COLLEGE OF ACUPUNCTURISTS OF ALBERTA

Operations, Procedures, and Governance Review Final Report

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DAVID KAY AND ASSOCIATES

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Introduction

The College of Acupuncturists of Alberta (the College) is the regulatory body for Alberta's more than 800 registered acupuncturists, including acupuncturists in direct care, education, research, and administration. Its statutory mandate is to protect the public by ensuring Albertans receive effective, safe, and ethical care by registered acupuncturists. The College has an annual budget of approximately $850,000 and is supported by six staff members.

The College came under the mandate of the *Health Professions Act* (HPA) effective 1 January 2021, transitioning from the *Health Disciplines Act* (HDA). The predecessor to the College was the College and Association of Acupuncturists of Alberta (CAAA), which was created in November 2006 through the collaboration of three professional associations: the Acupuncture Society of Alberta, the Alberta Association of Traditional Chinese Medicine Doctors, and the Canadian Health Profession Acupuncture Society. Prior to November 2006 from 1988, the discipline was governed by the Acupuncture Committee established under the HDA.

In August 2021, the College commissioned David Kay and Associates through a request for proposal to first, identify current governance structures and processes and supporting operational/management processes and procedures in place to fulfill the regulatory framework of the College under the HPA; and second, to identify best practices related to these areas of inquiry and recommend improvements.

The project is designed to assess the College's existing governance functions and supporting operations/management processes and to identify best practices to ensure the College's compliance with its public interest and public safety mandate. Specifically, to:

- Assess the current state through a structured methodology and qualitative techniques.
- Conduct an environmental scan to identify leading practices in regulatory and governance functioning and key supportive management functions.
- Identify opportunities for improvement that may involve changes to governance structures and philosophy, policies and procedures, staffing, organization design, and enabling technology.

Methodology and this Report

A Project Advisory Group (PAG) was created consisting of two council members (one public member and one registrant) and one staff member to provide the overall direction for the project, and to:

- Approve the work plan;
- Act as a sounding board on the project's findings, potential solutions, and recommendations;
- Review project status reports;
- Address escalated issues;
- Review and sign-off on draft and final deliverables; and
- Become the change agents for the new processes.

The Current State Assessment was conducted between 25 August and 1 October 2021. During that period, a review of substantial documentary evidence occurred. In addition, employee and councillor interviews were conducted, a registrant online survey was issued, several registrants sought interviews which were conducted, and a council meeting was observed.

The Current State Assessment looked at how the College exercised its powers, duties, and responsibilities through the HPA, the Acupuncture Regulation, and the College's bylaws. Whether there were policies, procedures, and guidelines to fulfill those accountabilities and how the policies were put into operation daily, and by whom, was examined. How the College monitored and reviewed its activities and assessed its effectiveness was also considered.

The purpose of the interviews and survey was to garner themes on the understanding of the role of the College, its social context, and to identify barriers to and facilitators of change. The College's current operations, procedures, and governance performance was reviewed and assessed against the minimum requirements specified/suggested in the HPA, good practice as exemplified by the new College of Patent Agents and Trademark Agents (CPATA), and, as applicable, the College Performance Measurement Framework (CPMF) of Ontario Health.

The Environmental Scan part of the project was conducted between 25 August and 15 September 2021.

An internet-based search identified key governance and regulatory themes from select recent regulatory and governance reviews and a review of several comparative organizations, including Alberta health regulators, the acupuncturist colleges in Ontario and British Columbia, several American state boards for acupuncturists, and the new virtual College of Patent Agents and Trademark Agents (CPATA).

Credible performance standards and practices from such organizations as the United Kingdom's Professional Standards Authority for Health and Social Care (PSA), the Advisory Board Architects, Governance Professionals of Canada (GPC), and Ontario Health's College Performance Measurement Framework (CPMF) were also referenced.

The environmental scan confined its review to governance models and the components of those choices, such as election/appointment processes, governance committee selection and function, and regulatory frameworks, such as right-touch and the complementary approach risk-based regulation, to implement the public protection/public interest mandate of the College.

It needs to be acknowledged that the development of the structure, process, and competencies required of a regulatory college under the HPA are immense and ongoing. The HPA obligates all colleges, regardless of size and capacity, to meet the legislated public interest and protection of the public mandate. The council members, interim registrar/executive director (ED), and staff are to be commended for their support of the College mandate and for their efforts to complete the transition from the HDA to the HPA.

This project is an assessment of the College as it is currently centered with recommendations to evolve the College to fully meet its HPA obligations. As such, the project is not an assessment of the past, including behaviours/actions purported or actual. No attribution is provided to explain/justify how the current College structure, processes, or organizational model came into existence. The current state is acknowledged and accepted "as is" with the focus on "what should be".

Much has been developed and put into place by Council and College staff over a relatively short period, including the key regulatory components of initial registration, entry to practice examination, and complaints and discipline processes. And indeed, while this project was underway, the interim registrar/ED has developed and is implementing several needed reform activities, many of which this report speaks to. However, much more is required in the regulatory and governance components, as well as College operations.

The continued support and alignment of Council and College staff, aided by supports, such as ongoing assessments of governance, operations, and specific regulatory functions, as well as the use of available published resources, will lead to continuous improvement and success for the College.

This review could not have been conducted without the cooperation and assistance of many. I acknowledge the College staff, Councillors, and registrants who participated and offered their candid experiences and suggestions. The members of the PAG (Tamara Jones, Jessica Stankowski, and Jennifer Galarneau) deserve particular note for their time and contributions. I thank you all.

Recommendations

The ten key recommendations and comments that follow build on the findings and observations contained in two companion input reports reviewed by the PAG, the **Current State Assessment (Appendix 1)** and the **Environmental Scan (Appendix 2)**, and a role clarification session involving the current Council president and vice-president, and the interim registrar/ED.

The reader is commended to read the companion input reports, included as **Appendices 1 and 2**, for additional detail and context to the final report recommendations. In addition, a number of suggestions are presented in those review reports that will further assist the College in strengthening its governance, regulatory, and operations functions. These suggestions are summarized in a table included as **Appendix 3**.

The recommendations that follow are presented in the following sections: **governance structures and philosophy**, **policies, and procedures**, **staffing and organization design**, and **enabling technology**.

They are focused on the adoption of a policy governance model of oversight; building a full suite of governance, regulatory, and operations policies and procedures; enhancing the College's human resources capacity; and conducting an IT security audit.

None of the recommendations require changes to legislation. They can be accomplished with changes to bylaws and policy — governance, regulatory, and operations policies.

Governance Structures and Philosophy

Recommendation	Remarks
1. Council will adopt a policy governance model versus the current operational model	Current trends among regulators show that colleges have adopted the policy governance model with clear roles and responsibilities for council, its officers, and the single employee, the combined registrar/ED; decision-making mechanisms and decision-making areas; and a smaller number of governance committees, for example.
	The College of Patent Agents and Trademark Agents (CPATA) Board Policy No. 1 can be used to both understand the essential ingredients for this model and adapt as templates to the College context.
	Council will continue to elect a president/chair and a vice-president/vice-chair annually from among the council members. Their recommended role is specified in CPATA Board Policy No. 1.
	For regulators, the concept of governance has two aspects[1]: a corporate role shared by all councils/boards, and a regulatory role specified in stature and regulation specific to professional regulation and public protection.
	This recommendation, if adopted by Council, will be the most important and the most difficult for the current Council to consistently apply. Consideration of developing and implementing a change management process to assist councillors and Council is recommended.
2. Council will approve a strategic plan and a new mission and vision statement that aligns with the statutory public interest and public protection mandate of the College	For the College to be effective, there needs to be a clear purpose and strategic direction (goals, objectives, strategies, and performance measures). With these tools, the regulatory and organizational functions can be carried out to serve the public interest and guide the profession.
	In the absence of a sense of direction, it is difficult to determine what finances, staff and other resources are required to meet the College mandate and to assess its performance to meet its statutory purpose.
	The strategic direction needs to be determined in partnership with Council and the registrar/ED representing staff.
3. Council will consist of eight members. Four public government-appointed members and four registrants selected through a competency-based nomination process with a mandatory orientation session covering the College mandate and the role of a councillor.	Current research suggests that optimum board size is between 8 and 12 members. The current Council, with vacancies, consists of eight members, but two additional public member appointees will be required.
	Best practice promotes pre-selection (election or appointment) orientation for councils and for committees so that prospective members understand the role and the expectations. Best practice also promotes the use of a competency framework to screen for needed competencies and diversity, equity, and inclusion to augment/ support existing council and committee competencies and representation. There exist a number of good competency frameworks and selection – election or appointment – policies and procedures that can be adopted.

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[1] Barry, Jean, International Council of Nurses. (2014a). Regulatory Board Governance Toolkit, page 27

Recommendation	Remarks
4. Council will establish, as sub-committees to Council, a Finance, Risk and Audit Committee (FRAC), a Governance and Nominating Committee (GNC), and an Appeal Committee. Council will approve revised terms of reference for the regulatory committees – Registration Review Committee, Acupuncture Education Program Review Committee, Competency Committee, and Examination Committee.	The current Executive Committee seems to have little purpose. Council agendas can be developed by formal huddles amongst the president, vice-president, and registrar/ED and through the lens of the respective roles and accountabilities. The FRAC would be responsible for reviewing and recommending the annual budget, for reviewing the financial condition of the College through management reports, for helping to assess the risks including data governance and privacy identified by a college risk management program, and for overseeing the annual external financial audit. It would include an outside member ideally with finance and risk management experience. The GNC would be chaired by the vice-president, and the committee would be responsible for: ■ Establishing an annual council agenda and annual council and council committee workplans that align with the College strategic plan and annual business plan and budget; ■ Establishing an annual council/council committee, and councillor/committee member evaluation process; ■ Establishing and overseeing a registrar/ED performance review process and compensation adjustment policy; ■ Establishing a council meeting evaluation and reviewing the findings; ■ Overseeing the qualification, nominating, and council election process; ■ Overseeing the competency-based appointment process to governance and regulatory committees; ■ Overseeing a council and council/committee onboarding and ongoing regulatory/governance development program; and ■ Developing and maintaining a governance manual and assessing compliance with the governance policies. The Appeal Committee will be the entity appeal panels are drawn from to hear in-college appeals for registration, program approval, and from hearing tribunals. An ongoing training program will be required to be administered by the Hearing Director. The terms of reference for the regulatory committees need to be reviewed/revised to comply with the policy governance model, and recent legislative changes via Bills 11 (*Fair Registration Practices Act*, 2019) and Bills 30 and 46 (*Health Statutes Amendment Acts*, 2020 and 2021 respectively). Policies, procedures, and decision criteria are required for the governance and regulatory committees.

