COLLEGE OF CHIROPRACTORS OF ONTARIO



ELECTRONIC PUBLIC INFORMATION PACKAGE FOR COUNCIL MEETING (IN-PERSON)
MILLCROFT INN & SPA (55 JOHN ST., ALTON, ON L7K 0C4)
FRIDAY, SEPTEMBER 13, 2024 – 1 – 4:30 P.M.

RHPA

Duties and Objects of Colleges

Duty of College

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

Objects of College

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

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

Version date: October 12, 2017

COLLEGE OF CHIROPRACTORS OF ONTARIO
MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES

MISSION

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

VISION

Committed to Regulatory Excellence in the Public Interest in a Diverse Environment.

VALUES

- Integrity
- Respect
- Collaborative
- Innovative
- Transparent
- Responsive

STRATEGIC OBJECTIVES

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.

2. Ensure the practice of members is safe, ethical, and patient-centered.

3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.

4. Optimize the use of technology to facilitate regulatory functions and communications.

5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Developed at the strategic planning session: September 2017

CCO CODE OF CONDUCT FOR CURRENT AND FORMER COUNCIL MEMBERS, NON-COUNCIL COMMITTEE MEMBERS AND COUNCIL APPOINTED MEMBERS ("COMMITTEE MEMBERS")

Executive Committee
Approved by Council: September 28, 2012
Amended: February 23, 2016, April 19, 2016, September 15, 2016
Re-Affirmed by Council: November 29, 2018
Amended: June 21, 2023 (came into effect September 8, 2023)

Current and former members of Council and committee members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:

1. be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991 (RHPA)*, its regulations and the *Health Professions Procedural Code*, the *Chiropractic Act 1991*, its regulations, and the by-laws and policies of the College;

2. diligently take part in committee work and actively serve on committees as elected and appointed by the Council;

3. regularly attend meetings on time and participate constructively in discussions;

4. offer opinions and express views on matters before the College, Council and committee, when appropriate;

5. participate in all deliberations and communications in a respectful, courteous and professional manner, recognizing the diverse background, skills and experience of members on Council and committees;

6. uphold the decisions made by Council and committees, regardless of the level of prior individual disagreement;

7. place the interests of the College, Council and committee above self-interests;

8. avoid and, where that is not possible, declare any appearance of or actual conflicts of interests[1];

9. refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards;[2]

[1] There is a general assumption of real or perceived conflict unless confirmation of no conflict by the Executive Committee and/or Council, which will be addressed promptly.

10. preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s. 36(1) of the *RHPA*;

11. refrain from communicating to members, including other Council or committee members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or fitness to practise proceedings which could be perceived as an attempt to influence a statutory committee or a breach of confidentiality, unless he or she is a member of the panel or, where there is no panel, of the statutory committee dealing with the matter;

12. refrain from communicating to members and stakeholder[3] on behalf of CCO, including on social media, unless authorized by Council[4];

13. respect the boundaries of staff whose role is not to report to or work for individual Council or committee members; and

14. be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

Potential Breaches of the Code of Conduct

15. An elected or appointed member of Council or non-Council committee member who becomes aware of any potential breach of this code of conduct should immediately advise the President and Registrar, or if the potential breach involves the President, advise the Vice President and Registrar; and

16. Potential breaches will be addressed first through informal discussion with the Council member(s) or non-Council committee member(s), and subsequently by written communication expressing concerns and potential consequences.

I, , Council member or committee member of the College of Chiropractors of Ontario undertake to comply with the CCO Code of Conduct for Current and Former Council Members, Non-Council Committee Members and Council Appointed Members ("Committee Members"), both during and following my term on CCO Council or a committee

Signature: _____ Witness: _____

Date: _____

[2] This section does not preclude the use of professional biographies for professional involvement.
[3] Stakeholders include professional associations, societies, and other organizations related to the regulation, education and practice of chiropractic.
[4] This does not preclude Council members from communicating about CCO, provided they are not communicating on behalf of CCO.

Rules of Order of the Council of the College of Chiropractors of Ontario

Approved by Council: September 20, 2014
Amended: June 17, 2020

1. In this Schedule, "Council Member" means a Member of the Council of the CCO.

2. Each agenda topic may be introduced briefly by the person or committee representative raising it. Council Members may ask questions for clarification. However, a Council Member shall make a motion and another Council Member shall second the motion before it can be debated.

3. When any Council Member wishes to speak, they shall so indicate by raising their hand. When speaking the Council Member shall address the presiding officer and confine themselves to the matter under discussion.

4. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to provide information or answer specific questions about the matter.

5. Observers at a Council meeting shall not speak to a matter that is under debate.

6. A Council Member shall not speak again on the debate of a matter until every other Council Member of Council who wishes to speak to it has been given an opportunity to do so. An exception is that the person introducing the matter or a staff person or consultant may answer questions about the matter. Council Members shall not speak to a matter more than twice without the permission of the presiding officer.

7. No Council Member may speak longer than five minutes upon any motion except with the permission of the Council.

8. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a committee.

9. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.

10. When it appears to the presiding officer that the debate on a matter has concluded, that Council has passed a motion to vote on the motion or that the time allocated to the debate of the matter has concluded, the presiding officer shall put the motion to a vote.

11. When a matter is being voted on, no Council Member shall enter or leave the Council room, and no further debate is permitted.

12. No Council Member shall be present in the room, participate in a debate or vote upon any motion in which they have a conflict of interest, and the vote of any Council Member so interested shall be disallowed.

13. Any motion decided by the Council shall not be re-introduced during the same session except by a two-thirds vote of the Council then present.

14. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the by-laws, the presiding officer shall rule the motion out of order and give reasons for doing so.

15. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.

16. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances unless the Council requires strict adherence.

17. Council Members shall not discuss a matter with observers while it is being debated.

18. Council Members shall turn off their electronic devices during Council meetings and, except during a break in the meeting, shall not use their electronic devices. Computers shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate. The presiding officer may make reasonable exceptions (e.g., if a Council Member is awaiting an important message on an urgent matter).

19. Council Members shall be silent while others are speaking.

20. In all cases not provided for in these rules or the by-laws, the current edition of Robert's Rules of Order shall be followed so far as they may be applicable and consistent with these rules.

List of Commonly Used Acronyms at CCO

as at November 17, 2022

Acronym	Full Name
ACE	Accessing Centre for Expertise, Dalla Lana School of Public Health, University of Toronto
ADR	Alternative Dispute Resolution
AFC	Alliance For Chiropractic (formerly CAC)
ASNFPO	Accounting Standards for Not-for-Profit Organizations
BDC	Board of Directors of Chiropractic
CCA	Canadian Chiropractic Association
CCBC	College of Chiropractors of British Columbia
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education (Canada)
CCGI	Canadian Chiropractic Guideline Initiative
CCO	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CCRF	Canadian Chiropractic Research Foundation
Chiropractic Act	*Chiropractic Act, 1991*
CMCC	Canadian Memorial Chiropractic College
CMOH	Chief Medical Officer of Health
CNO	College of Nurses of Ontario
COVID-19	SARS – CoV- 2
Code	*Health Professions Procedural Code, Schedule 2 to the RHPA*
CONO	College of Naturopaths of Ontario
CPGs	Clinical Practice Guidelines
CPMF	College Performance Measurement Framework
CPSO	College of Physicians and Surgeons of Ontario
D'Youville	D'Youville College – Chiropractic Program
DAC	Designated Assessment Centre
DEI	Diversity, Equity and Inclusion
FCC	Federation of Canadian Chiropractic
FCCOS(C)	Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)
FCCR(C)	Fellow of the Chiropractic College of Radiologists (Canada)
FCCPOR(C)	Fellow of the Canadian Chiropractic College of Physical and Occupational Rehabilitation (Canada)
FCCS(C)	Fellow of the College of Chiropractic Sciences (Canada)
FRCCSS(C)	Fellow of the Royal College of Chiropractic Sports Sciences (Canada)
FCLB	Federation of Chiropractic Licensing Boards
FOI	Freedom of Information
GIC	Guaranteed Investment Certificate
HARP	*Healing Arts Radiation Protection Act, 1990*
HIA	*Health Insurance Act, 1990*
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
HPRO	Health Profession Regulators of Ontario
ICRC	Inquiries, Complaints and Reports Committee
KPI	Key Performance Indicators
LSO	Law Society of Ontario
MESPO	Model for the Evaluation of Scopes of Practice in Ontario
MOH	Ministry of Health
MTCU	Ministry of Training, Colleges and Universities
NBCE	National Board of Chiropractic Examiners
NHSU	National University of Health Sciences – Chiropractic Program
NWG	Nominations Working Group
NYCC	New York Chiropractic College

Acronym	Full Name
OCA	Ontario Chiropractic Association
ODP	Office Development Project
OFC	Office of the Fairness Commissioner
OHIP	Ontario Health Insurance Plan
OHPR	Ontario Health Professions Regulators
OHR	OntarioHealthRegulators.ca (HPRO's public-focused website)
OHRC	Ontario Human Rights Commission
PHIPA	*Personal Health Information Protection Act, 2004*
PPA	Peer and Practice Assessment
PIPEDA	*Personal Information and Protection of Electronic Documents Act*
PSA	Professional Standards Authority for Health and Social Care (U.K.)
PVO	Prosecutorial Viability Opinion
QA	Quality Assurance
RFP	Request for Proposal
RHPA	*Regulated Health Professions Act, 1991*
SCERP	Specified Continuing Education or Remediation Program
SOAR	Society of Ontario Adjudicators and Regulators
SPPA	*Statutory Powers Procedural Act, 1990*
SWOT	Strengths, Weaknesses, Opportunities, Threats
TCL	Terms, Conditions and Limitations
UOIT	University of Ontario Institute of Technology
UQTR	Université du Québec à Trois-Rivières
WHO	World Health Organization
WSIB	Workplace Safety and Insurance Board

College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario

COUNCIL MEETING

In Person at Millcroft Inn and Spa [1] [2]

Friday, September 13, 2024 *(1:00 p.m. – 4:30 p.m.)* [3]

Attendees

Council Members
Mr. Joel Friedman, Deputy Registrar
Ms Jo-Ann Willson, Registrar and General Counsel
Ms Beth Ann Kenny, Recording Secretary
CCO Staff (as observers)

Guests
Mr. Kevin McCarthy,
VP – Advisory Services, The Regulator's Practice
Geordie Allen, C Group
Mr. Boyd Neil and Mr. Chris Winsor, Communications Consultants

AGENDA (Public) [4] [5]

Page No.	ITEM	Action Required	Action By	Priority Level [6]
	CALL TO ORDER AND LAND ACKNOWLEDGEMENT [7] [8]	Welcome	Green/ Mizel	***High***

[1] Council members to advise Ms Rose Bustria, Executive Assistant, at the earliest opportunity if they are unable to attend. Mr. Gagandeep Dhanda has sent regrets.
[2] Guests to advise Ms Bustria at the earliest opportunity if they would like to attend either in person or virtually (space is limited for in person attendances).
[3] Subject to Council's direction.
[4] Information which is included for background or context (i.e., not requiring Council action) is shaded in grey.
[5] If you would like the complete background documentation relating to any item on the agenda, please speak to Dr. Green, President and Ms Willson (information may be subject to confidentiality provisions).
[6] Subject to Council's direction.
[7] Council members to be familiar with and comply with the rules of order. If required, Dr. Green, President, to be parliamentarian.

[8] **Land acknowledgment**

Page No.	ITEM	Action Required	Action By	Priority Level [6]
	1. Consent Agenda [9]	Approve	Council	***High***
10	1.1 Discipline Committee Report			
11	1.1.1 Notice of Appeal re: Dr. Moore (received May 31, 2024)			
17	1.1.2 Dr. Patrick Graham Discipline Decision – June 28, 2024			
32	1.1.3 Resolution Agreement (Agreed Statement of Facts and Joint Submission on Penalty and Costs) accepted by Discipline Panel on August 12, 2024 (decision pending)			
40	1.2 Fitness to Practise Committee Report			
41	1.3 Inquiries, Complaints, and Reports Committee (ICRC) Report			
43	1.3.1 HPARB decision in Gus Tsiofas and Godrej Engineer, D.C., Ron Green, D.C. (ICRC decision upheld)			
76	1.4 Patient Relations Committee Report			
	Information re: Culturally Sensitive Health Care			
78	1.4.1 CPSO – Treating Root Causes, Not Symptoms			
78	1.4.2 CNO – Culturally Sensitive Care			
87	1.4.3 RCDSO – Indigenous Peoples, Reconciliation and Anti-Bias Workshop			
88	1.4.4 OCP – Indigenous Cultural Competency			
90	1.4.5 Grey Areas dated August 2023 – Addressing Indigenous-Specific Racism			

Let us acknowledge that in our meeting space today, we gather on the Treaty Lands and Territory of the Mississaugas of the Credit First Nation as well as the traditional territory of the Haudenosaunee and the Huron-Wendat peoples. We recognize that we have a responsibility to work towards meaningful reconciliation between Indigenous and non-Indigenous peoples and through this land acknowledgement, we are honoring the land, Indigenous peoples, and deepening our understanding of truth.

[9] Any Council member who wishes to discuss an item in the consent agenda may request that the item be put on the main agenda.

Page No.	ITEM	Action Required	Action By	Priority Level [6]
	2. Main Agenda	Adopt	Council	***High***
	2.1 Conflict of Interest	Review/ Declare any real or perceived conflicts of interest as agenda item reached [10]	Council	***High***
	3. Minutes [11]	Approve	Council	***High***
	4. Committee Reports			
118	4.1 Executive Committee Report	Report/ Approve Recom-menda-tions	Green/ Council	***High***
	Move in Camera [12]			
	Move Out of Camera and Ratify Decisions made In Camera			
	Communications	Review	Council	Medium
257	4.1.17 President's Message and Newsletter dated June 21, 2024			
264	4.1.18 Statistics from Constant Contact re: June 21, 2024 Distribution			
266	4.1.19 Distribution of 2023 Annual Report dated July 11, 2024			
268	4.1.20 Statistics from Constant Contact re: July 11, 2024 Distribution			
270	4.1.21 Reminder – Call for New Peer			

[10] Standing conflicts of interest do not need to be declared at every meeting. Richard Steinecke's previous advice is that a Council member should leave the room if s/he is the subject of or may be affected by the discussion or decision by Council.

[11] Only members present at the meeting should approve the minutes. Once Council minutes for the public portion of meetings are approved, they are posted on the CCO website.

[12] Council may go in camera to discuss items identified in Ss. 7 (2) of the *Code*, such as financial matters, government relations, and advice from lawyers.

Page No.	ITEM	Action Required	Action By	Priority Level [6]
	Assessors – Apply by July 26, 2024, dated July 17, 2024			
272	4.1.22 Statistics from Constant Contact re: July 17, 2024 Distribution			
	Regulatory Excellence Workshops [13]	Verbal Report	Willson/ Friedman	Medium
274	4.1.23 Communication dated July 17, 2024, re: REW Kitchener-Waterloo – September 11, 2024[14]			
277	4.1.24 Statistics from Constant Contact re: July 17, 2024 Communication			
279	4.1.25 Extract from website re: future workshops			
	CCO website [15]			
	Ministry of Health			
292	4.1.28 Communication from the MOH dated June 20, 2024, re: Chiropractors Data Collection Letter	Review	Council	Medium
296	4.1.29 Communication from the MOH dated June 28, 2024, re: Data Collection Template and Process (follow up to previous communication)	Review	Council	Medium
300	4.1.30 CCO Response dated August 29, 2024	Verbal Report	Friedman	Medium
309	4.1.32 Ontario News dated Jun 4, 2024, Ontario Connecting People to	FYI		

[13] An in-person workshop is scheduled for Kitchener-Waterloo for September 11, 2024. A virtual session is scheduled for October 28, 2024 (8:30 a.m. – 1:00 p.m.). Workshops are being scheduled in Districts 1, 3, 4 and 6.

[14] As of August 27, 2024, approximately 76 members have signed up for the September 11, 2024 in-person REW.

[15] Geordie Allen, C Group, to provide an update at 2:45 p.m.

Page No.	ITEM	Action Required	Action By	Priority Level [6]
	More Consistent, High Quality Care			
314	4.1.33 Ontario's Cabinet Shuffle dated June 7, 2024	FYI		
323	4.1.34 Communication dated June 13, 2024, re: MOH Staffing Change	FYI		
326	4.1.35 Communication dated June 18, 2024, re: MOH Update: Health and Supportive Care Providers Oversight Authority	FYI		
354	4.1.36 Communication dated June 27, 2024 from the MOH re: Ontario Consulting on Expanding Role of Nurse Practitioners	Review	Council	Medium
358	4.1.37 Communication dated July 5, 2024 re: Scope of Practice Changes for Optometrists	Review	Council	Medium
361	4.1.38 Communication dated July 24, 2024 re: Exploring More Ways to Expand Role of Pharmacists	Review	Council	Medium
367	4.1.39 Communication dated July 11, 2024, re: Budget Auto Insurance Reforms – FSRA Reviews	FYI		
371	4.1.40 Communication dated July 16, 2024, re: Ontario Disability Support Program Health Care Professionals' Virtual Guide	FYI		
376	4.1.41 IPAC Regulatory College Working Group Terms of Reference and Membership (July 3, 2024)	FYI		
	Animal Chiropractic	Verbal Report	Willson/ Friedman	Medium
383	4.1.42 Communication and Survey dated July 8, 2024 to Members who Provide Chiropractic Care to Animals	FYI		
385	4.1.43 Statistics from Constant Contact re: July 8, 2024 Distribution	FYI		
388	4.1.45 Posting on CCO's website re: Animal Chiropractors	Review	Council	Medium
	Council Effectiveness			

Page No.	ITEM	Action Required	Action By	Priority Level [6]
478	4.1.50 Council Meeting Evaluation Survey - June 14, 2024	Verbal Report	Green	Medium
	By-laws, Standards, Policies and Guidelines			
	By-laws			
502	4.1.52 By-law 9: Remuneration (current)	FYI		
	Policies			
506	4.1.53 I-012: Reimbursement of Reasonable Expenses and Per Diems	FYI		
510	4.1.54 Policy P-011: Conflict of Interest for Council, Non-Council Committee Members and Council Appointed Members ("Committee Members") (current)	Review/ Discuss potential amend-ments/ Establish training session	Council	Medium
514	4.1.55 Policy P-051: Peer Assessors (current)	FYI		
518	4.1.56 Committee Conflicts Chart – April 17, 2023 (current)	Review	Council	Medium
522	4.1.58 Policy: I-019: Policy on Nomination and Election Procedures for Committee Positions (current)	FYI		
529	4.1.60 IG-001: Procedures for Use of Email for CCO Business (current)	FYI		
	Guidelines (new) – Social Media			
542	4.1.64 CRCMPAO Education Tip – Social Media Usage (August 27, 2024)	FYI		
	Code of Conduct			
549	4.1.66 Code of Conduct (current)	FYI		

Page No.	ITEM	Action Required	Action By	Priority Level [6]
	Other Chiropractic/Health Related Stakeholders	Primarily FYI and Back-ground/ Context (subject to questions)	Council	Medium
	Federation of Canadian Chiropractic (FCC) [16]			
553	4.1.68 Communication from the FCC dated June 20, 2024, re: WFC Paper – Global Public Safety Task Force			
571	4.1.72 Extract from Medical Post dated June 2024 re: Atlantic Registry			
	Canadian Chiropractic Examining Board (CCEB)			
574	4.1.73 Communication from the CCEB dated June 6, 2024, re: CCEB Examination Eligibility Policy Changes			
	Ontario Chiropractic Association			
576	4.1.74 Communication from the OCA dated July 4, 2024 re: social media video series			

[16] A Regulatory Council meeting is scheduled for Friday, November 8, 2024 at CCO. Dr. Green and Ms Willson will be attending.

Page No.	ITEM	Action Required	Action By	Priority Level [6]
586	4.1.75 Communication dated August 14, 2024 re: Patient Safety			
	Canadian Chiropractic Research Foundation (CCRF)			
601	4.1.78 Information re: CCRF Annual Member Meeting – June 7, 2024			
	World Federation of Chiropractic			
609	4.1.79 Communication dated June 6, 2024 from the WFC, re: WFC Secretary General Applications			
	Health Profession Regulators of Ontario (HPRO)	Verbal Report	Willson/ Kenny	Medium
627	4.1.80 HPRO 2023 – 2024 Highlights			
638	4.1.81 Communication dated June 6, 2024, regulatory amendments for the Ontario College of Social Workers and Social Service Workers			
642	4.1.82 Communication dated June 6, 2024 re: ADM Letter – HSCPOA Regulation June 2024			
645	4.1.83 Communication dated July 3, 2024, re: HPRO EDIT Network Meeting – Government Consultation re: Anti-Human Trafficking Strategy			
656	4.1.84 Communication dated August 6, 2024 re: HPRO – Anti-Human Trafficking Strategy Review – Follow up			
661	4.1.86 HPRO Training – Governance [17]			
664	4.1.87 Communication dated July 18, 2024, re: Letter to Health Minister Jones, Follow-Up from HPRO's 2024 Annual Meeting			

[17] If you have not already attended, and are interested in attending, please advise Ms Bustria asap.

Page No.	ITEM	Action Required	Action By	Priority Level [6]
665	4.1.88 Communication dated June 11, 2024 re: *RCDSO v Alsoma* (unauthorized practitioner)			
686	4.1.89 Legislative Update for June 2024			
697	4.1.90 Legislation Update for July 2024			
706	4.2 Quality Assurance Committee Report	Report/ Approve Recomm-endations	Grice	***High***
719	4.2.2 S-002: Record Keeping (current)	FYI		
729	4.3 Registration Committee Report	Report/ Approve Recomm-endations	Viscomi	***High***
731	4.3.1 2025 Registration Renewal Memo and Form	Approve	Council	***High***
756	4.3.2 2025 Incorporation Renewal Memo and Form	Approve	Council	***High***
766	4.3.3 CCO's 2023 FRF Report	FYI		
786	4.3.4 OFC Newsletter dated July-August 2024	FYI		
	5. New Business - TBD			
	6. For Your Information	FYI (subject to questions)		
792	6.1 Article in summer issue of Chiropractic History Journal re: Dr. Beasley from Gary Bovine			
	Extract of information re: Dr. Curtis Wall on College of Chiropractors of Alberta (CCOA) website			
800	6.2 Hearing Tribunal Written Decision on Findings posted July 17, 2024			

Page No.	ITEM	Action Required	Action By	Priority Level [6]
891	6.3 Hearing Tribunal Written Decision on Penalties posted July 17, 2024			
905	6.4 Article dated July 16, 2024 from the Liberty Defense Fund entitled "CCOA v Dr. Curtis Wall (Concluded)			
911	6.5 Article dated August 4, 2024 entitled "*Alberta chiropractor cleared from regulatory overreach*"			
913	6.6 Extract from Talk Truth			
	College of Psychologists of Ontario			
914	6.7 Jordan Peterson v College of Psychologists of Ontario [18]			
915	6.8 Financial Post article dated August 9, 2024 entitled "*Jordan Peterson decision leaves professionals at mercy of regulatory overlords*"			
918	6.9 National Post article dated August 9, 2024 entitled "*I will see this contemptible re-education process through to its absurd end*"			
	College of Complementary Health Professionals of BC			
924	6.10 Communication dated July 10, 2024, re: For Information: College of Complementary Health Professionals of BC			
926	6.11 Grey Areas (July 2024 and August 2024)	Review	Council	Medium
934	6.12 A New Criterion for Evaluating Regulators (July 24, 2024)			
938	6.13 Council Members Terms			
939	6.14 Reappointments of Mr. Dhanda (to April 8, 2027), Mr. Chopowick (to September 7, 2027), Mr. Southern (to October 8, 2027) and Ms Kariunus (to October 13, 2025)	Welcome Back!		

[18] Leave to Appeal dismissed by the Supreme Court of Canada.

Page No.	ITEM	Action Required	Action By	Priority Level [6]
	DATE AND TIME OF MEETINGS [19]			
	ADJOURNMENT			

All Executive Committee and Council meetings are in person and are scheduled from ***8:30 a.m. – 1:00 p.m.*** unless otherwise noted.

Council Meeting Dates to December 2025

Year	Date	Time	Event	Location
2024	Friday, September 13	1:00 p.m. – 4:30 p.m.	Meeting	Millcroft Inn and Spa [20]
	Saturday, September 14	8:30 a.m. – 4:30 p.m.	Strategic Planning/Topic Specific Meeting	Millcroft Inn and Spa
	Sunday, September 15	8:30 a.m. – 11:30 a.m.	Strategic Planning/Topic Specific Meeting	Millcroft Inn and Spa
	Thursday, November 28	8:30 a.m. – 1:00 p.m.	Meeting (budget)	CCO
	Friday, November 29	8:30 a.m. – 11:30 a.m.	Training/Topic Specific Meeting	CCO
2025	Saturday, February 1	8:30 a.m. – 3:30 p.m.	Peer Assessor Training Day [21]	CCO
	Friday, February 21	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Thursday, April 24	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Friday, April 25 (Elections/Orientation)	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Friday, June 13	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Friday, June 13	6:00 p.m. – 9:00 p.m.	AGM	Four Seasons Hotel (tentative)

[19] Please mark your calendar and advise Rose Bustria ASAP if you are unable to attend any meetings. If you are unable to attend in person, please advise Ms Bustria at your earliest convenience.

[20] Millcroft Inn and Spa, 55 John Street, Alton, Ontario, L7K 0C4
519-941-8111
1-800-383-3976
https://www.vintage-hotels.com/millcroft-inn/?utm_source=google&utm_medium=organic&utm_campaign=Google+My+Business&utm_term=Millcroft&utm_content=Website

[21] For Dr. Green, QA Committee members and peer assessors.

Year	Date	Time	Event	Location
	Friday, September 12	1:00 p.m. – 4:30 p.m.	Meeting	TBD
	Saturday, September 13	8:30 a.m. – 4:30 p.m.	Strategic Planning/Topic Specific Meeting	TBD
	Sunday, September 14	8:30 a.m. – 11:30 a.m.	Strategic Planning/Topic Specific Meeting	TBD
	Thursday, November 20	8:30 a.m. – 1:00 p.m.	Meeting (Budget)	CCO
	Friday, November 21	8:30 a.m. – 11:30 a.m.	Training/Topic Specific Meeting	CCO

College of Chiropractors of Ontario
Discipline Committee Report to Council
September 13, 2024

Committee Members:	Dr. Dennis Mizel, *Chair* Dr. Paul Groulx Mr. Robert Chopowick Mr. Shawn Southern Dr. Colleen Pattrick, *non-Council member* Dr. Janine Taylor, *non-Council member* Dr. G. Murray Townsend, *non-Council member* Dr. Matt Tribe, *non-Council member* Mr. Robert Mackay, *Council Appointed member*
Staff Support:	Ms Jo-Ann Willson, *Registrar and General Counsel*

Committee Mandate

- To adjudicate specified allegations of professional misconduct or incompetence referred to the committee by the Inquiries, Complaints and Reports Committee.
- To review applications for reinstatement following a discipline hearing.

Report

Since the last report to Council, there have been no meetings of the committee, however, there have been two hearings as follows:

- Dr. Patrick Graham – June 17, 2024
- Dr. Craig Schisler – August 12, 2024

Decisions of these matters are attached.

There is one scheduled hearing:

- Dr. Feng Lee – October 7, 2024

The Health Profession Regulators of Ontario (HPRO) is holding its next Discipline Orientation on October 24 (Basic) and on November 14, 2024 (Advanced). Just a reminder that according to our bylaws, every member of Council may be called upon to serve on a discipline panel to ensure the timely adjudication of discipline referrals. If any Council members are interested in the above training and have not attended the program previously, please contact Ms Rose Bustria. The training is offered three times per year.

I would like to thank the members of the discipline committee for their time and commitment. Also, appreciation goes to all Council members who have given their time and expertise to serve on a panel or panels. Thank you to Mr. Robert MacKay, Council appointed member, for addressing urgent discipline matters in a timely manner. On August 20, 2024, Mr. MacKay attended a presentation by the Ontario Physicians and Surgeons Discipline Tribunal. I will be scheduling a Discipline Committee meeting in the fall to review the information with the committee. The Discipline Committee continues to meet its mandate while conducting hearings as required to ensure compliance with CCO's public interest mandate.

Respectfully Submitted,

Dr. Dennis Mizel, Chair

ONTARIO
SUPERIOR COURT OF JUSTICE
(DIVISIONAL COURT)

11

NOTICE OF APPEAL TO THE DIVISIONAL COURT

B E T W E E N:

DR. BRIAN MOORE

Appellant

-and-

THE COLLEGE OF CHIROPRACTORS OF ONTARIO

Respondent

APPEAL UNDER Section 70(1) of Schedule 2 of the *Regulated Health Professions Act,* 1991, S.O. 1991, c. 18.

NOTICE OF APPEAL

THE Appellant, Dr. Brian Moore, APPEALS to the Divisional Court from the Rulings, Decisions, and Orders dated November 15, 2022, November 8, 2023, April 18, 2023, May 29, 2023, January 23, 2024, and May 2, 2024 (the "Judgments"), made by the Panel of the Discipline Committee of the College of Chiropractors of Ontario.

THE APPELLANT ASKS that the judgments be set aside and judgment be granted as follows:

1. That the learned Panel erred in finding that Mr. Robert MacKay was lawfully appointed to the Discipline Committee of the College of Chiropractors of Ontario pursuant to the Respondent's By-Laws.

2. That the learned Panel erred in declining to qualify Dr. Marshall Deltoff to tender expert evidence in the proceeding.

3. That the learned Panel erred in declining to admit and consider relevant evidence, including the Investigative Report of Dr. Gauri Shankar in the proceeding.

4. That the learned Panel erred in rendering its Judgements without providing the Appellant a reasonable opportunity to file affidavit evidence and written submissions.

5. That the learned Panel erred in finding that there is clear, cogent, and convincing evidence that the Appellant committed eleven (11) acts of professional misconduct.

6. That the learned Panel erred in concluding it is appropriate in this circumstance to order a fifteen (15) month suspension of Appellant's certificate of registration, being the longest known suspension ordered in the history of Respondent's existence.

7. That the learned Panel erred in Ordering costs in the amount of $690,376.24, in finding that the cost award is not punitive, and in finding the cost award to be fair and reasonable in the circumstances.

