



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

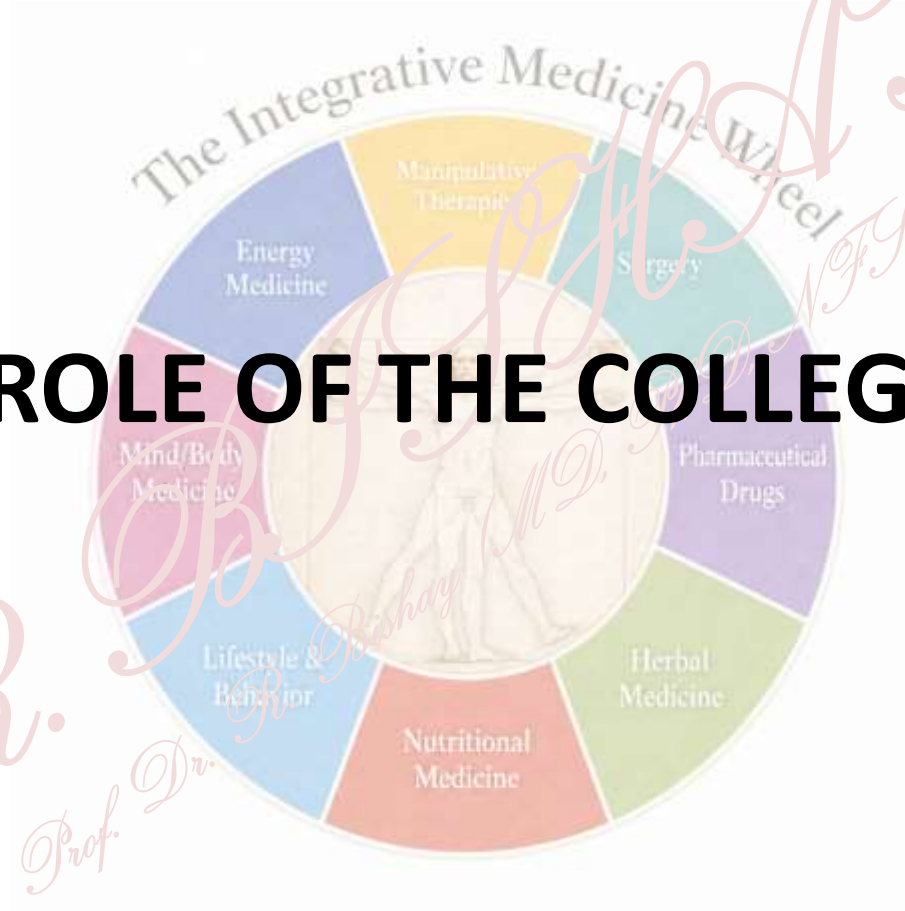
Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario “CTCMPAO”

Prof. Dr. R. Bishay (MD, PhD, NFS)

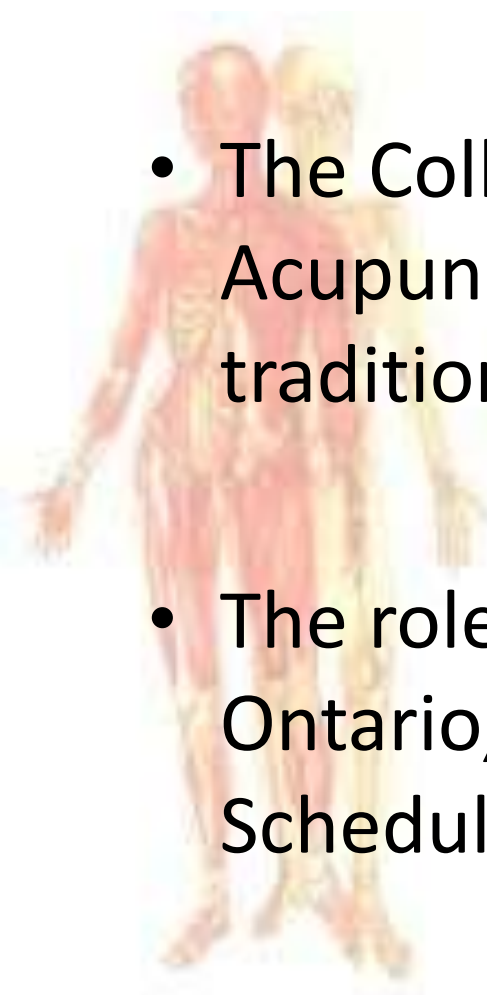
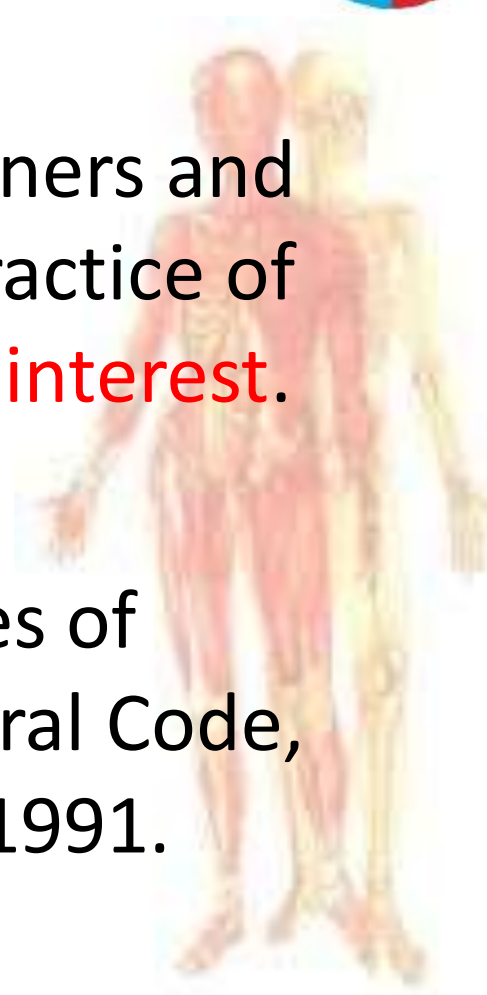


ROLE OF THE COLLEGE





- The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) governs the practice of traditional Chinese Medicine in Ontario **in the public interest.**
- The role, as that of all other health regulatory colleges of Ontario, is defined in the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991.



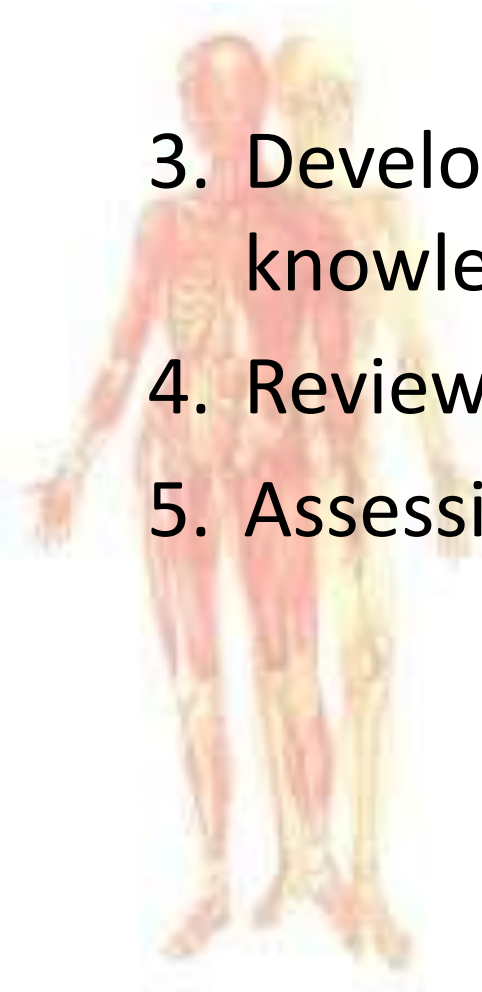
The College's primary duty is to serve and protect the public interest by:

1. Regulating the practice and conduct of members by setting regulations, standards, policies and guidelines;
2. Maintaining a public register of members, ensuring that only qualified professionals meeting entry to practice requirements can practice or use the protected titles:
 - “Registered traditional Chinese medicine practitioner” or RTCMP,
 - “Registered acupuncturist” or RAc,
 - Or A variation or abbreviation or an equivalent in another language



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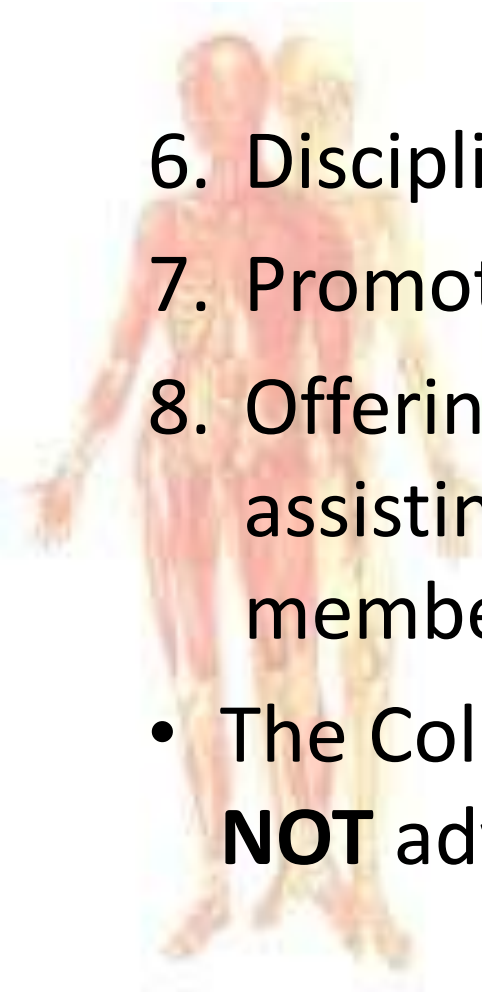
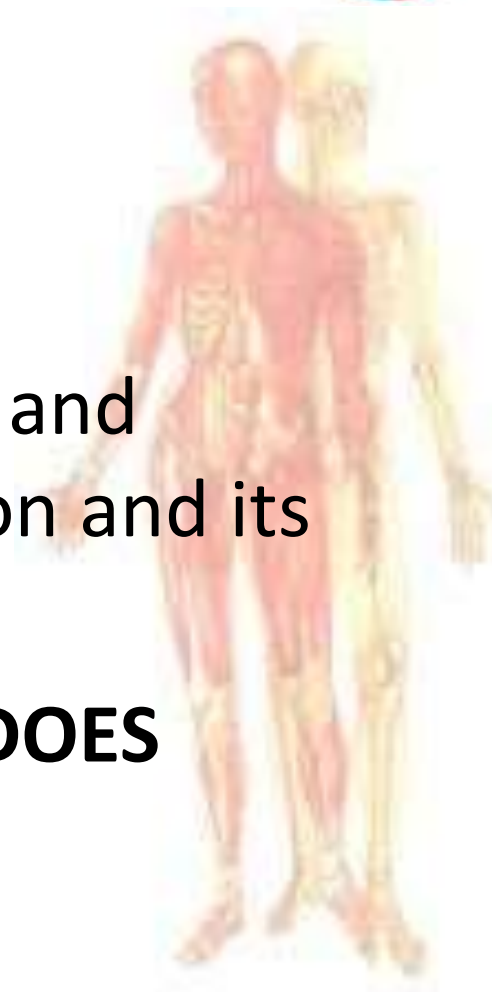
3. Developing programs to help members improve their skills, knowledge and judgment;
4. Reviewing and investigating complaints against members;
5. Assessing whether a member is fit to practice;

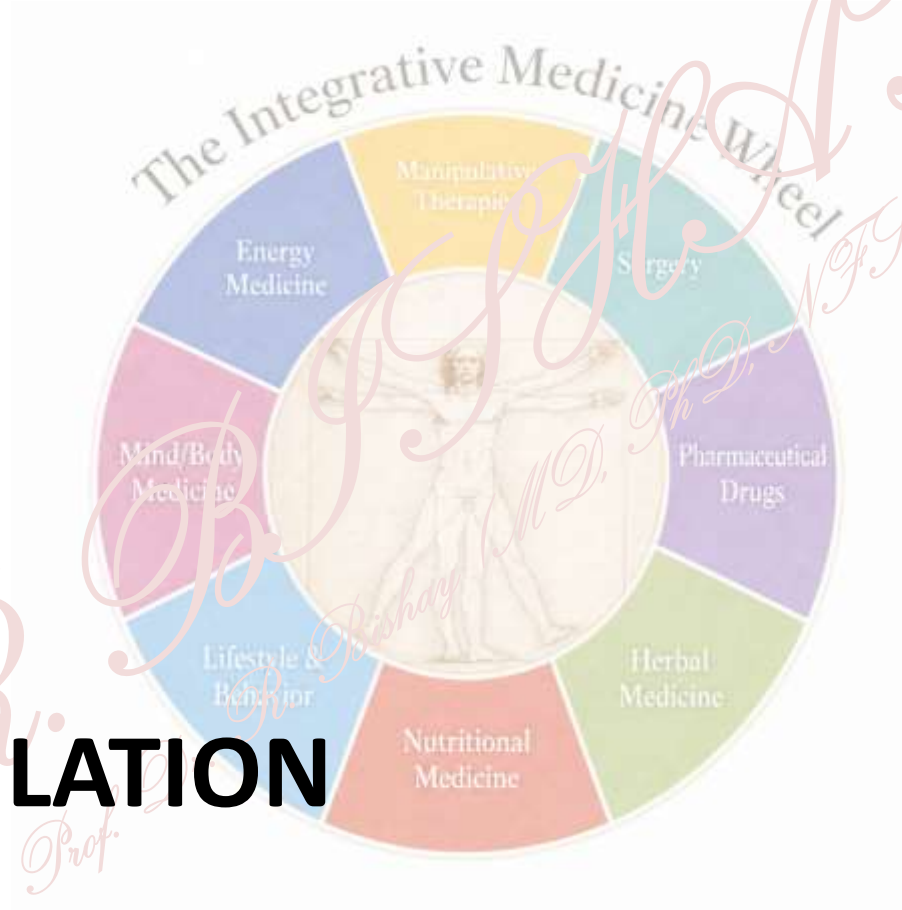


The College's primary duty is to serve and protect the public interest by:



- 6. Disciplining members, where necessary;
 - 7. Promoting inter-professional collaboration; and
 - 8. Offering practice guidance and support to members and assisting public with information about the profession and its members.
- The College is **NOT** an educational institution and it **DOES NOT** advocate for the profession.