Recommendation	Remarks
5. Council will revise its bylaws to align with the adoption of a policy governance model and recent legislative changes	There currently is provision for an Executive Committee in the College bylaws, which includes officer positions of president, vice-president, and a treasurer. A treasurer is an association role, not in alignment with a professional regulator, and the Executive Committee is not recommended for continuation. There is no section in the bylaws describing the role of the remaining two officers. In addition, there currently is a delegation under section 65(1) Conditions, suspension during proceedings under the HPA to the council President. The duties of the officers, at a minimum, should be outlined in the bylaws, and the section 65(1), delegation, and section 86, stay pending appeal delegation, should be reviewed to consider changing the delegation to a College staff member other than the complaints director or hearing director, or to an outside individual (e.g., a senior member of another HPA regulatory college) to maintain the impartiality of the College Council as an appeal body and to maintain the role distinction between the College's governors and the College's staff. In addition, the current bylaws include a provision for an annual general meeting (AGMs) and special membership meetings in section 15, Membership Meetings. Such meetings are Association functions and not permitted under Bill 46 (2021), and therefore should be removed from the bylaws.

Policies and Procedures

Recommendation	Remarks
6. The College will develop a full suite of organizational policies[2] and related procedures	The full suite of required policies covers the following three areas: **Regulatory policies** – including registration and renewal, investigations, discipline, adjudication, continuing competence, and standards of practice/code of ethics; **Operational and management policies** – including human resources, financial management, risk management, safe disclosure/whistleblower, and data governance, including confidentiality, data security, disclosure, and document management; and **Council governance policies** – including board processes, values, roles, relationship with registrar/ED, registrar/ED evaluation, board and committee competencies and evaluation, planning (strategic and operational), budgeting, risk management, external (stakeholder and government) relations, and public and profession consultations.

[2] Board Policy No. 1, The College of Patent Agents and Trademark Agents (CPATA), https://cpata-cabamc.ca/ Accessed September 2021

Recommendation	Remarks
	To support the policy suite, a written document management framework is required that outlines:
	■ A document creation, review, revision, publishing, and obsolescence procedure;
	■ A document naming convention;
	■ Version control practices; and
	■ Centralized document storage in logical directories.
	Documented workflow, i.e., "the written repeatable pattern of the activities, sequence, or steps that take place to complete a specific task on a regular basis. The flow being described includes tasks, documents, or information that are passed to a proper workflow participant for action" or how decisions are made, by whom, within what timeframes/requirements is required.
	The absence of policies and procedures and documented workflow inhibits effective use of enabling technologies such as the website and the SharePoint site and will impact successful implementation of the registrant management system called Alinity.
	A process map of the existing workflows in the College's regulatory streams — registration and renewal, continuing competence, education program approval, standards of practice development and renewal, complaints and discipline, and components of operations, such as budgeting, financial control, and risk management — should also be completed. The process mapping exercise would identify gaps in procedures and documentation, and highlight "pinch points," bottle necks, or points of delay, as well as opportunities for improvement.
7. The College will develop a formal communication and engagement plan	A communication and engagement plan is a written document that describes who you need to communicate your work to, the purpose of communication with them, the communication method(s) you will use, how often you will communicate, and who will communicate with the audiences identified.
	A communications and engagement plan would consist of the following steps:
	■ Identify the stakeholders, i.e., the key people and groups who should be informed about the improvement work and the level of influence they have.
	■ Identify the purpose of the communication for each of the groups identified, for example to engage, sustain interest, or share outcomes and celebrate success.
	■ Identify what will be communicated.
	■ Identify the best method of communicating with each of the groups identified.
	■ Identify when each group will receive communication.
	■ Identify who from the College will carry out each piece of communication.
	The College's website is part of the communication and engagement plan. It has its own steps for improvement including:

Recommendation	Remarks
	▪ Survey the registrants and the public, with the intent to better understand how the website is currently used by the College registrants and the public. This would also be a good time to ask the registrants and the public what they want the new website to accomplish. By doing a short survey, you can ensure that the new website will meet the needs of the registrants and the public, and possibly have enhanced functionality. ▪ Conduct a simple audit of the web service providers (web hosting, email hosting, cloud provider, email newsletter hosting, domain, Domain Name Service (DNS), Content Delivery Networks (CDN), that are currently being used by the College, then assess whether those providers are providing the appropriate level/type of services. ▪ Conduct a full website content audit, to determine what content is outdated, incorrect and not useful on the website and to identify what areas need additional work. Streamlining a website usually leads to greater usage. ▪ Assess whether any third-party website integrations (Customer Relationship Management (CRM), Alinity, analytics, etc.) can be effectively integrated into the website and if so, at what cost. ▪ Review and ensure compliance to existing regulatory requirements for online communications (i.e., Canada Anti-Spam Law, Alberta's Personal Information Protection Act (PIPA), etc.). You don't want to unknowingly violate any privacy or security laws. ▪ Work with a web services and maintenance company on an ongoing basis to ensure that any problems that arise with the website or other web services (email newsletter, domain, etc.) can be quickly resolved. Considering all the work that is currently being undertaken at the College, it might be beneficial to break the auditing, design, and development up into reasonable stages, with sufficient time and outcomes being allocated to each stage. Doing so will ensure that no one is overwhelmed with what can be a very complicated, time-consuming but worthwhile endeavor.

Staffing and Organization Design

Recommendation	Remarks
8. The College will develop a human resource philosophy and a companion, comprehensive human resources framework of policies, procedures, individual staff files, and templates regarding hiring, onboarding/orientation, performance management, professional development, safe disclosure, diversity, equity, and inclusion, pay and benefits, etc.	Every good organization requires an alignment between the functions/purpose of the organization, the workflow to accomplish the purpose, and a cadre of appropriately trained, led, and organized staff. The College currently employs six staff members to support its regulatory functions (including registration, maintaining the register, registration renewal, entry to practice examination, education program review, continuing competence, standards of practice, code of ethics, complaints, discipline and adjudication), its corporate operations (including communications/engagement, finance, human resources, information technology/data governance, risk management), and the College's governance functions (council and the governance committees). Currently, the job descriptions for the existing positions are contained in employment contracts and are of uneven quality and completeness. No evidence was provided of an assessment of staffing to meet the above-noted regulatory, operational, and governance functions. Such an assessment would result in a determination of the type and number of full-time, part-time, and contracted staff required. A result arising from this assessment would be job specifications, i.e., documents which describe the education, experience, skills, and knowledge required to perform a job.
9. The College will conduct an assessment of staffing to meet the above-noted regulatory, operational, and governance functions	A staffing assessment would result in a determination of the type and number of full-time, part-time, and contracted staff required to support the College. A result arising from this assessment would be job specifications, i.e., documents which describe the education, experience, skills, and knowledge required to perform a job.

Enabling Technology

Recommendation	Remarks
10. The College will conduct an Information Technology (IT) security audit	Regulatory colleges are essentially data repositories full of critical and privileged information arising from the regulatory, operational, and governance functions they are entrusted to safeguard.
	In mid-2020, the College moved from a reliance on individual desktop computers with local desktop storage and shared on-site server storage, to a cloud-based configuration (Microsoft 365 Business) consisting of Microsoft email, office programs, and storage (SharePoint).
	An IT security audit is an overall assessment of the organization's security practices, both physical and non-physical (software), that can potentially lead to its compromise if exploited by cybercriminals.
	This includes things like vulnerability scans to find out security loopholes in the IT systems or conducting penetration tests to gain unauthorized access to the systems, applications, and networks. Finally, the penetration testing reports generated after performing all the necessary procedures are submitted to the organization for further analysis and action.
	Completing periodic IT security audits will: ■ Protect the critical data resources of the College; ■ Keep the College compliant with various information protections requirements, e.g., OPIC; ■ Identify security loopholes before the hackers; ■ Keep the College updated with security measures; ■ Identify physical security vulnerabilities; ■ Help in formulating new security policies for the College; and ■ Prepare the College for emergency response in case of a cybersecurity breach or a disaster or failure of the IT infrastructure.

These recommendations are provided based on the Current State Assessment, the Environmental Scan, a role clarification session (involving the current Council president and vice-president, and the interim registrar/ED), and the author's experience and research. If accepted, the implementation of the recommendations will cascade into smaller workplans and projects and, by necessity, will need to be scheduled over a period of approximately 6 to 12 months.

College staff, working with Council, will need to agree on priorities and assign sufficient resources — time, staff, and financial — to contract outside resources working with the small College staff to accomplish what is proposed.

As part of its commitment to act in the public Interest, regular progress reporting should be made to the public, the Minster, and to the registrants.