8. Such other and further relief as counsel for the Appellant may request, and this honourable court may permit.

THE GROUNDS OF APPEAL are as follows:

9. The Respondent's By-Laws do not permit Mr. Robert MacKay to be appointed to its Discipline Committee, and accordingly, the Panel was not duly constituted.

10. Dr. Marshall Deltoff qualifications and proposed expert evidence satisfies the legal test for admission of expert evidence.

11. The Investigative Report of Dr. Gauri Shankar satisfies the legal test for admissible exceptions to the hearsay rule.

12. That the learned Panel's decisions pertaining to liability on each and every allegation brought by the Respondent against the Appellant are incorrect, unreasonable, and constitute palpable and overriding errors.

13. That the learned Panel's decisions pertaining to the penalty to be imposed on Appellant in these circumstances are incorrect, unreasonable, and constitute palpable and overriding errors.

14. That the learned Panel's decision that the amount ordered in costs is reasonable and not punitive is incorrect, unreasonable, and constitutes a palpable and overriding error.

15. Such other and further grounds as counsel for the Appellant may advise, and this honourable court may permit.

THE BASIS OF THE APPELLATE COURT'S JURISDICTION IS:

16. Pursuant to Section 70(1) and 70(2) of Schedule 2 of the *Regulated Health Professions Act,* 1991, S.O. 1991, c. 18., a party to proceedings before a panel of the Discipline Committee may appeal from the decision of the panel to the Divisional Court on questions of law or fact or both.

17. Pursuant to Section 70(3) of Schedule 2 of the *Regulated Health Professions Act,* 1991, S.O. 1991, c. 18., the Court hearing this Appeal has all the powers of the panel that dealt with the matter.

The appellant requests that this appeal be heard during the September to December sitting of the Divisional Court in Toronto, at Osgoode Hall on such date as may be agreeable to the parties and set by the registrar.

TAKE NOTICE: THIS APPEAL WILL AUTOMATICALLY BE DISMISSED if it has not been set down for hearing or terminated by any means within five years after the notice of appeal was filed with the court, unless otherwise ordered by the court.

Dated: May 31, 2024

AJD LAW PROFESSIONAL CORPORATION
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15

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Counsel for the Panel of the Discipline Committee of the College of Chiropractors of Ontario

Court File No.:

DR. BRIAN MOORE - and - THE COLLEGE OF CHIROPROACTORS OF ONTARIO

Appellant Respondent

16

ONTARIO

SUPERIOR COURT OF JUSTICE
(DIVISIONAL COURT)

PROCEEDING COMMENCED AT
TORONTO

NOTICE OF APPEAL

AJD LAW PROFESSIONAL CORPORATION
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Counsel for the Appellant

From: Neil Wilson <nwilson@whlawyers.ca>
Sent: June 28, 2024 3:06 PM
To: Chris Paliare (chris.paliare@paliareroland.com); Karen Jones; Ernie Coetzee; Jo-Ann Willson; Rose Bustria
Subject: CCO re: Dr. Graham - Decision and Reasons
Attachments: 2024-06-17 CCOvGraham DecisionFINAL.pdf

CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Good afternoon,

Further to the hearing held on June 17, 2024, please find attached a copy of the Decision and Reasons of the Discipline Committee of the College of Chiropractors of Ontario with respect to the above-noted matter.

Thank you.

Neil

WHELTONHIUTIN BARRISTERS

Neil Wilson Partner | Offices

647.847.3814

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DISCIPLINE COMMITTEE OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO

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PANEL:	Mr. Robert MacKay (Chair)	Council Appointed Member
	Mr. Robert Chopowick	Public Member
	Dr. Dennis Mizel	Professional Member
	Mr. Shawn Southern	Public Member
	Dr. Matthew Tribe	Professional Member

BETWEEN:	)	Appearances:[1]
COLLEGE OF CHIROPRACTORS OF ONTARIO	)	Mr. Chris Paliare and Ms. Karen Jones for the College of Chiropractors of Ontario
- and -	)	
DR. PATRICK GRAHAM (Registration #2676)	)	Mr. Ernest Coetzee for Dr. Graham
	)	Heard: June 17, 2024

DECISION AND REASONS

Publication Ban

There is a publication ban in place made by the Panel pursuant to s. 47(1) of the *Health Professions Procedural Code*. No person shall publish the identity of the patient or any information that could disclose the identity of the patient know as Patient A.

[1] Also in attendance at the hearing were: Mr. Neil Wilson, Independent Legal Counsel to the Panel, Ms. Jo-Ann Willson, Registrar and General Counsel CCO; and Ms Elizabeth Pilbrow, Court Reporter.

DECISION AND REASONS

Introduction

This was a hearing before a panel of the Discipline Committee (the "Panel") of the College of Chiropractors of Ontario (the "College") held on June 17, 2024 (the "Hearing"). The College has a mandate to regulate the practice of the chiropractic profession and to govern its members and, in so doing, serve and protect the public interest.

The Hearing was held virtually using video conferencing with the consent of the parties.

The Allegations

The allegations against Dr. Patrick Graham (the "Member") were set out in the Notice of Hearing dated November 3, 2023. The Notice of Hearing was entered as **Exhibit 1**. The allegations contained in the Notice of Hearing are set out below:

> **TAKE NOTICE THAT IT IS ALLEGED THAT:**
>
> 1. You have committed an act of professional misconduct as provided by subsection 51(1)(b.1) of the Health Professions Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, in that on October 12, 2019, at Core Optimum Health Centre in Mississauga, Ontario, you sexually abused a patient known as "A."
>
> 2. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93, in that on October 12, 2019, at Core Optimum Health Centre in Mississauga, Ontario, you contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to your assessment and/or treatment and/or documentation and/or conduct towards a patient known as "A."
>
> 3. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(5) of Ontario Regulation 852/93, in that on October 12, 2019, at Core Optimum Health Centre

in Mississauga, Ontario, you abused a patient known as "A." verbally and/or physically and/or psychologically and/or emotionally.

4. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93, in that on October 12, 2019, at Core Optimum Health Centre in Mississauga, Ontario, you engaged in conduct or performed an act or acts, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional with respect to your assessment and/or treatment and/or documentation and/or conduct towards a patient known as "A."

Mr. Paliare on behalf of the College stated that discussions with the Member had resulted in a Resolution Agreement. The College and the Member would therefore be jointly presenting an Agreed Statement of Facts and, if that were accepted by the Panel, a Joint Submission as to Penalty and Costs would then be made.

Agreed Statement of Facts

The Agreed Statement of Facts[2] which had been signed by the parties was entered as **Exhibit 2**. During the course of the submissions that followed, Mr. Paliare reviewed the Agreed Statement of Facts in its entirety. The Agreed Statement of Facts, **Exhibit 2**, provided as follows:

Background

1. Dr. Patrick Graham ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1992.

2. The Member is the owner of, and a chiropractor at, Core Optimum Health Centre in Mississauga ("Core"). Core is a multiple disciplinary clinic providing services including chiropractic, massage, physiotherapy, naturopathy and chiropody.

3. In September 2019, a patient known as "Patient A" began receiving treatment from the Member at Core. Patient A had been in a motor vehicle accident in August 2019 and was experiencing back pain.

[2] On the day of the Hearing, shortly before convening, the anticipated Exhibits 2, and 3 were delivered to the Panel members in the interests of hearing economy, and on consent of the parties. Exhibit 1, the Notice of Hearing had been previously provided to the Panel.

4. During the period September 5 – September 28, 2019, Patient A received 6 chiropractic treatments from the Member, which included adjustments, use of a TENS machine, and use of a "thumper". On October 1, 2019, Patient A received a massage treatment at Core from a registered massage therapist ("RMT"). She found the massage to be too hard for her liking and tried to book a massage with a different RMT at Core but was unable to do so because of scheduling issues.

5. Had the Member testified, he would have said that a mutual friend of Patient A and the Member advised the Member that Patient A herself was capable of doing massage and had provided a number of her friends with massage treatments in the past. He also would have testified that he thought Patient A would be willing to give him a massage. Had Patient A testified, she would have said she was not willing to give the Member a massage.

6. Given the problems scheduling a massage treatment for Patient A with a Core RMT, the Member called Patient A and advised her that he could provide her with a massage treatment and made an appointment for Saturday, October 12, 2019. Had the Member testified, he would have said that Patient A agreed to give him a massage as well. Had Patient A testified, she would have said the issue of her giving the Member a massage was never mentioned on the call.

7. Had Patient A testified, she would have said she found it unusual that the Member called her personally to schedule the massage, as in her experience, Core administrative staff made appointments with patients. The Member would have testified that he regularly makes appointments personally with patients.

8. When Patient A arrived at Core on October 12, 2019, she found Core was closed and the door was locked. There was no one in Core. Had she testified, Patient A would have said she was uncomfortable when she found Core was closed and the door was locked. Patient A called the Member, who advised her he was down the street treating a junior hockey team and would be at Core shortly. The Member then arrived at Core, unlocked it with a key, and they went inside. Had Patient A testified, she would have said the Member locked the door behind them after they entered Core. Had the Member testified, he would have said the door automatically locked behind them as they entered. Further, he would have said a key is not required to unlock the door from the inside as the door is unlocked by turning a knob from the inside.

9. The Member escorted Patient A to the massage room which is beside the treating rooms and closed the blinds on the window. The Member would have testified that he closed the blinds on the 4' by 6' window because he did not want Patient A to be exposed to the parking lot outside the window. The Member told Patient A to undress for her massage. He left the room while Patient A undressed. She left her thong underwear on. The Member did not

provide Patient A. with a gown because according to the Member, gowns are not provided to any patients who are going to be given a massage treatment. When patients receive a massage treatment at Core from a Core RMT they routinely go under a sheet. There is a dispute between Patient A and the Member as to whether she was provided with a towel or a sheet to cover herself. Had the Member testified, he would have said that they only have hand towels at Core.

10. Patient A lay face down on a massage table. The Member came into the room. His hands were bare and he then proceeded to put massage oil on them. He began to massage her thighs and hips. The Member stroked up her thigh so he had fingers on the outside and inside of her thigh. Had Patient A testified, she would have said that the Member's fingers on the inside of her thigh went between her legs and swiped up to her vaginal area and labia and then back towards her anus. Patient A would have testified that the Member moaned or vocalized while he did this. Patient A then tightened her thighs and buttocks in an attempt to stop the Member from touching her between her legs again. She told him she was not comfortable. Had Patient A testified, she would have said he stroked up her thigh to her vaginal area again.

11. Had the Member testified, he would have said that he stroked up the inside of Patient A's thigh to the pelvis bones to treat the origin of the hamstring and adductor magnus muscles, which attach on the pubis portion of the pelvis directly adjacent to a female's outer vagina. He would have said he only stroked up to the adductor origins on the pubic bone once, and after Patient A squeezed her thighs and said she wasn't comfortable, was very careful not to stroke all the way to the pubic bone area. The Member also would have testified that it was appropriate touching of a clinical nature and that if he touched the vaginal area it was incidental and unintended. He also would have testified that he did not moan but did vocalize as he swiped between Patient A's thighs because he encountered tight areas and/or trigger points.

12. The Member admits he never informed Patient A he intended to massage the inside of her thighs, informed her of the purpose of massaging the inside of her thighs, or asked and obtained her informed consent to massage her in this area.

13. Had Patient A testified, she would have said she was in a state of panic and didn't know how to get out of Core safely. She was naked except for her thong underwear and she knew the door to get out of Core was locked. The Member would have testified that Patient A was draped under a massage sheet, he did not perceive any sort of panic from Patient A and that the exit door from Core could be unlocked from the inside without a key.

14. The Member continued the massage on the back of the same leg and the other leg, the lower back and the front of both legs without incident.

15. After the massage was finished, the Member told Patient A that it was his turn and he wanted her to massage him. The Member then left the room as Patient A got dressed.

16. Had the Member testified, he would have said he believed that Patient A had agreed to massage him and further, that he never would have arranged to massage her if he did not think it was going to be reciprocated.

17. Had Patient A testified, she would have said she never agreed to massage the Member and further, when he requested she do so on October 12, 2019, she refused but he insisted. Had the Member testified, he would have said he didn't sense an issue from Patient A with her doing the massage, she agreed to do the massage, and he never insisted that she do the massage.

18. When Patient A left the room the Member entered the room alone, closed the door and got undressed. The Member lay on the massage table. There is a dispute as to whether the Member covered himself with a towel or a sheet. Patient A briefly massaged the Member's upper legs at his request. Although the Member requested that she continue to massage him, she refused and left the room while the Member changed.

19. The Member then left the massage room and showed Patient A out.

20. Patient A cancelled the remaining appointment she had booked with the Member. She never returned to Core.

Relevant CCO Standards of Practice and Guidelines

21. CCO Standard of Practice S-013 Consent requires a member take appropriate measures to ensure there is proper disclosure and consent especially if the examination and/or care involves the touching of a sensitive area (e.g., chest, gluteal and inner thigh regions). Disclosure and consent includes respecting and accommodating reasonable patient requests and preferences. In addition, a member should ensure that, as part of the consent process, the patient is comfortable with the setting of care.

22. Guideline G-001 Communication with Patient emphasizes that procedures requiring touching of the patient may be open to misinterpretation so that chiropractors should:
    a. ensure at all times that the patient understands at all times what is being done and why;
    b. obtain proper consent consistent with Standard of Practice S-013: Consent, which includes an explanation of why, where and when the patient is to be touched and an informed agreement from the patient, prior to touching the patient;
    c. continuously check the patient's level of understanding and consent

throughout the care provided;

d. acknowledge that consent to touching may be withdrawn at any time during a procedure;
e. avoid causing any unnecessary distress or embarrassment to the patient;
f. respect the patient's dignity and personal space;
g. use gloves for reasons relating to quality assurance, hygiene and decreased intimacy, when appropriate;
h. demonstrate particular awareness when palpation involves a sensitive area (e.g., breast, gluteal and inner thigh) and when appropriate, palpating carefully with the patient's guidance, participation and consent;
i. inform the patient to only remove clothing that would materially impede the examination or treatment;
j. ensure a patient, who must necessarily be partially unclothed for therapeutic reasons, be as comfortable as possible; and
k. using appropriate gowning methods to maintain the respect for a patient's privacy and dignity.

23. A document titled, "Maintaining Professional Boundaries" forms part of Guidelines G-001. According to that document:
    a. the core of the chiropractor-patient relationship is trust. The assumption is that a chiropractor will act, always and without exception, in the patient's best interests;
    b. in the clinical encounter, the chiropractor, always in the position of power, is responsible for a safe and healthy connection with the patient. In a chiropractor-patient relationship, the chiropractor must set and maintain professional boundaries in all circumstances;
    c. a boundary is crossed when something said or done breaches the core intent of the therapeutic encounter. This can occur any time the professional relationship becomes anything other than patient and doctor;
    d. boundary crossings and violations may occur with, among other things, establishing dual relationships with patients, giving or receiving gifts, ignoring established conventions that help maintain the necessary boundary, and seeing a patient after regular clinic hours.

Admissions

24. The Member admits that he did not obtain informed consent from Patient A prior to massaging her. He also admits that his scheduling Patient A's massage for a time when no one else was at Core, only agreeing to massage Patient A because he thought she would reciprocate, and requesting Patient A massage him were violations of his duty to maintain professional boundaries.

25. As a result of the facts set out above, and the admissions, the Member admits

that he committed acts of professional misconduct as described in the Notice of Hearing dated November 3, 2023 ("Notice of Hearing"), and in particular he:

a. contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, as described in allegation #2; and

b. engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional, as described in allegation #4.

Other

26. The CCO withdraws allegations #1 and #3 in the Notice of Hearing.

27. The Member acknowledges that he received advice from his counsel, Ernie Coetzee, prior to entering into this Resolution Agreement, and affirms that he is signing this Agreed Statement of Facts freely and voluntarily.

Decision on the Merits

In reaching its decision, the Panel reminded itself of s. 49 of the *Health Professions Procedural Code* and therefore relied exclusively on the evidence presented at the hearing as contained in the Agreed Statement of Facts, **Exhibit 2**. The Panel found the facts and admissions contained in it provided a sufficient foundation for findings of professional misconduct on the remaining allegations. Therefore the Panel made findings of professional misconduct in relation to allegations 2 and 4 in the Notice of Hearing.

Penalty and Costs

Counsel for the College advised the Panel that a Joint Submission on Penalty and on Costs (the "JSP") had been agreed upon. The JSP was entered as **Exhibit 3** and contained an Undertaking marked as Exhibit A[3] in the JSP. Mr. Paliare and Mr. Coetzee made submissions in support of the Joint Submission.

[3] The terms of the Undertaking, which had been signed by Dr. Graham, are attached to this Decision and Reasons for the Decision as Appendix A.

College counsel identified for the Panel that the proposed penalty is an appropriate one in light of findings of professional misconduct made by the Panel and in the circumstances. Dr. Graham has, in the Undertaking, agreed to irrevocably resign his membership with the College[4], that he will never again apply for membership with the College or with any organization that licences chiropractors in Ontario[5], and that he will never work in any position that required membership with the College or practice the chiropractic profession[6]. This, Mr. Paliare submitted, meant the Panel need not consider rehabilitation or specific deterrence as this is achieved in the undertaking. Mr. Coetzee, on behalf of the Member, agreed with the submissions of Mr. Paliare.

The Panel sought and obtained advice from its independent legal counsel concerning the approach that discipline panels should take when joint submissions are placed before them.

The Joint Submission invited the Panel to make an order regarding penalty:

1. Requiring the Member to appear before the panel to be reprimanded.

2. Requiring the Member reimburse the CCO for any funding provided by the CCO to Patient A pursuant to section 85.7 of the Health Professions Procedural Code ("Code").

3. Requiring the Member to post security acceptable to the CCO to guarantee the payment of any amount he may be required to reimburse the CCO for any funding provided to Patient A under the program required under section 85.7 of the Code by paying the CCO $17,370.00 on June 30, 2024, to be held in trust on his behalf. The Member will provide a postdated cheque for the security to the CCO on June 17, 2024. The unused portion of the security as at June 17, 2026 will be returned to the Member.

4. Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the Annual Report or other publications at the discretion of the CCO.

[4] JSP Exhibit "A", paragraph 1.
[5] JSP Exhibit "A", paragraph 2.
[6] JSP Exhibit "A", paragraph 3.

The College and the Member also requested that the Panel make an order regarding costs:

> Requiring the Member to pay $15,000.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel as follows: i) $5,000.00 to be paid on or before June 17, 2024; ii) $5,000.00 to be paid by June 30, 2024 with the Member to provide a postdated cheque for this amount to the CCO on June 17, 2024; and iii) $5,000.00 to be paid on or before December 31, 2024, with the Member to provide a postdated cheque for this amount to the CCO on June 17, 2024.

The Joint Submission as to Penalty, which was signed by Dr. Graham, also contained the following:

> Dr. Graham acknowledges that he received advice from his counsel, Ernie Coetzee, prior to entering into this Resolution Agreement, and affirms that he is signing the Joint Submission on Penalty and on Costs freely and voluntarily.

Penalty Decision and Reasons

After rising to deliberate, the Panel was of the view that the parties had come to a fair and equitable resolution, having carefully considered the protection of the public interest. The Panel notes that the penalty may serve as a general deterrent to members of the profession.

The Panel therefore made the following order with respect to penalty:

1. The Member is to appear before the panel to be reprimanded.
2. The Member will reimburse the CCO for any funding provided by the CCO to Patient A pursuant to section 85.7 of the Health Professions Procedural Code ("Code").
3. The Member is to post security acceptable to the CCO to guarantee the payment of any amount he may be required to reimburse the CCO for any funding provided to Patient A under the program required under section 85.7 of the Code by paying the CCO $17,370.00 on June 30, 2024, to be held in trust on his behalf. The Member will provide a postdated cheque for the security to the CCO

on June 17, 2024. The unused portion of the security as at June 17, 2026 will be returned to the Member.

4. The results of the proceeding are to be recorded in the public portion of the Register and published in the Annual Report or other publications at the discretion of the CCO.

And further made an order:

Requiring the Member to pay $15,000.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel as follows: i) $5,000.00 to be paid on or before June 17, 2024; ii) $5,000.00 to be paid by June 30, 2024 with the Member to provide a postdated cheque for this amount to the CCO on June 17, 2024; and iii) $5,000.00 to be paid on or before December 31, 2024, with the Member to provide a postdated cheque for this amount to the CCO on June 17, 2024.

Administration of Reprimand

It was noted on the record that the Joint Submission on Penalty contained an Undertaking[7] that expressly waived the right of the Member to appeal or ask for judicial review of any decision by the Discipline Committee in relation to the Notice of Hearing dated November 3, 2023, **Exhibit 1**. Further, the Panel confirmed that the Member was prepared for the oral reprimand to be administered immediately following the Hearing. Consistent with the Hearing occurring via videoconference, the Panel administered the oral reprimand in the same manner at the conclusion of the Hearing.

[7] Exhibit 3, the Undertaking item 6.

I, **Robert MacKay**, sign this decision and reasons for the decision as Chair of this Discipline Panel and on behalf of the members of the Discipline Panel listed below.

Mr. Robert MacKay, Chair

Date: June 28, 2024

Panel Members:

Mr. Robert Chopowick
Mr. Robert MacKay
Dr. Dennis Mizel
Mr. Shawn Southern
Dr. Matthew Tribe

Appendix A

UNDERTAKING
Exhibit "A"

To: The Registrar and General Counsel ("Registrar")
of the College of Chiropractors of Ontario ("CCO")

I, Dr. Patrick Graham, undertake to the Registrar and agree to do the following:

1. By June 30, 2024, I will irrevocably resign my membership with the CCO.

2. I undertake that I will never apply for membership with the CCO in the future or with any other organization that licenses or regulates chiropractors in Canada.

3. I undertake that I will never work in any position that requires membership with the CCO or any other Canadian chiropractic regulator. I will not use the title "chiropractor", practice chiropractic, or hold myself out as someone entitled to practice chiropractic in Ontario, and will not perform any of the controlled acts permitted to chiropractors under the *Chiropractic Act, 1991*.

4. I will post security acceptable to the CCO to guarantee the payment of any amount I may be required to reimburse the CCO for any funding provided to Patient A under the program required under section 85.7 of the Code by paying the CCO $17,370.00 by June 30, 2024, to be held in trust on my behalf. I will provide the CCO with a postdated cheque on June 17, 2024 for 17,370.00. I understand that the unused portion of the security as at June 17, 2026 will be returned to me. The CCO will provide me with a receipt or receipts indicating the amount I am required to reimburse the CCO.

5. I will pay to the CCO a total of $15,000.00 for the partial payment of its costs and expenses related to the investigation, hearing expenses and costs, and legal costs and expenses, with $5,000.00 to be paid on June 17, 2024, $5,000.00 on June 30, 2024, and $5,000.00 on December 31, 2024. I will provide postdated cheques to the CCO on June 17, 2024 for the June 30, 2024 and December 31, 2024 cost payment.

6. I will not appeal or ask for a judicial review of the decision of the Discipline Committee in this matter.

7. I acknowledge that I have been advised by the CCO to obtain legal advice prior to executing this Undertaking and have obtained the advice of my counsel, Ernie Coetzee. I am executing this Undertaking freely and voluntarily after reading and understanding its contents.

Signed this 15th day of June, 2024

Dr. Patrick Graham

Witness

DISCIPLINE COMMITTEE OF THE

COLLEGE OF CHIROPRACTORS OF ONTARIO

COLLEGE OF CHIROPRACTORS OF ONTARIO

- and -

DR. CRAIG SCHISLER

EXHIBIT No 2
EXAMINATION OF
CCO vs Dr. Schisler
DATE August 12, 24
COLLEGE OF CHIROPRACTORS OF ONTARIO

RESOLUTION AGREEMENT

PART 1 - AGREED STATEMENT OF FACTS

Background

1. Dr. Craig Schisler ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 2001.

2. At the relevant time, the Member was the owner and the chiropractor at the Schisler Spine Centre ("Centre") in Windsor, Ontario.

3. In September 2021, an insurer received a report ("Report") regarding allegedly false or misleading claims made by the Centre on behalf of the insurer's plan members. The insurer then conducted an investigation into the accuracy of claims regarding services and products made by the Centre, which included conducting a survey of plan members.

4. As part of the investigation, investigators for the insurer ("Investigators") attended at the Centre on June 9, 2022 to obtain documents and patient records, and to interview Centre employees and the Member.

5. While at the Centre, the Investigators obtained a number of patient records. The documentation in those records was inadequate, as the Member failed to adequately document assessments and treatments and other information as required in CCO Standard of Practice S-002 Record Keeping.

6. The Investigators also requested patient records for three specific patients. The Centre did not provide the patient records on request, indicating initially that the Centre fax machine was having transmission issues, although a staff

person indicated it was working. Prior to the records being provided to the insurer, the records were revised to include forms being signed and dated, patient histories being completed and signed and documents signed indicating devices had been received. There was no notation in the records to indicate there were late entries or that they had been revised after the request had been made by the insurer for the records.

7. One of the allegations made in the Report was that the Member was indicating on insurance claim forms that he had dispensed orthotics to patients although he was not actually dispensing the orthotics. Instead, they were being dispensed by a physiotherapy clinic.

8. The insurer previously paid for orthotics that were fitted and dispensed by a physiotherapist but had stopped doing so. However, the insurer continued to pay for orthotics that were fitted and dispensed by chiropractors. Once the insurer stopped paying for orthotics that were fitted and dispensed by physiotherapists, the owner of the physiotherapy clinic entered into an arrangement with the Member whereby the Member would fit physiotherapy clinic patients for orthotics and complete claim forms and lab bills. The claim forms indicated that he dispensed the orthotics to patients, although he did not do so. The orthotics were dispensed by the physiotherapy clinic's receptionist or office manager.

9. The insurer sent an undercover investigator to obtain orthotics from the physiotherapy clinic. The undercover investigator was sent to the Centre, where she saw the Member, who took a foam impression and sent her back to the physiotherapy clinic with the foam box, a lab bill, and a signed claim form indicating, among other things, that he had dispensed the orthotics. Although the claim form indicated the Member had conducted a gait analysis and a biomechanical exam, the undercover investigator would have testified that all the Member did was ask her to stand up while he looked at her feet and then had her sit on a chair and put her feet in a foam box. Three weeks later, the undercover investigator picked up her orthotics from a receptionist at the physiotherapy clinic.

10. Had a representative of the insurer testified, they would have said the insurer requested 20 patient records from the physiotherapy clinic for patients who had made claims for orthotics dispensed by the Member. The patient records contained claim forms indicated the Member assessed the patients and dispensed the orthotics, although the Member did not document an appropriate assessment for orthotics or the dispensing of orthotics, as required by CCO Standard S-012 Orthotics and there were no consents for the orthotics. The Member had no patient records at the Centre for any of the 20 patients or the undercover investigator.

11. The insurer would pay for specified medical devices, such as TENS machines and related products such as pads, if they were prescribed by a doctor and dispensed by a chiropractor or other specified regulated health professional.

12. From time to time, the Centre sold TENs machines and related products to persons who did not attend at the Centre and/or in circumstances where the Member did not dispense the devices. The insurer covered the cost of the medical devices and related products if they were prescribed by a physician and dispensed by a regulated health professional such as a chiropractor. The Centre would submit claims to the insurer for these medical devices and related products, indicating they had been dispensed by the Member, and be paid by the insurer for the claims.

13. The Member admits that, as the owner of the Centre and the regulated health professional in charge of it, he is ultimately responsible for the conduct of the operations at the Centre, including its billings.

Admissions

14. As a result of the facts set out above, the Member admits that he committed acts of professional misconduct as described in the Notice of Hearing dated March 4, 2024 ("Notice of Hearing"), and in particular he:

    a. contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, as described in allegation #1;

    b. failed to keep records as required by the regulations regarding one or more patients as described in allegation #2;

    c. falsified a record or records regarding one or more patients relating to his practice as described in allegation #3;

    d. signed or issued, in his professional capacity, a document he knew contained a false or misleading statement, as described in allegation #4;

    e. submitted an account or charge for services that he knew was false or misleading regarding one or more patients as described in allegation #5; and

    f. engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional, as described in allegation #7.

Other

15. The CCO withdraws allegation #6 in the Notice of Hearing.

16. The Member acknowledges that he received advice from his counsel, Richard Minster, prior to entering into this Resolution Agreement, and affirms that he is signing this Agreed Statement of Facts freely and voluntarily.

Dr. Schisler	Aug 8/24 Date	Witness
CCO	August 9, 24 Date	Witness
Prehearing Chairperson	Date	Witness

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DISCIPLINE COMMITTEE OF THE

COLLEGE OF CHIROPRACTORS OF ONTARIO

EXHIBIT No 3

COLLEGE OF CHIROPRACTORS OF ONTARIO EXAMINATION OF

CCO VS Dr. Schisler

- and -

DATE August 12, 2

DR. CRAIG SCHISLER

COLLEGE OF CHIROPRACTORS OF ONTARIO

RESOLUTION AGREEMENT

PART 2 - JOINT SUBMISSION ON PENALTY AND ON COSTS

Further to the pre-hearing conference of May 6, 2024 held before Dr. Frazer Smith, and in view of the Agreed Statement of Facts and the findings of professional misconduct made by the panel of the Discipline Committee, and the Undertaking attached to this Joint Submission as Exhibit "A", the College of Chiropractors of Ontario ("CCO") and Dr. Craig Schisler ("Member") jointly request that the panel of the Discipline Committee make an Order:

1. Requiring the Member to appear before the panel to be reprimanded.

2. Directing the Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration for a period of 9 months ("Suspension"), with the Suspension to take effect on September 1, 2024.

3. Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:

    a. By March 1, 2025, the Member must review and undertake to the Registrar that he will comply with all CCO regulations, standards of practice, guidelines and policies, including but not limited to S-002: Record Keeping; S-012: Orthotics; S-021: Assistive Devices; G-008: Business Practices; G-014: Delegation, Assignment, and Referral of Care; and the business practices portion of the Professional Misconduct Regulation;

    b. Requiring the Member to be peer assessed at his own expense within three months of returning to practice after the lifting of the Suspension;

    c. Requiring the Member, at his own expense and at the CCO's discretion, to have his practice reviewed no more than four times by an inspector ("Inspector") for a period not to exceed two years after he returns to practice after the Suspension is lifted. The Inspector must

be a peer assessor who is in good standing with the CCO and be approved of in advance by the Registrar. The Inspector will review and evaluate the Member's practice, including his documentation and billing practices, and provide written reports to the Registrar at a frequency determined by the Registrar. The Member will co-operate fully with the Inspector.

