occupational competencies and performance indicators for the Dr. TCM title

Appointments to the Standards Council of Canada (SCC) Technical Committee ISO/TC249 Traditional Chinese Medicine

J. Fu and the Registrar were appointed to represent the Transitional Council on the Standards Council of Canada Technical Committee ISO/TC249 Traditional Chinese Medicine.

Committee Chairs

The following Committee Chairs were appointed:

- J. Pritchard-Sobhani, Registration Committee
- E. Wilson, Professional Practice/Standards Committee
- E. Hanna, Communications Committee

Activities Update

Outcome of Pre-Consultation Working Sessions on the Draft Registration Regulation

The transitional Council held three pre-consultation working sessions on March 24 and 25, 2010. All sessions were facilitated by an independent consultant to engage participants in constructive discussions and to obtain suggestions on key issues.

Before participants proceeded to discussion, legal counsel provided an overview of the legislation making process, presented the draft regulation and answered questions from participants.

The facilitator reported that the sessions achieved their goals of informing, clarifying and starting dialogue with stakeholders to obtain feedback on key issues of the draft Registration Regulation. It was regrettable that discussion time in two sessions was reduced because of disruptive behaviour on the part of individuals. However, the questions and answers segment of each session allowed for clarification of misinformation and generated excellent comments. The working group discussion allowed participants from different backgrounds, cultures and languages to engage in lively dialogue that generated useful recommendations on the draft and future consultation initiatives. The questions and discussions primarily focused in the areas of:

- grandparenting
- acupuncture practice, including the practice of other health professionals
- language issues
- doctor title
- prior learning assessment, portfolio and oral assessments
- training, education and approval of schools
- labour mobility within Canada
- how other jurisdictions approach regulation of traditional Chinese medicine

Next Steps

Participants' comments and suggestions in these sessions were recorded. The facilitator forwarded these records to the transitional Council. These records, along with feedback delivered to the Registrar by email, fax and mail on or before April 23, 2010, will be reviewed by the Registration and Executive Committees. With the support of legal counsel, the Committee will make appropriate revisions to the draft Regulation for onward submission to Council.

Formal 60-day consultation of the final revised draft will take place later this year, before submission to the Ministry of Health and Long-Term Care in August.

Drafting of General Regulation

The Professional Practice/Standards Committee will be ready to present the draft General Regulation with the accompanying explanations and rationale for consultation with stakeholders to begin as soon as it completes review and Council gives approval to start the process.

法定醫療護理專業條例 (RHPA) 制度是否對醫療專業人 士有利?

儘管RHPA 的初衷是保護安省公衆,使他們免受傷害,醫療專業人士同樣 從該制度中獲益。

RHPA 體制包括:

- 『法定醫療護理專業法・1991』(Regulated Health Professions Act, 1991) 及其規章;
- 『醫療護理專業程序準則』(Health Professions Procedural Code); (the Code); 以及
- 26部規管各個醫療專業的法例及其規章,例如,規管西醫的『Medicine Act, 1991』 及其註冊、專業失職規章等。對中醫而言,有『中醫法,2006』(Traditional Chinese Medicine Act, 2006)以及目前過渡委員會根據該法例正在起草的規章草案。

每個受規管的醫療專業將通過以下方式從RHPA 架構中獲益:

明確的執業範圍

各專業的法例都清楚説明該專業的執業範圍。包括:

- 該專業從事的工作内容;
- 該專業所採用的方法;以及
- 使用這些方法的目的。

明確的執業範圍幫助病人辨別不同的醫療服務人士,從而作出知情選擇。

『中醫法』對中醫的執業範圍陳述如下:

"第3款(s. 3) "中醫執業是指採用中醫療法,評估人體系統任何紊亂, 通過中醫技巧和治療,促進、保養或恢復健康。"

該陳述有助於病人了解中醫採用的整體治療方式。

WE INVITE FEEDBACK FROM YOU AND YOUR PEERS

The Transitional Council will soon be circulating draft regulations and key documents for broad consultation. Do you know of peers who also wish to receive information directly from us? Please invite him/her to complete and return the reply form set out below to the Registrar by June 30, 2010.

REPLY FORM

姓名 Name:	電郵 Email:	
地址 Address:		
電話 Phone:	辦公電話 Work:	



Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario 安省中醫師及針灸師管理局過渡委員會

163 Queen Street East, 4th Floor Toronto, Ontario M5A 1S1 www.ctcmpao.on.ca | info@ctcmpao.on.ca

被法例管制的『受控制行爲』(Controlled Acts)

對於『受控制行爲』(Controlled Acts),RHPA 列出了一系列只能由受規管醫療專業人士提供的『受控制行爲』,因為有關的行為如果執行不當,會嚴重傷害病人。受規管的醫療護理專業人士在提供服務的過程中在其專業的執業範圍內從事『受控制行爲』。任何人未獲授權而從事『受控制行爲』屬於違法。RHPA實施的處罰非常嚴厲,包括罰款、監禁或兩者同時執行。

在『中醫法』中,只有受規管的中醫專業人士才能從事的『受控制行 爲』陳述如下:

- "4. 在執業中醫的過程中,取決於他或她的註冊證書中所闡明的 條款、條件和限制,一位註冊會員可獲授權進行:
 - 1. 在皮下組織和粘膜下操作,目的是進行針灸治療;
 - 2. 採用中醫技巧辦症論治,識別引起病人體系紊亂的症狀, 傳達中醫診斷結論。"

使用受保護頭銜

各個醫療專業法例均給予管理局註冊會員使用受保護頭銜的權利。任 何未在相關管理局註冊而使用受保護頭銜的人仕會被罰款。

『中醫法』賦予安省中醫師及針灸師管理局的註冊會員使用"中醫師"和"針灸師"頭銜的權利。任何人仕不得使用這些受保護頭銜,除非他/她在安省中醫師及針灸師管理局註冊爲會員,未註冊者不能假冒在安省執業中醫師或針灸,或任何中醫專科。

根據『中醫法』,安省中醫師及針灸師管理局可以制定有關使用"醫生"("Doctor")頭銜的規章,呈交省督審批。

加強專業地位

受 RHPA 規管的醫療專業的地位在某种程度上如同一個優質產品的商標。這有助於提升中醫在尋求醫療服務的消費者心中的地位。

公正與公平

RHPA 及『醫療護理專業程序準則』(Health Professions Procedural Code)(the Code)為所有受規管醫療專業提供了一致的架構,平等對待每個專業。所有管理局具有相同的管理結構、目標、程序及維護公衆利益的使命。

RHPA 及 『醫療護理專業程序準則』確保各方受到公平的對待,平 衡受規管醫療專業人士、公衆的權利以及管理局的權力。

*註: 以上只概列部份較重要的益處, 並非全部. (中文翻譯僅供參考, 如與英文文意有出入,則以英文版本為準)