Appendix 1 – Current State Assessment

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Methodology

The Current State Assessment part of the project was conducted between 25 August and 1 October 2021. During that period, and with the support and assistance of the Project Advisory Group (PAG) and the College's staff, a review of substantial documentary evidence occurred. In addition, employee and councillor interviews were conducted, a registrant online survey was issued, several registrants sought interviews which were conducted, and a council meeting was observed. The purpose of the interviews and survey was to garner themes on the understanding of the role of the College, its social context, and to identify barriers to and facilitators of change. A summary of the interviews and registrant survey are contained in **Schedule 1**, a summary of the Council meeting observations is contained in **Schedule 2**, and a summary of the documentary evidence reviewed is contained in **Schedule 4**. The results of this Current State Assessment were reviewed with PAG over several meetings.

The College's current operations, procedures, and governance performance was reviewed and assessed against the minimum requirements specified/suggested in the HPA (and listed in **Schedule 3**), good practice as exemplified by the new College of Patent Agents and Trademark Agents (CPATA)[3], and, as applicable, the Ontario College Performance Measurement Framework (CPMF)[4].

The Current State Assessment looked at how the College exercised its powers, duties, and responsibilities through the HPA, the Acupuncture Regulation, and the College's bylaws. Whether there were policies, procedures, and guidelines to fulfill those accountabilities and how the policies were put into operation daily, and by whom, was examined. How the College monitored and reviewed its activities and assessed its effectiveness was also considered.

This project is an assessment of the College as it is currently centered with recommendations to evolve the College to fully meet its HPA obligations. As such, the project is not an assessment of the past, including behaviours/actions purported or actual. No attribution is provided to explain/justify how the current College structure, processes, or organizational model came into existence. The current state is acknowledged and accepted "as is" with the focus on "what should be".

Finally, Bill 46, *Health Statutes Amendment Act*, 2020 (No. 2), prohibits association functions on the part of regulatory colleges under the HPA. As such, association branding, activities, and thinking will need to be identified and removed from the College's modus operandi. That effort is outside the scope of this project.

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[3] College of Patent Agents and Trademark Agents, Home - CPATA (cpata-cabamc.ca) (Accessed 12 September 2021)

[4] The College Performance Measurement Framework (CPMF), Ontario Ministry of Health, Toronto, ON. December 2020

Documentary Review (policies, procedures, templates, standards of practice)

As a general finding, the College lacks a full suite of organizational policies[5] and related procedures, consisting of:

- **Regulatory policies** – including registration and renewal, investigations, discipline, adjudication, continuing competence, and standards of practice/code of ethics;
- **Operational and management policies** – including human resources, financial management, risk management, safe disclosure/whistleblower, and data governance including confidentiality, data security, disclosure, document management; and
- **Council governance policies** – including board processes, values, roles, relationship with Registrar/Executive Director, Registrar/Executive Director evaluation, board and committee competencies and evaluation, planning (strategic and operational), budgeting, risk management, external (stakeholder and government) relations, and public and profession consultations.

These policies and procedures provide the details for workflow and decision making that facilitates the ability of the College to conduct its mandate. This hierarchy of interlocking documentation is depicted below in *The Downward Flow of Regulatory Authority*.
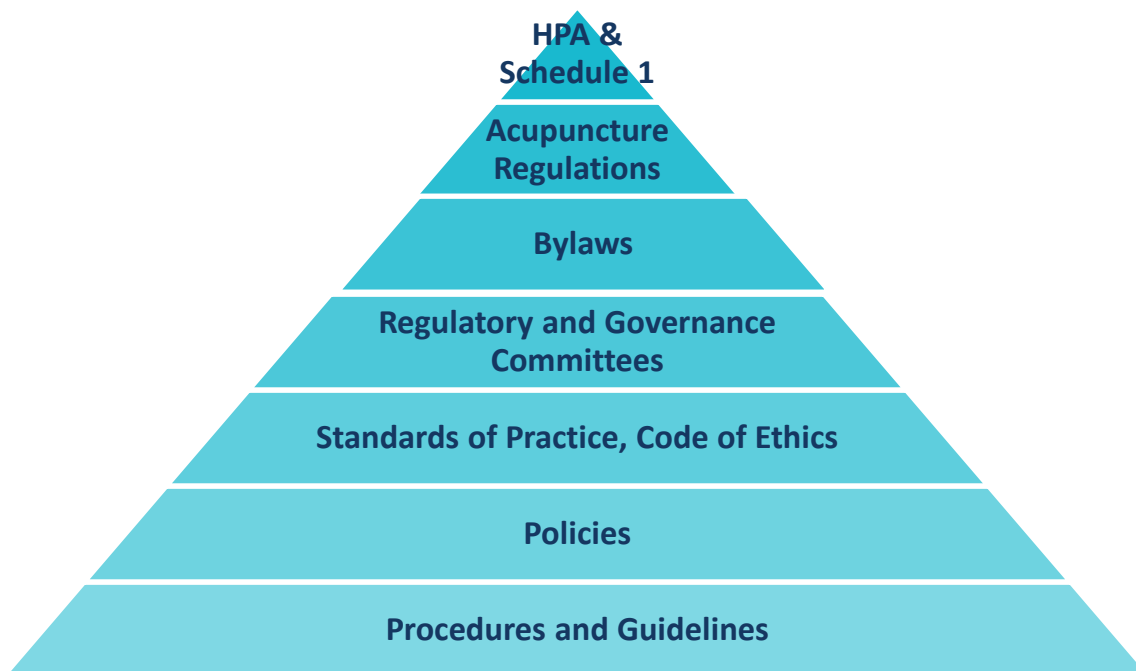
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[5] Board Policy No. 1, The College of Patent Agents and Trademark Agents (CPATA), https://cpata-cabamc.ca/ Accessed September 2021

The Downward Flow of Regulatory Authority

HPA &
Schedule 1

Acupuncture
Regulations

Bylaws

Regulatory and Governance
Committees

Standards of Practice, Code of Ethics

Policies

Procedures and Guidelines

There does exist an outline of a suite of planned policies, but it is thinly populated and some of what exists needs updating to reflect the single regulatory mandate of the new College. The assistance of someone with policy drafting skills should be considered to assist the College staff to close the gap.

No written document management framework exists at the College that outlines a document creation, review, revision, publishing, and obsolescence procedure; a document naming convention; version control practices; and centralized document storage in logical directories.

The absence of such a framework and the absence of properly documented workflow i.e., "the written repeatable pattern of the activities, sequence or steps that take place to complete a specific task on a regular basis. The flow being described includes tasks, documents or information that are passed to a proper workflow participant for action"[6] or how decisions are made, by whom, within what timeframes/requirements inhibits effective use of enabling technologies such as the website, the SharePoint site, and will impact successful implementation of the registrant management system (Alinity).

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[6] https://www.comindware.com/blog-what-is-workflow/. (Accessed, 4 October 2021)

A process map of the existing workflows in the College's regulatory streams — registration and renewal, continuing competence, education program approval, standards of practice development and renewal, complaints and discipline, and components of operations such as budgeting, financial control, and risk management — should also be completed. The process mapping exercise would identify gaps in procedures and documentation, and highlight "pinch points", bottle necks or points of delay, and opportunities for improvement.

Now some observations about the existing documents.

2021 Budget

The 2021 budget consisted of a series of spreadsheets for each college committee based on the planned committee activity and an incomplete spreadsheet depicting the College's operations. There was no evidence of a complete college budget nor any planning discussion regarding the College's regulatory future or upcoming issues. The College also lacks a current mission, vision statement and a strategic plan, which hinders building a budget for college operations with a strategic focus.

College Committee Minutes

Regarding College committee minutes, there are two general themes that emerge from their review. The first is a management board focus (versus a policy governance focus) in which the council and committees are doing the detailed operational work of the College instead of the College staff. There is little evidence of policy recommendations depicted in the committee minutes. A review of the pre-HPA CAAA bylaws from July 2017 depicts a council, officers and committees much more involved in the mechanics of running the College (the HOW) as they are governing the organization (the WHAT and the WHY). For example, sec. 6.9.1 (a) of the bylaws states that the council President shall act as the chief elected officer of the College. Or from the terms of reference for the Budget, Finance and Audit Committee, at sec. 7.6.1 (b) and (c), "Developing, establishing and administering financial policies, systems and procedures essential to the financial administration of the College, which include but are not limited to: (i) Accounting practices: (ii) Internal control and auditing; (iii) Financial planning; (iv) Budgeting practices; and (c) Producing annual financial statements and reports each fiscal year." College management should be developing and administering financial policies approved by council upon the recommendation of the Budget, Finance and Audit committee. This explains the orientation of the College at HPA proclamation at the end of December 2020.

The second general theme is inconsistency in the format and detail with respect to decisions reached, the rationale for decisions, and use of formal motions.

Budget, Finance and Audit Committee (BFAC)

The BFAC's terms of reference indicate that the committee should have three meetings; the first to concentrate on preparation for the March audit, a second meeting in June to look at revenues and expenses focusing on individual invoices and expenses, and a third meeting in November to conduct a budget review. The format of the existing minutes is sufficient given the size of the budget and the maturity of the organization.

However, there is no evidence of any link between finances and the College's strategic direction. In addition, and in line with the general discussion above regarding a management-board approach at the council and committee level, the lack of a complete financial management policy and procedures exposes gaps in financial control. The engagement of a chartered professional accountancy firm to undertake a complete financial management and control review and recommend policy, procedures, and options to undertake the College's financial matters should be undertaken. That review should lead to a request for proposal for new auditors.

A June 2021 BFAC discussion identified that no one in management was addressing spending disputes between council and committees. As well, a discussion from March 2019 appears to have approved a five-year lease renewal and does not appear to have discussed any options. No documentation could be found that such a significant expenditure had been approved by council, and a review of the lease suggests very unfavourable financial terms to the College.

In some older documentation, the position of treasurer is referenced. This is an association function that is not required in a regulatory college.