4. Directing the Registrar to suspend 3 months of the Suspension if the Member satisfactorily completes the Conditions set out in Paragraph 3a. by March 1, 2025.

5. Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the Annual Report or other publications at the discretion of the CCO.

Costs

The CCO and the Member also request that the Panel make the following order regarding costs:

1. Requiring the Member to pay $25,000.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel, with the Member to pay $15,000.00 before September 1, 2024 and the remaining $10,000.00 by or prior to December 31, 2024.

Dr. Schisler acknowledges that he received advice from his counsel, Richard Minster, prior to entering into this Resolution Agreement, and affirms that he is signing the Joint Submission on Penalty and on Costs freely and voluntarily.

Dr. Schisler	Aug 8/24 Date	Witness
CCO	August 9, 24 Date	Witness
Prehearing Chairperson	Date	Witness

UNDERTAKING

Exhibit "A"

To: The Registrar and General Counsel ("Registrar")
of the College of Chiropractors of Ontario ("CCO")

I, Dr. Craig Schisler, undertake to the Registrar and agree to do the following:

1. On or before March 1, 2025, I will review, and undertake in writing to comply with all CCO regulations, standards of practice, policies and guidelines, including but not limited to: to S-002: Record Keeping; S-012: Orthotics; S-021: Assistive Devices; G-008: Business Practices; G-014: Delegation, Assignment, and Referral of Care; and the business practices portion of the Professional Misconduct Regulation.

2. Within three months of the lifting of the suspension of my certificate of registration ("Suspension"), I will be peer assessed at my own expense and will comply with any remedial requirements required by the peer assessor.

3. For a two-year period after the lifting of the Suspension, I will, at my own expense and the CCO's discretion, have my business practices reviewed and evaluated not more than four times by an inspector who has been approved in advance by the CCO Registrar, and who will report on my business practices to the Registrar. I will cooperate fully with the inspector.

4. I agree not to appeal or ask for a judicial review of the decision of the Discipline Committee.

5. I acknowledge that failure to abide by any of the terms of this Undertaking could result in the referral of specified allegations of professional misconduct to the Discipline Committee.

6. I acknowledge that I have been advised by the CCO to obtain legal advice prior to executing this Undertaking and have obtained the advice of my counsel, Richard Minster. I am executing this Undertaking freely and voluntarily after reading and understanding its contents.

Signed this 8th day of Aug, 2024

Dr. Craig Schisler

Witness Signature

College of Chiropractors of Ontario
Fitness to Practise Committee Report to Council
September 13, 2024

Members: Dr. Kyle Grice, *Chair*
Ms Anuli Ausbeth-Ajagu
Dr. Angelo Santin

Staff Support: Ms Jo-Ann Willson, *Registrar and General Counsel*
Mr. Joel Friedman, *Deputy Registrar*

Committee Mandate

- To hear and determine allegations of mental or physical incapacity referred to the committee by the Inquiries, Complaints and Reports Committee.
- To review applications for reinstatement following an incapacity finding.

Report

Since the last council meeting the committee has not been required to hold a meeting or hearing.

The Fitness to Practise Committee has no recommendations at this time.

Respectfully submitted,
Dr. Kyle Grice
Chair

Generated Internally

College of Chiropractors of Ontario
Inquiries, Complaints and Reports Committee Report to Council
September 13, 2024

Members: Dr. Michael Gauthier, *Chair*
Mr. Gagandeep Dhanda
Dr. Brian Dower *non-Council Member*
Dr. Sarah Green
Mr. Scott Stewart

Staff Support: Ms Kelly Malcolm, *Investigator*
Ms Christine McKeown, *Inquiries, Complaints & Reports Officer*
Ms Tina Perryman, *Manager, Inquiries, Complaints & Reports*

Committee Mandate

- To respond to inquiries, complaints and reports in a manner consistent with CCO's legislative mandate under the *RHPA.*
- To review investigation reports carried out pursuant to s. 75 of the *RHPA,* and to make decisions concerning any further action, including the referral of specified allegations of professional misconduct or incompetence to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration.

Report

Since the last reporting to Council, the Inquiries, Complaints and Reports Committee completed the following:

June 2024:

- Approved and sent out 14 decisions.
- Reviewed 18 cases.
- Approved 75(1)(a) investigator on one case.
- Appointed 75(1)(c) investigator on two cases.

July 2024:

- Approved and sent out 10 decisions.
- Reviewed 16 cases.
- Appointed 75(1)(c) investigator on three cases.

The Health Professions Appeal and Review Board (HPARB) upheld one Committee decision, (attached).

The Committee continues to work diligently to meet timelines with a high volume of matters to consider. Virtual meetings have been effective to date and dates of meetings have been set until April 2025.

Respectfully submitted,

Dr. Michael Gauthier, Chair
Inquiries, Complaints & Reports Committee

Health Professions Appeal and Review Board

La Commission d'appel et de révision des professions de la santé

Ontario

ITEM 1.3.1

In reply please quote: File # 23-CRV-0013) (21-JN-21 TSIOFAS

CONFIDENTIAL

43

August 2, 2024

RECEIVED
AUG 07 2024
COLLEGE OF CHIROPRACTORS OF ONTARIO

Gus Tsiofas — Applicant Complainant

Dr. Godrej Engineer — Respondent

Dr. Ron Green — Respondent

RE: COMPLAINT REVIEW - CHIROPRACTIC
GUS TSIOFAS AND GODREJ ENGINEER, D.C.,RON GREEN, D.C.

Enclosed herewith is a true copy of the Decision and Reasons of the Health Professions Appeal and Review Board in the above-noted matter.

While your file is now closed, please note that parties to Complaint Reviews of the Health Professions Appeal and Review Board have the right to request a judicial review of the Board's decision within 30 days of the date the decision was made[1]. You may wish to consider obtaining legal advice to determine what options are available to you. To request a judicial review contact the Divisional Court at 416-327-5100.

Yours sincerely,
HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

Ashvini Jeyanthan
Case Officer

Encl: Decision dated August 2, 2024

c. College of Chiropractors of Ontario (CCOPRA File # 21-JN-21 TSIOFAS)

[1] Section 5 of the *Judicial Review Procedure Act*

151 Bloor Street West, 9th Floor
Toronto, Ontario M5S 1S4

Tel/Télé 416-327-8512
Toll free/Sans frais 1-866-282-2179
TTY/ATS 416-326-7TTY(889)
TTY Toll free/ATS sans frais 1-877-301-0TTY(889)
Facsimile/Télécopieur 416-327-8524

151, rue Bloor ouest, 9e étage
Toronto, Ontario M5S 1S4

File # 23-CRV-0013

HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

PRESENT:

Beth Downing, Vice-Chair, Presiding
Michelle Mann-Rempel, Board Member
Karina Vilner, Board Member

Review held on January 9, 2024 in Ontario (by teleconference)

IN THE MATTER OF A COMPLAINT REVIEW UNDER SECTION 29(1) of the *Health Professions Procedural Code*, Schedule 2 to the *Regulated Health Professions Act, 1991,* Statutes of Ontario, 1991, c.18, as amended

B E T W E E N:

GUS TSIOFAS

Applicant

and

GODREJ ENGINEER, DC and RON GREEN, DC

Respondent

Appearances:

For the College of Chiropractors of Ontario: Tina Perryman

DECISION AND REASONS

I. DECISION

1. The Health Professions Appeal and Review Board confirms the decision of the Inquiries, Complaints and Reports Committee of the College of Chiropractors of Ontario to remind Godrej Engineer, DC to adhere to Standard of Practice 5-002: *Record Keeping* and Policy P-010: *Use of Professional Titles, Designations and Credentials*, and to take no further action regarding Ron Green, DC.

2. This decision arises from a request made to the Health Professions Appeal and Review Board (the Board) by Gus Tsiofas (the Applicant) to review a decision of the Inquiries, Complaints and Reports Committee (the Committee) of the College of Chiropractors of Ontario (the College). The decision concerned a complaint regarding the conduct and actions of Godrej Engineer, DC and Ron Green, DC (the Respondents/Dr. Engineer and Dr. Green). The Committee investigated the complaint and decided to remind Dr. Engineer as set out above and to take no further action regarding Dr. Green.

II. BACKGROUND

3. The Applicant was in a motor vehicle accident (MVA) in May 2018.

4. From November 20, 2018 to December 9, 2020, the Applicant attended PhysioMed Leaside (the clinic), where the Respondents practiced chiropractic medicine.

5. The Applicant presented in relation to ongoing care for injuries sustained in the MVA. Dr. Engineer performed the initial assessment and submitted the OCF-18: Treatment and Assessment form, which was denied by the Applicant's insurer.

6. After the initial assessment, Dr. Engineer provided a few treatments in January 2019 and July 2020, and the balance of the Applicant's treatments were provided by Dr. Green and other service providers at the clinic.

7. The Applicant also presented separately for care in relation to a Workplace Safety and Insurance Board (WSIB) matter. He made three WSIB claims in 2019 and 2020, all of which were denied.

The Complaint and the Response

Re: Dr. Green

The Complaint

8. The Applicant complained that Dr. Green:

- failed to document all discussions and interactions with the Applicant;
- failed to secure non-chiropractic medical records that would impact the treatment plan;
- failed to provide the Applicant with receipts for his treatments;
- completed WSIB forms without the Applicant being present and accessed the Applicant's file without consent;
- forged the Applicant's signature on the WSIB forms;
- failed to disclose his treatment fees;
- discontinued patient care with the Applicant by not pursuing the Applicant to book additional appointments or facilitating the booking of appointments. Dr. Green did not assist the Applicant in locating another facility after termination of treatment; and
- threatened and intimidated the Applicant.

The Response

9. Dr. Green provided information in two responses including the following:

- the treatment he provided to the Applicant was on a palliative basis and was not treating the MVA injuries directly;
- he denied any privacy breach and confirmed that he always had malpractice insurance as part of his profession;

- he treated the Applicant very cautiously with plenty of communication because the Applicant had referred to suing the previous clinic he attended;
- he denied ever forging the Applicant's signature and confirmed that he completed forms as required;
- he admitted to contacting the Applicant on June 4, 2021, prior to any complaint submission to the College, as he thought they were on good terms and could discuss the complaint; and
- he denied ever issuing threats but said that the Applicant said he would "stop coming after" him if he sided with the Applicant against Dr. Engineer and DB, clinic/MVA administrator.

Re: Dr. Engineer

The Complaint

10. The Applicant complained that Dr. Engineer:

- delayed in responding to requests for the Applicant's file, and when the file was ultimately provided, it was incomplete;
- kept inaccurate and/or incomplete payment records for the Applicant/did not document payments made by the Applicant;
- kept inaccurate and/or incomplete patient records for the Applicant;
- impersonated a physician on forms to Canada Revenue Agency (CRA) and Canada Life/CRA Disability Tax Credit Form;
- double-dipped with WSIB and the Applicant;
- failed to properly complete medical-legal forms;
- falsely billed Canada Life;
- submitted false billings to the Applicant;
- forged the Applicant's signature on forms to Canada Life;
- impersonated a physician;

- had assessments for a knee brace done by DB, who was not a licensed chiropractor;
- inappropriately submitted a treatment plan to the Applicant's insurer on November 20, 2018 / charged the Applicant treatments after November 20, 2018 which did not occur; and
- disclosed sensitive information without consent to Alam Law and to WSIB.

The Response

11. Dr. Engineer provided information in response to the complaint including the following:

- the Applicant completed the customary intake forms, provided a history and was examined;
- investigation disclosed a need for ongoing care congruent with his previously identified injuries;
- a report of findings was communicated to the Applicant together with a recommended treatment plan and the Applicant provided informed consent prior to proceeding to care;
- the terms for treatment involved MVA care not exceeding about $2500.00 in service fees that would be collected through his legal counsel from his reported, forthcoming insurance settlement;
- the Applicant tolerated care without incident, noting some improvement;
- the Applicant separately presented for care in relation to a WSIB matter in 2020;
- some of this care was covered by extended health care (EHC), with the patient assuming responsibility and making partial payment toward the remainder;
- he was primarily involved in the Applicant's case as it related to the MVA and the submission of the OCF-18 on November 20, 2018, which was denied by the insurer, so he only provided a few treatment sessions to the Applicant;
- he denied all the Applicant's specific allegations;

- during the Canada Life audit of the claims from the clinic, they identified that the acupuncture notes were not contained in the Applicant's file; and
- he attached the two pages of notes (for July 28 and July 30) and explained that they were located and produced to Canada Life and the Applicant, as well.

The Committee's Decision

12. The Committee investigated the complaint and decided to remind Dr. Engineer to adhere to Standard of Practice 5-002: *Record Keeping* and Policy P-010: *Use of Professional Titles, Designations and Credentials* and to take no further action regarding Dr. Green.

III. REQUEST FOR REVIEW

13. In a letter received January 9, 2023, the Applicant requested that the Board review the Committee's decision.

IV. POWERS OF THE BOARD

14. After conducting a review of a decision of the Committee, the Board may do one or more of the following:

a) confirm all or part of the Committee's decision;
b) make recommendations to the Committee;
c) require the Committee to exercise any of its powers other than to request a Registrar's investigation.

15. The Board cannot recommend or require the Committee to do things outside its jurisdiction, such as make a finding of misconduct or incompetence against the member or require the referral of specified allegations to the Discipline Committee that would not, if proved, constitute either professional misconduct or incompetence.

V. ANALYSIS AND REASONS

16. Pursuant to section 33(1) of the *Health Professions Procedural Code* (the *Code*), being Schedule 2 to the *Regulated Health Professions Act, 1991*, the mandate of the Board in a complaint review is to consider either the adequacy of the Committee's investigation, the reasonableness of its decision, or both.

17. None of the parties attended the Review. The Board notes that there is no legal requirement for parties to attend the Review. The Board draws no inference from their non-attendance.

18. The Applicant made extensive written submissions to the Board and the Board has considered them all. The Applicant asked the Board to return the matter to the College for proper and thorough investigation for a discipline action/hearing.

19. The Respondents each provided written submissions. They submitted that the investigation was adequate and the decision was reasonable.

20. The Board has considered the submissions of the parties, examined the Record of Investigation (the Record), and reviewed the Committee's decision.

Adequacy of the Investigation

21. An adequate investigation does not need to be exhaustive. Rather, the Committee must seek to obtain the essential information relevant to making an informed decision regarding the issues raised in the complaint.

22. The Board finds that the Committee's investigation was adequate for the reasons that follow.

23. At the Committee's request, the Registrar of the College appointed an investigator under section 75 of the *Code*.

24. The Committee obtained the following documents and information during the investigation:

- the Applicant's communications about his concerns with attachments;
- Dr. Green's responses;
- Dr. Engineer's response;
- information from interviews with the Applicant, the Respondents, FM, PT (one of the Applicant's physiotherapists at the clinic), and DJO (the knee brace supplier) owner and representative;
- the Applicant's records with the clinic;
- information from Canada Life regarding its investigation of the Applicant's allegation of fraudulent claim submissions by the clinic;
- WSIB information;
- information from DJO;
- information about the Applicant's complaint to the Information and Privacy Commissioner (IPC);
- information about the Applicant's civil suit against the Respondents and others at the clinic;
- the Committee investigator's report;
- Standards of Practice S-002: *Record Keeping* and *Use of Professional Titles, Designations and Credentials* Policy P-010; and
- Dr. Engineer's prior decision with the College.

25. The Board finds that the Committee's investigation covered the events in question and that the Committee obtained relevant information to make an informed decision regarding the issues raised in the complaint.

26. The Committee obtained information from the parties in writing and in interviews. The Applicant provided information about his complaint in over 50 emails/letters to the College during the course of the investigation. In this correspondence, the Applicant

included communications with or about DB, the Respondents, Dr. R-E, MD (a physician who treated the Applicant), Dr. WK, MD (a physician who treated the Applicant) , FM, PT, Canada Revenue Agency (CRA), IPC, his Superior Court of Justice claim, WSIB and Office of the Worker Adviser (OWA), Toronto Police Services (TPS), Canada Life Insurance and RH (a lawyer).

27. The Committee investigator interviewed the Applicant on several occasions to clarify and confirm his concerns. The Committee investigator reviewed the relevant documents with the Applicant as part of this process. The Committee had the Respondents' written responses. The Committee investigator interviewed the Respondents to obtain further information about the Applicant's concerns.

28. The Committee investigator also interviewed FM, PT, the DJO Global owner and representative, and MA, the Applicant's lawyer in a personal injury case.

29. The Committee investigator tried but was unable to contact DB as she was no longer employed at the clinic. The Board notes that the Canada Life investigation contained information from DB.

30. The Committee obtained documentation including the clinic records for the Applicant. These included the CRA Disability Tax Credit form, WSIB forms/documents, Canada Life forms/documents, other insurance forms and billing and payment records. The Committee had additional documentation from DJO Global, WSIB and Canada Life.

31. The Committee had before it relevant College policies and Dr. Engineer's prior decision.

32. The Applicant provided the Board with a decision dated June 30, 2023 from the IPC regarding the Applicant's complaint against the clinic. The Board notes that this decision post-dates the Committee's decision and thus would not have been available to the Committee. The investigation is not inadequate for failing to consider this document. The Board has read the IPC decision and finds no information that would likely have affected

the Committee's decision. The Board notes that the Committee addressed the Applicant's privacy concerns in its decision, as set out below.

33. The Applicant alleged that the Committee investigator had a conflict of interest. The Board finds no independent support for this allegation in the Record or the Applicant's submissions.

34. The Applicant alleged that the Committee was biased because one of the Committee panel members shared the same last name as Dr. Green and therefore may be related to Dr. Green. The Board finds no support for the Applicant's allegation that there is a relationship between the Committee member and Dr. Green. The Board finds no support for the Applicant's allegation that the Committee was biased.

35. There is no indication of further information that might reasonably be expected to have affected the decision, should the Committee have acquired it. Accordingly, the Board finds that the Committee's investigation was adequate.

Reasonableness of the Decision

36. In determining the reasonableness of the Committee's decision, the question for the Board is not whether it would arrive at the same decision as the Committee. Rather, the Board considers the outcome of the Committee's decision in light of the underlying rationale for the decision, to ensure that the decision as a whole is transparent, intelligible and justified. That is, in considering whether a decision is reasonable, the Board is concerned with both the outcome of the decision and the reasoning process that led to that outcome. It considers whether the Committee based its decision on a chain of analysis that is coherent and rational and is justified in relation to the relevant facts and the laws applicable to the decision-making process.

37. In his submissions for the Review, the Applicant largely reiterated and elaborated on his original concerns raised in the complaint. The Applicant submitted that the Committee's decision was unreasonable.

38. The Board finds that the Committee's decision is reasonable for the reasons that follow.

39. The Board notes that the circumstances of this complaint required the Committee to apply its knowledge and expertise to the information in the Record and to consider the expected standards of the profession in assessing the Respondents' conduct and actions.

40. The Board also notes that the Committee's decision made specific reference to information from the parties and described the relevance of information in the Record in support of its conclusions.

41. The Board further notes that the Committee made specific reference to and relied on the contemporaneous health records in support of its conclusions. Health records are legal documents which all health professionals are required to make. They provide a contemporaneous record of the interactions with the patient, made by health professionals prior to the commencement of any complaint or legal process. As such, in the absence of compelling information to the contrary, health records are a reliable source of information as to what occurred during patient encounters.

Re: Dr. Green

Not documenting all discussions and interactions with the Applicant

42. The Committee decided to take no further action on this concern.

43. The Committee noted the following information:

- In his interview with the Committee investigator, the Applicant was unable to recall specifically what this allegation referred to, but believed Dr. Green was not making notes of everything he should have.

44. The Board notes that the Committee obtained the contemporaneous medical records for the treatments provided by Dr. Green to the Applicant from November 30, 2018 through 2019 and 2020. The Board notes that these records contain notes documenting discussions and interactions with the Applicant. For example, on August 6, 2019, Dr. Green wrote, in part:

> S – LBP was really bad on Saturday. Ended up going to North York General Hospital. Given an injection for pain at the hospital and given lots prescription anti inflammatories and muscle relaxants. O -Antalgic posture to the left. Alordotic and hypertonic L/S. A – SMT, STT, IFC, heat P – 1-2x/wk.

45. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the content of Dr. Green's medical records and deciding to take no further action.

46. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Failed to secure non-chiropractic medical records that would impact the treatment plan

47. The Committee decided to take no further action on this concern.

48. The Committee noted the following information:

- In his interview with the Committee investigator, the Applicant stated that he sent emails to the clinic with medical records from specialists and they were not uploaded to his patient file. He confirmed that he did not provide them to Dr. Green or Dr. Engineer but to DB, administrative staff.

- In his interview with the Committee investigator, Dr. Green stated that if the front desk received medical tests, they printed them in hard copy and provided them to the practitioner. If the patient mentioned something in the appointment but Dr. Green had not seen the tests in the file, he asked the front desk, but otherwise he was only aware of the tests he requested. Dr. Green specifically recalled an MRI in the patient file which he reviewed but could not recall anything else in particular.

49. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the Respondent's conduct in this regard and deciding to take no further action.

50. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Failed to provide the Applicant with receipts for his treatments

51. The Committee decided to take no further action on this concern.

52. The Committee noted the following information:

- The Applicant said the clinic did not provide him with receipts for his treatments. He confirmed it was DB, administrative staff, who did the invoicing/billing.
- Dr. Green advised that he did not have an administrative capacity at the clinic and all billing, booking and payment information was handled at the front desk.

53. The Board notes that the Committee referred to information in the Record from both parties indicating that Dr. Green was not responsible for providing receipts. The Board notes that the Committee applied its knowledge and expertise to this information and considered the expected standards of the profession in assessing the Respondent's conduct and deciding to take no further action.

54. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Completed WSIB forms without the patient being present and accessed the patient file without consent

55. The Committee decided to take no further action on this concern.

56. The Committee noted the following information:

- The Applicant stated that he and Dr. Green spoke about the WSIB claim, but that the WSIB forms were not completed when he was in Dr. Green's presence and therefore he questioned the validity of the information in the forms. The Applicant stated that Dr. Green must have accessed the patient file in order to complete the forms.
- The Applicant confirmed he was referring to two Low Back Injuries forms (dated January 7, 2020 and February 4, 2020), signed by Dr. Green. The Applicant stated the two questionnaires attached to the forms were not completed by him as it was not his handwriting.
- Dr. Green said he completed the two Low Back forms and signed them. In addition, questionnaires were completed separately and on a regular basis as part of his treatment program, not specifically for WSIB. He recalled completing the questionnaires 2-3 times with the Applicant, but did not know which version of the questionnaires was submitted with the WSIB forms because he did not submit the forms.
- FM, a physiotherapist at the clinic, indicated that the questionnaires were completed by the physiotherapy assistant with the Applicant prior to their submission to WSIB.
- Dr. Green indicated that his practice was to complete portions of forms that required patient input with patients in the room, but otherwise would finish the form when he did not have a patient.

57. The Board notes that the information in the Record from both parties supports that they discussed completion of the WSIB forms and that the WSIB forms are not always completed in the patient's presence. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the Respondent's conduct in this regard and deciding to take no further action.

58. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Forged the Applicant's signature on the WSIB forms

59. The Committee decided to take no further action on this concern.

60. The Committee noted the following information:

- There were no forms in the investigative record completed by Dr. Green or Dr. Engineer and purportedly signed by the Applicant.
- Dr. Green told the investigator he never forged a patient's signature.

61. As there was no support for this allegation in the Record, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Failed to disclose the treatment fees

62. The Committee decided to take no further action on this concern.

63. The Committee noted the following information:

- There were two "Consent Forms" in the Applicant's file at the clinic. The first was the Informed Consent, which outlined the types of treatments, services,

devices, etc. that could be used as part of the rehabilitation program, as well as the risks associated with treatment. This form also included a list of clinic fees and was signed by both the Applicant and a witness, DB, on November 20, 2018. The second form, the Payment Policy, was only partially completed and outlined the payment requirements in full when services were rendered. Exceptions were for WSIB, MVA or Assignment of Benefits. The Applicant initialed the paragraph regarding the cancellation requirements.

- There was a separate document in the file that outlined the payment options at the clinic on which it indicated that the Applicant selected weekly payments by Mastercard. He signed and DB witnessed it on April 5, 2019.
- Dr. Green said he did not do the intake with the Applicant so he did not ever discuss the patient fees with the Applicant. He also did not collect payment for treatments from any patients.

64. The Board notes that the information in the Record referred to by the Committee and set out above supports that the Applicant was informed about the fees through staff at the clinic and that Dr. Green never discussed fees with the Applicant. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the Respondent's conduct in this regard and deciding to take no further action.

65. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Discontinued patient care with the Applicant by not pursuing the Applicant to book additional appointments or facilitating the booking of appointments; Dr. Green did not assist the Applicant in locating another facility after termination of treatment

66. The Committee decided to take no further action on this concern.

67. The Committee noted the following information:

- The Applicant felt that it was Dr. Green's responsibility to recommend and book the next appointment.
- Dr. Green advised that the Applicant did his own bookings at the front desk following their treatment appointment. Dr. Green said he never booked patients and did not typically follow up with a patient who stopped coming for treatment. He stated that patients came on and off as needed.

68. The Board notes that the information in the Record supports that Dr. Green did not pursue the Applicant to book additional appointments. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the Respondent's conduct in this regard and deciding to take no further action.

69. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Threatened and intimidated the Applicant

70. The Committee decided to take no further action on this concern.

71. The Committee noted the following information:

- The Applicant stated that Dr. Green threatened and intimidated him during a telephone conversation that took place after the Applicant sent a letter of complaint to Dr. Green.
- Dr. Green denied threatening or intimidating the Applicant during this call. Dr. Green made the call after receiving the Applicant's letter "putting him on notice" to seek clarification on the complaint. Dr. Green stated that the Applicant threatened and intimidated him during this call.

72. The Board notes that the Committee was faced with competing versions of events. Each party alleged that the other was threatening and intimidating. In the absence of independent information to support either party's version, the Board finds it is reasonable for the Committee to take no further action.

Re: Dr. Engineer

Delayed in responding to requests for the Applicant's file, and when the file was ultimately provided, it was incomplete

73. The Committee decided to remind Dr. Engineer to adhere to Standard of Practice S-002: *Record Keeping*, which requires timely and complete access to the record of personal health information in most circumstances.

74. The Committee noted the following information:

- The Applicant made his initial request for his patient file on September 10, 2021 and the clinic provided a copy to him via email on November 12, 2021.
- Dr. Engineer stated that he did not recall receiving any requests until about the same time as the College's request.
- There were a few documents missing from the file sent to the Applicant.
- Dr. Engineer noted that the Applicant's file was very large and in transition from a move to electronic format from hard copy, so some documents may have been missed unintentionally.

75. The Board notes that the information in the Record supports that there was a delay in providing the file and that it was missing a few documents when provided to the Applicant. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the Respondent's conduct and deciding to remind Dr. Engineer to adhere to Standard of Practice S-002: *Record Keeping,* which requires timely and complete access to the record of personal health information in most circumstances.

76. The Board notes that the reminder will serve to improve Dr. Engineer's practice and protect the public.

77. For these reasons, the Board finds that the Committee's decision to remind Dr. Engineer regarding this issue is reasonable.

Kept inaccurate and/or incomplete payment records for the Applicant/did not document payments made by the Applicant

78. The Committee decided to take no further action on this concern.

79. The Committee noted the following information:

- The Applicant provided a list that he provided to the TPS of purported cash and debit payments of $9,830.00 that were not rendered and therefore not applied to his outstanding account.
- On the list provided to TPS was a $240.00 debit payment on June 4, 2019 that the Applicant claimed was not applied to his clinic account; however, according to the payment schedule provided by the clinic, this payment was applied to his balance.
- The Committee investigator asked for the associated banking records. The Applicant provided a redacted copy of his bank statements in which he highlighted the purported cash payments to the clinic. Other than withdrawals from the Applicant's account from an ATM, there was no other evidence that the cash was delivered to the clinic.
- During an email exchange with DB dated August 9, 2019, the Applicant wanted to confirm the amount owing on his account. DB wrote that the total for July was $400.00 and $210.00 for August to date. On August 10, 2019, the Applicant responded he had dropped off $400.00 when he was at the clinic earlier that day. According to the list provided to TPS, the Applicant indicated that he paid

$480.00 on August 9, 2019, and $400.00 on August 10, 2019. The email exchange with DB on August 10 made no reference to a payment of $480.00 on August 9, 2019.

- In another email, DB outlined the payments outstanding for October and November 2019. The Applicant indicated he would pay at his next visit. He handwrote on the email that payments were made on December 11, 2019 and December 23, 2021, but he was not provided with a receipt. In a third email on September 10, 2019, DB advised that his outstanding balance was $595.00.
- Dr. Engineer stated that patients rarely asked for a receipt for any payments less than $20.00 but for all other cash payments, they issued a handwritten receipt which was typically copied and put in the patient file.
- The Memorandum to File from KP, Senior Investigator, Corporate Security & Investigations, Canada Life, dated November 29, 2021, stated in part:

> [The Applicant] stated he was told he was required to pay for the braces, he paid $2,800.00 and $1,000.00 respectively, over time, in cash. He advised he borrowed the cash from a friend, whose name he would not disclose, and there was no receipt or loan documentation. He stated the borrowed cash as his debit card would not let him pay that amount. He paid in denominations of $20 and $100.
> [The Applicant] acknowledged the cash was used to pay invoices owing to the clinic but the invoices were fabricated.
> ...
> [Dr. Engineer] advised based on the records they were looking at [the Applicant] paid primarily with debit, Visa and Mastercard. He did not see any cash payments around the time of these claims.

80. The Board notes that the above-noted information in the Record does not appear to support the Applicant's allegation that the clinic failed to document some of the payments he made. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the information in the Record including the clinic's billing/payment schedule, and deciding to take no further action.

81. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Kept inaccurate and/or incomplete patient records for the Applicant

82. The Committee decided to take no further action on this concern.

83. The Committee noted the following information:

- Dr. Engineer provided the Applicant with two pages of acupuncture notes for July 28 and July 30, 2020 that were located and produced following Canada Life's audit of the clinic claims. The Applicant advised he did not receive acupuncture on those dates.
- Dr. Engineer advised he provided treatment to the Applicant 4-5 times over the course of his treatments at the clinic. He confirmed there was an administrative error made on the claim submitted to Canada Life on July 25, 2020 but said that the acupuncture treatments on July 28 and July 30, 2020 occurred.
- According to the treatment notes provided by the clinic, Dr. Engineer did the initial intake on November 20, 2018 and the two acupuncture treatments on July 28 and July 30, 2020.
- Canada Life investigated the Applicant's complaint that he was invoiced for services on dates he did not attend the clinic and noted:

> [The Applicant] advised he did not keep track of his appointments. He would enter appointments into his phone and delete them once he attended the appointment. He was relying on memory as to what days he did and did not attend [the clinic].

84. The Board notes that the above-noted information in the Record did not support the Applicant's allegation that Dr. Engineer failed to keep accurate or complete records. Apart from the administrative error acknowledged on July 25, 2020, the Board notes that there were contemporaneous records for the other appointments Dr. Engineer had with the Applicant. The Board notes that the Committee applied its knowledge and expertise

and considered the expected standards of the profession in assessing the information in the Record, including Dr. Engineer's records, and deciding to take no further action.

85. For these reasons, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Impersonated a physician on forms to CRA and Canada Life/CRA Disability Tax Credit Form

86. The Committee decided to take no further action on this concern.

87. The Committee noted the following information:

- The CRA Disability Tax Credit form was completed and submitted on July 14, 2020. It appeared to be completed by FM, a physiotherapist at the clinic, and signed by a physician, Dr. WK.
- FM, PT confirmed he signed the CRA Disability Tax Credit form and completed the sections required of him.
- A letter dated June 23, 2021 from Dr. WK, MD to the Applicant confirmed that FM signed the form and that Dr. WK added his signature as well because of the parts he had added.

88. The Board notes that the information in the Record supports that Dr. Engineer did not sign the CRA Disability Tax Credit form and therefore, did not impersonate a physician.

89. As there was no support for this allegation, the Board finds that the Committee's decision to take no action regarding this issue is reasonable.

Double-dipped with WSIB and the Applicant

90. The Committee decided to take no further action on this concern.

91. The Committee noted the following information: 66

- The Applicant said that WSIB paid the clinic approximately $400.00 that was not applied against his account by the clinic, and that the clinic billed him for the amount already paid by WSIB.
- The Applicant's file contained a payment notice for $400.00 as it related to claim 31423535. According to the clinic's account transaction report, the $400.00 was applied against the Applicant's account on March 10, 2020, a date consistent with the time as per the payment notice from WSIB. It was a direct deposit payment.
- There was also a payment from WSIB on June 17, 2021 in the amount of $65.00, for a total payment amount from WSIB for $465.00 that was applied against the Applicant's outstanding balance.
- WSIB confirmed that two payments were made to the clinic totaling $465.00.

92. The Board has considered the information in the Record and finds support for the above-noted observations. As there is no support for the Applicant's allegation, the Board finds the Committee's decision to take no action regarding this issue is reasonable.

Failed to properly complete medical-legal forms

93. The Committee decided to take no further action on this concern.

94. The Committee noted the following information:

- In a letter from the OWA[1] to the Applicant dated April 20, 2021, they referred to having received a response from the clinic on March 9, 2021 to their February 25, 2021 letter, along with specialist reports. It is apparent from the comments in the OWA letter that the response was submitted by FM, PT and not Dr. Green or Dr. Engineer.

[1] The Office of the Worker Adviser (OWA) was established by the *Workplace Safety and Insurance Act* to assist injured workers in Workplace Safety and Insurance Board matters. The OWA advised the Applicant that after reviewing the information from the clinic, they were unable to offer him representation in his WSIB appeal.

- The WSIB letter referred to the OWA letter which stated, in part, that information from the clinic did not support that his low back impairment was significantly impacted by his work duties.
- The Applicant emailed Dr. Engineer on April 29, 2021, wanting to know who wrote this letter "because this is false". The Applicant blamed Dr. Engineer for the closure of his WSIB file.

95. The Board notes that the information in the Record indicated that Dr. Engineer did not write the response from the clinic that the Applicant was concerned about.

96. As there is no support for the Applicant's allegation, the Board finds the Committee's decision to take no action is reasonable.

Falsely billed Canada Life; Submitted false billings to the Applicant

97. The Committee decided to remind Dr. Engineer to adhere to Standard S-0002: *Record Keeping*.

98. The Committee noted the following information:

- According to Canada Life's investigation, after they conducted their interviews, requested, and reviewed the records they collected, they found no evidence to substantiate the allegations made by the Applicant. They identified one administrative error in that a claim was made for acupuncture on July 25, 2020, which did not appear to have occurred. The clinic advised Canada Life they would rectify the error.
- SOAP notes were contained in the patient file and provided to Canada Life during their investigation, which indicated the Applicant attended the clinic on July 7, 28, 30 and August 4, 2020, but not July 25.
- Dr. Engineer stated he provided acupuncture to the Applicant on July 28 and July 30, 2020 and that there had been an administrative error in the submission of the

claim on July 25, 2020. Dr. Engineer confirmed that the clinic had reimbursed Canada Life in the amount of $130.00.

99. The Board notes that the information in the Record supported that one administrative error was made in billing for acupuncture treatment by Dr. Engineer on July 25, 2020 that did not take place. As Dr. Engineer acknowledged this error, the Board finds it reasonable that the Committee issued a reminder to Dr. Engineer about record-keeping.

100. The Board notes that the reminder will serve to improve Dr. Engineer's practice and protect the public.

101. For these reasons, the Board finds that the Committee's decision to remind Dr. Engineer regarding this issue is reasonable.

Forged the Applicant's signature on forms to Canada Life

102. The Committee decided to take no further action on this concern.

103. The Committee noted the following information:

- The Applicant claimed that the patient signatures on the two Canada Life claims for the knee and back brace were not his signature, although he confirmed they looked like his signature. He could not recall signing any Canada Life forms at the clinic.
- Dr. Engineer said obtaining a patient's signature on claim forms is a routine requirement and always done by either himself or the front desk staff. He said that claims could not be submitted to an insurer without the patient's signature. He has never forged a patient's signature.

104. The Board finds that apart from the Applicant's assertion, there is no independent information in the Record to support the allegation that Dr. Engineer forged the Applicant's signature.

105. For these reasons, the Board finds the Committee's decision to take no action is reasonable.

Impersonated a physician

106. The Committee decided to remind Dr. Engineer to adhere to Policy P-010: *Use of Professional Titles, Designations and Credentials*.

107. The Committee noted the following information:

- The Applicant stated that Dr. Engineer completed a form entitled "Referral Requisition Form" on July 9, 2020. Dr. Engineer wrote his name in the section called "Physician's Name" and then signed the form in the section called "Physician's Signature".
- Dr. Engineer confirmed that the clinic uses this form as a prescription for bracing. He acknowledged that perhaps they should change the form because of the term "physician" but said that the documentation, i.e. the invoice that accompanied the form clearly indicated that he was a chiropractor. He said that Canada Life accepts chiropractors as the prescribing clinician, so he did not worry about the wording.

108. The Board notes that the information in the Record supports that Dr. Engineer wrote his name in the section called "Physician's Name" and signed the form in the section called "Physician's Signature".

109. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the Respondent's conduct and

deciding to remind Dr. Engineer to adhere to adhere to Policy P-010: *Use of Professional Titles, Designations and Credentials*.

110. The Board notes that the reminder will serve to improve Dr. Engineer's practice and protect the public.

111. For these reasons, the Board finds that the Committee's decision to remind Dr. Engineer regarding this issue is reasonable.

Had assessments for a knee brace done by DB, who was not a licensed chiropractor

112. The Committee decided to take no further action on this concern.

113. The Committee noted the following information:

- The Applicant stated that only DB did the measurements for the braces and that neither Dr. Green nor Dr. Engineer was involved in the measurements.
- In his original complaint, the Applicant indicated that in August 2020, DB used Dr. Engineer's credentials and purchased an unnecessary knee brace and waist brace despite the patient having a knee brace from a previous clinic. Both items were covered in full or in part by the Applicant's EHC – the knee brace cost $2,800.00 and had $1,500.00 of coverage, while the $1000.00 waist brace was covered at 100 percent. The clinic invoices listed Dr. Engineer as the provider for the braces.
- Dr. Engineer explained the process. He said that after identifying that the patient needed a brace, they determined the payment method as either payment out of pocket or via an insurer. If the brace was covered by insurance, an estimate for the brace was submitted and measurements taken. If approved, the clinic contacted the patient to confirm they wanted to proceed with the bracing.
- Dr. Engineer told the Committee investigator that depending on availability, either he, the practitioner, or DB would measure the patient for the brace. Dr.

Engineer stated that he and DB were trained by DJO to measure and fit the knee brace. Dr. Engineer believed it was DB who measured the Applicant.

- Dr. Engineer told the Committee investigator that he, the practitioner or DB could dispense the brace. He believed DB dispensed it, but it could have been the practitioner, FM, PT.[2]
- DB could not be reached at the time of the investigation, but she was interviewed by Canada Life as part of its investigation.

114. The Board notes that the Record contains Dr. Engineer's referrals/requisitions for the back brace and knee brace dated July 9, 2020. In a memorandum dated November 29, 2021 from KP, Senior Investigator, Corporate Security and Investigations and Canada Life, it states that Dr. Engineer advised that he provided the braces referrals/requisitions after consultation with the Applicant and his physiotherapist during the Applicant's physiotherapy appointment on July 7, 2020. Dr. Engineer explained to Canada Life that he did his own rudimentary assessment at the time, but did not document this. The Board notes that FM, the Applicant's physiotherapist, corroborated Dr. Engineer's information that he reviewed the Applicant's file with Dr. Engineer and that Dr. Engineer requisitioned the braces based on the Applicant's lack of improvement. The Board finds that this information supports that Dr. Engineer, with input from FM and not DB, performed the assessment for the braces and further supports the Committee's decision to take no action.

115. Further, Dr. Engineer wrote in his response that DB did not provide assessment, diagnostic or evaluation services to the Applicant and that she did not prescribe or dispense the braces. Dr. Engineer indicated that DB was trained and entitled to measure the Applicant for braces.

[2] The Board notes that, contrary to this statement by the Committee, Dr. Engineer stated in his response that DB did not dispense the brace.

116. The Board notes that the Committee applied its knowledge and expertise and considered the expected standards of the profession in assessing the Respondent's conduct in this regard and deciding to take no further action.

117. For these reasons, the Board finds the Committee's decision to take no action is reasonable.

Inappropriately submitted a treatment plan to the Applicant's insurer on November 20, 2018/charged the Applicant treatments after November 20, 2018 which did not occur

118. The Committee decided to take no further action on this concern.

119. The Committee noted the following information:

- Wawanesa was the Applicant's MVA insurer. When the Committee investigator asked the Applicant why he was concerned with this submission, he did not recall a reason. He did not have any information that claims were submitted to Wawanesa for treatment provide by the clinic.

120. The Board notes that the information in the Record supports that, with the Applicant's consent on November 20, 2018, Dr. Engineer carried out the MVA assessment and created a treatment plan which was ultimately declined by the insurer. The medical records show that Dr. Engineer was only involved with the Applicant's treatment on a few other occasions. Apart from the one administrative error, acknowledged and corrected as set out above, there is no indication that Dr. Engineer billed for treatments that did not occur.

121. As there is no support for this allegation, the Board finds the Committee's decision to take no action is reasonable.

122. The Committee decided to take no further action on this concern.

123. The Committee noted the following information:

- The Applicant alleged that the Dr. Engineer disclosed his personal health information to Alam Law on May 10, 2021.The Applicant provided no further details in this regard.
- The Applicant retained Alam Law in a personal injury case on January 4, 2021. The Applicant's lawyer at Alam Law told the Committee investigator it was customary in a personal injury case to request all medical records, which he confirmed he did in this case. He said he sent a request for information to the clinic and attached to the request a Direction and Authorization form signed by the Applicant on February 15, 2021.
- The Applicant alleged that DB sent an email dated July 10, 2020 to WSIB which contained personal health information but the email was actually sent to the Applicant, not WSIB.

124. The Board finds that the information in the Record does not support that Dr. Engineer disclosed information without consent to Alam Law or WSIB.

125. For these reasons, the Board finds the Committee's decision to take no action is reasonable.

Summary

126. The role of the Board in a complaint review is to assess whether the Committee conducted an adequate investigation, and based on the information in the Record, to determine if the Committee's decision is reasonable. As indicated above, the Board considers whether the Committee based its decision on a chain of analysis that is coherent

and rational and is justified in relation to the relevant facts and the laws applicable to the decision-making process.

127. The Board notes that the Committee applied its knowledge and expertise to the information in the Record and considered the expected standards of the profession in assessing the Respondents' conduct and actions in relation to the Applicant's complaint. The Committee relied on the information in the Record to support its conclusions and its decision makes clear that it considered and addressed the Applicant's concerns and provided coherent reasons for its conclusions. While the Board acknowledges that the Applicant is dissatisfied with the Committee's decision, having considered the submissions of the parties, the information in the Record and the reasons for the Committee's decision, the Board finds that the Committee's decision is reasonable.

128. The Committee's decision demonstrates a coherent and rational connection between the relevant facts, the outcome of the decision and the reasoning process that led it to that outcome, and its decision as a whole is transparent, intelligible and justified.

129. For the reasons set out above, the Board finds that the Committee conducted an adequate investigation and its decision is reasonable.

VI. DECISION

130. Pursuant to section 35(1) of the *Code*, the Board confirms the Committee's decision to remind Dr. Engineer to adhere to Standard of Practice 5-002*: Record Keeping* and Policy P-010: *Use of Professional Titles, Designations and Credentials*, and to take no further action regarding Dr. Green.

ISSUED August 2, 2024



Beth Downing

"Michelle Mann-Rempel"

Michelle Mann-Rempel



Karina Vilner

Cette décision est aussi disponible en français. Pour obtenir la version de la décision en français, veuillez contacter hparb@ontario.ca.

College of Chiropractors of Ontario
Patient Relations Committee Report to Council
September 13, 2024

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Members: Ms Zoe Kariunas, *Chair*
Ms Anuli Ausbeth – Ajagu
Dr. Julia Viscomi
Dr. Pip Penrose, *non-Council member*
Dr. Keith Thomson, *non-Council member*

Staff Support: Mr. Joel Friedman, *Deputy Registrar*
Ms Jo-Ann Willson, *Registrar and General Counsel*

Committee Mandate

- To develop and implement a program/guidelines to enhance the doctor–patient relationship.
- To develop and implement measures for preventing and dealing with sexual abuse of patients.
- To develop, establish and maintain programs to assist individuals in exercising their rights under the *RHPA.*

Report

The Patient Relations Committee met on July 23, 2024, since the last meeting of Council.

The Committee continues to monitor funding for therapy and counselling consistent with CCO Policy P-018: Policy for Therapy and Counselling for Patients Sexually Abused by Members. The Committee approved two new applications for funding. The Committee reviewed and approved two new applications for therapists involved with ongoing funding.

The Committee reviewed and provided feedback on the draft website pages related to Patient Relations for the new website. It also reviewed various resources from other regulators related to Indigenous health care, which may help guide any future Council initiatives.

All health regulatory colleges under the *RHPA* are now part of the Citizens Advisory Group (CAG), which is now part of the Health Profession Regulators of Ontario (HPRO). CCO looks forward to attending future meetings of the CAG.

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Acknowledgements

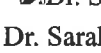
I would like to thank the members and staff of the Patient Relations Committee for all of their contributions during this time.

Respectfully submitted,

Ms Zoe Kariunas
Chair, Patient Relations Committee

ITEM 1.4.1

Treating Root Causes, Not Symptoms


Dr. Sarah Funnell

Dr. Sarah Funnell, Director of Indigenous Health in the Department of Family Medicine at Queen's University

History of colonialism and systemic racism looms over Indigenous health disparities

By Stuart Foxman

When teaching medical trainees, Dr. Sarah Funnell asks them to name an Indigenous health inequity. Then she starts peeling back the layers.

"We go back to root causes," says Dr. Funnell, Associate Medical Officer of Health at Ottawa Public Health.

There's no shortage of examples. Indigenous people have the worst health outcomes of any population group in Canada. Compared to non-Indigenous Canadians, that includes:

- **Infant mortality rates 2-4 times higher.**
- **Diabetes rates nearly twice as high overall, and 4 times higher on reserve.**
- **Opioid-related deaths up to 3 times higher.**
- **Suicide rates about twice as high, and 5-6 times as high for youth ages 10-29 living on reserve.**
- **Heart disease rates as much as 50% higher, and double the death rates from strokes.**
- **Much heavier infectious disease burdens.**
- **Overall life expectancy up to 15 years shorter.**

Dr. Funnell understands the toll. She is Director of Indigenous Health in the Department of Family Medicine at Queen's University and has provided primary care in the Akwesasne First Nation. For her cause analysis exercise, she has the trainees keep answering the same question: "Why?"

With diabetes, why are rates so high? If an answer is unhealthy food habits, why does that happen? Maybe low income plays a part. Why is a population disadvantaged that way? If a community can't practise its traditional way of harvesting food, why is that? Was the process disrupted at some point? If so, why?

Ask enough "why" questions, Dr. Funnell says, and the discussion lands on one truth: power and control over Indigenous people and their rich traditional territories.

You can't avoid it. Look at limited food choices, inadequate housing, poverty, the legacy of residential schools, a forced disruption of Indigenous culture, and substandard health care. All can be traced in some way to colonial policies and systemic racism. "There's only one explanation," says Dr. Funnell.

How does anti-Indigenous racism come into play in health care? What biases might emerge? And how can doctors make a meaningful impact on health care equity? Five Indigenous doctors share their thoughts with *Dialogue*.

Common trauma

The Indigenous people are made up of three distinct Indigenous groups: First Nations, Inuit and Metis. Within those three groups are a diversity of language, culture and traditions. All three groups share common trauma: colonialism.

The Truth and Reconciliation Commission detailed Canada's original sin: "States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, populations are forcibly transferred, and their movement is restricted. Languages are banned. Spiritual practices are forbidden. Families are disrupted to prevent the transmission of cultural values and identity from one generation to the next. In dealing with Aboriginal people, Canada did all these things."

The damage is deep. A Wellesley Institute report, "First Peoples, Second Class Treatment," said: "Policies and practices emerging from colonial ideologies have been extremely destructive to the health and well-being of Indigenous peoples, cutting across the broad spectrum of social determinants of health."

What's the lasting impact? "The historical and contemporary contexts of racism continue to negatively shape the life choices and chances of Indigenous peoples in this country," the report stated. "Racism fundamentally contributes to the alarming disparities in health between Indigenous and non-Indigenous peoples."

Racism is a determinant itself. "Living with racism, you have constant stress. It affects your whole body chemistry and wellness," says Dr. Jason Pennington, a staff surgeon at Scarborough Health Network, an assistant professor at University of Toronto, and Regional Indigenous Cancer Lead at the Central East Regional Cancer Program.

Dr. Jason Pennington

Dr. Jason Pennington, a staff surgeon at Scarborough Health Network, an assistant professor at University of Toronto, and Regional Indigenous Cancer Lead at the Central East Regional Cancer Program

Everyone was fooled

Do Canadians, as a whole, understand these inequities? Do doctors?

"A big portion don't think it's an actual issue," says Dr. Chase McMurren, Indigenous Medical Education Theme Lead, MD Program, University of Toronto.

Dr. Funnell mentions her own upbringing on the Alderville First Nation Reserve. "I was taught in school that Canada was a cultural mosaic. I believed we were based on that. We were the global peacekeepers. We freed the Black slaves. I was appalled by the Holocaust and South Africa. I didn't realize that my own country was founded on the oppression of the racial group I was a member of. If I was fooled, then everyone else was fooled."

That goes for her peers in medicine too.

"The physicians of my generation have the same Euro-centric education," Dr. Funnell says. "Then we go on to have other educational experiences and work in institutions founded on a colonial mindset, and on traditional land whose stories aren't told."

Dr. Pennington agrees the medical community doesn't fully grasp the scope of Indigenous health issues and anti-Indigenous racism, and the link between them.

"People don't want to think it's racism, so will say all other reasons why outcomes are poorer," says Dr. Pennington.

He says to think of the proximal, intermediate and distant social determinants of health, just as you'd think of any ailment. If a patient gets a foot ulcer, you can use antibiotics and a dressing. But you must treat the underlying diabetes. With Indigenous health, says Dr. Pennington, the symptoms will always return unless we treat the disease at the root.

Beyond all the social determinants, consider how health care is conceptualized. Is it always about the mind, body and spirit? Many Indigenous people require wraparound care, partly because of direct or residual trauma, says Dr. Lisa Richardson, Vice-Chair, Culture & Inclusion at the University of Toronto's Department of Medicine.

"When we don't provide care in a holistic way, that can disadvantage our people," says Dr. Richardson, who is also Strategic Lead in Indigenous Health for Temerty Faculty of Medicine. Along with Dr. Pennington, she worked to develop the Office of Indigenous Medical Education within the MD program.

Dr. Richardson notes too how often it's non-Indigenous leaders who have to approve programs or policies relating to Indigenous people. "That's a classic example of how institutional racism plays out, and undermines self-determination," Dr. Richardson says.

Stretched thin

Access is a huge impediment for Indigenous communities in more remote locations. Dr. Jonathan Fiddler sees it all the time. He has worked as a physician in the Oji-Cree community of Kitchenuhmaykoosib Inninuwug since 2015.

Known as KI for short, or Big Trout Lake First Nation, the community is about 580 km north of Thunder Bay. Three or four doctors come to KI regularly, and hand off to each other.

"The refrain we hear from patients is that the health-care system doesn't do anything for us. Not because of any practitioner, but because resources are stretched thin," says Dr. Fiddler.

Demands can be high. For one, KI has faced an opioid epidemic. When *Dialogue* reported on it last year (Issue 3, 2019), about 1 in 12 people were in a suboxone program. Everyone knows someone affected. Sometimes, opioid (and other substance abuse) is linked to intergenerational trauma in the community. The effect on identity and health is huge. In fact, some populations need to deal with substance abuse disorders with a trauma-informed approach.

Dr. Fiddler alternates 2-3 weeks at a time in KI (pulling 12-16-hour days) with four weeks in his home base of Toronto. One physician at a time covers a community of almost 2,000 people. "And not an average population, but 2,000 people with complex health needs," he says.

"When you look at the care that's often delivered in northern contexts, it's 100% inferior," says Dr. Fiddler. "We're aware of it, and the community is aware of it."

The health-care system becomes a target too for the frustration the people have overall. About government policies, and inertia around lingering issues. About boil-water advisories that never end, like the one that has been in effect since 1995 in Neskantaga First Nation Reserve, along the shore of Attawapiskat Lake. And about food.

Dr. Fiddler says health care is actually one of the least efficient areas to drive change around personal health. Supporting Indigenous-led efforts to achieve food security would reap more rewards.

"The dispossession of land had huge impacts on changing the foods that are available," says Dr. Fiddler. "Low-nutritional foods started to be dumped on reserves as part of treaty commitments. Go to any store in the remote north and what do you

see? Low quality. Maybe some apples, very questionable looking bananas, a head of lettuce and some tomatoes, if you're lucky."

What's stocked instead? "Goods that can be trucked in on a winter road and kept in storage for long periods. Kraft dinner, frozen pizzas, soda pop — things that have an incredibly long shelf life, but that aren't particular nutritious."

Do they see me, do they care?

Access isn't just a northern or remote issue. Of course, Indigenous people live all over Canada. In health care, a lack of access can relate to resources in a community, financial barriers to a service, wait times, and, significantly, a fear of being stereotyped or marginalized.

That becomes a safety issue, says Dr. McMurren: "Do people see me? Do they care?"

Many Indigenous people hesitate to seek care because they don't think it's designed for them. "It's more than just a feeling — it's real," Dr. Funnell says.

Maybe you hold off on going to the doctor until your problem is more acute or advanced. Maybe you don't go to the hospital. That's a safe space for most people, but not for all.

"I've seen people who just can't walk into western health care institutions," says Dr. Pennington. "For some, it's very traumatic."

> *"When you look at the care that's often delivered in northern contexts, it's 100% inferior"*

All of that also affects your outcomes. But it's understandable, says Dr. Pennington. He compares the feeling to that of a bullied child who doesn't want to go to school anymore.

Stereotypes can kill

Negative feelings towards health care by Indigenous people (or towards the justice, policing, child welfare, education and government systems) shouldn't be surprising.

As the Wellesley Institute's report stated: "Stereotypes of the 'drunken Indian' or the hyper-sexualized 'squaw', the casting of Indigenous parents as perpetual 'bad mothers' or 'deadbeat dads', or media portrayals of Indigenous leadership as corrupt and/or inept, all serve to justify acts of belittlement, exclusion, maltreatment or violence at the interpersonal, societal and systemic levels."

The report said that has shaped how Indigenous peoples are received and treated by, among others, health-care providers. Stereotypes can be used to marginalize — and, at worst, can be fatal.

Consider Brian Sinclair. He was 45 in 2008 when he went to a community health clinic in Winnipeg, after experiencing abdominal pain and an inability to urinate for 24 hours. The doctor referred him to the ED at the Winnipeg Health Sciences Centre. Sinclair went right away. He registered. And then waited. And waited. And waited.

He stayed in the waiting room for 34 hours, in pain. No staff attended to or spoke to him. Sinclair died sitting there. The cause: acute peritonitis due to severe acute cystitis caused by neurogenic bladder. By the time staff noticed him, he had been

dead for hours. An inquest found hospital staff made certain assumptions about Sinclair, that he was intoxicated and sleeping it off, or homeless.

"He was stereotyped because he was Indigenous and presumed to be drunk," says Dr. Funnell.

Sinclair's ailment could have been treated. His death was preventable. As many have said, Brian Sinclair was ignored to death.

Just this past September, Joyce Echaquan, a 37-year-old mother of seven, went to a hospital in Joliette, Quebec, after experiencing stomach pain. From her bed, she went live on Facebook.

As Echaquan moaned, multiple health-care workers made comments: "Are you done acting stupid?" "You made bad choices, my dear." "What are your children going to think, seeing you like this?" "She's good at screwing, more than anything else. And we're paying for this."

Echaquan ended up recording what were the last moments of her life.

"Why do Indigenous people fear going to hospital? Just look at that," Dr. Pennington says. "We completely failed."

Egregious cases get headlines, but people move on. "They soon forget it, and it's out of sight, out of mind," Dr. Pennington says. In the meantime, everyday inequities continue.

Dr. Lisa Richardson

Dr. Lisa Richardson, Strategic Lead in Indigenous Health for Temerty Faculty of Medicine

Check your biases

In society and the practice of medicine, outright discrimination and explicit bias are easier to identify. But implicit bias has significant impacts too. What assumptions might you make about an Indigenous patient's lifestyle? How often might you wonder, maybe just fleetingly, if a patient brought a problem on themselves?

As another article in this issue describes, you may not even realize you have these implicit biases. But many, including Dr. Funnell dislike the term. "It's actually racism," she says. "It's not excusable in medicine."

The notion of biases being implicit or unconscious can let you off the hook for certain actions or attitudes, says Dr. Funnell. One remedy: make efforts to know better.

Dr. Funnell was among the authors of a fact sheet for the College of Family Physicians of Canada on Indigenous people, health care and systemic racism. It outlined what doctors can do to build solid relationships with Indigenous patients. Ask yourself:

- **Do you understand culturally safe care, and are you committed to providing it?**
- **Is the patient's way of knowing and being respected as valid?**
- **Is the patient a partner in the health care decision-making process?**
- **Has the patient determined whether the care received is culturally safe?**
- **What is the perception of Indigenous peoples where you currently live/work? Where did you get this information?**
- **Can you identify potential biases or stereotypes in the source of this information?**

- **Have you reached out to local Indigenous organizations to learn more?**
- **Have you learned about Indigenous-specific effects of colonial policies, and how they are linked to historic and current medical services for Indigenous people?**
- **Have you learned about anti-racism and anti-oppression, health inequities, and the social determinants of health?**

It's ultimately your responsibility to fill in the gaps in your education and, more fundamentally, to know your patient.

"There are a few instances where you need to make quick decisions using an algorithm. Otherwise, risk factors are important, but it's more important to understand, in a patient-centred way, someone's experience, and what it means to them to be well," says Dr. Funnell.

At least, remind yourself that the possibility of bias exists, so you can do something about it.

"We'll never be entirely free of internalized racism," says Dr. Fiddler. "At best, we can hope to achieve a commitment to address bias within ourselves. No matter how progressive and free of the constructs of racism and bias you think you are, there will always be things encoded within you."

What can doctors do?

What impact can doctors make on what is a societal problem?

At an institutional level, work with your clinic or hospital on initiatives that enhance care experiences, ease barriers to access, and illuminate inequities, biases and stereotypes.

And at the provincial or national levels, get involved in efforts that advocate for improvements in health care for Indigenous populations, and all the determinants that support it (like better food security and housing).

Dr. Fiddler says that no one person can dramatically change government policy around Indigenous affairs. But you can't use that as a pretext to wash your hands of the issue.

"Doctors need to remain committed to the process of political change and encourage others to do so. Health is inherently a political outcome. Many things aren't amenable to change through medicine alone," says Dr. Fiddler.

Structural and societal changes aren't under your immediate control. But something else is. "At the individual level, you can become the most culturally safe physician possible," says Dr. Funnell.

Strive to have the tools to be introspective about your interactions. But be mindful that taking the right course doesn't make you perfectly, culturally safe.

Dr. McMurren says related terms like cultural competency and cultural sensitivity can be problematic. "The intention can be positive, but the impact can be dangerous," he says.

Why? It can lead to false confidence, and generalizations about Indigenous people (or any group) that themselves can be racist.

Dr. McMurren prefers the term cultural humility — know that you don't know. Doctors know a lot about medicine, and maybe something about the challenges that different populations face, but they don't know it all. And until they probe, they

don't know a thing about the individual patient before them.

"It starts with ourselves. An awareness of what we're ignorant about, and that our view isn't complete," says Dr. McMurren, who is also a medical director and psychotherapist at the Artists' Health Centre at Toronto Western Hospital. "Genuine curiosity goes a long way. We have a duty of curiosity."