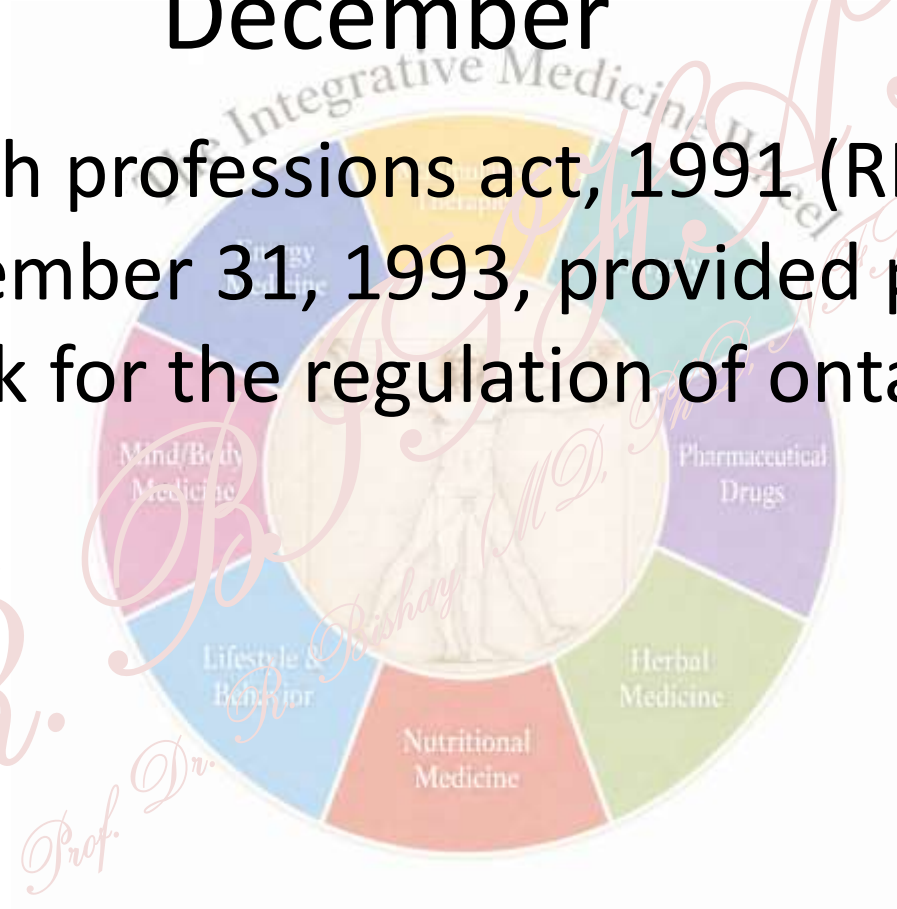
ROAD TO REGULATION



1993

December

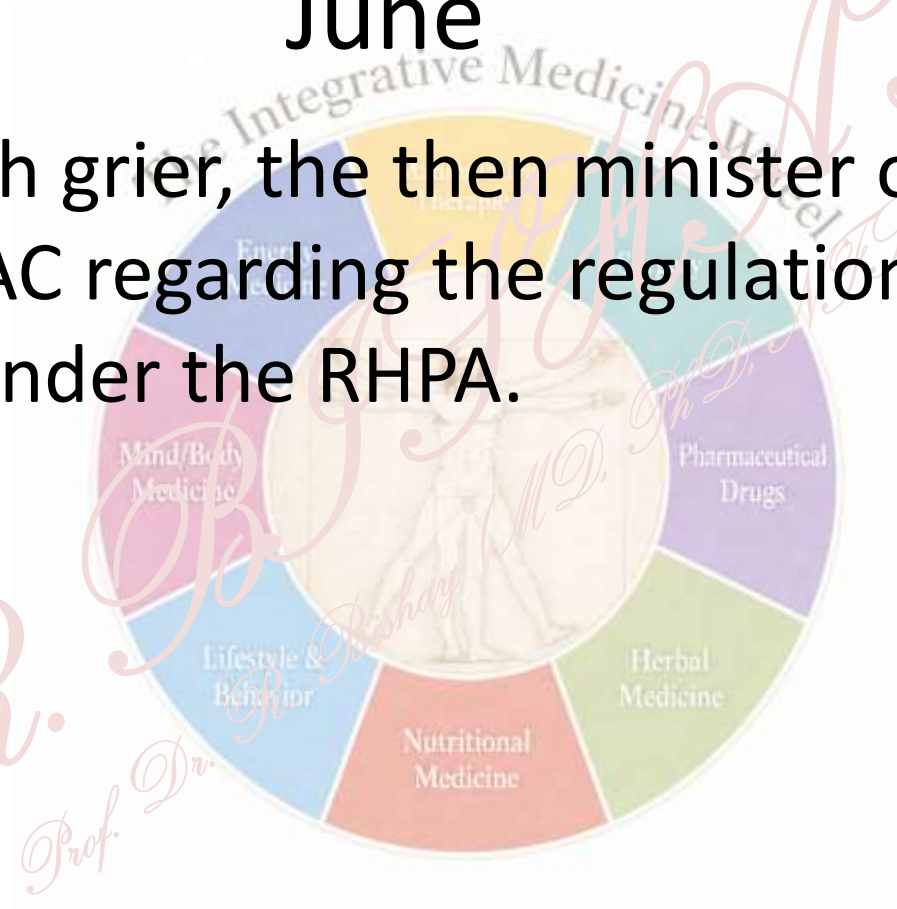
- The regulated health professions act, 1991 (RHPA), which was proclaimed on december 31, 1993, provided provides a common framework for the regulation of ontario's regulated health professions.



1994

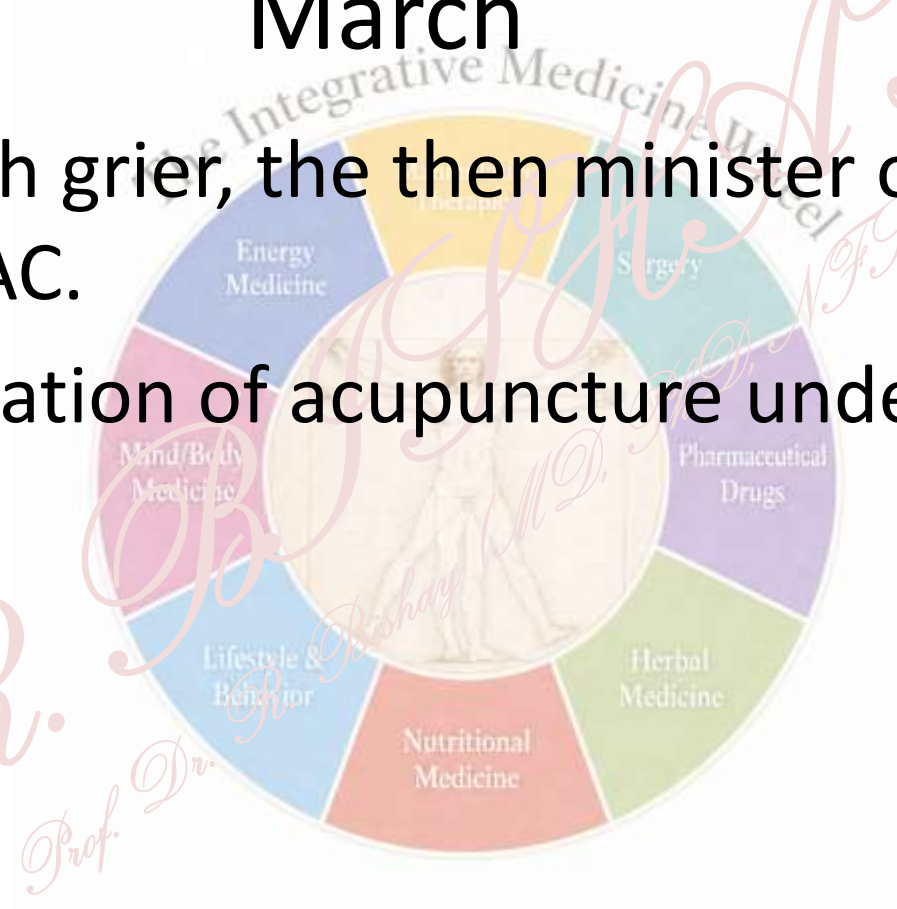
June

- The honourable Ruth Grier, the then Minister of Health makes a referral to the HPRAC regarding the regulation of traditional Chinese medicine under the RHPA.



1995
March

- The honourable ruth grier, the then minister of health makes a referral to the HPRAC.
- Regarding the regulation of acupuncture under the RHPA.