Registration and Program Review Committee (RPRC)

The minutes of the former RPRC appear to give a reflective review of registration questions and appear based on the available standards, practice, past practice, and decisions. However, there is a need to develop a guidance document for the committee, staff and applicants on the registration and renewal processes and decision criteria. In addition, there does not appear to be a documented education program standards document nor an evidence-based, on-site assessment/survey process with detailed compliance reports for the program review process. It is also unclear how conflicts of interest within this dual-purpose committee are managed between registration review questions and consideration of education program approvals, that in many cases generate those registration application questions.

The former RPRC was split, after the College came under the HPA in January 2021, into a Registration Review Committee and a separate Acupuncture Education Program Review Committee. This provides an opportunity to use well-written guidance documents for both regulatory processes and to analyze the results of registration and program review decisions looking for patterns over time that may inform the need for changes in standards, decision making criteria, the development of advice to the profession documents, etc.

Hearing Tribunal (HT)/Complaints Review Committee (CRC)

There is a terms of reference document for a HT/CRC as if they were a standing committee of the College. This is inconsistent with the functioning of HTs and CRCs, which are established *de novo* every time there is a charge of unprofessional conduct referred to a HT, or a request to establish a CRC to review the decision of the Complaints Director to dismiss a complaint. HT members are to be drawn from a registrant membership list and public member list by the Hearings Director. What is missing is a written competency-based approach to populate a roster of registrants, a training and orientation scheme for registrants on the College's adjudication membership list (and public members of the government adjudication list), and policies and procedures for the Hearing Director to establish and manage HTs and CRCs. Publication and redaction guidelines for notices of a hearing and decisions are required, as well as standardized templates for communication with the respondent registrant, their representative, and the complainant, and for decisions of the adjudicative bodies. I also found no evidence of a request for proposal specifying the College's requirements and expected fees for independent legal counsel for HTs and CRCs. A similar engagement approach (request for proposal) should be considered for selecting the College's general counsel.

Competency Committee

A new Competency Committee was formed in 2020. Its work is to establish a continuing competence program for HPA proclamation was noted. That work will continue under Bill 46 as a more evidence-informed and robust competence program is required under a standard of practice.

Examination Committee

The work of the Examination Committee, that oversees the entry to practice examination over several years, was also noted. Committee discussions centered on the in-person exam logistics, exam eligibility, scoring, exam revisions, and associated matters. Discussions appeared to be based on existing standards and practices and previous discussions. This committee also requires written criteria/guidelines on exam eligibility and retakes, as examples, to underpin committee decisions.

Other Committees

There are three committees that have no perceived role in a regulatory college. These are the Membership Communications Committee, the Inter-Professional Advisory Committee, and the Member Services Committee. In most cases, the committees have meet infrequently and, when they do meet, concentrate on discussing their role. They would appear to be association-focused and thus are prohibited under the provisions of Bill 46.

Council

Observations regarding the council's minutes and agenda packages are provided in **Schedule 3**. Overall, the current council appears to function at the level expected of a regulatory college. The use of background briefing notes for proposed decisions would greatly improve the efficiency of council meetings.

Bylaws

The College approved new bylaws effective January 2021 as part of the transition to the HPA from the HDA. These bylaws appear to be modelled after the 2020 CARNA bylaws given their similar provisions and outline. There is provision for an Executive Committee, which includes officer positions of President, Vice-President, and a Treasurer. There is no section describing the role of these officers.

In addition, there is a delegation under section 65(1) Conditions, suspension during proceedings under the HPA to the council President. The duties of the Officers, at a minimum, should be outlined in the bylaws, and the section 65(1), delegation, and section 86, stay pending appeal delegation, should be reviewed to consider changing the delegation to a College staff member other than the Complaints Director or Hearing Director, or to an outside individual (e.g., a senior member of another HPA regulatory college) to maintain the impartiality of the College council as an appeal body and to maintain the role distinction between the College's governors and the College's staff.

If the council decides to evolve from functioning as a management board to functioning as a governance policy-setting council, the current bylaws should be reviewed to align with the new council orientation.

Website and Enabling Technology

As a general observation, the College website uses the free WordPress content management system software; that is the world's most popular website builder. WordPress is stable and versatile. Many hosting services exist, and design firms and consultants can be contracted to support maintaining the website and adding new themes, designs, and add-ons.

However, much of the College's website content and documents are dated (circa 2014-2018), with a few documents more recent, e.g., the 2020 list of council members. The terms of reference for some regulatory and other committees and registration-related documents were drafted after the College was proclaimed under the HPA, effective 30 December 2020, and are dated 2021. Several documents provided by staff appeared to be more current versions than what was publicly displayed on the College website (e.g., the bylaws).

Overall, the website references the college and association activities of the former CAAA. There is no regulatory focus to the content that would group content under the HPA pillars, including registration, continuing competence (including standards of practice [SOPs]), professional conduct (including how to make a complaint), governance, and operations.

The home page prominently promotes registration-related material. There is no content related to making a complaint about a registrant which hinders the public interest and the "Protecting the Public" mandate of the College. In addition, the registrant search function does not display the required registry information specified by HPA sec. 33(3), nor does the website display disciplinary hearing notices and decisions.

Engaging a contractor conversant with WordPress, who could update the existing website, is a viable interim solution until a longer-term communications/engagement strategy has been developed.

In mid-2020, the College moved from a reliance on individual desktop computers with local desktop storage and shared on-site server storage, to a cloud-based configuration (Microsoft 365 Business) consisting of Microsoft email, office programs, and storage (SharePoint).

This is a positive development that enhances security and reliability and promotes remote working. However, the lack of a document management framework inhibits taking full use of its features, and there does not yet appear to be a widely know and accessible directory structure with a logical outline of subdirectories accessible to all relevant staff. Nonetheless, staff did their best to assemble the requested documents from scattered sources, unsure of the approval status of the documents. Once a document management framework and coherent, consistently used file directory structure is available and staff are trained on its use, SharePoint will become a powerful enabler for the College's operations.

College Staffing to Support College Functions

The College currently employs six staff members to support its regulatory functions (including registration, maintaining the register, registration renewal, entry to practice examination, education program review, continuing competence, standards of practice, code of ethics, complaints, discipline and adjudication), its corporate operations (including communications/engagement, finance, human resources, information technology/data governance, risk management), and the College's governance functions (council and the governance committees). These staff positions are as follows:

- Complaints Director
- Hearings Director
- Director of Competency and Education
- Registration and Examination Coordinator
- Administrative Assistant
- Registrar/Executive Director

Services for bookkeeping and website hosting are contracted, and a job description exists for an unfilled communications coordinator role.

Currently, there is not a college human resource philosophy and a companion, comprehensive human resources framework of policies regarding hiring, onboarding/orientation, performance management, professional development, safe disclosure, diversity, equity and inclusion, pay and benefits, etc.

In addition, the job descriptions for the existing positions in employment contracts are of uneven quality and completeness. No evidence was provided of an assessment of staffing to meet the above-noted regulatory, operational and governance functions. Such an assessment would result in a determination of the type and number of full-time, part-time, and contracted staff required. A result arising from this assessment would be job specifications, i.e., documents which describe the education, experience, skills, and knowledge required to perform a job.

Provisionally, subject to completing the above-noted analysis, the following staffing plan is provided:

- **Registrar/Executive Director** – and contracted communications/engagement

- **Executive Assistant** – support to Registrar/Executive Director; Director, Operations; Council; and all committees
- **Administrative Coordinator** – support to Complaints Director, Directors, Competency and Education, and Registration and Education Program Approval
- **Complaints Director** – and contracted investigators and paralegal
- **Director, Competency and Education**
- **Director, Registration and Education Program Approval**
- **Director, Operations** – finance, operations, risk management, and contracted IT; and
- **Hearings Director**

Schedule 1 – Summary of Councillor and Staff Interviews and Registrant Survey Responses

Councillors

Question #1: Why did you join the College Council and when? What do you see as your role? What is the role of the Council's officers – President and Vice President? What is the role of the Registrar/Executive Director?

- Councillors identified that they joined council to advance the profession, to guide the transition to the HPA, and to establish a credible regulator. Role descriptions, a formal orientation, and ongoing regulatory and governance professional development are examples of measures required to strengthen the College governance.
- Advancing the profession was generally described as improving the competency of acupuncturists and promoting the credibility of the profession in the eyes of the public. A strong addition to this sentiment was forging credible relations with regulated members. The nature of this relationship through the lens of a regulator remains to be determined. Exploring the nature of public and regulated members as councillors coming together as governors of a statutory corporation is also required.
- Most councillors saw the role of the officers as presiding at council meetings and acting for all councillors. A majority also feel that the officers are council's conduit to the registrar/executive director. There was less voiced support or identification of the officers acting as the voice of the college with regulated members, the public, government, and other stakeholders. A governance manual would outline the roles and responsibilities of the officers and clarify who acts as college spokesperson and when.
- Most councillors saw the registrar/executive as being accountable to the college council for the management of the college as an organization, and for supporting the work of the council. A fulsome role description and performance management process will be required to strengthen the collaborative council-registrar/executive director relationship.

Question #2: How would you describe the role of the College to your neighbour?

- Almost all councillors described the role of the college as regulating the profession of acupuncture in the Public Interest and to promote Public Safety. Examples of how this occurred tended to focus on the core HPA functions.
- There was also a strong emphasis on promoting the credibility of the profession and a substantial undertone of association activity in promoting the profession given voice on the scope of practice approved in the Acupuncture Regulation and restricted activities.

Question #3: How well does the College perform its role? How can you tell?