A seat at the table

What else can affect change? Within medicine, there's an under-representation and, often, a marginalization of Indigenous doctors. Increased representation would have an impact, in serving the Indigenous community and changing the culture in the system.

That's true for seats at the leadership table in government, health-care facilities and agencies, professional bodies, and regulators like CPSO.

"The care, programs, policies and pathways for Indigenous people must be developed by Indigenous communities. That's much more likely to happen when you have Indigenous leadership within these institutions," says Dr. Richardson.

"We're not in for token positions, or to make numbers look good. We're looking to participate and be equals," says Dr. Pennington.

"Our medical system is also based on a paternalistic model — the saviour complex," he adds. "The doctors are the healers, and the Indigenous people are the sick community. That's not the way we envision ourselves. A better question is what should we do together?" All the commissions and reports are talking about this new relationship."

If he could wave a magic wand, Dr. Pennington would wish that Indigenous patients (and by extension, all patients) have easy access to the type of health care where they feel comfortable, safe and empowered.

More than that, he wishes that such care would meet all of their physical, mental, spiritual and emotional needs while trying to recognize, acknowledge and address the social determinants of Indigenous health.

The distant determinants: colonialism, racism and loss of self-determination must also be acknowledged. "Without addressing these," says Dr. Pennington, "true health equity will never be attained."

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

ITEM 1.4.2

Culturally Sensitive Care

Providing culturally safe and sensitive care is an important component of patient-centered care. It is care that meets the social and cultural needs of diverse patient populations.

An essential first step before learning about other cultures is an awareness of one's own beliefs, biases, values and cultural practices. This self-understanding and reflection will support you in creating a practice environment that is sensitive and adaptive to patients' cultural differences.[1]

Part of our commitment to diversity, equity and inclusion is to strengthen nurse's awareness and competence of culturally safe and sensitive care. This includes integrating accountabilities that incorporates the *Ontario Human Rights Code* and recommendations in the *Truth and Reconciliation Commission Report* into our entry-level competencies and nursing practice standards and guidelines.

The journey to understanding diversity, equity and inclusion to support culturally safe and sensitive care, is one of learning and unlearning. We encourage nurses to reflect on where they are at in their journey, identifying learning needs and take steps to support their learning or unlearning to make long-term changes.

WHAT'S NEXT ON OUR JOURNEY

CNO is currently working to modernize its practice standards to reflect the evolving health care needs of patients. Part of this work is to ensure modern standards reflect the principles of diversity, equity and inclusion. There will be opportunities for input in the development of culturally safe and sensitive care accountabilities.

Here are some resources that can help in this journey of learning and unlearning. CNO will continue to add to this collection as additional resources become available.

OTHER RESOURCES

- Health Canada's Indigenous Health
- Truth and Reconciliation Commission of Canada
- The Ontario Human Rights Code
- Equity, Inclusion, Diversity and Anti-Racism - Ontario Health
- Build Equity and Diversity Into Your Engagement Activities - Health Quality Ontario
- National Collaborating Center for Determinants of Health
- National Collaborating Centre for Indigenous Health

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[1] Brooks, L. A., Manias, E., & Bloomer, M. J. (2018, October 12). *Culturally sensitive communication in healthcare: A concept analysis.* Collegian. Retrieved March 14, 2022, from

https://www.sciencedirect.com/science/article/pii/S1322769617303153

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Page last reviewed March 30, 2022

College of Nurses of Ontario
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College News

Indigenous Peoples, Reconciliation and Anti-Bias Workshop

June 6, 2023

Ontario's four oral health regulatory colleges participated in a workshop on ***Indigenous Peoples, Anti-Bias, and Reconciliation*** on Friday, May 26, 2023 in Toronto.

This was the first joint session for council members from the College of Dental Hygienists, College of Denturists, College of Dental Technologists and the Royal College of Dental Surgeons of Ontario.

The goal was to bring decision-makers together to learn from Indigenous voices not often represented at council tables. Equity, diversity and inclusion is a key strategic project for the RCDSO. This workshop is one of many activities that will accelerate Council and the profession's training and development on EDI principles and actions.

First Peoples Group, an Indigenous advisory firm, facilitated the session, with council members learning more about:

- the history and culture of First Nations, Métis and Inuit communities
- unconscious bias and its impact on decision-making in health care
- traditional teachings and traditions
- moving forward in the Reconciliation journey.

We thank the presenters from First Peoples Group and the staff and council members from the four oral health colleges that joined us for a valuable and humbling learning session.

RCDSO Registrar Dan Faulkner shared his thoughts on the day.

"As we heard at the session, Reconciliation is ongoing. This is an opportunity to use our privilege to affect change and put plans in place to take action."

Please email equity@rcdso.org if you questions about this session or our EDI work.

Resources

The Seven Grandfather Teachings (IRA1-V11) - CSPS (csps-efpc.gc.ca)

IQ Principles: Inuit Qaujimajatuqangit | Nunavut Impact Review Board (nirb.ca)

Truth and Reconciliation Commission of Canada (rcaanc-cirnac.gc.ca)

What I Remember, What I Know | CBC Books

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English

Indigenous Cultural Competency

At the September 2019 meeting, College Board (Council) approved the adoption of three opportunities to cultivate Indigenous cultural competency amongst non-Indigenous Board members, College staff and registrants:

1. **Develop a commitment to act**. The College will identify ways to address cultural inequities to improve patient outcomes (reflecting the Calls to Action identified in the Truth and Reconciliation Commission of Canada's Calls to Action) and strive to build relationships with Indigenous communities and others focused on Indigenous health.
2. **Create a page on the College's website** that will include resources such as a training module on the inclusionary services that the College expects of registrants.
3. **Begin Board meetings with a land acknowledgement**, which will help remind Board members, College staff and registrants that we all have a role in the reconciliation process and to consider this role within our work.

The College's Indigenous cultural competency and safety commitment has emerged from our growing awareness of the disparities in healthcare and health outcomes for Indigenous people. Our approach to all three of these opportunities will reflect the importance of working in collaboration with Indigenous communities to improve pharmacy care and patient outcomes.

Next Steps

The land acknowledgement was first incorporated that December 2019 Board (Council) meeting.

In 2020, the College will take the important first steps towards building better linkages and partnerships with Indigenous communities and their governments in Ontario. We will focus on enhancing awareness among non-Indigenous Board members and College staff while sharing information and resources for non-Indigenous pharmacy professionals to support their understanding of the roles they play in helping to support the health and wellbeing of the Indigenous peoples within Ontario.

Land Acknowledgement

The land acknowledgement, as part of the College's commitment above, is spoken by the Chair of the College's Board of Directors at the beginning of each Board meeting.

We would like to acknowledge that the land we meet on today is the Traditional Territory of many Nations including the Mississaugas of the Credit, the Anishinabeg, the Chippewa, the Haudenosaunee, the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

Incorporating a land acknowledgement into Board meetings reminds Board Directors, College staff and registrants that we all have a role to play in the reconciliation process and the responsibility to consider this role within our work.

While land acknowledgements are not formally articulated in the Truth and Reconciliation Commission of Canada's Call to Actions, they are based on the principle that Truth comes before Reconciliation. By acknowledging that the land on which the College operates is traditional Indigenous land, the College aims to demonstrate its dedication to bettering pharmacy care for Indigenous people while acknowledging the historical past of the province and the country.

For organizations who may been exploring how and why to incorporate a land acknowledgement in their meetings or events, an article on Territory Acknowledgement from Native Land provides an overview of land acknowledgements, how to do them and additional related resources. It is important to note that land acknowledgements will vary by region and location and should involve collaboration with local Indigenous communities.

Helpful Links

RESOURCES FOR PHARMACY PROFESSIONALS TO SUPPORT INDIGENOUS CULTURAL COMPETENCY ▸

ARTICLE - ASK, LISTEN, LEARN: UNDERSTANDING OPPORTUNITIES TO ENHANCE CARE FOR INDIGENOUS PATIENTS

ARTICLE - 5 TIPS ON SUPPORTING THE MENTAL HEALTH AND WELLNESS OF INDIGENOUS YOUTH (PHARMACY CONNECTION WINTER 2020)

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Rose Bustria

From: Jo-Ann Willson
Sent: August 2, 2023 12:38 PM
To: Rose Bustria
Subject: FW: Grey Areas - Addressing Indigenous-Specific Racism

Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
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College of Chiropractors of Ontario ("CCO") services continue as staff follow recommended health and safety guidelines related to the COVID-19 global pandemic. In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca
and your inquiry will be directed appropriately

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From: Steinecke Maciura LeBlanc <info@sml-law.com>
Sent: Wednesday, August 2, 2023 11:39 AM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Grey Areas - Addressing Indigenous-Specific Racism

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STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Addressing Indigenous-Specific Racism

by Julie Maciura

August 2023 - No. 281

In recent years, many Canadian regulators have taken preliminary steps to address the racism facing Indigenous people. The reports of the Truth and Reconciliation Commission of Canada have contributed enormously to these activities. Initial steps by regulators have included public acknowledgements of the role of professions in the oppression of Indigenous peoples, education of regulatory staff and committees on the topic, voluntary and mandatory continuing professional development for registrants in the area, providing resources for registrants and the public, specifically identifying Indigenous-specific racism as a category of serious professional misconduct, and land acknowledgements.

...

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College of Chiropractors of Ontario
Executive Committee Report to Council
September 13, 2024

Members: Dr. Sarah Green, *Chair*
Dr. Jarrod Goldin, *Vice Chair*
Mr. Shawn Southern, *Treasurer*
Dr. Michael Gauthier
Dr. Dennis Mizel
Ms Zoe Kariunas
Mr. Scott Stewart

Staff Support: Mr. Joel Friedman, *Deputy Registrar*
Ms Jo-Ann Willson, *Registrar and General Counsel*

Mandate

- To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make amend or revoke a regulation or by-law
- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest

Report

I Introduction

- I am pleased to provide this report on behalf of the Executive Committee (the "Committee").

- Since the last report to Council, the Committee has met on one occasion, namely on August 16, 2024. The draft, confidential minutes for August 16, 2024 are included in the Council information package and are subject to review and approval at the next Committee meeting on October 18, 2024.

- The schedule for the meeting will accommodate Mr. Geordie Allen of the C Group who will be providing an update (virtually) on the CCO website at 2:45 p.m. In preparation for the Strategic Planning sessions scheduled for September 14, 15, 2024, Mr. Kevin McCarthy, from the Regulator's Practice, along with Mr. Boyd Neil and Mr. Chris Winsor will be attending the Council meeting as observers. All staff will also be in attendance.

- I thank in advance all Council members for attending the strategic planning sessions in person. I am looking forward to an interesting and productive session with all of you as we build on a solid foundation and chart a strategic direction over the next several years.

III Communications – Dr. Green (Item 4.1.17 and following, page 257, Main Agenda)

- Consistent with the direction from Council, we have been engaging in a communication strategy that involves shorter President's Messages with important updates attached distributed on a more regular basis. The overall feedback about the President's messages has been positive. It is also helpful to review the statistics relating to the distributions indicating the open and click rates which are consistently high.

- The 2023 Annual Report has been distributed both electronically and in hard copy to CCO stakeholders, including all members and government. As Council members are aware, starting with the 2025 renewal, members will be given the option to receive the electronic version only.

- I was very pleased to learn of the interest from members in participating in the work of the Quality Assurance Committee by applying to be a peer assessor. Dr. Tibor and Mr. Friedman have conducted many interviews, and the Quality Assurance Committee will be reviewing the information and selecting peer assessors to complement our existing roster.

- Also underway are the Regulatory Excellence Workshops. An in-person workshop is scheduled for September 11, 2024 in Waterloo, and over 70 people have already registered. Further sessions are being scheduled around the province.

- Council members will recall approval of the C-group proposal to update and enhance CCO's website. The C-group has proceeded with their work in updating the website, consistent with the direction of Council on July 22, 2024, and the subsequent feedback which was forwarded to them. I will invite Mr. Georgie Allen to present an update to Council at 2:45 p.m.

- At its meeting on August 16, 2024, the Committee considered ways in which to make the land acknowledgements more meaningful. CCO is participating in various indigenous cultural safety initiatives through The Health Profession Regulators of Ontario (HPRO) and the Federation of Canadian Chiropractic (FCC). Pending further information and recommendations from this work, the Committee was of the view that we ask Council members who are interested in presenting the land acknowledgement and providing some context of meaning, to let Ms Willson and I know of their interest following which a schedule will be developed so the land acknowledgement is rotated amongst interested volunteers.

IV Ministry of Health – Dr. Green (Item 4.1.28 and following, page 292, Main Agenda)

- CCO has submitted data to the Ministry concerning registration information as requested.

- Various Government announcements are included in the Council information package so Council members are aware of the broader context for the Ministry of Health, and the identification of government's priorities. Of note are the announcements relating to expansion of the scopes of practice for nurse practitioners, optometrists and pharmacists. The Ministry has signaled that it is attuned to expanding scopes of practice to ensure the people of Ontario get access to patient centered care in a timely way by practitioners who can deliver that care. Chiropractors can fit within these initiatives by helping to ease some of the burdens on the health care system, including the burdens on family physicians and hospitals.

- We will have an opportunity to review CCO's CPMF Report and action plan during the strategic planning sessions scheduled for September 14, 15, 2024. I would like to ensure we focus on action plans and the development of key performance indicators as part of our important work with Kevin McCarthy, our facilitator for the strategic planning sessions.

V Ministry of Agriculture and Rural Affairs - Ms Willson (Item 4.1.25 and following, page 341, Main Agenda)

- Significant work is being done, in conjunction with both the OCA and the College of Veterinarians of Ontario (CNO) to provide a conceptual framework for the regulations being developed under the new Veterinarians Act. There have been two joint meetings, on August 23 and 28, 2024. Ms Willson attended those meetings on behalf of CCO. The topics have included diagnosis, forms of energy and acupuncture relating to the provision of chiropractic care to animals.

- CCO has posted a voluntary register on the website identifying those members who have indicated on their registration renewal that they provide chiropractic care to animals in accordance with S-009: Chiropractic Care of Animals. Ms Willson has requested that the CVO advise if there are any suggested revisions to the standard as the regulations under the new legislation are being developed.

- The Committee has referred to the Quality Assurance Committee information concerning a detailed outline of an animal acupuncture course which was forwarded from Dr. Kim Adie on July 20, 2024. The QA Committee will be reviewing S-009: Animal Chiropractic to ensure it is current, and that it appropriately reflects CCO's public interest mandate, including the importance of interprofessional collaboration.

VI Council Effectiveness – Dr. Green (Item 4.1.50, page 478, Main Agenda)

- The survey results from the Council meeting on June 14, 2024 are included in the Council information package. Council members will recall that Council effectiveness was an identified priority from sessions in 2023. I anticipate we will have further opportunity to discuss Council effectiveness during the strategic planning sessions. There is also a recommendation from the Executive to change one of the questions to elicit more helpful feedback, in particular, changing question 15 which currently reads: *"Is there anyone you think deserves special recognition for their positive contributions to the effective functioning of Council?* To *"Is there some way in which Council or a specific council member excelled, e.g. healthy discussions, focusing on the public interest?"*. As Chair, what would be most helpful is to have as much specificity as possible, or to have examples along with the comments so appropriate action may be taken. I thank all of you for your feedback and look forward to continuing to work on Council effectiveness as a priority. I appreciate the many positive comments that have been made as well.

VII Review of By-laws, Standards, Policies and Guidelines – Dr. Green (Item 4.1.51 and following, starting page 498, Main Agenda)

- At the August 16, 2024 meeting, the Committee further considered the by-laws, standards, policies and guidelines which govern CCO. The Committee has the following recommendation for Council's consideration:

Recommendation 2: Item 4.1.51, page 498, Main Agenda

That Council approve the amendments to By-law 9: Remuneration.

- This will codify what already happens in practice by including peer assessors specifically in By-law 9: Remuneration. Further amendments will be considered at the meeting on October 18, 2024 when the Committee considers its workplan and proposed budget to be reviewed and approved at the November 28, 2024 Council meeting.

- The Committee also carefully considered the current conflict of interest provisions, including P-011: Conflict of Interest, and the Committee Conflicts Chart dated April 17, 2023. The Committee has the following recommendations for Council's consideration:

Recommendation 3: Item 4.1.56, page 518, Main Agenda

That Council approve the following as real or perceived conflicts of interest:

Concurrently/simultaneously being a peer assessor and serving on Fitness to Practice, ICRC or Discipline;
Concurrently/simultaneously being a peer assessor and a Council member.

- The conflicts chart will also be updated to remove reference to the Advertising Committee.

- The Committee noted that there may be other positions outside of CCO that could create a real or perceived conflict of interest including being a committee member of an organization that advocates for the profession. Further research is being done and recommendations will come to Council when the Committee has considered further background information and best practices from other regulators.

- The Committee is of the view that it is essential that a training session for Council be held at the earliest opportunity to specifically address various issues relating to conflict of interest, and to ensure there is a clear understanding of what real or perceived conflicts of interest put CCO at reputational risk. We have seen questions arising regarding conflict of interest and note that other organizations including HPRO have been fielding questions about the topic.

- To ensure we are being proactive and timely, I would like to schedule a virtual training session for Council to flesh out some important conflict of interest considerations, and to ensure we have the appropriate checks and balances in place to minimize any risk to CCO arising from real or perceived conflicts of interest. At the Council meeting on September 13, 2024, I will ask Council members for some general time parameters for the session and whether there are specific matters relating to conflict of interest they would like to ensure are addressed. It would be particularly helpful for Council members to forward specific scenarios to me and Ms Willson so we can consider the implications and have a pragmatic, effective approach to addressing specific circumstances. Mitigating CCO's risks moving forward is an important part of our ongoing work and commitments outlined in our CPMF Report and Action Plan.

- Thank you to Mr. Shawn Southern for his recommendations relating to the form relied on for internal elections. The Committee has the following recommendation:

Recommendation 4: Item 4.1.59, page 524, Main Agenda

That Council approve the revised internal elections form effective for the next internal elections scheduled for April 25, 2025.

- Under new policy development is a policy relating to the encryption of e-mail communications with the college. The Committee is scheduled to review this at the October 18, 2024 meeting, with recommendations coming to Council thereafter.

- The Committee reviewed the background information and development of a new Guideline relating to the use of social media by Council members, non-Council Committee Members, Council Appointment Members and Peer Assessors.

Recommendation 6: Item 4.1.62, page 536, Main Agenda

That Council approve IG-002: Guidelines for Council Members, Non-Council Committee Members and Council Appointment Members ("Committee members") and Peer Assessors.

- The Committee also recommends an amendment to the Code of Conduct.

Recommendation 7: Item 4.1.65, page 547, Main Agenda

That Council approve amendments to the Code of Conduct.

- The Committee is reviewing several amendments to the undertaking from Elected Members of Council and will bring recommendations to Council at a future meeting.

- All by-laws, standards, policies and guidelines are reviewed on a regular basis by all committees. Any further recommended changes to these provisions will be brought to Council as they are considered and reviewed by the Committee.

VIII Other Chiropractic/Health Related Stakeholders – Dr. Green (Item 4.1.68 and following, starting page 553, Main Agenda)

- Information concerning CCO's involvement with other chiropractic/health related stakeholders is included in the Council information package primarily as FYI or for background and context. Time permitting, verbal reports will be provided by those attending or involved with the initiatives of stakeholders.

- Council members will note that:

    - Ms Willson will be participating in an interview for the Indigenous Cultural Safety initiative of the Regulatory Council of the FCC;

    - The Regulatory Council of the FCC is meeting at CCO on Friday, November8, 2024; Ms Willson and I will be attending;

    - Dr. Tibor and Mr. Friedman presented to the third-year students at CMCC; very positive feedback was received about the presentation;

    - HPRO continues to have training sessions available to Council members of all health regulatory colleges on topics including governance and discipline; if you have not already attended these sessions and would like to do so, please contact Ms Rose Bustria;

    - HPRO is in the process of developing conflict of interest training (information is pending);

    - I encourage all Council members to review the Legislative Updates provided by HPRO; these updates include important information about various legislative changes affecting health care regulation in Ontario and reflect the government's ongoing priorities.

VIII Conclusion

- I am looking forward to the strategic planning sessions starting September 14, 2024, and to working with all of you as we carefully evaluate our strategic focus and objectives and set a course for the next several years. Thank you to all of you for your ongoing support and commitment, and for engaging in the important work we do together. I would be pleased to answer any questions arising from this report.

Respectfully submitted by,

Dr. Sarah Green,
President

From: College of Chiropractors of Ontario <cco.info@cco.on.ca>
Sent: June 21, 2024 11:46 AM
To: Rose Bustria
Subject: CCO President's Message and Newsletter - Updates from the Quality Assurance Committee - June 21, 2024

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College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario

President's Message - June 21, 2024

Last week, I was pleased to Chair both a regular CCO Council meeting, and the 2023 Annual General Meeting. At the Council meeting on June 14, 2024, Council approved the College's CPMF Action Plan to move forward on the various commitments identified in the 2023 CPMF Report (filed on March 27, 2024). The AGM held later that evening, gave Council, staff and guests an opportunity to review the activities of all CCO committees during 2023, hear from the College's Auditor who presented the 2023 financial statements, and celebrate the various accomplishments achieved during the year. Watch for the 2023 Annual Report which will be sent sometime in July. Note that when members receive their registration renewal in October 2024, they will be asked to indicate whether they would like to continue to receive a hard copy of the annual report, or whether an electronic version is sufficient. CCO is required to file the annual report with the Minister of Health, and we will continue to provide printed copies to a range of diverse stakeholders.

It is important to know that CCO operates as a health system partner in the broader health regulatory sector. I am pleased to share that CCO has hosted several system partners at our headquarters on Hayden Street recently. These included the Federation of Canadian Chiropractic (FCC) on May 24, 2024, and a meeting of the Health Profession Regulators of Ontario (HPRO) on June 3, 2024, which featured the Honourable Sylvia Jones, Minister of Health and Deputy Premier and Ontario's Fairness Commissioner Mr. Irwin Glasberg, as speakers.

Also, included below are important updates from the Quality Assurance Committee which relate to Continuing Education and Peer and Practice Assessment. Please take the time to read and act upon these important

changes. Thank you for continuing to participate in CCO's important work in regulating the chiropractic profession in the public interest.

Sincerely,

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Dr. Sarah Green
President



Meeting of the Federation of Canadian Chiropractic (FCC) - May 24, 2024



Meeting of the Health Profession Regulators of Ontario (HPRO) with the Minister of Health and Deputy Premier Hon. Sylvia Jones (centre) - June 3, 2024



2023 CCO Annual General Meeting - June 14, 2024

Updates from the Quality Assurance Committee

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July 1, 2022 – June 30, 2024 Continuing Education (CE) Cycle

The current CE cycle is coming to an end on June 30, 2024. Members may log and submit their CE hours for the July 1, 2022 – June 30, 2024 CE cycle until December 31, 2024. If you have not completed your hours for this CE cycle, please do so and log them before December 31, 2024.

A reminder that members registered in the General (i.e., Active) class of registration for the entirety of the CE cycle are required to participate and log their CE hours in accordance with the CCO Continuing Education requirements. CE hours for the period can be logged using the member portal under "Continuing Education and Professional Development Log" by selecting the July 1, 2022 – June 30, 2024 CE cycle in the "Reporting Cycle" window.

The July 1, 2024 – June 30, 2026 CE log will soon be available, and members may begin logging hours as of July 1, 2024. Members are strongly encouraged to complete the Self Assessment within the first three months of the new CE cycle to help guide their CE activities.

Additions to CE requirements beginning July 1, 2024

CCO Council approved amendments to Standard of Practice S-003: Professional Portfolio (clean version, marked up version), following distribution for feedback in September 2023. These amendments include a new requirement as part of the Continuing Education (CE) program as follows:

"It is a requirement that every member (registered in the General class) complete a minimum of 5 hours of structured CE activity, that primarily focuses on an in-person hands-on or hand-held instrument adjustment or manipulation activity and includes training in the competency of manual or hand-held instrument spinal adjustment or manipulation skills, at least once every three CE cycles (or six years)."

CCO Council approved these amendments to further the objects of the College to promote continuing evaluation, competence and improvement among members. CCO standards of practice require members to have achieved, maintain and be able to demonstrate clinical competency in diagnostic and therapeutic procedures used in practice. As a high level of competency and skill is required to perform the spinal adjustment or manipulation and competencies in psychomotor skills improve with continued use, education and training, it is in the public interest for members to participate directly in regular in-person CE.

Please review the following questions and answers for further details about this new requirement.

When will this requirement come into effect?

The amendments to Standard of Practice S-003: Professional Portfolio will come into effect on **July 1, 2024** for the upcoming new CE cycle. Members registered in the General class of registration will be required to complete this CE activity over the next three CE cycles (or six years) until **June 30, 2030**. New members will be required to complete this requirement within their first required three CE cycles (or six years).

What types of CE activities meet this requirement?

Members may choose any type of structured CE activity that is in-person and primarily focuses on hands-on or handheld instrument adjustment or manipulation activity and includes training in the competency of manual or hand-held instrument spinal adjustment or manipulation skills. CCO does not approve or accredit CE courses, but rather CE courses must meet the criteria described in Standard of Practice S-003: Professional Portfolio. This activity should meet the criteria of structure CE listed in Standard of Practice S-003: Professional Portfolio, with the exception of online, internet or computer courses. Diagnostic or therapeutic procedures must comply with the requirements in Standard of Practice S-001: Chiropractic Scope of Practice.

Must CE courses be taken in Ontario?

No. As with all CE requirements, there is not a requirement for this CE requirement to be completed in Ontario.

What if there are no in-person CE courses in hands-on or handheld instrument or manipulation activity where I live?

CCO acknowledges there may be challenges in accessing in-person CE courses, especially for those members living in remote or rural locations. However, the requirement to complete 5 hours of in-person CE once every three CE cycles (or six years) is not onerous. Further, the QA Committee expects that additional in-person CE opportunities will continue to become available, whether through accredited chiropractic colleges, professional associations or private CE providers. There may also be opportunities for members to develop in-person CE opportunities for each other that meet the criteria of structured CE activities, which include structured agendas, specified learning objectives and/or the opportunity for interaction with other members of the profession or other professions and the ability for the member to interact and/or gain feedback.

What are the Mandatory Components of CE?

The following is a summary of the mandatory components of CE as set out in Standard of Practice S-003: Professional Portfolio:

- 5 hours of structured activity that consists of structed activity on diagnostic or therapeutic procedures related to controlled acts every CE cycle;
- Remaining current with emergency first aid + CPR Level C + AED (or higher level);

- Attendance at a CCO Regulatory Excellence Workshop (virtual or in-person) once every three CE cycles (or six years) – came into effect July 1, 2022 to be completed by June 30, 2028; and
- 5 hours of structured activity that primarily focused on an in-person hands-on or hand-held instrument adjustment or manipulation activity once every three CE cycles (or six years) – came into effect July 1, 2024 to be completed by June 30 2030.

New Online On-Demand Webinar on Advertising, Websites and Social Media

CCO has released an online on-demand webinar on Advertising, Websites and Social Media. This webinar incudes an excerpt from the Regulatory Excellence Workshop (REW) with interactive quizzes and reviews specific sections from the advertising standard of practice, with examples related to each section. Although not mandatory, members who advertise and communicate to the public about chiropractic services are encouraged to review the webinar for guidance. Members may count ½ hour – 1 hour towards their structured CE hours requirement, depending on how long it takes to complete. This webinar may require a computer for viewing and participation.

Please note, although some of the content in this webinar is included in the Regulatory Excellence Workshop (REW), this new webinar does not count toward the requirement of completing the REW once every three CE cycles (or six years).

Call for New Peer Assessors- Apply by July 26, 2024

Peer and Practice Assessment is one of the foundations of CCO's Quality Assurance program and has been a powerful, proactive way to provide members with non-punitive feedback on their compliance with CCO regulations, standards of practice, policies and guidelines. The College is now welcoming new peer assessors to this important role. For more details on how to apply, see here.

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ITEM 4.1.18

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Details Reporting Heat Map

Email Performance

See how your emails are doing with your audience. Compare your results to the industry average.

Sent

7043

Open Rate

76.4%

Click Rate

6.7%

Opens	5267	Clicks	459
Sent	7043	Did Not Open	1623
Bounces	153	Unsubscribed	1
Successful Deliveries	6890	Spam Reports	0
Desktop Open Percentage	93%	Mobile Open Percentage	7%

Recommendations

Here are some things we think would help this campaign even more.

Social Share

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Reporting

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Reach customers searching for products or services like yours on Google and only pay for actual clicks.

Click-Through Distribution

When a contact clicks a link in your email, we'll show you the stats here.

Link	Unique Clicks	Distribution
https://cco.on.ca/wp-content/uploads/2024/06/Memo-Call-for-new-PAs-V-14JUN24.pdf	242	38.2%
https://cco.on.ca/members-of-cco/quality-assurance/self-assessment/	78	12.3%
https://360.articulate.com/review/content/01ddc226-218c-4ae6-8272-ab33363dc4cd/review	63	10%
https://cco.on.ca/members-of-cco/quality-assurance/continuing-education/	58	9.2%
https://cco.on.ca/wp-content/uploads/2024/06/S-003June2024clean.pdf	55	8.7%
https://cco.ca.thentiacloud.net/webs/cco/service/	49	7.7%
https://cco.on.ca/wp-content/uploads/2024/06/CPMFActionPlan2024June2024.pdf	46	7.3%
https://cco.on.ca/wp-content/uploads/2024/06/S-003June2024marked.pdf	25	3.9%
https://cco.on.ca/wp-content/uploads/2024/03/2023CPMFReportingToolMarch272024.pdf	17	2.7%
Total Click-throughs	**633**	**100%**

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College of Chiropractors of Ontario
l'Ordre des Chiropraticiens de l'Ontario

August 1, 2024

Dear stakeholders and CCO members,

On behalf of the College of Chiropractors of Ontario, allow me to share CCO's annual report for 2023.

As I noted in my introductory message, in 2023 CCO continued to align the strategic direction and priorities of the College with the goals and objectives articulated by CCO's governing Council, in support of the many benchmarks identified in the ministry's College Performance Measurement Framework (CPMF).

In addition to delivering expertly on the core activities of the College in 2023 -- such as managing new and renewing registrants, performing statutory and non-statutory committee work in areas like Inquiries, Complaints and Referrals, Discipline, and Fitness to Practice, and supporting several hundred peer assessments and other quality assurance initiatives -- the College maintained a consistent focus on governance over the year. In 2023, following careful research, deliberation and feedback CCO systematically reviewed and amended numerous by-laws, standards and guidelines, and provided additional governance training for candidates and new Council members.