1996

December

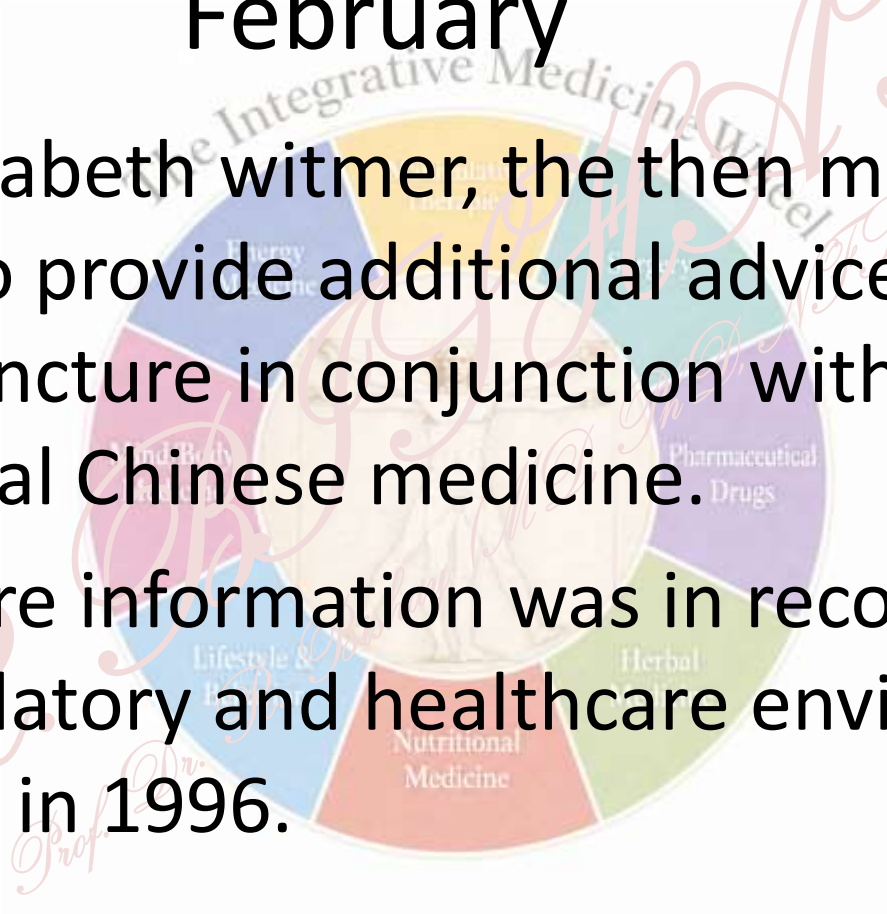
- HPRAC submitted its report on acupuncture to the then minister of health, the honourable david johnson.
- Work on the traditional Chinese medicine referral continued.



1999 February



- The honourable elizabeth witmer, the then minister of health, requested HPRAC to provide additional advice on the regulation of acupuncture in conjunction with its ongoing work respecting traditional Chinese medicine.
- This request for more information was in recognition of changes in the regulatory and healthcare environment since the report provided in 1996.



2001 April



- The honourable tony clement, the then minister of health and long-term care received advice from HPRAC on the regulation of traditional Chinese medicine (TCM) and acupuncture, which replaced the advice given in 1996 on acupuncture.
- HPRAC recommended that the profession of TCM be regulated under the RHPA through the enactment of a proposed TCM act and the creation of a new college.

2003

April



- Following the advice of HPRAC, an advisory committee of individuals both in the profession and others who were appointed by the minister was formed to provide supplementary advice to the minister on the regulation of TCM and acupuncture.
- However, work was suspended prior to the committee reaching any conclusions when an election was called.
- No further work was subsequently undertaken by the committee.



2005 March



- Following the advice of HPRAC, an advisory committee of individuals both in the profession and others who were appointed by the minister was formed to provide supplementary advice to the minister on the regulation of TCM and acupuncture.
- However, work was suspended prior to the committee reaching any conclusions when an election was called.
- No further work was subsequently undertaken by the committee.



2005 July



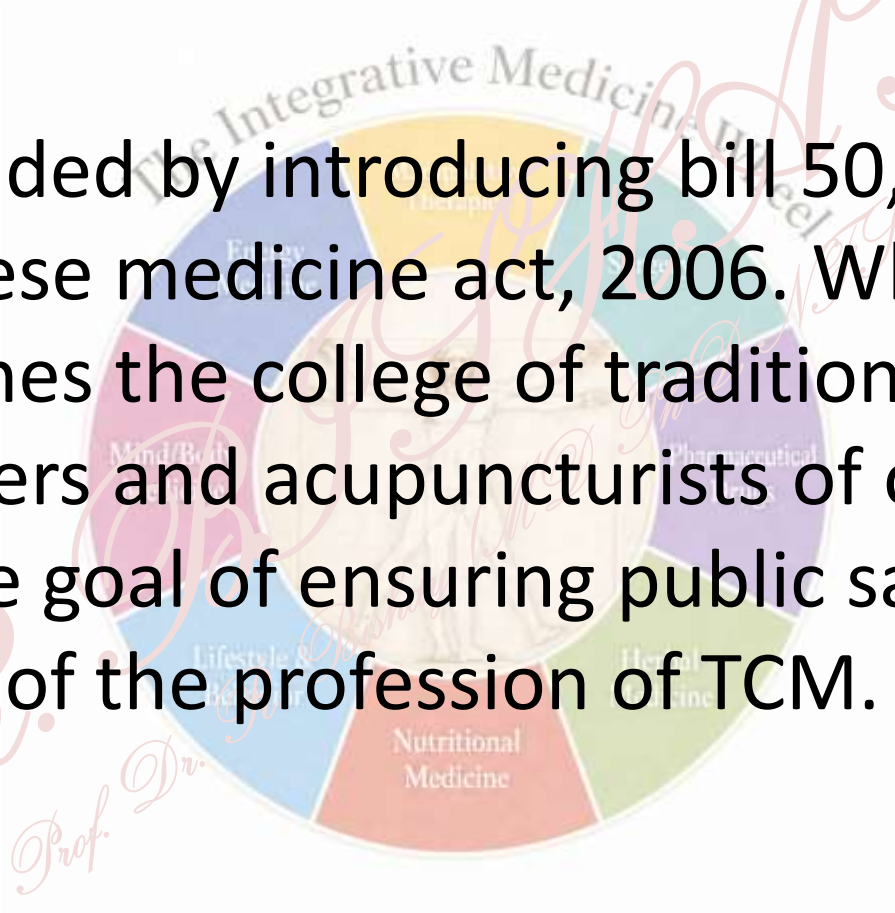
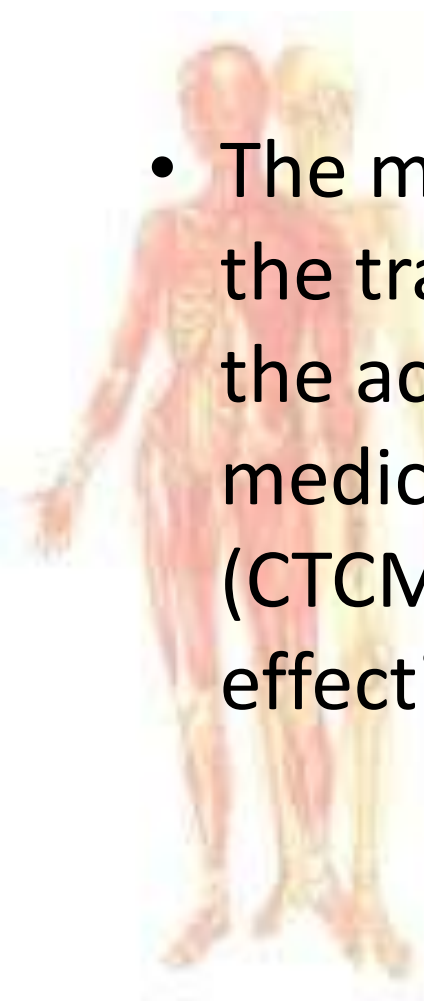
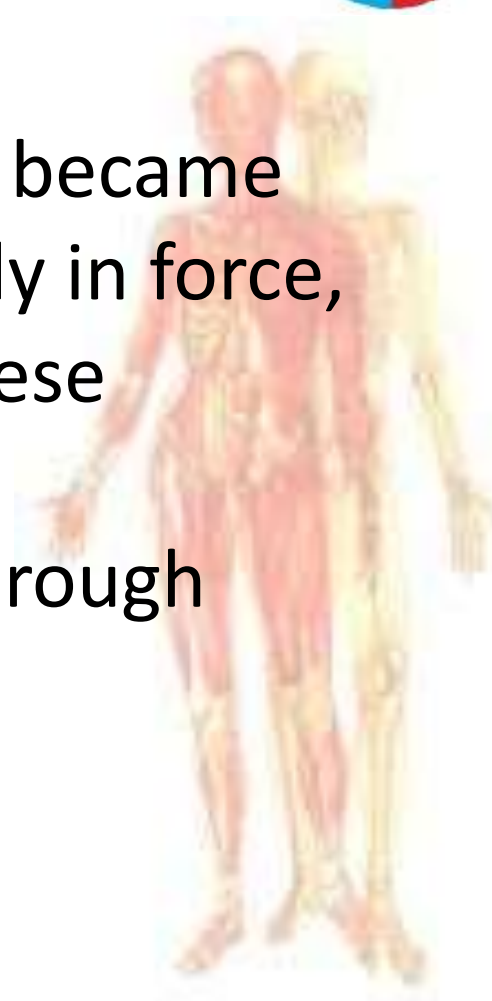
- Prior to developing legislation, the honourable George Smitherman, Minister of Health and Long-Term Care, requested four members of provincial parliament (MPPs) to undertake, on his behalf, consultations to gather views of Ontarians on the best and safest way to regulate TCM practitioners. The consultation group comprised:
- Tony Wong, the then MPP for Markham (chair), Mike Colle, the then MPP for Eglinton-Lawrence, Peter Fonseca, the then MPP for Mississauga East, Richard Patten, the then MPP for Ottawa Centre. Specifically, the MPP group was asked to provide information on three topics of interest:
 - The education and training that TCM and acupuncture practitioners in Ontario have acquired to support their practice;
 - The practice of TCM, the performance of acupuncture by TCM practitioners, and the performance of acupuncture by regulated health practitioners and others in Ontario; and
 - The use of Chinese herbal remedies within the practice of TCM in Ontario.
- During the consultation, the MPP group heard from some 100 presenters and received over 200 submissions.