- Councillors answered this question both with an eye to the past and an eye to the recent present and future distinguishing the change in council officers as a turning point. Looking to the past most councillors viewed the college performance as poor to average and focused on the work involving the transition from the HDA to the HPA. Accomplishing HPA status most councillors said would now allow the college to focus on improving it functioning and credibility.
- (Re-)establishing good relations with regulated members was cited almost unanimously by councillors. This will need to be thoughtfully developed through the lens of a regulator, e.g., feedback on standards of practice, willingness to volunteer on college committees and on council, to foster registrant support and trust
- Citing the past there were several examples cited of what could be described as unjustified complaints prosecutions. Whether founded in fact or not, consideration should be given to conducting a review of complaints and appeals conducted under the HDA acknowledging that the HDA was a limited statute and that no changes to those cases is possible. This would speak to significant concerns expressed through the survey responses of regulated members.

Question #4: What are the College's strengths? What are the Council's strengths? What are the employees' strengths?

- The strength of the college was generally described as its commitment to make the profession better and to instill faith in the public that acupuncturists are competent and safe.
- Focusing on the recent change in council members, there was great support for the promise of better governance.
- Many councillors were unsure how to respond to the strengths of staff, in part, given their lack of interaction with most employees other than the (former) registrar/executive director.

Question #5: What are the College's weaknesses? What are the Council's weaknesses? What are the employees' weaknesses?

- The weaknesses of the college were generally summarized as its immaturity as an organization with limited competency and capacity within an acknowledgement that this will improve.
- The weakness of the council prior to the change in membership and officers was classified as lacking cohesiveness, civility, and respect. Poor adherence to good governance practices was equally cited. Post council membership change was viewed unanimously as positive and hopeful.
- The weakness of the staff was framed through the lens of inadequate structure and process exacerbated by poor leadership.

Question #6: What supports for Council's functioning are working well?

- The main support for council that was positive was most often cited as the use of SharePoint versus emailing council agenda material. This, it was explained helps, councillors better review the agenda material in advance of a meeting.

Question #7: What supports for Council's functioning need improvement?

- Most councillors cited the need for items such as role descriptions, a formal orientation, training on the running of meetings, and agenda and dossier preparation.

Question #8: Why did Council ask for this review to occur?

- The consensus on the reason for council's request of this external review was summarized as an opportunity to provide council with a road map for improvements and good practice. The review findings and recommendations will aid the council and college to act professionally and to be seen as incredible college regulating a credible profession.

Question #9: Is there anything else that you would like to share that hasn't been asked?

- An interesting comment was made regarding the need to improve the council election process which will be addressed in the report.

Staff

Question #1: Tell me about your role at the College. Leading questions: What is your role? Who do you interact with the most? Why did you join the College and when?

- Employees seem to understand their roles. Roles and qualifications need clarity in formal position profiles (a.k.a. job descriptions).
- Some question of alignment of qualifications versus role description, e.g., bookkeeper, administrative assistant, was evident.

Question #2: How would you describe the role of the College to your neighbour?

- Employees verbalize the public safety and public protection mandate, but with an underlay of member interest.

Question #3: How well does the College perform its role? How can you tell?

- Employees generally responded "good" with the evidence being perceived responsiveness to member inquiries and the registration and examination processes.

Question #4: What are the College's strengths? What are the employees' strengths?

- Employees generally responded citing as evidence the perceived responsiveness to member inquiries and the staff cohesiveness.

Question #5: What are the Council's strengths?

- Employees generally responded citing either the earnestness of the current council to get things done, or "not sure".

Question #6: What are the College's weaknesses? What are the employees' weaknesses?

- Employees generally responded citing structural and process improvements (e.g., Alinity implementation being positive, more robust SOPs), with an undertone of feeling the divisiveness above/around them. Upon probing, the lack of professional development was identified, and employees are unsure what is available (especially regulatory professional development) and where.

Question #7: What are the Council's weaknesses?

- Employees generally responded by acknowledging the tumult surrounding the previous council, which some perceived as a distraction for what the regulated members want/need, e.g., herbology and standards which have stalled out and the doctor title.
- Employees express some feeling that they are not trusted, citing what they perceived as a lack of communication about council activities, hence a lack of transparency.

Question #8: Why do you think Council asked for this review to occur?

- Employees were split between the review being an opportunity to roadmap a pathway for improvement, and the review being an opportunity to point out flaws in individual performance… to push those out who don't align with [this] council's views.
- Employees verbalize the public safety and public protection mandate, but with an underlay of member interest.

Registrant Survey

Question #1: How would you describe the role of the College to your neighbour?

- A broad majority of the 74 survey responses described the role of the college as regulating the profession, and keeping the Public safe, dealing with errant acupuncturists, educating the Public on what acupuncturists do, and liaising with the government.
- A small minority strongly describe the college in the following terms: dismissive, corrupt, unprofessional and money seeking. "The CAA takes my money once a year and they are useless for the rest of the year". This theme is often coloured by disappointment on the efficacy of the college promoting the profession with the Public and defending its "turf" vis a vis other professions believed to be encroaching on the practice area.
- Several respondents identified serious concerns regarding the [previous] management leadership at the college.

Question #2: How well does the College perform its role? How can you tell?

- A high proportion of respondents either report they don't know/can't tell or that the college is not performing well.
- Strife within the college and council was cited by several respondents as being a detriment to the college's performance.

- The lack of advocacy for the profession, a feeling that communication from the college is sub par, the behaviour of council and college staff, and questions regarding the exam and training process were also cited by some respondents as a concern.

Question #3: What are the College's strengths?

- Transition to the HPA and the regulatory practices that flow from that were cited by the majority of respondents.
- A number of respondents comment on strife within the college.
- Many respondents cannot cite any strengths of the college.

Question #4: What suggestions do you have that would improve how the College performs its role?

- Suggestions for improvement included enhancing the competence of the college operations (including but not limited to standards of practice, examinations, the adequacy of training programs, written policies and procedures) and the quality of its management and council leadership.
- Improving communication with regulated members was also often cited and in terms of standards of practice, continuing competence, transparency of college operations as examples. Educating the public on the practice of acupuncture was also noted.

Question #5: Would you be willing to volunteer your time to serve on the College Council or on a College committee? If so, please provide your email address and the Consultant will inform the College, who will contact you to provide more information and explain how to get involved.

- Thirteen respondents said they would. A number said they would in the future, and more than a handful said they would not while the (previous) college leadership is in place. This is a positive situation to be acknowledged and supported.

Question #6: Do you have any other comments to provide?

- Comments ranged from: "good luck" and such a review is welcomed, work on expanding the scope of practice and improving the image of the profession, what is going on with the College, and the new leadership is welcomed.

Schedule 2 – Summary of Council Meeting Observations, 11 September 2021

[7] **- Rate items:**
  2 - Needs Work
  3 - Adequate
  4 - Very Good
  5 - Excellent
  N/A - not applicable

Rating	Item
4	■ Meeting scheduled at convenient time/location ■ Assume councillors were canvassed re date/time. Only one councillor was absent, and regrets were sent
2	■ Provisions for virtual/hybrid meeting exist including how voting and questions would be addressed ■ Clarification/agreement on how voting (e.g., assume affirmative vote unless explicitly state negative vote) and asking questions (e.g., admin support will monitor chat box for president) will be addressed should occur prior to all virtual meetings ■ With phone and video participants roll call should occur prior to each meeting ■ Council should decide whether participants required to use camera and if so, should be reminded at meeting start ■ Reminder to mute unless speaking should occur at the meeting start ■ Participants on the phone versus on camera should be regularly engaged in the discussion and decision making
4	■ Instructions/guidelines exist for meeting observers ■ Written guidance was provided. Councill/staff should consider audio only listening for virtual meetings versus full participant access. Small point — to maintain the confidentiality of observers' emails, notices should be sent through a BCC distribution list versus everyone being copied.
5	■ Majority of board members were in attendance ■ The one member absent sent regrets

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[7] CREDIT: Board Development. Board building - Recruiting and Developing Effective Board Members for Not-For-Profit Organisations. A self-guided workbook. The Muttart Foundation, 2008.

Rating	Item
2	■ Agenda and supporting documents circulated prior to meeting ■ Agenda was distributed 2 days prior. There was no briefing material accompanying the agenda. Templates provided for consideration. Exam fee item did have some written material which was presented at the meeting. ■ Going forward when proposed agenda is reviewed by President and Registrar/ED further in advance of the meeting and prior to distribution, adjustments can be at that point based on availability of material, relevance, etc.
4	■ Meeting began on time ■ Meeting began on time despite technical issue at start. See suggestion re staff testing of equipment.
N/A	■ Agenda items relevant to mission, goals, and objectives of the organization ■ Items appeared relevant to the regulatory functions of the college. However, there is no current mission or vision statement and no strategic plan to assess against
5	■ Agenda items related to board work (not staff or committee issues) ■ Items were Governance – WHAT and WHY and not Management - HOW
5	■ Structure and leadership of meeting encouraged thoughtful discussion ■ Divergent points of view were respectfully offered and considered
4	■ Agenda items were clearly identified as for information, discussion, or decision ■ Briefing notes using the templates provided would assist the reader understanding why the identification
2	■ Consent agenda used ■ No consent agenda used which requires written material to facilitate a consent agenda
2	■ Reports were tabled, and only questions and/or discussion related to them were considered ■ The oral reports were fulsome, but the absence of any written material inhibited complete understanding of the issue and recommendations
3	■ Decision-making method being used, such as collaboration or simple majority, was identified before the decision was made ■ With experience and advanced discussion Council will come to agreement on what requires agreement versus a formal motion. Certain items such as bylaw changes, policy decisions (e.g., SOPs) and financial decisions should have a formal motion. Items more procedural in question can be decided by agreement and so documented. ■ There was no motion documented to waive the bylaw notice period as required by the bylaws
2	■ Appropriate information was available to make decision ■ Written decision documents are required. Templates provided for consideration.
5	■ Atmosphere was relaxed and friendly ■ All councillors present readily contributed

Rating	Item
4	■ All board members were encouraged to participate ■ The president did a good job of acknowledging speakers. Participants on phone need to be routinely canvassed
4	■ Motions were accurately recorded in the minutes ■ Suggested motions can be included in briefing documents to improve meeting efficiency
5	■ Meeting duration was appropriate to the needs of the group and the issues to be addressed ■ Agenda topics were adequately attended to without rushing or lingering. Time existed for questions
3	■ Staff and board members presenting information were prepared and effective ■ Oral material was thorough. Discussion and questions would have been aided with written briefing material

Strengths of the meeting:

■ The chair presided effectively, identifying the governance decision required of each item, and guided, but did not lead, discussion. Nicely summarized the ending point of most discussions.
■ A request to declare conflicts of interest (real or apparent) occurred at the start of the meeting.
■ Councillors stayed on topic and largely focused on governance (WHAT and WHY) matters.