2023 was a fulsome year in which CCO met or exceeded its obligations to regulate chiropractic in Ontario in the public interest, all undertaken in a fiscally prudent manner. As the 2023 Auditor's letter attests, the College remains in a financially sound position to carry out its essential functions.

Of note going forward, upon registration renewal in October 2024 members will be asked whether they wish to receive a printed version of the next annual report. CCO, like all regulatory colleges, is obliged to publish and file an annual report (including financial statements) with the Ministry of Health. The choice for members to receive either a printed or digital copy of the annual report is a response to environmental considerations, and an effort to reduce duplication and associated costs. Regardless of format, members are reminded that they are responsible for reviewing and being aware of the contents of the report.

On a personal note, I was pleased to continue my work on Council as CCO's newly elected President in April 2023, succeeding my long-term Council colleague Dr. Dennis Mizel in that role. I look forward to chairing Council's ongoing contributions in 2024.

Sincerely,

Dr Sarah Green DC

Dr. Sarah Green
CCO President
2023

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ITEM 4.1.20

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Details Reporting Heat Map

Email Performance

See how your emails are doing with your audience. Compare your results to the industry average.

Sent

7068

Open Rate

78%

Click Rate

17.1%

Opens	5397	Clicks	1182
Sent	7068	Did Not Open	1524
Bounces	147	Unsubscribed	1
Successful Deliveries	6921	Spam Reports	0
Desktop Open Percentage	89.8%	Mobile Open Percentage	10.2%

Recommendations

Here are some things we think would help this campaign even more.

Social Share

Try sharing your email in a social post to get your message out there to a broader audience. It is a free post that says "I'm here!"

Click-Through Distribution

When a contact clicks a link in your email, we'll show you the stats here.

Link	Unique Cli	cks Distribution
https://cco.on.ca/wp-content/uploads/2024/07/CCO-2023-Annual-Report_FINAL-1.pdf	1028	64.9%
https://cco.on.ca/wp-content/uploads/2024/07/AR-2023-cover-letter.pdf	435	27.5%
https://cco.on.ca/about-cco/publications/	121	7.6%
Total Click-throughs	**1584**	**100%**

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From: Constant Contact <noreply@constantcontact.com>
Sent: Wednesday, July 17, 2024 3:31 PM
To: Joel Friedman
Subject: Your campaign Reminder - Call for New Peer Assessors - Apply by July 26, 2024 has been sent

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Constant Contact

Dear Joel Friedman,

Your campaign **'Reminder - Call for New Peer Assessors - Apply by July 26, 2024'** was sent on 7/17/2024 around 3:30 PM EDT.

Below is a copy of the message your subscribers received. See how your campaign is doing by visiting Reports in your account to get real-time results and stats.

Subject: Reminder - Call for New Peer Assessors - Apply by July 26, 2024

College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario

Reminder - Call for New Peer Assessors- Apply by July 26, 2024

CCO put out a call for new peer assessors as part of its June 21, 2024 Newsletter. **This is a reminder that applications are due by July 26, 2024.**

Peer and Practice Assessment is one of the foundations of CCO's Quality Assurance program and has been a powerful, proactive way to provide members with non-punitive feedback on their compliance with CCO regulations, standards of practice, policies and guidelines. The College is now welcoming new peer assessors to this important role. For more details on how to apply, see here.

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ITEM 4.1.22

Sent **Reminder - Peer Assessors** Copy Share on Social ...

Details Reporting Heat Map

Email Performance

See how your emails are doing with your audience. Compare your results to the industry average.

Sent

6994

Open Rate

73.6%

Click Rate

13.7%

Opens	5073	Clicks	944
Sent	6994	Did Not Open	1816
Bounces	105	Unsubscribed	1
Successful Deliveries	6889	Spam Reports	0
Desktop Open Percentage	87.3%	Mobile Open Percentage	12.7%

Recommendations

Here are some things we think would help this campaign even more.

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Reporting

Reach customers searching for products or services like yours on Google and only pay for actual clicks.

Click-Through Distribution

When a contact clicks a link in your email, we'll show you the stats here.

Link	Unique Clicks	Distribution
https://files.constantcontact.com/ae8f73ee001/11b8eef2-4a57-442f-9a37-f6f6da52a41f.pdf?rdr=true	951	100%
Total Click-throughs	**951**	**100%**

Send History

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Wed, Jul 17, 2024 3:30 pm EDT	6994	Your email has been successfully sent.

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From: Constant Contact <noreply@constantcontact.com>
Sent: Wednesday, July 17, 2024 3:15 PM
To: Joel Friedman
Subject: Your campaign CCO Regulatory Excellence Workshop - Kitchener-Waterloo - September 11, 2024 has been sent

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Constant Contact

Dear Joel Friedman,

Your campaign **'CCO Regulatory Excellence Workshop - Kitchener-Waterloo - September 11, 2024'** was sent on 7/17/2024 around 3:15 PM EDT.

Below is a copy of the message your subscribers received. See how your campaign is doing by visiting Reports in your account to get real-time results and stats.

Subject: CCO Regulatory Excellence Workshop - Kitchener-Waterloo - September 11, 2024

College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario

CCO Regulatory Excellence Workshop (REW) - Kitchener-Waterloo
September 11, 2024

Representatives from the College of Chiropractors (CCO) are coming to Kitchener-Waterloo on Wednesday, September 11, 2024 for an in-person Regulatory Excellence Workshop (REW). Please see the memorandum below for further details and how to register.

Please note: seating is limited, so please register ASAP by emailing Ms Rose Bustria at rbustria@cco.on.ca by August 23, 2024 if you will be attending the Kitchener-Waterloo REW.

Regulatory Excellence Workshop: Kitchener-Waterloo - September 11, 2024

Attendance at a REW is mandatory once every three Continuing Education (CE) Cycles (or once every six years) for members registered in the General class of registration. CCO continues to offer the REW virtually, with the next virtual session scheduled for October 28, 2024.

Please continue to visit the CCO website for updates on upcoming virtual and in-person workshops.

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College of Chiropractors of Ontario

Memorandum

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The Regulatory Excellence Workshop is coming to Kitchener-Waterloo!

CCO is the self-governing body, established by the provincial government by statute to regulate chiropractors in Ontario in the public interest. One of CCO's key strategic objectives is to communicate of the role, mandate and mechanism of CCO to key internal and external stakeholders.

This will be an opportunity to:

- Complete the mandatory Regulatory Excellence Workshop, in person!
- Interact with CCO staff and Council members;
- Get the latest updates on chiropractic regulation in Ontario;
- Ask questions to gain more clarity on CCO's standards of practice, policies, and guidelines.

But wait, that's not all... attendance includes:

- Opportunities to network and connect with your local colleagues;
- 4.5 Structured CE hours;
- Dinner!

Date:	**Wednesday, September 11, 2024**
Time:	**5:15pm – 9:45pm** **(dinner to be served at 4:45pm)**
Location:	**Crowne Plaza** **105 King St East** **Kitchener, ON N2G 2K8** **(519-744-4141)**
RSVP:	**Email Rose Bustria, Administrative Assistant, rbustria@cco.on.ca by August 23, 2024**

Home Marketing Contacts

Contact us 277

Reporting Tools Create

ITEM 4.1.24

Sent CCO Regulatory ... r 11, 2024 Copy Share on Social ...

Details Reporting Heat Map

Email Performance

See how your emails are doing with your audience. Compare your results to the industry average.

Sent

1926

Open Rate

71.4%

Click Rate

8.2%

Opens	1354	Clicks	155
Sent	1926	Did Not Open	543
Bounces	29	Unsubscribed	0
Successful Deliveries	1897	Spam Reports	0
Desktop Open Percentage	90.2%	Mobile Open Percentage	9.8%

Recommendations

Here are some things we think would help this campaign even more.

Social Share

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When a contact clicks a link in your email, we'll show you the stats here.

Link	Unique Clicks	Distribution
https://cco.on.ca/wp-content/uploads/2024/07/CCORoadshow2024KWAnnouncement.pdf	121	68%
https://cco.on.ca/members-of-cco/workshops/	57	32%
Total Click-throughs	**178**	**100%**

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History of this email being sent including how many people it was sent to.

Date	Sent Count	Status
Wed, Jul 17, 2024 3:15 pm EDT	1926	Your email has been successfully sent.

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ITEM 4.1.25

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Virtual/Online Regulatory Excellence Workshop

CCO hosts the online workshop – Regulatory Excellence Workshop (REW) for CCO members (formerly titled the Record Keeping Workshop) approximately three times per year (in conjunction with CCO's Legislation & Ethics examination).

The next virtual REW is scheduled for **October 28, 2024, 8:30 am – 1:00 pm**. Please see the following link for more information about this workshop and how to register.

In-Person Regulatory Excellence Workshop

CCO has scheduled in-person REWs for the following dates and locations:

Wednesday, September 11, 2024, 5:15 pm – 9:45 pm (dinner to be served at 4:45 pm): Crowne Plaza, 105 King St. East, Kitchener, ON N2G 2K8 (519-744-4141)

Please see the following announcement for further details and how to register.

All REWs are free to attend. A light meal will be provided.

Please email Rose Bustria at rbustria@cco.on.ca to register for a REW.

Online On-Demand Webinar on Advertising, Websites and Social Media

CCO has released an online on-demand webinar on Advertising, Websites and Social Media. This webinar incudes an excerpt from the Regulatory Excellence Workshop (REW) with interactive quizzes and reviews specific sections from the advertising standard of practice, with examples related to each section. Although not mandatory, members who advertise and communicate to the public about chiropractic services are encouraged to review the webinar for guidance. Members may count ½ hour – 1 hour towards their structured CE hours requirement, depending on how long it takes to complete. This webinar may require a computer for viewing and participation.

Please note, although some of the content in this webinar is included in the Regulatory Excellence Workshop (REW), this new webinar does not count toward the requirement of completing the REW once every three CE cycles (or six years).



From: Jo-Ann Willson
Sent: June 20, 2024 1:29 PM
To: Rose Bustria
Subject: FW: Chiropractors Data Collection Letter
Attachments: Chiropractors Data Collection Letter.pdf

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

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From: Office of the Chief of Nursing and Professional Practice (MOH) <chiefofnursing@ontario.ca>
Sent: Thursday, June 20, 2024 1:22 PM
To: cco.info <cco.info@cco.on.ca>
Cc: Jo-Ann Willson <jpwillson@cco.on.ca>; Richardson, Deborah (MOH) <Deborah.Richardson@ontario.ca>; Velji, Karima (MOH) <Karima.Velji@ontario.ca>; Henry, Allison (She/Her) (MOH) <Allison.Henry@ontario.ca>
Subject: Chiropractors Data Collection Letter

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Dear Dr. Green,

Please see the attached letter from the Deputy Premier and Minister of Health, Sylvia Jones.

Sincerely,

Karima

Dr. Karima Velji, RN, PHD, CHE, FCAN
Pronouns (She/Her)

Chief of Nursing and Professional Practice
Assistant Deputy Minister of Health
Ministry of Health
777 Bay Street, 19th Floor, Toronto, M7A 2J3
Email: Karima.Velji@ontario.ca
Phone: 416-212-5494
Cell: 647-534-4874

293

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5e étage
Toronto ON M7A 1N3
Téléphone : 416 327-4300
www.ontario.ca/sante

Ontario

294

June 20, 2024

Sarah Green
President
College of Chiropractors of Ontario
59 Hayden Street Suite 800
Toronto, ON M4Y 0E7

Dear Dr. Green,

Our government recognizes health professionals from outside of Ontario, including internationally educated health professionals and those trained in other provinces, play an important role in Ontario's healthcare system. Streamlining registration is a key part of our government's Your Health plan and that is why we have taken action to create new pathways and break down barriers to registration to make it easier, and faster for these highly trained professionals to practice in Ontario.

Our government, and the Ministry of Health, appreciates the vital role that chiropractors play in Ontario's health care workforce and the steps the College of Chiropractors of Ontario has taken to expedite your registration processes.

We know there is more to be done to grow our healthcare workforce. To this end, I am interested in reviewing the data that is collected by the College in efforts to understand where there is additional work that can be done to continue to reduce red tape and break down barriers. To assist you in gathering this data, the Ministry will be sharing a data collection template that includes various data points that I am requesting be reported on, on a quarterly basis. Ministry staff will reach out to you shortly with this template.

.../2

Thank you for your continued focus on making it faster and easier for individuals to register with the College. I look forward to our continued work together to grow our supply of highly qualified health care professionals now and for years to come.

Sincerely,



Sylvia Jones
Deputy Premier and Minister of Health

c: Jo-Ann Willson, Registrar and General Counsel, College of Chiropractors of Ontario
Deborah Richardson, Deputy Minister, Ministry of Health
Dr. Karima Velji, Chief of Nursing and Professional Practice and Assistant Deputy Minister, Ministry of Health
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Ministry of Health

From: Jo-Ann Willson
Sent: June 28, 2024 9:02 AM
To: Rose Bustria
Subject: FW: Data Collection Template and Process
Attachments: ADM Memo HPRO - Data Collection Template and Process June 2024.pdf; ATT00001.txt

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Friday, June 28, 2024 8:48 AM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Subject: [Registrars] FW: Data Collection Template and Process

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Hi all:

ADM Velji has sent the attached re. data collection to be circulated to you through Dan as Chair of HPRO. Note the following quarterly reporting dates:

- Q1 registration data due August 31, 2024
- Q2 registration data due November 30, 2024
- Q3 registration data due February 28, 2025
- Q4 registration data due May 31, 2025

I'll be back from vacation after Canada – all the best to you for a great weekend!

Take care!

Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
Email: bakenny@regulatedhealthprofessions.on.ca
Web: www.regulatedhealthprofessions.on.ca
Phone: 416-986-0576

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Ministry of Health

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and Professional Practice and
Assistant Deputy Minister
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Telephone: **416 212-5494**

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
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Toronto ON M7A 2J3

Téléphone : **416 212-5494**

Ontario

June 26, 2024

MEMORANDUM TO: Daniel Faulkner
Chair, Board of Directors
Health Profession Regulators of Ontario

FROM: Dr. Karima Velji
Chief of Nursing and Professional Practice and Assistant Deputy Minister
Ministry of Health

RE: College Registration Data Collection Template and Process

---

Dear Mr. Faulkner,

As part of its commitment to grow Ontario's health workforce, the Ministry of Health (the 'Ministry') will begin collecting registration data from Ontario's 26 health regulatory colleges. The Colleges were made aware of this initiative via correspondence from the Deputy Premier and Minister of Health, the Honourable Sylvia Jones, on June 20.

To facilitate the collection of this data, the Ministry has developed a data collection template. This template will be used by colleges to submit the registration data requested by the Ministry on a quarterly reporting cycle. Colleges will complete the template for the respective quarter and email it to regulatoryprojects@ontario.ca by the specified due date. The data collection template is attached to this memorandum and the quarterly reporting cycle is also outline below:

- Q1 registration data due August 31, 2024
- Q2 registration data due November 30, 2024
- Q3 registration data due February 28, 2025
- Q4 registration data due May 31, 2025

To facilitate this new data collection and reporting process, the Ministry is kindly requesting that the Health Profession Regulators of Ontario (HPRO) circulate this template to its members. The Ministry understands that this data reporting is new and is committed to supporting colleges in implementation of this new process. To this end, the Ministry is happy to meet with the Health Profession Regulators of Ontario (HPRO) or any individual colleges as needed. The HPRO and colleges are also welcome to contact regulatoryprojects@ontario.ca with any questions or concerns about the data collection template or process.

The Ministry kindly thanks the HPRO for its support in implementing this new initiative and looks forward to continuing its efforts to grow Ontario's health workforce.

Sincerely,



Dr. Karima Velji
Chief of Nursing and Professional Practice and Assistant Deputy Minister

c: Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Ministry of Health

COLLEGE REGISTRATION DATA COLLECTION TEMPLATE

The Ministry of Health (the 'Ministry') appreciates the key role that regulated health professionals play in Ontario's health workforce and the health regulatory colleges' commitments to registering more individuals. To this end, the Ministry will be collecting registration data from each college on a quarterly basis using this template to understand where additional work to reducing barriers may be required.

Please input the College's data into this Data College Template. If applicable, please duplicate the following data tables when the data is better suited to be separated by class of registration (e.g., RN/RPN) or profession (e.g., psychologists/behaviour analysts).

Please see the **APPENDIX** for definitions and additional guidance relating to completing this template.

The following table outlines the quarterly reporting periods and corresponding due dates. Please submit the completed Template to regulatoryprojects@ontario.ca by the specified due date.

Reporting Period	Dates	Due Date
Q1	April 1 – June 30, 2024	August 31, 2024
Q2	July 1 – September 30, 2024	November 30, 2024
Q3	October 1 – December 31 2024	February 28, 2025
Q4	January 1 – March 31, 2025	May 31, 2025

Table 1: Ontario-Educated Applicants

	Q1	Q2	Q3	Q4
Submitted Applications	8			
Registrations Issued	8			
Average Number of Days from Submitted Application to Registration	4			
Applications Denied	0			
Average Number of Days from Submitted Application to Denial	N/A			
Applications Pending Decision	0			

Table 2: Labour Mobility Applicants

	Q1	Q2	Q3	Q4
Submitted Applications	5			
Registrations Issued	5			
Average Number of Days from Submitted Application to Registration	4			
Applications Denied	0			
Average Number of Days from Submitted Application to Denial	N/A			
Applications Pending Decision	0			

Table 3: Canadian-Educated (Not Labour Mobility) Applicants

	Q1	Q2	Q3	Q4
Submitted Applications	4			
Registrations Issued	4			
Average Number of Days from Submitted Application to Registration	4			
Applications Denied	0			
Average Number of Days from Submitted Application to Denial	N/A			
Applications Pending Decision	0			

Table 4: Internationally Educated Applicants

	Q1	Q2	Q3	Q4
Submitted Applications	10			
Registrations Issued	10			
Average Number of Days from Submitted Application to Registration	5			
Applications Denied	0			
Average Number of Days from Submitted Application to Denial	N/A			
Applications Pending Decision	0			

Table 5: Total Applicants

	Q1	Q2	Q3	Q4
Submitted Applications	19			
Registrations Issued	19			
Average Number of Days from Submitted Application to Registration	4			
Applications Denied	0			
Average Number of Days from Submitted Application to Denial	N/A			
Applications Pending Decision	0			

Additional Information/Comments

Please use the space below to provide any additional information or comments about the data provided above.

- Statistics for Ontario educated applicants include a labour mobility applicant
- Average number of days from submitted application to registration counted as business days

APPENDIX:

Applicant Categories:

Note: All applicant categories do not include applications for renewals or reinstatements or applications from students.

Ontario-Educated Applicants:
Applicants that graduated from an Ontario postsecondary education program.

Labour Mobility Applicants:
Applicants that were previously registered with a regulatory authority in another Canadian jurisdiction. Chapter Seven of the Canadian Free Trade Agreement (CFTA) enables certificate-to-certificate registration for labour mobility applicants.

Canadian-Educated (not Labour Mobility) Applicants:
Applicants that graduated from a postsecondary education program in another Canadian jurisdiction but are not registered with a regulatory authority in another Canadian jurisdiction.

Internationally Educated Applicants:
Applicants that graduated from a postsecondary education program in an international jurisdiction and/or registrants that were previously registered with a regulatory authority in an international jurisdiction.

Total Applicants:
The total number of applicants in all of the above categories.

Data Points:

Submitted Applications:
The total number of complete applications submitted to the College, which contain all necessary components with no outstanding items.

Registrations Issued:
The total number of certificates of registration issued to applicants by the College.

Average Days from Submitted Application to Registration:
The mean number of days from submitted application (see definition "submitted applications" above) to successful registration. Please provide the mean (not median or mode) number of days.

Applications Denied:
The total number of applications for registration denied to applicants by the Registration Committee.

Average Days from Submitted Application to Denial:
The mean number of days from submitted application (see definition of "submitted applications" above) to denial of registration by the Registration Committee. Please provide the mean (not median or mode) number of days.

Applications Pending Decision:
The total number of submitted applications (see definition of "submitted applications" above) that have not resulted in registration or registration denial.

From: Jo-Ann Willson
Sent: June 4, 2024 12:03 PM
To: Rose Bustria
Subject: FW: Ontario Connecting People to More Consistent, High-Quality Health Care

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
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From: Dr. Mizel <drmizel@stcatharineschiropractic.com>
Sent: Tuesday, June 4, 2024 12:02 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: Sarah Green <drsarahgreen1@gmail.com>
Subject: FW: Ontario Connecting People to More Consistent, High-Quality Health Care

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FYI

From: Ontario News <newsroom@ontario.ca>
Sent: Tuesday, June 04, 2024 10:33 AM
To: drmizel@stcatharineschiropractic.com
Subject: Ontario Connecting People to More Consistent, High-Quality Health Care

Ontario

Ontario

NEWS RELEASE

310

Ontario Connecting People to More Consistent, High-Quality Health Care

New registration and oversight for personal support workers and physician assistants will help build a more connected, patient-centred health care system

June 04, 2024
Ministry of Health

TORONTO — The Ontario government is improving consistency and patient understanding in the health care system through new changes that will allow personal support workers (PSWs) to register with the new Health and Supportive Care Providers Oversight Authority (HSCPOA) and that will regulate physician assistants (PAs) through the College of Physicians and Surgeons of Ontario (CPSO). These changes will provide better oversight in the health care system, supporting patient confidence and helping PSWs and PAs deliver connected and convenient care across Ontario.

"Our government is taking bold action to grow and support Ontario's health care workforce now and for years to come," said Sylvia Jones, Deputy Premier and Minister of Health. "Through these changes, our government is reinforcing the critical role personal support workers and physician assistants play in our health care system while supporting the confidence of patients and their families."

Beginning December 1, 2024, the more than 100,000 personal support workers in Ontario will have the option to register with the new HSCPOA. The HSCPOA will ensure consistent education and training for personal support workers, regardless of where they work and if they are part-time or full-time, to support their career growth and give patients confidence they are receiving high-quality care.

Those registered with the authority will also be listed on an online public register and be easily identified with the HSCPOA's quality mark on their identification badge or paperwork in order to show employers, patients and their families proof of registration.

On April 1, 2025, physician assistants will be regulated with the College of Physicians and Surgeons of Ontario to improve their integration within Ontario's health care system and facilitate quality care and patient safety.

Physician assistants help reduce wait times and improve patient access to care, especially in emergency departments and primary care in rural communities. Under the supervision of a physician, physician assistants may work individually or alongside nurses and other members of health care teams to provide health services such as:

- Taking patient histories
- Conducting physical examinations
- Ordering and interpreting tests
- Diagnosing and treating illnesses
- Counselling on preventive health care

Together these new regulatory changes will help build a more connected, patient-centered health care system by ensuring people continue to have access to timely, high-quality care when connecting to care in settings including emergency departments, primary care, home care and long-term care.

Through Your Health: A Plan for Connected and Convenient Care, the Ontario government continues to take every action to support the province's highly-skilled workforce work the full extent of their training and experience to ensure people have access to timely, high-quality care in all health care settings including emergency departments, primary care, home care and long-term care.

Quick Facts

- HSCPOA will begin working with personal support workers and employers this summer to raise awareness about the benefits of registration and when PSWs may begin to pre-apply online before December 1, 2024.
- CPSO will advise physician assistants this fall on when they may begin to apply online so that all eligible PAs are registered by April 1, 2025.
- As part of the 2023 budget, Ontario began to add the first of 52 new physician assistant training spots. Twenty-four have been added to date and once fully implemented, the investment will bring the total number of seats to 104.
- Since 2018, Ontario has seen a record-breaking number of new health care professionals join the workforce, adding 80,000 new nurses with another 30,000 nurses currently studying at Ontario colleges and universities, and adding over 24,000 new PSWs since 2020.

- The Ontario government is investing $300 million over three years, or up to $25,000 per student, to help thousands of people launch their careers as PSWs.
- More than 920,000 pharmacist assessments have been completed since allowing pharmacists to treat and prescribe for 19 common medical ailments, including pink eye, uncomplicated UTIs and acne. Currently, more than 4,800 pharmacies (98 per cent of the pharmacies in the province) have participated in the program.
- Since expanding the role of registered nurses to prescribe medications, 122 registered nurses have been authorized to prescribe, after meeting specific requirements, with close to 900 others in the process of meeting education requirements for RN prescribing.

Quotes

"I am delighted that the HSCPOA can now move forward with oversight of this important group of care providers in support of public protection. The public, including residents in their homes, hospitals, long-term care facilities, retirement homes, or other health care environments, can expect that registered PSWs will be held accountable by HSCPOA for their supportive care services provided."

- Kathy Wilkie
CEO, Health and Supportive Care Providers Oversight Authority

"Physician Assistants are skilled professionals who play an important role in the health care system. We look forward to welcoming them as CPSO registrants and supporting them in providing high-quality care to the patients of Ontario."

- Nancy Whitmore
Registrar and CEO, College of Physicians and Surgeons of Ontario

"Regulation in Ontario is long overdue. The announcement that it is forthcoming, once again confirms the value and effectiveness of our profession. The government is to be commended for making a move that will not only improve healthcare efficiency, but also catch Ontario up with the other provinces that regulate PAs."

- James Dougan
Ontario Director, Canadian Association of Physician Assistants

"Personal support workers (PSWs) are the backbone of long-term care in Ontario, accounting for nearly two-thirds of the sector's direct-care staff. From medication reminders to meal preparation to companionship, the

impact PSWs have on the everyday lives of all long-term care residents cannot be understated. Allowing PSWs to register with the Health and Supportive Care Providers Oversight Authority will foster greater transparency and accountability within the profession and help PSWs grow their careers by offering more consistency when it comes to education and training."

- Stan Cho
Minister of Long-Term Care

Additional Resources

- Your Health: A Plan for Connected and Convenient Care
- 2024 Ontario Budget: Building a Better Ontario
- Health Human Resources
- Health and Supportive Care Providers Oversight Authority

Media Contacts

Hannah Jensen
Minister Jones' Office
Hannah.R.Jensen@ontario.ca

Anna Miller
Communications Branch
media.moh@ontario.ca
416-314-6197

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From: Jo-Ann Willson
Sent: June 7, 2024 12:27 PM
To: Rose Bustria
Subject: FW: Subject: Important Update: Ontario's Cabinet Shuffle - Summer 2024

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
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From: TheCCSGroup <ron@theccsgroup.ca>
Sent: Friday, June 7, 2024 12:23 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Subject: Important Update: Ontario's Cabinet Shuffle - Summer 2024

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THECCSGROUP

Premier Ford's 315

Cabinet Shuffle

~ Summer 2024 ~

Hi Jo-Ann,

Premier Doug Ford has announced a significant Cabinet shuffle to support Ontario's economic rebuilding efforts. This update includes new appointments and strategic role changes aimed at delivering on key government commitments.

We have a comprehensive list in the link below along with a list of changes from the previous Cabinet.



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Read Full Release

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developing working relationships.

Premier Ford's Cabinet Shuffle - June 6th, 2024



Author: ***Natan Finkelstein***

Cabinet Shuffle for Ontario

TORONTO - Premier Doug Ford has announced a significant Cabinet shuffle to support Ontario's economic rebuilding efforts. This update includes new appointments and strategic role changes aimed at delivering on key government commitments.

"As our province and economy continue to grow, this is the team that is working side-by-side with workers, businesses, labour partners, Indigenous leaders and every member of Team Ontario to rebuild our economy," said Premier Ford. *"We're at an important moment in our province's history with clear choices. Our team is choosing growth and prosperity. We're choosing lower taxes and better jobs with bigger paycheques. Let's Get it Done!"*

Key Changes Include:

New Appointments:

- **Stan Cho** as Minister of Tourism, Culture, and Gaming, overseeing OLG.
- **Rob Flack** as Minister of Farming, Agriculture, and Agribusiness.
- **Natalia Kusendova-Bashta** as Minister of Long-Term Care.
- **Stephen Lecce** as Minister of Energy and Electrification.
- **Todd McCarthy** as Minister of Public and Business Service Delivery and Procurement, overseeing Supply Ontario.
- **Todd Smith** as Minister of Education.
- **Graydon Smith** as Minister of Natural Resources.
- **Lisa Thompson** as Minister of Rural Affairs.

New Associate Ministers:

- **Stephen Crawford** for Mines.
- **Trevor Jones** for Emergency Preparedness and Response.
- **Sam Oosterhoff** for Energy-Intensive Industries.
- **Nolan Quinn** for Forestry.
- **Vijay Thanigasalam** for Housing.

Reassigned or Retained Roles:

- **Greg Rickford** assumes additional duties as Minister of Indigenous Affairs and First Nations Economic Reconciliation while remaining Minister of Northern Development.
- Several ministers, including **Sylvia Jones** (Health), **Peter Bethlenfalvy** (Finance), and others, retain their existing portfolios.
- The reshuffle emphasizes economic growth, job creation, infrastructure development, and collaboration with various stakeholders across the province.