2005 December

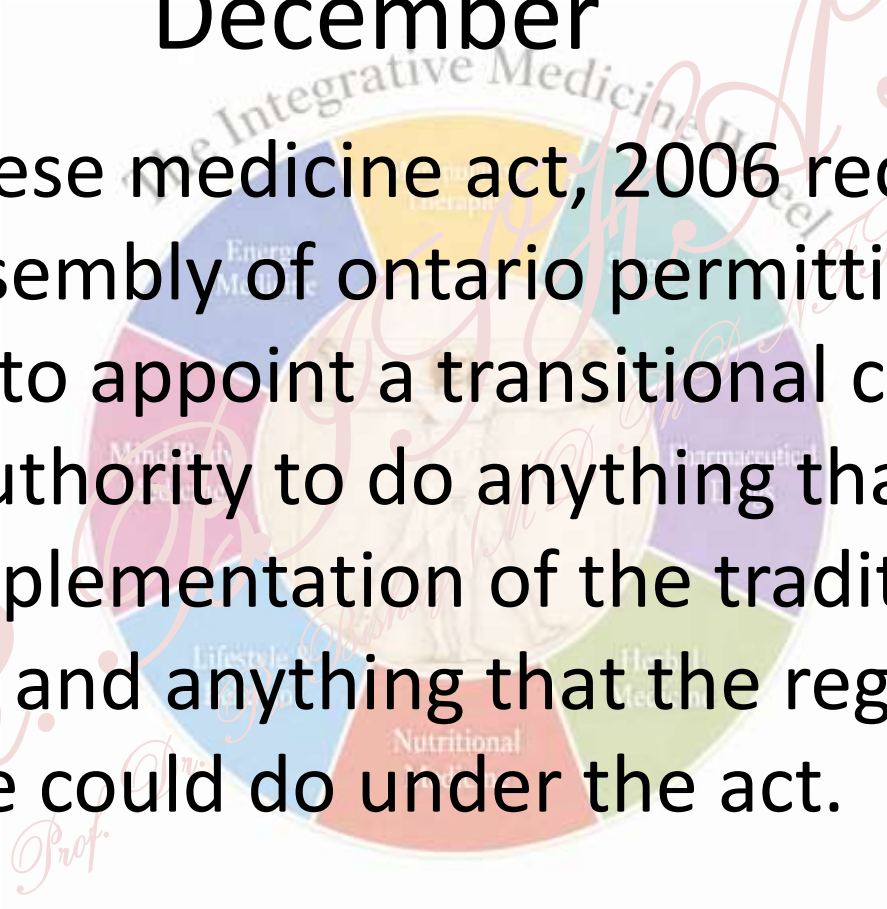


- The minister responded by introducing bill 50, which became the traditional chinese medicine act, 2006. When fully in force, the act will establishes the college of traditional chinese medicine practitioners and acupuncturists of ontario (CTCMPAO) with the goal of ensuring public safety through effective regulation of the profession of TCM.



2006 December

- The traditional chinese medicine act, 2006 received approval of the legislative assembly of ontario permitting the lieutenant governor in council to appoint a transitional council and a registrar with the authority to do anything that is necessary or advisable for the implementation of the traditional chinese medicine act, 2006; and anything that the regular council and registrar of a college could do under the act.



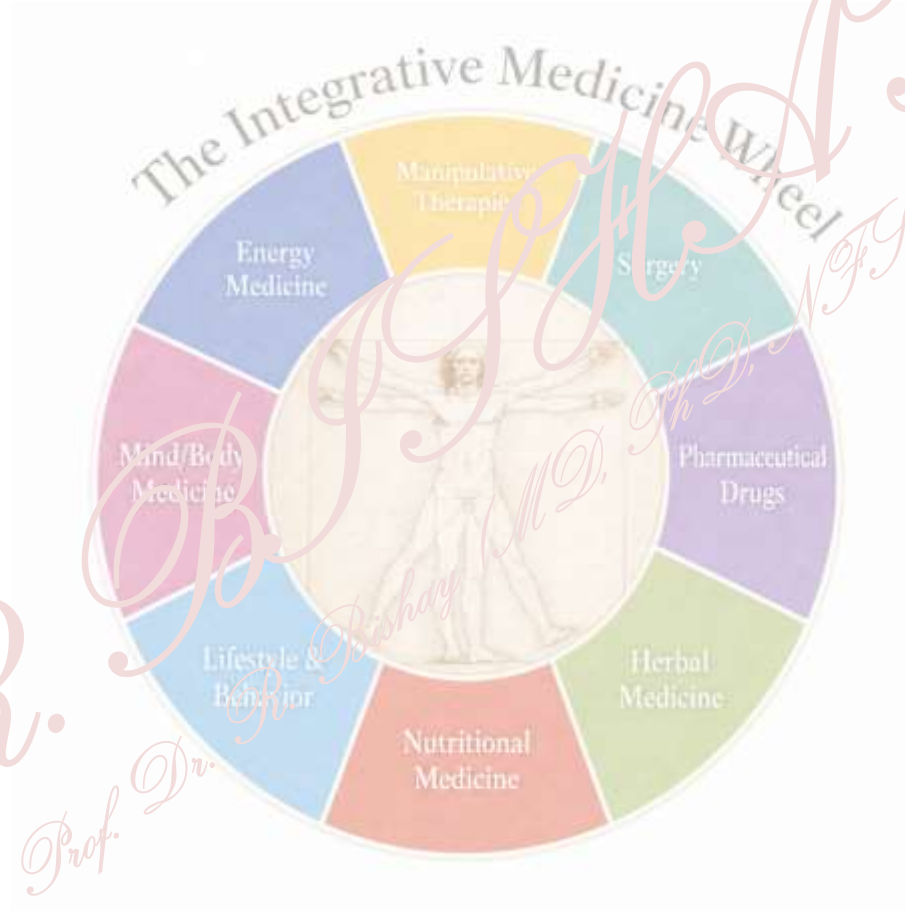
2007

September



- Ms. Emily cheung was appointed to the position of registrar by the lieutenant governor in council to establish an organizational structure needed to support the work of the incoming transitional council.
- The registrar's immediate priorities were to negotiate the location of office space with the ministry of health and long-term care and to carry through with outreach to practitioners informing them of the importance of participation in the regulatory process.
- As well, the registrar has established working relationships with other canadian regulators of traditional chinese medicine practitioners and/or acupuncturists.