Suggestions for improvement for effectiveness:

■ Council should have an annual meeting calendar with key actions identified., e.g., organization meeting to elect officers, annual audit report, annual budget decision.
■ Staff should test virtual conference equipment prior to each meeting and assign duties, e.g., monitoring chat function, advancing slides for prepared briefing material and proposed motions, taking minutes.
■ Council should discuss and agree on the style of minutes it is comfortable with as its official record of discussion and decisions reached after exploring options.

Schedule 3 – Minimum Requirements Specified/Suggested in the Health Professions Act (HPA)

HPA Section	Major Direct/Indirect Requirements	Observations
College Role – Sec. 3	Need an organizational structure, organizational policies, and qualified staff to support the functioning of the college and the governing council. Need a mission and vision statement; strategic plan, operational/business plan, and budget for overall college governance/operations. Need written processes and criteria for a registration function, continuing competency program (CCP), and a professional conduct (investigations/discipline process). Need a process to develop and revise standards of practice (SOP), code of ethics, and advice documents on best practice. Need SOPs and a code of ethics. Need a process to approve/ assess programs of study and education courses for registration. This also requires a process to set/review and revise education program standards and evidence of compliance. Bill 46, *Health Statutes Amendment Act, 2020* (No. 2), prohibits association functions. Need a process to identify and de-couple the college from association functions. Bill 46 also specifies further permitted activities (sec. 3.4) and moved CCP requirements to a SOP (sec. 10.1(b)).	The College requires a complete suite of Organizational policies[8] including: ■ Regulatory policies (including registration/renewal, education program approval, standards of practice/code of ethics development/maintenance, investigations, discipline, continuing competence) ■ Operational and management policies ■ Council governance policies including board processes, values, roles, relationship with Registrar/Executive Director, Registrar/Executive Director evaluation, board and committee evaluation, planning [strategic and operational], budgeting, risk management, external [stakeholder and government] relations, public and profession consultations) Council needs to decide whether to evolve to a governance policy style versus a management focused style of operating The college needs to complete an assessment of compliance with Bill 46 re continuing competence program in SOPs and divestiture of association functions Currently, Council and the College would not comply with Standard 15 of the Ontario College Performance Measurement Framework (CPMF)[9]: Standard 15 – The College monitors, reports on, and improves its performance.
Annual Report – Sec. 4	Outlines minimum format and content requirements.	The College needs to incorporate the mandatory annual report requirements.

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[8] Board Policy No. 1, The College of Patent Agents and Trademark Agents (CPATA), https://cpata-cabamc.ca/ Accessed September 2021

[9] The College Performance Measurement Framework (CPMF), Ontario Ministry of Health, Toronto, ON. December 2020

HPA Section	Major Direct/Indirect Requirements	Observations
Governance and Leadership - Sec. 5-18	Council acts as the college board (sec. 5 and 6). Composition and selection process for registrant members [and public appointees] needs to be outlined in bylaws.	What governance and regulatory committees Council decides to develop is influenced by the college's governance philosophy.
	Terms of reference for governance committees needs to be outlined in bylaws and a governance manual.	Association-related committees are prohibited under Bill 46. A Governance committee might be considered versus an Executive committee as specified in the current bylaws. The role of Officers needs to be specified.
	Need a President (sec. 7) and Registrar (sec. 8), and job descriptions/ performance review process for these positions and other council officers.	Currently the College does not meet Standard 1 of the CPMF: Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	Need to consider establishing [Regulatory] Committees (and panels) and Tribunals (sec. 9-11) and whether to delegate some or all the specified functions.	The College would partially comply with Standard 2 of the CPMF: Council decisions are made in the public interest, and partially comply with Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.
	Proportion of public members (sec. 12) needs to be determined. Minimum of 50% per Bill 30, *Health Statutes Amendment Act*.	The College does not comply with Standard 4: The College is a responsible steward of its (financial and human) resources.
	Appointment of Complaints Director and Hearings Director (sec. 14) required.	The College does not comply with Standards 5-7: Standard 5 - The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	Requirements outlined for Complaint Review Committees (CRC) and Hearing Tribunals (HT) (sec. 15-17) and the need to create and maintain a registrant membership list to draw upon for CRCs and HTs.	Standard 6 - The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.
	Initial orientation and ongoing training required (including Trauma Informed Training as per Bill 21 (2018), and Unconscious Bias, and diversity equity and inclusion (DEI) training).	Standard 7 - The College responds in a timely and effective manner to changing public expectations.
	The creation of a panel vs a full committee (sec. 18) is permitted to hear council appeals and registration and competence committee appeals. Council should decide on the use of panels and so specify in the bylaws and governance manual. Initial and ongoing training of appeal body members required.	The College does not meet Standard 8: Information collected by the College is protected from unauthorized disclosure.

HPA Section	Major Direct/Indirect Requirements	Observations
Delegation - Sec. 19	Council delegation to persons or committees via bylaws or motion is permitted and should be considered, and sub-delegations (sec. 20) can be via email or letter.	
Officials Directory - Sec. 21	Need a public contact list of key council officers, councillors, Registrar, Complaints Director and Hearings Director.	A complete Officials Directory is required.
Applications - Sec. 28-30	Specifies the minimum requirements for applications for registration including form, elements (including criminal record check [CRC]) and an adjudication process with timelines. Will require written adjudication criteria. Bill 46 changes professional liability insurance provision (sec. 28 (c)) to reference in the bylaw's vs college regulation. A college does not need to provide the insurance. Appeal Provisions – Initial Application (sec. 31). Written process needed.	See comments re the need for a Suite of Organizational policies above. The College does not meet Standard 10: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
Registers of Members – Sec. 33	Specification of the categories of registrants and the minimum information required to be maintained on each registrant	Exists through the Acupuncturist Regulation
Register Information – Sec. 34-35	Specifies the requirement to publicly display the registrant information specified in sec. 33 Need a process for the correction of errors.	Needs to be developed
Practice Permits – Sec. 36, 38-40	Outlines need for process, timelines and renewal criteria for the issuance of practice permits. Specifies the required information on a practice permit.	Exists but should be reviewed to ensure compliance with the Fair Registration Practices Act See comments re the need for a Suite of Organizational policies above
Appeals – Sec. 41, 43-45	Need an appeal process for existing permits. Need a process to cancel and reinstate a registration and practice permit.	Exists but should be reviewed to ensure compliance with the Fair Registration Practices Act See comments re the need for a Suite of Organizational policies above

HPA Section	Major Direct/Indirect Requirements	Observations
Mandatory Registration – Sec. 46	Need to specify a process to comply with the requirements of this section.	See comments re the need for a Suite of Organizational policies above
Continuing Competence Program (CCP) – Sec. 50-53	Need to decide on the future program design and evaluation component before this provision moves to an SOP as per Bill 46. Need to consider a process for practice visits or "assessments of a regulated member's competence" (sec. 51) via Bill 46 as part of a CCP. Need to develop a provision for inspections (sec. 53.1) to assess compliance.	Exists but should be reviewed to ensure compliance with Bill 46 The College would partially meet Standard 9 of the CPMF: Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges. The College does not meet Standard 11 of the CPMF: The College ensures the continued competence of all active registrants through its [Continuing Competence Program] processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
Complaint Process – Sec. 54-70	Need to specify the process for intake, mandatory reporting follow-up, inquiry, investigation, Complaints Director decision making, the options to deal with complaints, e.g., non-disciplinary and disciplinary consent resolution, referral to a hearing, dismissal.	See comments re the need for a Suite of Organizational policies above The development of an inquiry function, and a risk and direction tool should be considered The College does not meet Standards 12- 14 of the CPMF: Standard 12 - The complaints process is accessible and supportive. Standard 13 - All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public. Standard 14 - The College complaints process is coordinated and integrated.
Adjudication Process – Sec. 69, 71-85	Need to specify the process for Hearings including roles and responsibilities of the players; recruitment, orientation and training of adjudicators (registrants and public appointees); recruitment of independent legal counsel; drafting of rules of procedure; determining support for participants; providing Trauma Informed training for staff and adjudicators per Bill 21 and training in unconsciousness bias and DEI.	Needs to be developed See comments re the need for a Suite of Organizational policies above