Cabinet now includes the following ministers:

- Premier Doug Ford remains Minister of Intergovernmental Affairs
- Sylvia Jones remains Deputy Premier and Minister of Health
- Peter Bethlenfalvy remains Minister of Finance
- Paul Calandra remains Minister of Municipal Affairs and Housing

- Raymond Cho remains Minister of Seniors and Accessibility
- Stan Cho becomes Minister of Tourism, Culture and Gaming, with responsibility for OLG
- Doug Downey remains Attorney General
- Jill Dunlop remains Minister of Colleges and Universities
- Vic Fedeli remains Minister of Economic Development, Job Creation and Trade
- Rob Flack becomes Minister of Farming, Agriculture and Agribusiness
- Michael Ford remains Minister of Citizenship and Multiculturalism
- Mike Harris becomes Minister of Red Tape Reduction
- Michael Kerzner remains Solicitor General
- Andrea Khanjin remains Minister of Environment, Conservation and Parks
- Natalia Kusendova-Bashta becomes Minister of Long-Term Care
- Stephen Lecce becomes Minister of Energy and Electrification
- Neil Lumsden becomes Minister of Sport
- Todd McCarthy becomes Minister of Public and Business Service Delivery and Procurement, with responsibility for Supply Ontario
- Caroline Mulroney remains President of the Treasury Board and Minister of Francophone Affairs
- Michael Parsa remains Minister of Children, Community and Social Services
- David Piccini remains Minister of Labour, Immigration, Training and Skills Development
- George Pirie remains Minister of Mines
- Greg Rickford becomes Minister of Indigenous Affairs and First Nations Economic Reconciliation and remains Minister of Northern Development
- Prabmeet Sarkaria remains Minister of Transportation
- Todd Smith becomes Minister of Education
- Graydon Smith becomes Minister of Natural Resources
- Kinga Surma remains Minister of Infrastructure
- Lisa Thompson becomes Minister of Rural Affairs
- Stephen Crawford becomes Associate Minister of Mines as part of the Ministry of Mines
- Trevor Jones becomes Associate Minister of Emergency Preparedness and Response as part of Treasury Board Secretariat
- Sam Oosterhoff becomes Associate Minister of Energy-Intensive Industries as part of the Ministry of Energy and Electrification
- Nolan Quinn becomes Associate Minister of Forestry as part of the Ministry of Natural Resources
- Nina Tangri remains Associate Minister of Small Business as part of the Ministry of Economic Development, Job Creation and Trade
- Vijay Thanigasalam becomes Associate Minister of Housing as part of the Ministry of Municipal Affairs and Housing
- Michael Tibollo remains Associate Minister of Mental Health and Addictions as part of the Ministry of Health
- Charmaine Williams remains Associate Minister of Women's Social and Economic Opportunity as part of the Ministry of Children, Community and Social Services

In addition, outside of Cabinet, Steve Clark has been appointed Government House Leader.

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Our communications strategies facilitate consistent communication
between all stakeholders and open up friendly discussions on
developing working relationships.

Premier Ford's Cabinet Shuffle - June 6th, 2024



Author: ***Natan Finkelstein***

Cabinet Shuffle for Ontario

TORONTO - Premier Doug Ford has announced a significant Cabinet shuffle to support Ontario's economic rebuilding efforts. This update includes new appointments and strategic role changes aimed at delivering on key government commitments.

"As our province and economy continue to grow, this is the team that is working side-by-side with workers, businesses, labour partners, Indigenous leaders and every member of Team Ontario to rebuild our economy," said Premier Ford. *"We're at an important moment in our province's history with clear choices. Our team is choosing growth and prosperity. We're choosing lower taxes and better jobs with bigger paycheques. Let's Get it Done!"*

Key Changes Include:

New Appointments:

- **Stan Cho** as Minister of Tourism, Culture, and Gaming, overseeing OLG.
- **Rob Flack** as Minister of Farming, Agriculture, and Agribusiness.
- **Natalia Kusendova-Bashta** as Minister of Long-Term Care.
- **Stephen Lecce** as Minister of Energy and Electrification.
- **Todd McCarthy** as Minister of Public and Business Service Delivery and Procurement, overseeing Supply Ontario.
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In addition, outside of Cabinet, Steve Clark has been appointed Government House Leader.

Subject: FW: Letter from MOH re. Staff Change - Virginia Collins
Attachments: MOH HWROB staffing announcement June 13.pdf; ATT00001.txt

From: Jo-Ann Willson <jpwillson@cco.on.ca>
Sent: Thursday, June 13, 2024 4:05 PM
To: Rose Bustria <RBustria@cco.on.ca>
Subject: FW: Letter from MOH re. Staff Change - Virginia Collins

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.

From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Thursday, June 13, 2024 3:55 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Cc: Henry, Allison (MOH) (Allison.Henry@ontario.ca) <Allison.Henry@ontario.ca>; Lyon, Lindsay (MOH) <Lindsay.Lyon@ontario.ca>
Subject: [Registrars] Letter from MOH re. Staff Change - Virginia Collins

CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Hi All:

MOH Director Allison Henry has asked that the attached be shared with you.

HPRO had enjoyed working with Virginia, and we look forward to meeting Dean Therrien, Acting Manager.

Thank you, Allison, for letting us know.

Take care!
Beth Ann

HPRO Health Profession Regulators of Ontario

Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
Email: bakenny@regulatedhealthprofessions.on.ca

Web: www.regulatedhealthprofessions.on.ca
Phone: 416-986-0576

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Ministry of Health

Nursing and Professional Practice Division

Health Workforce Regulatory Oversight Branch

438 University Avenue, 10th floor
Toronto ON M5G 2K8

Tel.: 437-213-7921

Ministère de la Santé

Division des soins infirmiers et de la pratique professionnelle

Direction de la surveillance réglementaire relative au ressources humaines dans le domaine de la santé

438 avenue University, 10e étage
Toronto ON M5G 2K8

Tél.: 437-213-7921

Ontario

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June 13, 2024

Registrars / Executive Directors
Health Regulatory Colleges of Ontario
c/o Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario

Dear Registrars/Executive Directors:

It is with mixed emotions that I announce that Virginia Collins, Manager of the Regulatory Design and Implementation Unit has left the Ministry of Health to pursue an opportunity in another ministry within the government.

Many of you who have worked with Virginia will no doubt have been impressed with her collaboration style, negotiation skills and candor. Under her leadership, her team delivered on a number of ministry priorities that have improved Ontarians' access to care where and when they need it.

We will miss Virginia dearly and wish her all the best in her new role.

Dean Therrien will be Acting in the Manager position effective June 13, 2024.

As always, Jason, Stephen, Dean and I look forward to our continued collaboration.

Sincerely,

A. Henry

Allison Henry
Director

Subject: FW: (Correction) RE: Update: Health and Supportive Care Providers Oversight Authority

From: Jo-Ann Willson <jpwillson@cco.on.ca>
Sent: Tuesday, June 18, 2024 10:35 AM
To: Rose Bustria <RBustria@cco.on.ca>
Subject: FW: (Correction) RE: Update: Health and Supportive Care Providers Oversight Authority

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.

From: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>
Sent: Tuesday, June 18, 2024 10:31 AM
To: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>
Subject: (Correction) RE: Update: Health and Supportive Care Providers Oversight Authority

CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Hello,

On December 1, 2024, the *Health and Supportive Care Providers Oversight Authority Act, 2021* (Act) and its supporting regulations will come into force.

As an individual or organization who participated in previous Ministry of Health engagement activities pertaining to the Act and its regulations you may be interested to know that the Health and Supportive Care Providers Oversight Authority (HSCPOA) is holding a series of informational webinars in advance of the Act coming into force. Please click this link for more information.

From: Regulatory Projects (MOH)
Sent: Tuesday, June 18, 2024 10:12 AM
Subject: Update: Health and Supportive Care Providers Oversight Authority

Hello,

On December 1, 2025, the *Health and Supportive Care Providers Oversight Authority Act, 2021* (Act) and its supporting regulations will come into force.

As an individual or organization who participated in previous Ministry of Health engagement activities pertaining to the Act and its regulations you may be interested to know that the Health and Supportive Care Providers Oversight Authority (HSCPOA) is holding a series of informational webinars in advance of the Act coming into force. Please click this link for more information.

Important: This version of the e-Laws website will be upgraded to a new version in the coming weeks. You can try the beta version of the new e-Laws at ontario.ca/laws-beta.

Ontario

Français

Health and Supportive Care Providers Oversight Authority Act, 2021

S.O. 2021, CHAPTER 27
SCHEDULE 2

Consolidation Period: From October 26, 2021 to the e-Laws currency date.

Last amendment: 2021, c. 27, Sched. 2, s. 64.

Legislative History: [+]

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PART I
INTERPRETATION

Interpretation

1 (1) In this Act,

"Authority" means the corporation without share capital incorporated under section 2; ("Office")

"board" means the board of directors of the Authority; ("conseil")

"Chief Executive Officer" means the Chief Executive Officer of the Authority appointed under subsection10 (1); ("directeur général")

"memorandum of understanding" means the memorandum of understanding described in subsection 14 (1); ("protocole d'entente")

"Minister" means the Minister of Health or such other member of the Executive Council as may be assigned the administration of this Act under the *Executive Council Act*; ("ministre")

"personal health information" has the same meaning as in section 4 of the *Personal Health Information Protection Act, 2004*; ("renseignements personnels sur la santé")

"personal information" means personal information within the meaning of the *Freedom of Information and Protection of Privacy Act*; ("renseignements personnels")

"prescribed" means prescribed by the regulations; ("prescrit")

"registrant" means a person or individual that is registered with the Authority under this Act; ("titulaire d'une inscription")

"regulations" means the regulations made under this Act. ("règlements")

Sexual abuse

(2) In this Act,

"sexual abuse" of a person who receives health services or supportive care services from a registrant means,

(a) sexual intercourse or other forms of physical sexual relations between the registrant and the person,

(b) touching, of a sexual nature, of the person by the registrant, or

(c) behaviour or remarks of a sexual nature by the registrant towards the person.

Same, exceptions

(3) For the purposes of subsection (2),

"sexual nature" does not include,

(a) touching, behaviour or remarks that are appropriate to the service provided by the registrant, or

(b) any other prescribed conduct, behaviour or remarks.

ESTABLISHMENT, COMPOSITION AND GOVERNANCE

Authority established

2 A corporation without share capital is established under the name Health and Supportive Care Providers Oversight Authority in English and Office de surveillance des fournisseurs de soins de santé et de soutien in French.

Composition of Authority

3 (1) The Authority is composed of the members of its board of directors.

Same

(2) A person ceases to be a member of the Authority when they cease to be a director of the Authority.

Board

4 (1) The Authority shall have a board of directors which shall manage or supervise the management of the affairs of the Authority.

Composition of board

(2) The board shall consist of no fewer than eight and no more than 12 directors.

Appointed directors

(3) The Lieutenant Governor in Council may appoint directors to the board, subject to subsection (4).

Not majority

(4) The Lieutenant Governor in Council shall ensure that the directors appointed by the Lieutenant Governor in Council do not constitute a majority of the directors on the board.

Elected directors

(5) The directors that are not appointed by the Lieutenant Governor in Council shall be elected by the members of the board.

Eligibility

(6) A person is eligible to be elected or appointed as a director of the Authority if they,

(a) are not a registrant;

(b) meet any prescribed qualifications; and

(c) in the case of elected board members described in subsection (5), meet any qualifications that are set out in the Authority's by-laws.

Rules respecting who may serve as director of Authority

(7) The regulations may establish rules regarding who can serve as a director of the Authority, including,

(a) requiring that no more than a fixed percentage of directors shall be drawn from among specified persons or classes of persons;

(b) specifying the qualifications for being a director of the Authority;

(c) specifying the length of a director's term; and

(d) specifying the number of terms that a director can serve.

Remuneration and expenses

(8) The Authority shall pay reasonable remuneration and expenses to the directors.

Meetings
(9) The board shall meet regularly throughout the year and in any event shall hold at least four meetings in each calendar year.

Quorum
(10) A majority of the number of directors required to be on the board constitutes a quorum.

Chair
(11) The Minister shall designate a chair of the board from among the directors.

First election
(12) The first election of the directors mentioned in subsection (5) shall take place before the second anniversary of the day this section comes into force or before a later date that is prescribed.

Interim board
5 (1) Until the first election of the directors mentioned in subsection 4 (12) takes place, the Authority shall have an interim board consisting of three to five directors who shall be appointed by the Lieutenant Governor in Council.

Remuneration and expenses of interim board
(2) The remuneration and expenses of the directors on the interim board shall be determined by the Lieutenant Governor in Council.

Application of s. 4
(3) Section 4, except subsections (2) to (5) and (8), applies to the interim board.

By-laws
6 (1) The board may make by-laws for the management of the Authority and for the conduct and administration of the Authority's operations, including with respect to,

(a) delegating any powers and duties of the board or of the Chief Executive Officer under this Act to any person, subject to any conditions the board may specify;

(b) establishing and governing the expiry of registrations issued under this Act; and

(c) requiring information to be included in the register required by section 32.

Elected directors
(2) The board shall make a by-law regarding who can serve as directors elected to the board, the criteria and qualifications for persons to be nominated for election to the board and the process for their election.

Minister's approval required
(3) The board may make a by-law described in subsection (2) only with the written approval of the Minister.

Available to the public
(4) The Authority shall publish each by-law on the website of the Authority as soon as practicable after the by-law becomes effective.

Not Crown agent
7 The Authority is not an agent of the Crown and shall not hold itself out as an agent of the Crown.

Not-for-Profit Corporations Act, 2010, Corporations Information Act
8 The *Not-for-Profit Corporations Act, 2010* and the *Corporations Information Act* do not apply to the Authority except as prescribed. 2021, c. 27, Sched. 2, s. 64 (1).

Employees, Officers, Agents and Committees

Employees

9 The Authority may employ or retain the services of any qualified person to carry out any power or duty of the Authority.

Chief Executive Officer

10 (1) The board shall appoint one of its employees as the Chief Executive Officer.

Restriction

(2) The Chief Executive Officer shall not be a registrant or a director of the Authority.

Duties

(3) The Chief Executive Officer shall have the powers and perform the duties assigned to the Chief Executive Officer under this Act and by the board.

Non-application of *Statutory Powers Procedure Act*

(4) The *Statutory Powers Procedure Act* does not apply to anything done by the Chief Executive Officer under this Act, except as may be prescribed.

Note: Section 11 of this Act is not yet in force. It comes into force on a day to be named by proclamation of the Lieutenant Governor.

Advisory committees

11 (1) The board shall establish a separate advisory committee for each class of registrants in accordance with the regulations to advise and make recommendations to the board and the Chief Executive Officer about issues pertaining to registrants in that class of registration.

Composition

(2) In addition to any other requirements provided for in the regulations, every advisory committee for a class of registrants shall include,

(a) one or more individuals who represent the interests of persons who receive health services or supportive care services from that class of registrants or the caregivers of such individuals;

(b) one or more individuals who are registrants in that class of registration; and

(c) one or more individuals who are educators of registrants in that class of registration.

Objects, Powers and Duties

Objects

12 The objects of the Authority are,

(a) to administer this Act and the regulations, including overseeing their enforcement;

(b) to establish and maintain educational and skills-based qualifications for each class of registrants;

(c) to establish and maintain one or more visual marks or identifiers for use by registrants that can identify registrants to members of the public;

(d) to promote the provision of safe, competent, ethical and high-quality health services and supportive care services by registrants to members of the public;

(e) to establish and maintain codes of ethics applicable to each class of registrants in relation to the health services or supportive care services they provide to members of the public;

(f) to educate registrants, employers and members of the public about matters relating to this Act and the regulations;

(g) to advise the Minister, at the Minister's request, on matters specified by the Minister, which may include,

(i) whether additional classes of registration should be prescribed,

(ii) whether existing classes of registration should no longer be prescribed,

(iii) suggestions for amendments to the Act or the regulations to support the operations of the Authority, and

(iv) any other policy matter concerning the Authority's objects that the Minister considers advisable; and

(h) to carry out any other duties or powers assigned to the Authority under this Act.

Capacity, rights, powers and privileges

13 The Authority has the capacity and the rights, powers and privileges of a natural person, except as limited by this Act or the regulations.

Note: Sections 14 to 62 of this Act are not yet in force. They come into force on a day to be named by proclamation of the Lieutenant Governor.

Memorandum of understanding

14 (1) The Minister and the Authority shall enter into a memorandum of understanding, which must, at a minimum,

(a) set out requirements relating to the governance of the Authority;

(b) set out requirements with which the Authority shall comply in connection with its administration of this Act and the regulations, including a requirement that the Authority maintain adequate insurance against liability arising out of its administration of this Act and the regulations; and

(c) set out requirements with which the Authority shall comply in connection with carrying out its other objects.

Conflict

(2) In the event of conflict between any provision of this Act or the regulations and any provision of the memorandum of understanding or the Authority's by-laws or resolutions, the provision of this Act or the regulations prevails to the extent of the conflict.

Amendment by Minister

(3) If the Minister considers it to be in the public interest, the Minister may unilaterally amend the memorandum of understanding after giving the Authority the notice that the Minister considers reasonable in the circumstances.

ACCOUNTABILITY

Minister's authority to appoint supervisor

15 (1) If the Minister considers it to be in the public interest, the Minister may appoint a person as a supervisor for the Authority for the purposes of assuming control of it and responsibility for its activities.

Notice of appointment

(2) The Minister shall give the board the notice that the Minister considers reasonable in the circumstances before appointing the supervisor.

Immediate appointment

(3) Subsection (2) does not apply if there are not enough members on the board to form a quorum.

Term of appointment

(4) The appointment of the supervisor is valid until the Minister terminates the appointment.

Powers and duties of supervisor

(5) Unless the supervisor's appointment provides otherwise, the supervisor has the exclusive right to exercise all the powers and perform all the duties of the directors, officers and members of the Authority.

Same

(6) In appointing the supervisor, the Minister may specify the supervisor's powers and duties and the conditions governing them.

Right of access

(7) The supervisor has the same rights as the board in respect of the Authority's documents, records and information.

Report to Minister

(8) The supervisor shall report to the Minister as the Minister requires.

Minister's directions

(9) The Minister may issue directions to the supervisor with regard to any matter within the supervisor's jurisdiction, and the supervisor shall carry them out.

Status of board during supervisor's tenure

16 (1) On the appointment of a supervisor under section 15, the members of the board cease to hold office, unless the supervisor's appointment provides otherwise.

Same

(2) During the term of the supervisor's appointment, the powers of any director of the Authority who continues to hold office are suspended, unless the supervisor's appointment provides otherwise.

Policy directions

17 (1) If the Minister considers it to be in the public interest, the Minister may issue policy or operational directions to the Authority relating to its administration of this Act, after giving the Authority the notice that the Minister considers reasonable in the circumstances.

Compliance required

(2) The Authority shall comply with the policy directions and shall implement measures to do so.

Ministerial reviews

18 (1) The Minister may require that reviews of the Authority, of its operations or of both, including, without limitation, performance, governance, accountability and financial reviews, be carried out,

(a) by or on behalf of the Authority; or

(b) by a person or entity specified by the Minister.

Access to records

(2) If a review is carried out by a person or entity specified by the Minister, the Authority shall give the person or entity specified by the Minister and the employees and agents of the person or entity access to all records and other information required to conduct the review.

Report to Minister

(3) The results of reviews under this section shall be reported to the Minister within the time specified by the Minister.

Conditions

(4) The Minister may impose any additional requirements or conditions with respect to a review carried out under this section.

Duty to advise the Minister

19 (1) The Authority shall promptly inform and advise the Minister with respect to,

(a) any information that could affect the Authority's ability to exercise its powers or perform its duties under this Act; and

(b) any urgent or critical matter that is likely to require action by the Minister.

Same

(2) The Authority shall advise or report to the Minister, within the time period that the Minister specifies, on any matter that the Minister refers to it and that relates to this Act, the regulations or the memorandum of understanding.

Internal audit

20 The board shall appoint an auditor licensed under the *Public Accounting Act, 2004* to audit the accounts and financial transactions of the Authority annually.

External audit

21 (1) The Auditor General appointed under the *Auditor General Act* may conduct an audit of the Authority, other than an audit required under the *Corporations Act*.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 21 (1) of the Act is amended by striking out "*Corporations Act*" at the end and substituting "*Not-for-Profit Corporations Act, 2010*". (See: 2021, c. 27, Sched. 2, s. 64 (2))

Access

(2) When the Auditor General conducts an audit under subsection (1), the Authority shall give the Auditor General and employees of the Auditor General access to all records and other information required to conduct the audit.

Section Amendments with date in force (d/m/y) [+]

Disclosure of compensation and other payments

22 (1) The Authority shall, in accordance with the regulations, make available to the public any information specified by the Minister relating to,

(a) the compensation that the Authority pays to members of its board of directors, its officers and its employees; and

(b) any other payments that the Authority makes or is required to make to the persons mentioned in clause (a).

Website, etc.

(2) The information described in subsection (1) must be made available to the public on the Authority's website and by any other means that the Authority determines.

Definition

(3) In this section,

"compensation" means anything paid or provided, directly or indirectly, to or for the benefit of a person who performs duties and functions that entitle the person to be paid, and includes salary, benefits, perquisites and all forms of non-discretionary and discretionary payments.

Public interest considerations

23 In exercising a power under subsection 14 (3), 15 (1) or 17 (1), the Minister may consider any matter the Minister regards as relevant to the public interest including, without limiting the generality of the foregoing, whether,

(a) the exercise of the power is necessary to prevent serious harm to public safety or to the interests of individuals who receive health services or supportive care services from registrants;

(b) an event of force majeure has occurred;

(c) the Authority is facing a risk of insolvency; or

(d) the board's composition is no longer in compliance with the requirements set out in this Act, or the number of directors of the Authority is insufficient for a quorum.

Prohibitions

Commercial activities

24 (1) The Authority shall not engage in commercial activity through an individual, corporation or other entity that is related to the Authority.

Subsidiary corporations

(2) The Authority shall not establish a subsidiary corporation.

Services in French

25 The *French Language Services Act* applies to the Authority as though it were a government agency under that Act.

PART III
APPLICATIONS FOR REGISTRATION

Applications

26 (1) An applicant may apply to the Authority for registration or renewal of registration in a class described in subsection (2).

Classes

(2) The classes of registration to which an applicant may apply are,

(a) the personal support worker class; and

(b) any other prescribed class.

Form and manner

(3) The application must be made in the form and manner required by the Authority.

Registration

27 (1) An applicant is entitled to registration or renewal of registration by the Chief Executive Officer in the class they are applying for unless the Chief Executive Officer refuses to grant the application under section 28.

Request for information

(2) The Chief Executive Officer may request that an applicant for registration or renewal of registration provide to the Chief Executive Officer, in the form and manner and within the time period specified by the Chief Executive Officer,

(a) information specified by the Chief Executive Officer that is relevant to the decision to be made by the Chief Executive Officer as to whether or not to grant the registration or renewal; and

(b) verification, by affidavit or otherwise, of any information described in clause (a) that the applicant is providing or has provided to the Chief Executive Officer.

Approval and conditions

(3) Subject to subsection (4), the Chief Executive Officer may,

(a) approve the registration or renewal of a registration on such conditions as the Chief Executive Officer considers appropriate; and

(b) at any time impose on a registration such conditions as the Chief Executive Officer considers appropriate.

Notice required if no consent to conditions

(4) The Chief Executive Officer must provide notice in writing to the applicant under subsection 28 (3) if the Chief Executive Officer proposes to impose conditions on a registration or renewal to which the applicant has not consented.

Refusal to register, etc.

28 (1) If an applicant or a registrant meets the prescribed prohibited grounds for registration, the Chief Executive Officer shall, as applicable,

(a) refuse to register or renew the registration of the applicant; or

(b) revoke the registrant's registration.

Failure to meet prescribed criteria

(2) The Chief Executive Officer may refuse to grant or renew a registration if, in the Chief Executive Officer's opinion, the applicant does not meet the prescribed criteria for that class of registration.

Notice

(3) The Chief Executive Officer shall notify an applicant or registrant in writing if they propose to,

(a) refuse to grant or renew a registration in accordance with subsection (1) or (2);

(b) revoke the registrant's registration in accordance with subsection (1); or

(c) impose conditions to a registration or renewal to which the applicant has not consented.

Content of notice

(4) The notice described in subsection (3) shall,

(a) set out the reasons for the proposed action; and

(b) state that the applicant is entitled to a review in writing of the application and the documentary evidence supporting it by the Health Professions Appeal and Review Board if the applicant mails or delivers, within 15 days after service of the notice, a written request to the Chief Executive Officer and to the Health Professions Appeal and Review Board.

Where no request for review

(5) If an applicant does not request a review in writing after receiving the notice described in clause (4) (b), the Chief Executive Officer may carry out the proposal.

If review requested

(6) If a review in writing of a matter is requested, the Health Professions Appeal and Review Board shall conduct the written review in accordance with section 29.

Continuation pending renewal

(7) If, within the time prescribed or, if no time is prescribed, before the expiry of the applicant's registration, the applicant has applied for renewal of a registration and paid the required fee, if any, the registration shall be deemed to continue,

(a) until the renewal is granted; or

(b) if the applicant is served notice that the Chief Executive Officer proposes to refuse to grant the renewal, until the time for requesting a review has expired or, if a review is requested, until the Health Professions Appeal and Review Board makes its order.

Voluntary cancellation

(8) The Chief Executive Officer may cancel a registration upon the request, in writing, of the applicant and this section does not apply to the cancellation.

Written review by HPARB

29 (1) After receiving a request for a written review from an applicant under subsection 28 (6), the Health Professions Appeal and Review Board shall conduct a written review in accordance with the procedures provided for in the regulations, if any.

Non-application of the *Statutory Powers Procedure Act*

(2) A written review conducted by the Health Professions Appeal and Review Board under this section is not a proceeding within the meaning of the *Statutory Powers Procedure Act* and the *Statutory Powers Procedure Act* does not apply to such a review, except as provided for in the regulations.

Powers

(3) After conducting a written review, the Health Professions Appeal and Review Board may by order,

(a) direct the Chief Executive Officer to carry out the Chief Executive Officer's proposal; or

(b) substitute its opinion for that of the Chief Executive Officer, which may include granting, refusing to grant or applying conditions to the registration.

CEO shall comply

(4) The Chief Executive Officer shall comply with any orders made under subsection (3).

Conditions

(5) An order under subsection (3) is subject to any conditions specified in the order and may attach conditions to a registration.

Parties

(6) The Chief Executive Officer and the applicant are the parties to a written review under this section.

PART IV
REGISTRATIONS

Conditions and the Register

Registration subject to conditions

30 A registration is subject to any conditions that are applied to the registration under this Act or that are otherwise prescribed.

Expiry of registration

31 Registrations expire in accordance with the rules set out in the Authority's by-laws.

Register

32 (1) The Chief Executive Officer shall, in accordance with the regulations, establish and maintain a register of registrants and shall make available to the public,

(a) the names of registrants;

(b) any other information that may be prescribed in respect of registrants; and

(c) any other information that may be required by the Authority's by-laws.

Form and manner

(2) The information to be maintained by the Chief Executive Officer in the register shall be maintained in the form and manner set out in the regulations.

Reporting and Information

Reporting by registrants re: offences

33 (1) A registrant shall file a report in writing with the Authority if the registrant has been found guilty of an offence, other than a prescribed offence.

Timing of report

(2) The report must be filed as soon as reasonably practicable after the registrant receives notice of the finding of guilt.

Contents of report

(3) Subject to subsection (4), the report must contain,

(a) the name of the registrant filing the report;

(b) the nature of, and a description of the offence;

(c) the date the registrant was found guilty of the offence;

(d) the name and location of the court that found the registrant guilty of the offence; and

(e) the status of any appeal initiated respecting the finding of guilt.

Publication ban

(4) The report shall not contain any information that violates a publication ban.

Same

(5) No action shall be taken under this section which violates a publication ban and nothing in this section requires or authorizes the violation of a publication ban.

Additional reports

(6) A registrant who files a report under subsection (1) shall file an additional report if there is a change in status of the finding of guilt as the result of an appeal.

Reporting by registrants re: charges and bail conditions, etc.

34 (1) A registrant shall file a report in writing with the Authority if the registrant has been charged with an offence other than a prescribed offence, and the report shall include information about every bail condition or other restriction imposed on, or agreed to, by the registrant in connection with the charge.

Timing of report

(2) The report must be filed as soon as reasonably practicable after,

(a) the registrant receives notice that they were charged with the offence; or

(b) the bail conditions or other restrictions were imposed on or agreed to by the registrant.

Contents of report

(3) Subject to subsection (4), the report must contain,

(a) the name of the registrant filing the report;

(b) the nature of, and a description of, the charge;

(c) the date the charge was laid against the registrant;

(d) the name and location of the court in which the charge was laid or in which the bail condition or restriction was imposed on or agreed to by the registrant;

(e) every bail condition imposed on the registrant as a result of the charge;

(f) any other restriction imposed on or agreed to by the registrant relating to the charge; and

(g) the status of any proceedings with respect to the charge.

Publication ban

(4) The report shall not contain any information that violates a publication ban.

Same

(5) No action shall be taken under this section which violates a publication ban and nothing in this section requires or authorizes the violation of a publication ban.

Additional reports

(6) A registrant who files a report under subsection (1) shall file an additional report if there is a change in status of the charge or bail conditions as the result of an appeal.

Sexual abuse reporting

35 (1) A registrant shall file a written report with the Authority if the registrant has reasonable grounds to believe that another registrant has sexually abused a person who receives health services or supportive care services.

Same, member of health profession College

(2) A registrant shall file a written report with a College within the meaning of the *Regulated Health Professions Act, 1991* if the registrant has reasonable grounds to believe that a member of that College has sexually abused a person who receives health services or supportive care services.

If name not known

(3) A registrant is not required to file a report under subsection (1) or (2) if the registrant does not know the name of the registrant or member who would be the subject of the report.

Requirement to inform

(4) If a registrant is required to file a report under subsection (1) or (2), the registrant shall use their best efforts to advise the person who is alleged to have been sexually abused of the requirement to file the report before doing so.

Contents of report

(5) The report required under subsection (1) or (2) must contain the following information, to the extent that it is known by the registrant:

1. The name of the registrant filing the report.
2. The name of the registrant or member who is the subject of the report.
3. An explanation of the alleged sexual abuse.
4. Subject to subsection (6), the name of the person who was alleged to have been sexually abused.

Consent required

(6) The name of a person who was alleged to have been sexually abused must not be included in a report under subsection (1) or (2) unless that person, or if that person is incapable, the person's representative, consents in writing to the inclusion of the person's name.

Collection of personal information from registrants

36 (1) At the request of the Minister, the Authority shall collect information directly from registrants as is reasonably necessary for the purpose of human resources planning or research.

Unique identifiers

(2) A unique identifier shall be assigned by the Minister or a person designated by the Minister for each registrant from whom information is collected under subsection (1).

Form and manner

(3) The unique identifier shall be in the form and manner specified by the Minister.

Registrants to provide information

(4) A registrant who receives a request for information for the purpose of subsection (1) shall provide the information to the Authority within the time period and in the form and manner specified by the Authority.

Disclosure to Minister

(5) The Authority shall disclose the information collected under subsection (1) to the Minister within the time period and in the form and manner specified by the Minister.