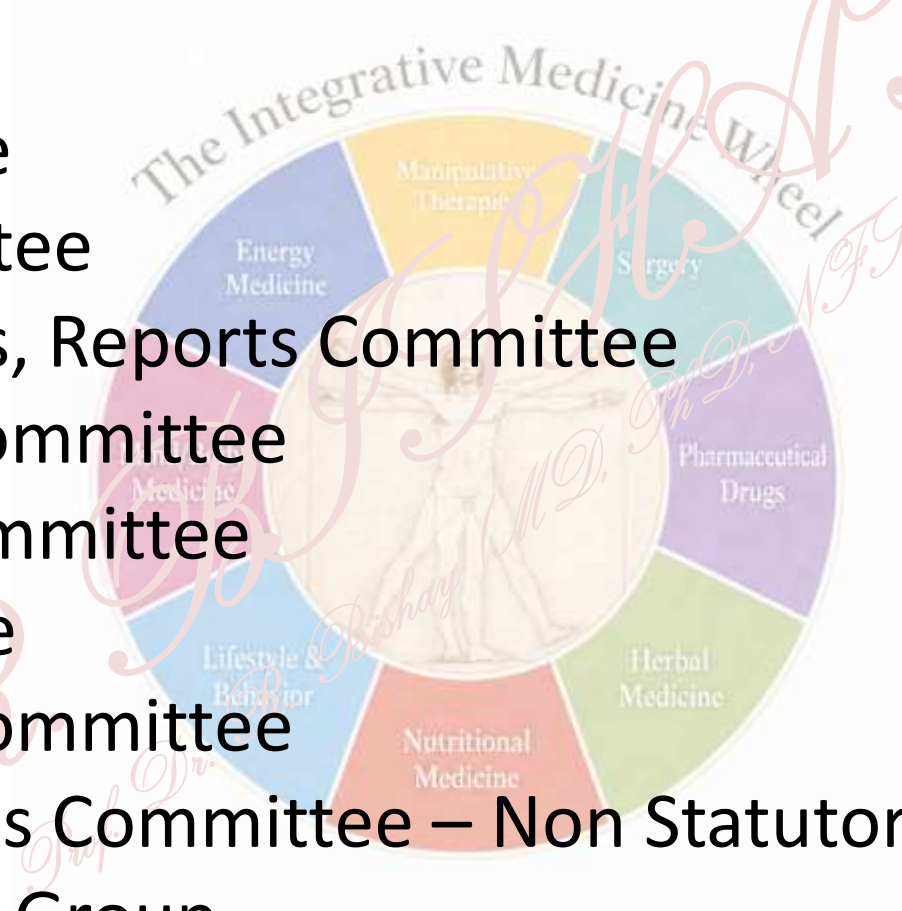
COMMITTEES





Committees

- Executive Committee
- Registration Committee
- Inquiries, Complaints, Reports Committee
- Quality Assurance Committee
- Patient Relations Committee
- Discipline Committee
- Fitness to Practice Committee
- Examinations Appeals Committee – Non Statutory
- Doctor Title Working Group





Executive Committee

- The executive committee's exercise of council's powers is subject to section 12 of the health professions procedural code, schedule 2 of the regulated health professions act, 1991.
- The executive committee shall be composed of the president, the vice-president and three (3) members of the council.
 - Two of the members of the executive committee shall be public members.
 - The president shall be the chair of the executive committee.





Executive Committee

- Between the meetings of the council, the executive committee has all the powers of the council with respect to any matter that, in the committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.
- If the executive committee exercises a power of the council under subsection (1), it shall report on its actions to the council at the council's next meeting.

Registration Committee



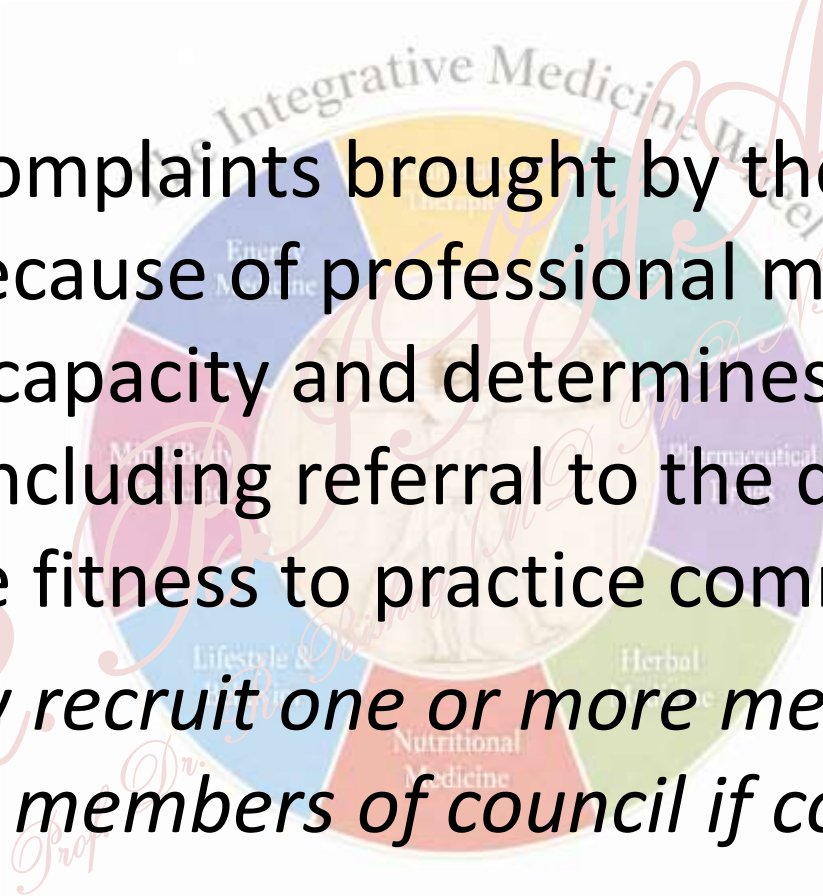
- Conducts reviews of applications for registration referred by the registrar because the applicant does not fulfill the requirements for the issue of a certificate of registration;
- Considers and approves terms, conditions and limitations to be imposed on certificates of applicants;
- Considers and approves requests to remove or modify a term, condition or limitation previously imposed through a registration proceeding;
- And considers additional information resulting from a proceeding to be included in the register.
- *This committee may recruit one or more members of the college who are not members of council if council so wishes.*