HPA Section	Major Direct/Indirect Requirements	Observations
	Need to decide on a policy of seeking fines, penalties and recovery of costs with a finding of unprofessional conduct.	
Publication of Results of Hearing Tribunal Decisions	As part of the college's transparency provisions and provisions in the bylaws, charges, decisions and appeal decisions need to be published and retained for a minimum period (i.e., 10 years). Need to develop the associated compliance processes including redaction guidelines.	Needs to be developed See comments re the need for a Suite of Organizational policies above
Appeals – Sec. 68, 86-89	Need to specify the Complaint Review Process. Need to specify the Council Appeals process, including the use of an Appeals Panel, and provide for orientation and ongoing training. Need to specify the process for appeals to the Alberta Court of Appeal.	Bylaws at sec. 22 specify terms of reference for the appeals committee and the creation of appeal panels. A competency-based appointments process is required, as well as orientation and training provisions. See comments re the need for a Suite of Organizational policies above
Practice in Association – Sec. 97, 100	Need to specify the process for monitoring the practice of registrants who practice in association as per sec. 97 and 100. Need to outline the process for dealing with prohibited Advertising as per sec. 102.	See comments re the need for a Suite of Organizational policies above
Assessing Capacity – Sec. 118	Need a process for assessing capacity, appeals and for follow-up. Need to consider whether and how to support registrants with mental health and addictions issues.	See comments re the need for a Suite of Organizational policies above
Practice Permit Information Sharing – Sec. 119	Need to specify the process to comply with the notification provisions if a practice permit is suspended or cancelled, or if conditions are imposed.	See comments re the need for a Suite of Organizational policies above
Ombudsman - Sec. 127	Need to specify the process of dealing with inquiries and investigations from the Ombudsman regarding anything under the HPA and the college.	See comments re the need for a Suite of Organizational policies above

HPA Section	Major Direct/Indirect Requirements	Observations
Title Protection - Sec. 128-129) and amended by Bill 46	Need to develop the process to inform, educate, and monitor the use of approved title and abbreviations.	This provision is required
Bylaws – Sec. 131	Sec. 131-133 outline the ability and parameters for the College to write council regulations and bylaws, code of ethics, and standards of practice	
Code of ethics, standards of practice – Sec. 133	This section enables the college to have a process to develop a code of ethics and standards of practice and specifies more direction for a SOP due to Bill 21 (2018)	Exists but a process to assess existing SOPs and when/how to develop and revise SOPs is required
Establishment of Patient Relations Program – Sec. 135.6-135.9	Need to develop a Patient Relations Program and Fund for Treatment and Counselling required due to Bill 21 (2018), HPA sec. 135.7, 135.9. Need to include the required reporting in the annual report relevant to sec. 135.8	See comments re the need for a Suite of Organizational policies above
College Website – Sec. 135.92-135.94	Need to design and maintain the website to comply with the mandated minimum disclosure provisions for college websites.	Partly exists. Further refinements required

Schedule 4 – Documents Reviewed

Web Site Content/Documents Assessed

- CAAA mission and vision statements (2016)
- List of current council members (2020)
- CAAA council terms of reference (2016)
- CAAA bylaws under the *Health Disciplines Act* (2015)
- Complaint Review Committee and Hearings Tribunal terms of reference (2020)
- Examination Committee terms of reference (2021)
- Registration and Acupuncture Education Program Review Committee terms of reference (2021)
- Competence Committee terms of reference (2021)
- Inter-Profession Advisory Committee terms of reference (2021)
- Council minutes – the latest being from July 2021
- Annual reports – CAAA AGM minutes (the latest being draft 2020), 2019 annual report and financial statements
- CAAA Standards of Competency and Practice (2005)
- CAAA Code of Professional Conduct (2014)
- CAAA Conflict of Interest Policy (2014)
- CAAA Continuing Education Requirements for Registration Renewal (2017)
- CAAA Patient Records Standards (undated, but references a *Health Information Act* 2010 Health Records Regulation)
- Protecting Patients from Sexual Abuse/Misconduct Standard of Practice (2019)
- CAAA Exam Eligibility Requirements (2016)
- CAAA Exam Attempts Policy (2016)
- Acupuncture Information Brochure (2018)
- Association Benefits Plan Information Sheet (2021)
- Fee Schedule (2021)
- Registration Application – Letter of Standing (2021)
- Professional and Comprehensive General Liability forms (2019)
- CAAA Information for Prospective Students (2017)
- Approved Acupuncture Programs in Alberta (2020)
- Exam Application Guide (2021)
- CAAA Jurisprudence Handbook (2015)

Documents Provided and Reviewed

- College bylaws under the HPA (2021)
- Staff contact list (8 August 2021)
- Acupuncturists Profession Regulation under HPA (2020)
- College Council Meeting Visitor Conduct and Information Policy (2021)
- AGM minutes, reports, and financial statements (2016, 2017, 2018, 2019)
- 2021 budget documents
- Existing governance and organizational policies and procedures
- Budget, Finance and Audit Committee (BFAC) minutes (2016-2020)

- Competence Committee minutes (2021)
- Inter-Profession Advisory Committee minutes (2021)
- Exam Committee minutes (2016-2018, 2020, 2021)
- Member Services Committee minutes (2014, 2016-2021)
- Registration and Program Review Committee minutes (2018-2021)
- Nominating Eligibility Committee (2016, 2020)
- Council minutes (
- Council agenda packages (2020-2021)
- Staff job descriptions from employment agreements

Appendix 2 – Environmental Scan

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Methodology

The environmental scan part of the project was conducted between 25 August and 15 September 2021.

An internet-based search identified key governance and regulatory themes from select recent regulatory and governance reviews (listed in **Schedule 1**) and a review of several comparative organizations, including Alberta health regulators, the acupuncturist colleges in Ontario and British Columbia, several American state boards for acupuncturists, and the new virtual College of Patent Agents and Trademark Agents (CPATA).

Credible performance standards and practices from such organizations as the United Kingdom's Professional Standards Authority for Health and Social Care, the Advisory Board Architects, Governance Professionals of Canada, the Ontario College Performance Measurement Framework (CPMF), and the Council on Licensure, Enforcement and Regulation (CLEAR) were also referenced.

The environmental scan confined its review to governance models and the components of those choices, such as election/appointment processes, governance committee selection and function, and regulatory frameworks, such as right-touch and the complementary approach risk-based regulation, to implement the public protection/public interest mandate of the College.

Regulatory and Governance Reviews

Regulatory Best Practices

Perhaps the "midwife" for recent regulatory and governance reviews of Canadian regulators was the **College of Nurses of Ontario (CNO)**[10] who started a multi-year process in 2014 using an external task force to review all aspects of its governance "from the basics of how Council is formed, to how it operates". CNO wanted a proactive, objective, expert, and evidence-informed review that was completely centred on public trust.

As described on the CNO website, the Task Force on Regulatory Governance reviewed global governance trends, best practices, and expert advice. It also shared how to apply these to the College's governance. CNO published the findings and recommendations of the extensive project in a report called *Final Report: A Vision for The Future*. At its December 2016 meeting, the College's Council approved this vision as Governance Vision 2020. At the March and June 2017 meetings, Council established a working group of five Council members to work with Council in developing a multi-year plan for implementing the governance vision.

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[10] College of Nurses of Ontario Governance Task Force. https://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/ Accessed September 2021

These evidence-informed recommendations have become the "north star" for later governance and regulatory reviews and legislative changes, including Alberta's Bill 30, *Health Statutes Amendment Act*, 2020, which mandated a minimal equal proportion of public member-registrant participation in college councils and tribunals.

What follows are a few summarized highlights taken from the CNO web site:

Council's size and shape – Currently, Council has 37 members, including 21 nurses and 16 members of the public. The future board (which will no longer be called Council) will have 12 members, and there will be an equal number of nurses and public members. Why? Members of the public have an important part to play on our board. We also need nursing expertise to succeed. The new model will provide that balance and reflect the board's commitment to the public. Multiple pieces of evidence say the same thing: smaller boards are more effective in making decisions. Large boards are generally more bureaucratic and less flexible. It is easier for members to share ideas in a smaller board.

Board appointments – Board members who are nurses will no longer be volunteers elected by their peers. Instead, they will be appointed based on specific attributes and competencies — their experience, knowledge, and skill. Why? The decision to move from elections to appointments was a serious one. Ultimately, it was based on two things. First, elections create the potential for misunderstanding, because nurses elected to the governing body do not serve those that elected them — they serve the public. Second, appointments based on competencies ensure that the board is comprised of a diverse group of people with a wide range of expertise, skills, extensive knowledge, and different perspectives.

Advisory groups – Under the new model, the board will create advisory groups as needed to help promote decision-making from a diverse range of perspectives. Why? Advisory groups will bring yet another layer of expertise and knowledge to the board. They may be comprised of members of the public, various industry experts, and nurses with expertise in specific areas, such as mental health or remote nursing.

Evaluation – Every three years, an external expert will evaluate the board and its governance processes. The findings will be public. Why? The board wants to be a world leader in governance excellence. To do this, it needs to evaluate itself regularly so it can continuously improve. Evaluation also holds the governing body accountable to the public.

The task force published a *Trends in Regulatory Governance* which summarized the information collected about the trends in the specific areas.[11]

More recently, the Government of British Columbia commissioned Harry Cayton, a leading expert in the field of professional regulation, to undertake an inquiry into the College of Dental Surgeons of British Columbia. The inquiry examined concerns about the College of Dental Surgeons' governance and operations, as well as reviewing the HPA and the model of health profession regulation in B.C.

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[11] College of Nurses of Ontario (CNO). Trends in Regulatory Governance (https://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf) January 2016. Accessed September 2021

On April 11, 2019, *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton report) was released to the public. The report contains two parts: part one focuses on the inquiry into the College of Dental Surgeons, and part two suggests approaches to modernize B.C.'s overall health profession regulatory framework.

The Cayton report, in part two of the report, made suggestions for improvements related to regulatory college governance, including reducing board size to 8 to 12 members and introducing a competency-based selection approach, reduction in the number of regulatory colleges, oversight of regulatory colleges, and transparency of the complaints and discipline process.

In response to the suggestions outlined in part two of the Cayton report, the B.C. health minister established and chaired the Steering Committee on Modernization of Health Professional Regulation. After an extensive public consultation process in the spring of 2019, then released its recommended legislative reforms to the B.C. government.