Inquiries, Complaints, Reports Committee



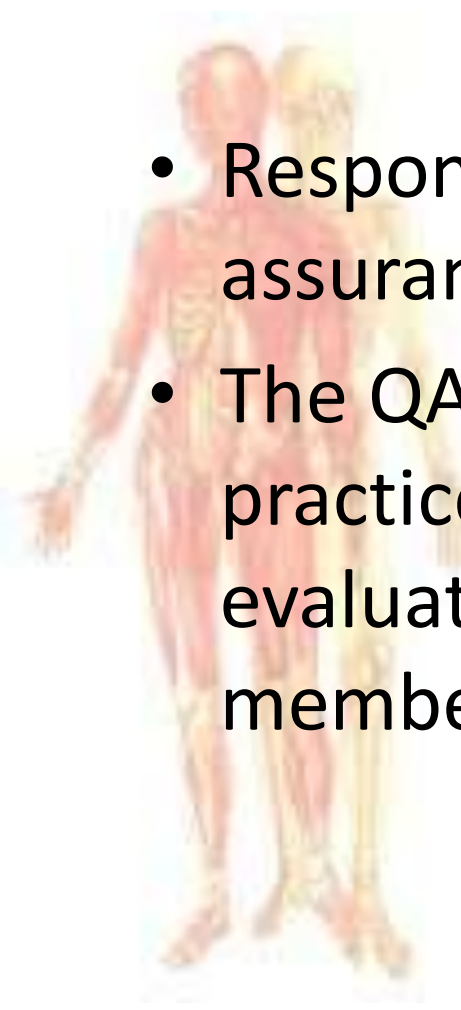
- Considers written complaints brought by the public against college members because of professional misconduct, incompetence or incapacity and determines the appropriate action to be taken including referral to the discipline committee or to the fitness to practice committee.
- *This committee may recruit one or more members of the college who are not members of council if council so wishes.*



Quality Assurance Committee



- Responsible for administering and monitoring the quality assurance (QA) program.
- The QA program is designed to ensure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the members.



Quality Assurance Committee



- The *health professions procedural code* prescribes certain minimum requirements that must be met by the QA program, including:
 - continuing education or professional development,
 - self, peer and practice assessments
 - a mechanism for the college to monitor members participation in, and compliance with, the QA program.
- *This committee may recruit one or more members of the college who are not members of council if council so wishes.*



Patient Relations Committee



- The patient relations program is designed to enhance relations between members and patients. It also includes measures for preventing and dealing with **sexual abuse** of patients.
- Sexual abuse is defined in the *regulated health professions act* as:
 - Sexual intercourse or other forms of physical sexual relations between the member and the patient,
 - Touching of a sexual nature, of the patient by the member, or
 - Behaviors or remarks of a sexual nature by the member towards the patient



Patient Relations Committee



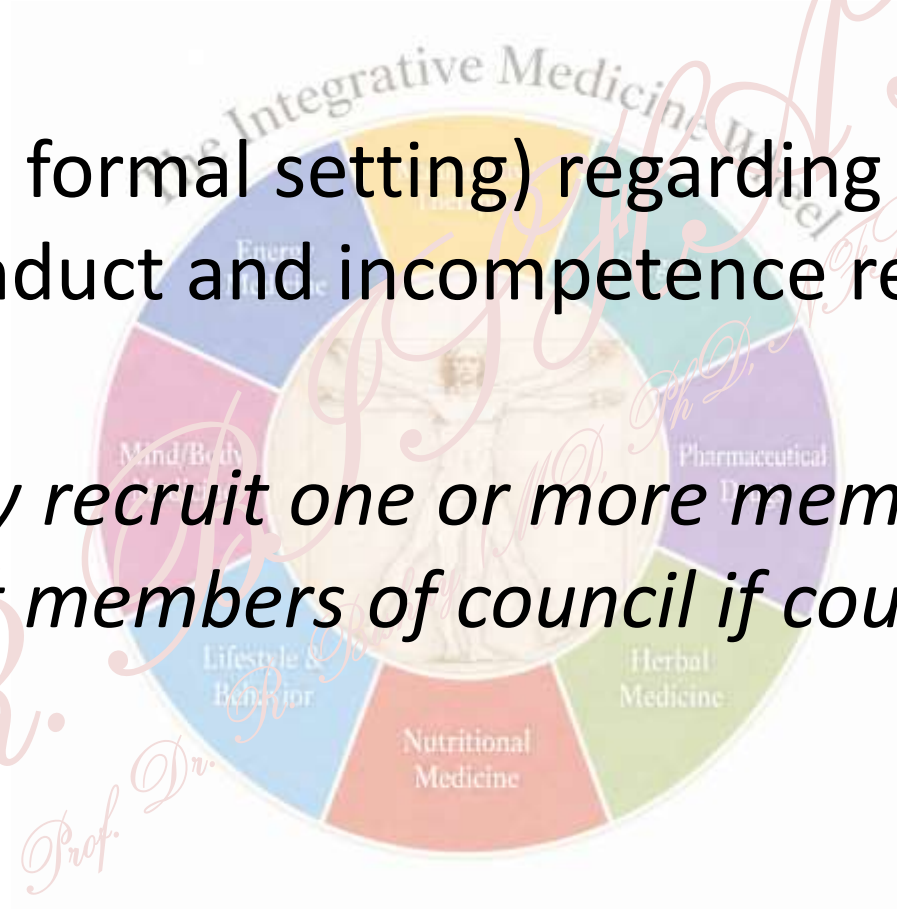
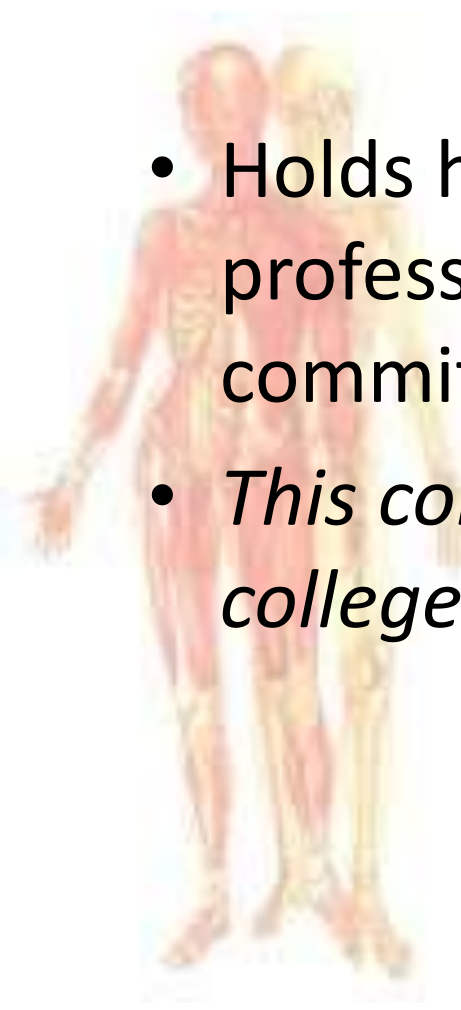
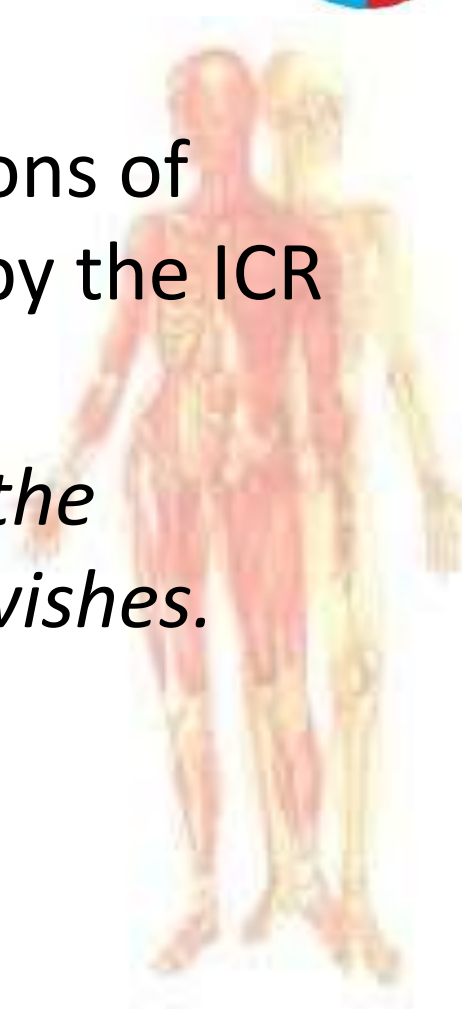
- The patient relations program promotes awareness among members and the public of the **zero tolerance** expectations placed upon members and health professionals regarding sexual abuse of patients
- The patient relations program includes setting out educational requirements for members, creating guidelines for the conduct of members with their patients, training college staff, and providing information to the public.
- The patient relations committee is also responsible for administering funding for therapy and counselling for patients who have been sexually abused by members.
- *This committee may recruit one or more members of the college who are not members of council if council so wishes.*



Discipline Committee



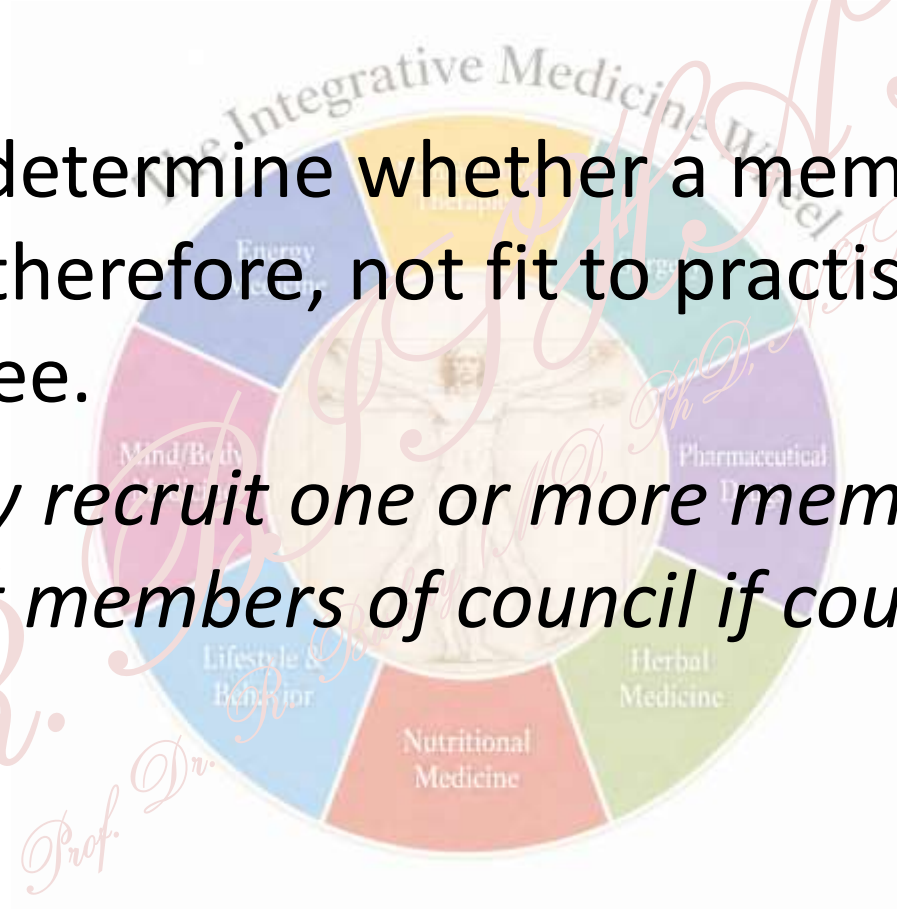
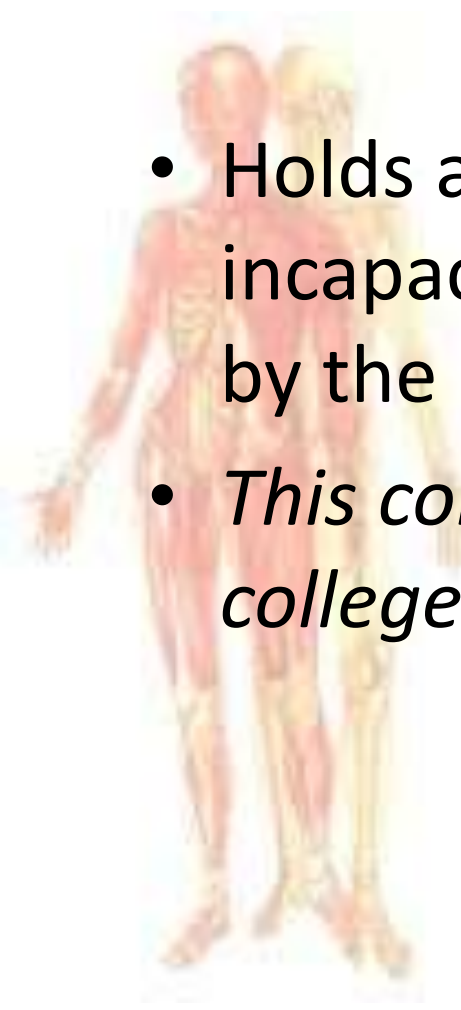
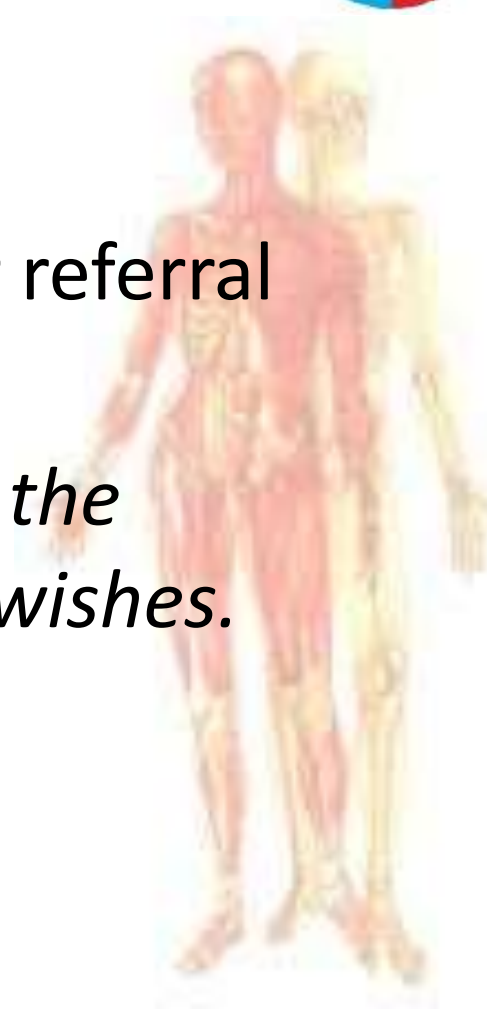
- Holds hearings (in a formal setting) regarding allegations of professional misconduct and incompetence referred by the ICR committee.
- *This committee may recruit one or more members of the college who are not members of council if council so wishes.*



Fitness to Practice Committee



- Holds a hearing to determine whether a member is incapacitated and, therefore, not fit to practise, after referral by the ICR committee.
- *This committee may recruit one or more members of the college who are not members of council if council so wishes.*





Examinations Appeals Committee – Non Statutory

- Address all appeals and reports within the principles of administrative and procedural fairness;
- Provides written decisions and reasons to applicants within a reasonable time in respect to granting or denying an appeal;
- Ensure all appeals are disposed of within **60 days** of receiving all information required from the candidate;
- Keep candidates informed of the reason for any delay and the date by which a final decision will be made and communicated to the candidate; and
- Guide the manager, registration on the need for further inquiries or information from the candidate for purposes of dealing with the appeal.

Doctor Title Working Group

- This is a task for to finalize the details of the lieutenant governor