The governance-related recommendations included:

- It is recommended that regulatory college boards have equal numbers of registrant and public members.
- It is recommended that all board members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. The Minister of Health should appoint all board members based on the recommendations of the competency-based process.
- It is recommended that prior to or immediately following appointment, all board members receive appropriate training and education to govern effectively.
- To improve functioning and effectiveness, it is recommended that regulatory college boards move to a more consistent and smaller size.

These recommendations await government action, but the recommendation to reduce the number of health profession colleges from 20 to six is informally being implemented as several colleges have started or have completed merge processes[12].

The **Ontario College of Teachers**[13] and the **College and Association of Registered Nurses of Alberta (CARNA)**[14] both recently completed governance reviews, and both were conducted by the same consultant, Governance Solutions Inc. (GSI).

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[12] B.C. Health Regulators. Regulatory Modernization. (Regulatory Modernization - BCHR - B.C. Health Regulators) (Accessed October 2021)

[13] Ontario College of Teachers. Governance Review. https://www.oct.ca/public/media/announcements/ontario-college-of-teachers-affirms-commitment

[14] College and Association of Registered Nurses of Alberta. Governance Review. Provincial Council receives completed governance review report (nurses.ab.ca)

Both reports follow the governance reform themes contained in the CNO and B.C. reports and speak to council size, composition, competency-based selection process, recommended governance committees, and adoption of what GSI describe as the "governance" board model (Reform or Agency Plus©" theory of governance - 30,000-foot level)[15].

GSI explains that this model displays "a bright line" between the board's roles and managements. The board actively fulfils governance (agency) responsibilities: setting strategic direction, hiring the chief executive officer (CEO), delegating authority, audit and control, performance accountability, and reporting and disclosure. Management is delegated full authority for operational decisions, transactions, and line items on the budget. The board and committees (typically three: audit, human resource/compensation, and governance/nominating) focus on oversight, policy, and results.

For regulators, the concept of governance has two aspects[16]: a corporate role shared by all boards, which is aided by the extensive corporate and not-for-profit governance literature, and a regulatory role specified in stature and regulation specific to professional regulation and public protection. Fortunately, there is also a body of literature and experience regulatory colleges can draw upon as this brief environmental scan illustrates.

Governance Reform via Public Scrutiny

In a recent presentation to the Canadian Network of Agencies of Regulation (CNAR), the Royal College of Dental Surgeon of Ontario's (RCDSO) described its experience to introduce a competency approach to council and committee selection. They introduced this approach in recognition that "governance models for regulators are changing world-wide, [and] pressures have increased on regulators to ensure councils (boards) are competent and accountable to the public and to government." More specifically, the RCDSO, and Ontario's other health regulators as of 2021, are required to publicly report their performance across several evidence-informed best practice domains through the College Performance Measurement Framework (CPMF).

The CPMF was developed by the Ontario ministry of health in December 2020 in collaboration with Ontario's health regulatory colleges, subject matter experts, and the public with the aim of answering the question "how well are colleges executing their mandate which is to act in the public interest?". The Ontario ministry of health states that it and the colleges will use this information to:

- Strengthen accountability and oversight of Ontario's health regulatory colleges; and
- Help colleges improve their performance.

The CPMF brings together the leading regulatory practices into a measurement framework that the health colleges report compliance with and in a standardized manner. By publicly reporting each college's performance against the best practices, then identifying and sharing innovations, colleges can continually innovate by adapting these practices and improve overall their regulatory performance in the public interest.

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[15] Governance Solutions Inc. Questionnaire: What Kind of Board Are We – and Should We Be? Copyright 2005-13 BGI Publishing Inc.

[16] Barry, Jean, International Council of Nurses. (2014a). Regulatory Board Governance Toolkit, page 27

	Domain	Areas of focus
1	Governance	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	Resources	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	System Partner	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	Information Management	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	Regulatory Policies	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	Suitability to Practice	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	Measurement, Reporting and Improvement	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

An additional comment on the CPMF is the inclusion of the principles of Right Touch Regulation defined by the UK Professional Standards Authority (PSA)[17] as the minimum regulatory force required to achieve the desired result. A complementary risk framework is Risk-Based Regulation from Professor Malcolm Sparrow at the Harvard Kennedy School of Government, which Professor Sparrow has described as "acting to minimise risks or harms rather than relying on the assumption that existing functional programs and good process-management will necessarily take care of them all"[18].

By including a risk-based focus as a leading practice, the CPMF aims to bring a laser sharp focus on the regulatory colleges' role in protecting the public.

The College will need to incorporate a long-term focus on building and evolving its competency in right-touch/risk-based practice.

So, in summary, Ontario regulatory reform is occurring not from legislative direction (yet), but through the collaborative development and public reporting of Ontario health regulators-published detailed reports on their own performance based on the CPMF.

The CPMF provides a helpful roadmap of leading practices and a self-measurement tool the College can adapt and use.

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[17] Professional Standards Authority for Health and Social Care. 2015. Right touch regulation: Revised. Accessed from https://www.professionalstandards.org.uk/publications/detail/right-touchregulation-2015

[18] Australia and New Zealand School of Government (ANZSOG). How Regulators Can Benefit from a Focus on Risk: Harvard's Malcolm Sparrow. June 2019. Accessed from How regulators can benefit from a focus on risk: Harvard's Malcolm Sparrow | ANZSOG

Starting Fresh – College of Patent Agents and Trademark Agents

At the end of 2018, the Canadian Parliament passed the *College of Patent Agents and Trademark Agents Act*, which gave rise to a new regulator who was not tied to past practices and that could adopt leading or "state of the art" governance and regulatory practices for a public interest regulator. The CPATA is also a completely virtual regulator, which can also inform the College on how to incorporate virtual/hybrid operations post COVID-19 pandemic.

Fortunately, the CPATA has chosen to operate in a transparent manner publishing clear guidelines as stated in Board Policy No. 1[19], "to "assist those involved – Board and committee members, CEO and staff, adjudicators, licensees, and the public – to understand how the College intends to work. Because this form of operation differs from many 'self governing' regulators of professions in Canada and elsewhere, documenting the form of operation is crucial. It will ensure we start properly and maintain this form of operation instead of defaulting to other structures that some might assume apply because they are used by other regulators."

Currently, the CPATA has published policies in the following areas[20] that can be modelled by the College:

- Board Policy No. 1, How CPATA Works
- Board Policy No. 2, Regulatory Objectives, Standards, and Principles
- Board Policy No. 3, Board Code of Conduct
- Board Policy No. 4, Board and Committee Remuneration
- Board Policy No. 5, Executive Expectations of Chief Executive Officer (CEO)

A particular note is made to CPATA Board Policy No. 1, as it clearly outlines the governance model CPATA has chosen, to be a policy governance board, and details the board and registrar/CEO roles and responsibilities, decision making roles and decision-making areas, and the board agenda annual plan.

The CPATA website also contains documents that the College can use as templates for its own operations, including council meeting agendas and minutes, committee terms of reference, and others.

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[19] College of Patent Agents and Trademark Agents (CPATA). Board Policy No. 1. 2021 https://cpata-cabamc.ca/wp-content/uploads/2021/07/Board-Policy-No-1-How-CPATA-Works.pdf

[20] CPATA. Board Policies. 2021. How CPATA Operates - CPATA (cpata-cabamc.ca)

Schedule 1 – List of Select Regulatory and Governance Reviews

- College of Registered Nurses of Ontario, January 2016
- An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018
- Ontario College of Teachers Governance Review Report, November 2018
- The College and Association of Registered Nurses of Alberta (CARNA) Governance Review Findings Report with Recommendations, May 2020

Appendix 3 – Additional Suggestions

Governance Structures and Philosophy
1. Council should adopt a standardized format and style for agendas, minutes, and briefing notes to support good decision making and provide consistency in the format and detail with respect to decisions reached, the rationale for decisions, and use of formal motions.
2. The College should engage a chartered professional accountancy firm to undertake a complete financial management and control review and recommend policy, procedures, and options to undertake the College's financial matters. That review should lead to a request for proposal for new auditors.
3. Well-written guidance documents for the Registration Review Committee and the Acupuncture Education Program Review Committee should be developed, and an analysis conducted of the results of registration and program review decisions looking for patterns over time that may inform the need for changes in standards, decision making criteria, the development of advice to the profession documents, etc.
4. A written, competency-based approach to populate a roster of registrants for the Complaint Review Committees (CRCs) and Hearing Tribunals (HTs) should be introduced, as well as a training and orientation scheme for registrants on the College's adjudication membership list (and public members of the government adjudication list), as well as policies and procedures for the Hearing Director to establish and manage CRCs and HTs.
5. Publication and redaction guidelines for notices of a hearing and decisions are required, as well as: ■ Policy decision on cost recovery and the use of fines for findings of unprofessional conduct; and ■ Standardized templates for communication with the respondent registrant, their representative, and the complainant, and for decisions of the adjudicative bodies.
6. A request for proposal specifying the College's requirements and expected fees for independent legal counsel for CRCs and HTs should be issued, and a similar engagement approach (request for proposal) should be considered for selecting the College's general counsel.
7. The suggestions identified in the *Summary of Council Meeting Observations, 11 September 2021 Meeting* (contained in **Appendix 1**, **Current State Assessment**, of this report) should be implemented.

Policies and Procedures
8. Citing the past, there were several examples cited in the registrant survey submissions and interviews of what could be described as unjustified complaints prosecutions. Whether founded in fact or not, consideration should be given to conducting a review of complaints and appeals conducted under the HDA, acknowledging that the HDA was a limited statute and no changes to those cases is possible. This would speak to significant concerns expressed through the survey responses of regulated members.
9. The suggestions identified in the *Minimum Requirements Specified/Suggested in the Health Professions Act (HPA)* (contained in **Appendix 1**, **Current State Assessment**, of this report) should be implemented.