Use, collection, disclosure and publication

(6) The following applies to information collected under subsection (1):

1. The information may only be used for the purposes set out under subsection (1).
2. The Minister shall not collect personal information if other information will serve the purposes set out under subsection (1).
3. The Minister shall not collect more personal information than is necessary for the purposes set out under subsection (1).
4. The Minister may disclose the information only for the purposes set out in subsection (1).
5. Reports and other documents using information collected under this section may be published for the purposes set out under subsection (1), and for those purposes only, but personal information about a registrant shall not be included in those reports or documents.

Notice required by s. 39 (2) of FIPPA

(7) If the Minister requires the Authority to collect personal information from its registrants under subsection (1), the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* is given by,

(a) a public notice posted on a website of the Government of Ontario; or

(b) any other public method that may be prescribed.

Same

(8) If the Minister publishes a notice referred to under subsection (7), the Minister shall advise the Authority of the notice and the Authority shall also publish a notice about the collection within 20 days of receiving the advice from the Minister.

Definitions

(9) In this section,

"human resources planning" means ensuring the sufficiency and appropriate distribution of registrants in Ontario; ("planification des ressources humaines")

"information" includes personal information about registrants, but does not include personal health information; ("renseignements")

"research" means the study of data and information in respect of human resources planning. ("recherche")

PROHIBITIONS ON NON-REGISTRANTS

Holding out prohibitions for non-registrants

Use of mark or visual identifier

37 (1) No individual shall use or hold themselves out as being entitled to use a visual mark or other identifier established by the Authority for a class of registrants unless the individual is authorized to do so by the Authority in accordance with this Act and the regulations.

Other forms of holding out

(2) No individual shall otherwise represent or hold themselves out as being a registrant unless the individual is registered with the Authority in accordance with this Act.

COMPLAINTS AND INVESTIGATIONS

Complaints

38 (1) If the Chief Executive Officer receives a complaint about a registrant, the Chief Executive Officer may investigate the complaint and may, in writing, request information in relation to the complaint from any person, including the registrant who is the subject of the complaint.

Request for information

(2) A request for information under subsection (1) shall indicate the nature of the complaint.

Duty to comply with request

(3) A registrant who receives a request for information under subsection (1) shall provide the information as soon as possible.

Appointment of investigators

39 (1) The Chief Executive Officer may appoint persons to be investigators for the purposes of conducting investigations,

(a) into complaints received by the Chief Executive Officer; or

(b) where the Chief Executive Officer has reason to believe that a registrant may have acted in a manner that breaches the Act, the regulations or the prescribed code of ethics that applies to them.

Certificate of appointment

(2) The Chief Executive Officer shall issue to every investigator a certificate of appointment bearing the Chief Executive Officer's signature or a facsimile of the signature.

Production of certificate of appointment

(3) Every investigator who is conducting an investigation shall, upon request, produce the certificate of appointment as an investigator.

Application of *Public Inquiries Act, 2009*

(4) An investigator may inquire into and examine the actions of a registrant and section 33 of the *Public Inquiries Act, 2009* applies to that inquiry and examination.

Reasonable inquiries

(5) An investigator may make reasonable inquiries of any person, including the registrant who is the subject of the investigation, on matters relevant to the investigation.

Entry and examination

(6) Subject to section 40, an investigator may, on the production of their certificate of appointment, enter a place in which a registrant provides health services or supportive care services to the public, or in which documents or records relevant to the registrant's provision of health services or supportive care services are located, at any reasonable time and may examine anything found there that is relevant to the investigation.

Entry to dwellings

40 In conducting an investigation, an investigator shall not enter any dwelling except,

(a) with the consent of the occupier; or

(b) under the authority of a warrant issued under section 41.

Entries and searches

41 (1) A justice of the peace may, on the application of an investigator made without notice, issue a warrant authorizing an investigator to enter and search a place and examine any document or thing specified in the warrant if the justice of the peace is satisfied that the investigator has been properly appointed and that there are reasonable and probable grounds for believing that,

(a) the registrant being investigated has contravened the prescribed code of ethics that applies to them; and

(b) there is something relevant to the investigation at the place.

Hours of execution

(2) A warrant issued under subsection (1) may be executed only between 8 a.m. and 8 p.m. unless the warrant specifies otherwise.

Application for dwelling

(3) An application for a warrant under subsection (1) to enter a dwelling shall specifically indicate that the application relates to a dwelling.

Powers under the warrant

(4) Subject to any conditions contained in the warrant, a warrant issued under subsection (1) authorizes an investigator to,

(a) enter or access the building, dwelling, receptacle or place specified in the warrant and to seize, examine and remove anything described in the warrant;

(b) make reasonable inquiries of any person, orally or in writing, with respect to anything relevant to the investigation;

(c) require a person to produce the information or evidence described in the warrant and to provide whatever assistance is reasonably necessary, including using any data storage, processing or retrieval device or system to produce, in any form, the information or evidence described in the warrant;

(d) use any data storage, processing or retrieval device or system used to engage in the activities of a registrant in order to produce information or evidence described in the warrant, in any form; and

(e) use any investigative technique or procedure or do anything described in the warrant.

Assistance and entry by force

(5) An investigator entering and searching a place under the authority of a warrant issued under subsection (1) may call upon police officers for assistance in executing the warrant and may enter a place using whatever reasonable force is necessary.

Investigator to show identification

(6) An investigator entering and searching a place under the authority of a warrant issued under subsection (1) shall produce their certificate of appointment, on request, to any person at the place.

Copying of documents and objects

42 (1) An investigator may copy, at the Authority's expense, a document or object that an investigator may examine under subsection 39 (6) or under the authority of a warrant issued under subsection 41 (1).

Removal for documents and objects

(2) An investigator may remove a document or object described in subsection (1) if,

(a) it is not practicable to copy it in the place where it is examined; or

(b) a copy of it is not sufficient for the purposes of the investigation.

Return of documents and objects or copies

(3) If it is practicable to copy a document or object removed under subsection (2), the investigator shall,

(a) if it was removed under clause (2) (a), return the document or object within a reasonable time; or

(b) if it was removed under clause (2) (b), provide the person who was in possession of the document or object with a copy of it within a reasonable time.

Copy as evidence

(4) A copy of a document or object certified by an investigator to be a true copy shall be received in evidence in any proceeding to the same extent and shall have the same evidentiary value as the document or object itself.

Definition

(5) In this section,

"document" means a record of information in any form and includes any part of it.

Obstruction, etc. prohibited

43 (1) No person shall,

(a) hinder, obstruct or interfere with an investigator in the performance of their duties;

(b) withhold or conceal from an investigator or destroy anything that is relevant to the investigation; or

(c) knowingly furnish false information to an investigator in the performance of their duties.

Co-operation

(2) A registrant shall co-operate fully with,

(a) any investigator appointed under this Act; and

(b) any request for information by the Chief Executive Officer under subsection 38 (1).

Resolution of Complaints or Investigations and Appeals

Chief Executive Officer actions

44 At any time following the receipt of a complaint or following the appointment of an investigator, the Chief Executive Officer may do any of the following, as appropriate, subject to any additional procedures provided for in the regulations:

1. Attempt to mediate or resolve the complaint.
2. Give the registrant a written warning that action may be taken against them if they continue to engage in specified activity.
3. Require the registrant to take further educational courses or training.
4. Impose conditions on the registration under clause 27 (3) (b), subject to the requirements in section 28.
5. Refer any contraventions of the prescribed code of ethics that applies to the registrant, in whole or in part, to the discipline committee of the Authority.
6. Take any further prescribed actions that the Chief Executive Officer considers appropriate.

Urgent interim action

45 (1) The Chief Executive Officer may, at any time following the receipt of a complaint or following the appointment of an investigator, suspend or impose conditions on a registrant's registration on an interim basis if the Chief Executive Officer believes on reasonable and probable grounds that the conduct of the registrant exposes or is likely to expose members of the public who receive health services or supportive care services from the registrant to harm or injury and that urgent intervention by the Chief Executive Officer is needed.

No notice or review required

(2) The requirements in section 28 do not apply to an interim action taken under subsection (1).

Duration

(3) An interim action taken under subsection (1) continues in force until,

(a) it is varied or revoked by the Chief Executive Officer;

(b) the Chief Executive Officer chooses to take an action under paragraphs 1, 2, 3, 4 or 6 of section 44 with respect to the matter;

(c) if the Chief Executive Officer refers the matter to the discipline committee under paragraph 5 of section 44,

(i) the matter is disposed of by the discipline committee and any applicable deadline for appealing the decision to the appeals committee expires, or

(ii) the appeals committee finally disposes of the matter.

Procedure following interim action

(4) If an interim action is taken under subsection (1), the Chief Executive Officer shall give precedence to the complaint or investigation that gave rise to the interim action and endeavour to investigate or otherwise deal with the matter within a reasonable period of time.

Discipline and appeals committees

Discipline committee

46 (1) The board shall establish a discipline committee in accordance with the regulations to hear and determine, in accordance with the prescribed procedures, issues concerning whether registrants have failed to comply with the prescribed code of ethics that applies to them.

Non-application of *Statutory Powers Procedure Act*

(2) The *Statutory Powers Procedure Act* does not apply to proceeding before the discipline committee concerning whether registrants have failed to comply with the prescribed code of ethics that applies to them, except as provided for in the regulations.

Appointment of members

(3) The board shall appoint the members of the discipline committee and, in making the appointments, shall ensure that the prescribed requirements for the composition of the committee are met.

Result of a determination

(4) If the discipline committee makes a determination under subsection (1) that a registrant has failed to comply with the prescribed code of ethics that applies to them, it may make an order as appropriate,

(a) directing the Chief Executive Officer to revoke the registrant's registration;

(b) directing the Chief Executive Officer to suspend a registrant's registration for a specified period of time;

(c) directing the Chief Executive Officer to impose specified conditions on a registrant's registration for a specified or indefinite period of time; or

(d) taking such other action as may be prescribed.

CEO shall comply

(5) The Chief Executive Officer shall comply with any orders made under subsection (4).

No notice or review required

(6) The requirements in section 28 do not apply with respect to any actions taken to comply with an order made under subsection (4).

Same

(7) In making an order under subsection (4), the discipline committee may specify criteria to be satisfied for the removal of a suspension or the removal of conditions imposed on a registrant's registration.

Circumstances where revocation of registration is mandatory

(8) Despite subsection (4), if the discipline committee determines that a registrant has failed to comply with the prescribed code of ethics that applies to them in prescribed circumstances, the discipline committee must make an order directing the Chief Executive Officer to revoke the registrant's registration.

Suspension of order

(9) The discipline committee may suspend the effect of all or part of an order made under subsection (4) for a specified period and on specified conditions.

Exception

(10) Subsection (9) does not apply to orders that the discipline committee is required to make under subsection (8).

Appeals committee

47 (1) The board shall establish an appeals committee in accordance with the regulations to consider, in accordance with the prescribed procedures, appeals from orders of the discipline committee.

Appointment of members

(2) The board shall appoint the members of the appeals committee and, in making such appointments, shall ensure that the prescribed requirements for the composition of the committee are met.

Appeal

(3) A party to a proceeding before the discipline committee may appeal the final order of the discipline committee to the appeals committee in accordance with the regulations.

Procedure

(4) The appeals committee shall conduct any appeals to it in accordance with the procedural requirements set out in the regulations, if any.

Non-application of *Statutory Powers Procedure Act*

(5) The *Statutory Powers Procedure* Act does not apply to a proceeding before the appeals committee, except as may be prescribed.

Power of the appeals committee

(6) The appeals committee may by order overturn, affirm or modify the order of the discipline committee and may make an order described in section 44.

Public access to decisions

48 Decisions of the discipline committee and the appeals committee shall be made available to the public in such manner as may be prescribed.

PART VI
MISCELLANEOUS

Forms

49 The Authority may require the use of forms it develops in connection with administering this Act or the regulations.

Fees, etc.

50 (1) The Authority may set and charge fees, costs or other charges in relation to anything that the Authority does in administering this Act or anything that the Chief Executive Officer does under this Act as long as the decisions to set and charge are made in accordance with processes and criteria that the Authority establishes and that the Minister approves.

Exception

(2) The Authority shall not set or charge any fees, costs or charges payable by a person for making a complaint to the Chief Executive Officer.

Setting fees, etc.

(3) In setting the fees, costs and charges described in subsection (1), the Authority may specify their amounts or the method for determining the amounts.

Collection

(4) The Authority may,

(a) set the time and manner of payment of the fees, costs and charges charged by it under subsection (1); and

(b) require the payment of interest and other penalties, including payment of collection costs, when fees, costs and charges charged under subsection (1) are unpaid or paid after the due date.

Publication

(5) The Authority shall publish the fees, costs and charges, the processes and criteria and anything set or required under subsection (4) on its website and in any other way described in the memorandum of understanding.

Not public money

(6) For greater certainty, the money that the Authority collects in administering this Act or the regulations is not public money as defined in the *Financial Administration Act*, and the Authority may use the money to carry out its objects.

Confidentiality

51 (1) A person who obtains information in the course of exercising a power or carrying out a duty related to the administration of this Act, the regulations or the memorandum of understanding shall preserve secrecy with respect to the information and shall not communicate the information to any person except,

(a) as may be required in connection with a proceeding under this Act or in connection with the administration of this Act or the regulations;

(b) for the purposes of the administration of another prescribed Act of Ontario or Canada;

(c) to a College that governs a health profession within the meaning of the *Regulated Health Professions Act, 1991* or to a similar body that governs a health profession outside of Ontario;

(d) to another person or entity outside of Ontario that regulates the activities of individuals who perform health services or supportive care services that are substantially similar to those performed by registrants;

(e) to a police officer to aid an investigation that may result in a law enforcement proceeding, subject to any restrictions set out in the regulations;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) for the purpose of confirming whether the Authority has received a complaint or is investigating a registrant, if there is a compelling public interest in the disclosure of that information;

(h) if the disclosure is required by an Act of Ontario or Canada;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;

(j) with the consent of the person to whom the information relates; or

(k) to a prescribed entity or organization.

Testimony

(2) Except in a proceeding under this Act, no person shall be required to give testimony in a civil proceeding with regard to information obtained in the course of exercising a power or carrying out a duty related to the administration of this Act, the regulations or the memorandum of understanding.

Evidence in civil proceedings

52 No record of a proceeding under this Act, no document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act.

Service

53 (1) Any notice, order or request made under this Act is sufficiently given or served if it is,

(a) delivered personally;

(b) sent by courier;

(c) sent by registered mail;

(d) sent by e-mail; or

(e) sent by fax.

Deemed service

(2) Subject to subsection (3), the notice, order or request shall be deemed to have been served,

(a) on the day it was delivered personally;

(b) on the fifth day after it was couriered;

(c) on the fifth day after it was mailed;

(d) on the day after it was sent by email; or

(e) on the day after it was sent by fax.

Holidays

(3) If the day described in clause (2) (b), (c), (d) or (e) is a holiday, the notice shall be deemed to have been served on the next day that is not a holiday.

Failure to receive beyond person's control

(4) Subsection (2) does not apply if the person receiving the notice, order or request that the person, acting in good faith, did not receive it or received it on a later date because of a reason beyond the person's control, including accident, disability or illness.

Exception

(5) Despite subsections (1) and (2), the Health Professions Appeal and Review Board may order any other method of service that it considers appropriate in the circumstances of any notices, orders or requests to or from the Board.

Review of Act

54 (1) Within five years after this section comes into force, the Minister shall undertake a comprehensive review of this Act and shall prepare a report setting out the findings of the review.

Tabling in Assembly

(2) The Minister shall deliver the report to the Speaker of the Assembly, who shall lay the report before the Assembly at the earliest reasonable opportunity.

PART VII
OFFENCES

Offences

55 A person is guilty of an offence if the person,

(a) furnishes false information in any application of registration or renewal of registration under this Act;

(b) contravenes subsection 35 (1) or (2) (Sexual abuse reporting);

(c) contravenes section 37 (Holding out prohibitions for non-registrants); or

(d) contravenes section 43 (Obstruction, etc. prohibited).

Penalty

Individual

56 (1) Every individual who is found guilty of an offence under section 55 is liable on conviction to a fine of not more than $25,000.

Corporation

(2) Every corporation that is found guilty of an offence under section 55 is liable on conviction to a fine of not more than $50,000.

Directors and officers

(3) If a corporation is guilty of an offence under section 55, every director or officer of the corporation who authorized, permitted or acquiesced in the commission of the offence is deemed to be a party to and guilty of the offence and on conviction is liable to a fine of not more than $25,000.

Protection of personal health information

57 Where documents or materials are filed with a court in relation to an investigation into an offence under this Act or in a prosecution for an offence under this Act, including under sections 158 to 160 of the *Provincial Offences Act*, the court may, at any time, take precautions to avoid the disclosure by the court or any person of any personal health information about an individual, including, where appropriate,

(a) removing the identifying information of any person whose personal health information is referred to in any documents or materials;

(b) receiving representations without notice;

(c) conducting hearings or parts of hearings in private; or

(d) sealing all or part of the court files.

PART VIII
LIABILITY OF THE AUTHORITY AND THE CROWN

No personal liability, Authority officials

58 (1) No cause of action arises against any of the following persons as a result of any act done in good faith in the exercise or performance or intended exercise or performance of their duties or powers under this Act or any alleged neglect or default in the performance in good faith of such duties or powers:

1. The Chief Executive Officer.
2. An investigator appointed under this Act.
3. A director or an officer of the Authority.
4. Any other person whom the Authority employs or whose services the Authority retains in accordance with this Act.
5. An agent of the Authority.

6. A member of the discipline committee, the appeals committee or of any other committee provided for in the regulations.

7. A supervisor appointed under this Act.

No personal liability during supervisor's tenure, directors

(2) No cause of action arises against a director of the Authority for any act, neglect or default done by the supervisor or the Authority after the director's removal under subsection 16 (1) or while the director's powers are suspended under subsection 16 (2).

Liability of Authority for Authority officials

(3) Subsections (1) and (2) do not relieve the Authority of liability to which it would otherwise be subject in respect of the acts or omissions of a person mentioned in subsection (1).

Authority officials not agents or employees of the Crown

(4) The persons listed in subsection (1) are not and shall not be deemed to be agents or employees of the Crown, and they shall not hold themselves out as such.

No personal liability, Crown officials

59 (1) No cause of action arises against any of the following persons as a result of any act done in good faith in the exercise or performance or intended exercise or performance of their duties or powers under this Act or any alleged neglect or default in the performance in good faith of such duties or powers:

1. A member of the Executive Council, including the Minister.

2. An employee, officer or agent of the Crown.

Crown liability for Crown officials

(2) Despite subsection 8 (3) of the *Crown Liability and Proceedings Act, 2019*, subsection (1) does not relieve the Crown of liability to which it would otherwise be subject.

Loss of status as Crown official

(3) A person mentioned in subsection (1) who accepts employment in or assignment to the Authority, including appointment as a director or supervisor of the Authority, is deemed not to be an employee, officer or agent of the Crown for the purposes of this Part during the period of the employment or assignment, as the case may be, in respect of any act or omission relating to the employment or assignment.

No Crown liability, persons other than Crown officials

60 (1) No cause of action arises against the Crown, or any person mentioned in subsection 59 (1), as a direct or indirect result of any act or omission of a person who is not a person mentioned in subsection 59 (1) if the act or omission is related, directly or indirectly, to the exercise or performance or intended exercise or performance of a duty or power under this Act.

Indemnification

(2) The Authority shall indemnify the Crown and any person mentioned in subsection 59 (1) in respect of damages and costs incurred by the Crown or any such person for any act or omission of the Authority or of any person mentioned in subsection 58 (1) in carrying out that person's duties or powers under this Act.

Proceedings barred

61 (1) No proceeding, including but not limited to any proceeding in contract, restitution, tort or trust, shall be commenced against,

(a) any person mentioned in subsection 58 (1) in respect of a matter referred to in that subsection;

(b) any director of the Authority mentioned in subsection 58 (2) in respect of a matter referred to in that subsection;

(c) any person mentioned in subsection 59 (1) in respect of a matter referred to in that subsection; or

(d) any person, including the Crown, mentioned in subsection 60 (1) in respect of a matter referred to in that subsection.

Application

(2) Without limiting the generality of subsection (1), that subsection applies to any proceeding, including a court, administrative or arbitral proceeding, claiming any remedy or relief, including specific performance, injunction, declaratory relief, any form of compensation or damages, including loss of revenue and loss of profit, or any other remedy or relief, and includes a proceeding to enforce a judgment, order or award made by a court, tribunal or arbitrator outside of Canada.

Exception — judicial review

(3) This Part does not apply to prevent an application for judicial review.

Interpretation, former officials

62 A reference in this Part to an officer, employee, service provider, agent, or other official includes reference to a former officer, employee, service provider, agent, or other official, in relation to the exercise of powers and the performance of duties and functions in their capacity as an officer, employee, service provider, agent or other official.

PART IX
REGULATIONS

Regulations

63 The Lieutenant Governor in Council may make regulations,

(a) prescribing anything that, under this Act, may or must be prescribed, provided for or otherwise done by regulation;

(b) exempting any person or class of person from any part of this Act and attaching conditions to the exemption;

(c) prescribing classes of registrants in addition to the personal support worker class;

(d) governing the rules that apply to different classes of registrants;

(e) prescribing the code of ethics for the classes of registrants, which may include establishing different codes of ethics for different classes of registrants;

(f) requiring the establishment of any committee of the Authority that is not already established in this Act;

(g) governing the composition, operations, procedures and functions of any committee of the Authority;

(h) respecting applications for registration or renewal of registration, which may include,

(i) prescribing requirements for registration and renewal of registration,

(ii) requiring applicants or registrants to meet specified educational or skills-based requirements, which may include completing a program of studies or taking one or more designated courses,

(iii) designating organizations that are authorized to provide the programs and courses referred to in subclause (ii), and

(iv) prescribing exemptions from these requirements and attaching conditions to the exemption;

(i) respecting the issuance of visual marks and other identifiers established and maintained by the Authority and authorizing their use by registrants;

(j) requiring and governing the disclosure of compensation and other payments under section 22;

(k) governing the register that is required to be established and maintained under section 32 of this Act, including prescribing the information to be contained in the register and the form and manner in which it shall be maintained;

(l) respecting matters having to do with the complaints received by the Authority and investigations involving allegations of sexual abuse by registrants, which may include,

(i) requiring the Authority to establish a fund for the purposes of providing therapy and counselling for persons who allege that sexual abuse has been committed by registrants,

(ii) requiring the Authority to provide other types of supports in relation to allegations of sexual abuse by registrants;

(m) respecting investigations under this Act;

(n) respecting the manner in which and the frequency with which decisions of the discipline committee and appeals committee are made available to the public;

(o) requiring or authorizing the Chief Executive Officer or the board to conduct continuous quality improvement activities for registrants, which may include requiring registrants to complete continuous quality improvement activities as a condition of registration;

(p) providing for any transitional matter necessary for the effective implementation of this Act;

(q) defining, for the purposes of this Act, any word or expression that is used in this Act but not defined in this Act;

(r) respecting matters concerning the winding up and dissolution of the Authority and the transfer of its assets, liabilities, rights and obligations;

(s) respecting any matter that the Lieutenant Governor in Council considers advisable to carry out effectively the intent and purpose of this Act.

PART X (OMITTED)

64 OMITTED (PROVIDES FOR AMENDMENTS TO THIS ACT).

65-70 OMITTED (AMENDS, REPEALS OR REVOKES OTHER LEGISLATION).

PART XI (OMITTED)

71 OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT).

72 OMITTED (ENACTS SHORT TITLE OF THIS ACT).

Français

From: Jo-Ann Willson
Sent: June 27, 2024 10:33 AM
To: Rose Bustria
Subject: FW: Ontario Consulting on Expanding Role of Nurse Practitioners

Exec and Council.

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From: Ontario News <newsroom@ontario.ca>
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To: Jo-Ann Willson <jpwillson@cco.on.ca>
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Ontario

NEWS RELEASE

Ontario Consulting on Expanding Role of Nurse Practitioners

Expanding scope of practice would make it faster and more convenient for people to access care

June 27, 2024
Ministry of Health

TORONTO — The Ontario government is starting consultations with the College of Nurses of Ontario and other health care partners on expanding the scope of practice for nurse practitioners. Allowing nurse practitioners to better use their training, skills and education will help Ontarians connect to more convenient care and help free up more time for physicians to spend caring for patients with more complicated needs.

"Our government is continuing to use every tool in our toolbox to ensure people have access to the care they need, when they need it," said Sylvia Jones, Deputy Premier and Minister of Health. "By considering changes to allow nurse practitioners to provide more care to their patients, we will connect more people to convenient primary care, while reducing the need for referrals to other providers."

Proposed changes include:

- providing faster care for someone in cardiac arrest by allowing nurse practitioners to order and apply a defibrillator, which provides an electric shock to help restore a person's regular heartbeat.
- making it faster for people to receive care if their heart isn't beating regularly by allowing nurse practitioners to order and apply cardiac pacemaker therapy.
- help people with skin conditions and lesions such as skin tags get them removed faster by allowing nurse practitioners to order and perform electrocoagulation.
- complete and sign mandatory blood testing forms for specific infectious diseases.

The government is also consulting on changes that would improve the end-of-life experience for families after the death of a loved one by allowing nurse practitioners to certify death in all circumstances, as well as allowing registered nurses to certify death when the death has been expected. This will help ensure deaths are certified in a timely manner to preserve dignity for the deceased and their families.

As part of the Your Health plan, the Ontario government is making it easier for highly skilled, regulated health care professionals, including nurse practitioners and registered nurses, to work to the full extent of their training

and expertise to better serve the needs of people in a connected and convenient manner.

Quick Facts

- The College of Nurses of Ontario will continue to support patient safety and quality of care by providing practice standards and setting training and education requirements, to ensure nurse practitioners and registered nurses in Ontario have the knowledge, skill and judgment needed to deliver safe patient care.
- Since 2018, Ontario has seen a record-breaking number of new health care professionals join the workforce, adding 80,000 new nurses with another 30,000 nurses currently studying at Ontario colleges and universities.
- Since expanding the role of registered nurses to prescribe medications, 122 registered nurses have been authorized to prescribe, after meeting specific requirements, with close to 900 others in the process of meeting education requirements for RN prescribing.

Quotes

"CNO's purpose is to protect the public by promoting safe nursing practice for all nurses: Registered Practical Nurses, Registered Nurses and Nurse Practitioners. Our role includes communicating to nurses and others the professional accountabilities for safe patient care, and CNO is pleased to be a key partner in ensuring that any changes to nursing practice are implemented safely. We encourage the public and system partners to take part and share their perspectives on this important consultation."

- Silvie Crawford
Registrar/Executive Director & CEO, College of Nurses of Ontario

"NPAO applauds the government's initiative to expand nurse practitioners' scope of practice. These changes will enhance our ability to provide timely and comprehensive care, improving access for all Ontarians. By leveraging the full extent of our training and expertise, nurse practitioners can play a crucial role in ensuring a more integrated health system in Ontario."

- Dr. Michelle Acorn
CEO of the Nurse Practitioners' Association of Ontario (NPAO)

"Efforts to expand the scope of practice of nurse practitioners (NPs) are both welcome and necessary. We're pleased the government is acting on RNAO's advice because as NPs we want and we can do more to help

Ontarians with their health needs. With over two million people lacking regular access to a primary care provider, we have the education and the experience to close access gaps and deliver quality care."

- NP Lhamo Dolkar
President, Registered Nurses' Association of Ontario (RNAO)

"These changes will lead to a better functioning health system, faster care, and improved outcomes for persons in primary care, in long-term care, and anywhere else NPs work. An expanded scope for NPs and RN prescribing are game changers for Ontarians."

- Dr. Doris Grinspun
CEO, Registered Nurses' Association of Ontario (RNAO)

Additional Resources

- Your Health: A Plan for Connected and Convenient Care
- 2024 Ontario Budget: Building a Better Ontario

Media Contacts

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Hannah.R.Jensen@ontario.ca

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Communications Branch
media.moh@ontario.ca
416-314-6197

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From: Jo-Ann Willson
Sent: July 5, 2024 4:16 PM
To: Rose Bustria
Subject: FW: Comments Requested on Scope of Practice Changes for Optometrists

Exec and Council.

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Sent: Friday, July 5, 2024 4:12 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Comments Requested on Scope of Practice Changes for Optometrists

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COLLEGE OF OPTOMETRISTS OF ONTARIO

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Comments Requested on Scope of Practice Changes for Optometrists

The profession of optometry in Ontario has been working on regulatory changes to expand the scope of practice for optometrists.

A tripartite working group, consisting of the College of Optometrists of Ontario, the University of Waterloo School of Optometry and Vision Science, and the Ontario Association of Optometrists (OAO), was formed in 2018 to work on proposed changes to the scope of practice for optometrists. The OAO developed a proposal based on the work completed by the tripartite working group.

At its June 21, 2024, meeting, Council approved the proposed amendments to various acts and regulations with respect to the scope of practice for Optometry in Ontario and their circulation to College registrants and stakeholders for 60 days.

The proposed amendments support the College's public interest mandate and include diversity, equity and inclusion considerations below:

- Improve patient access to safe and competent eye care services, especially in rural communities;
- Reduce wait times, improve patient outcomes, and increase the efficiency of health care delivery;
- Improve collaboration with healthcare and other professionals in the community to provide patient-centered care;
- Decrease patient loads in emergency departments and walk-in clinics;
- Decrease publicly funded eye care costs, especially for more complex care; and

- Increase patient access to timely eye care services and reduce barriers to patient care.

360

Your comments are invited

The proposed amendments with rationale can be viewed on the College website. Your input is important. Please send us your comments by email or mail.

Email
feedback@collegeoptom.on.ca

Mail
Consultation Feedback
College of Optometrists of Ontario
65 St. Clair Ave. E., Suite 900 Toronto ON M4T 2Y3

Deadline for comments is 8:30 a.m. on Tuesday, September 3, 2024.

Address: 65 St. Clair Avenue East, Ste. 900 Toronto, Ontario M4T 2Y3
Phone: 416-479-9295



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higher logic

From: Jo-Ann Willson
Sent: July 24, 2024 12:31 PM
To: Rose Bustria
Subject: FW: Ontario Exploring More Ways to Expand Role of Pharmacists

Exec and Council.

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To: Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: Sarah Green <drsarahgreen1@gmail.com>
Subject: Fwd: Ontario Exploring More Ways to Expand Role of Pharmacists

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NEWS RELEASE

Ontario Exploring More Ways to Expand Role of Pharmacists

Pharmacies provided over 1 million assessments for common ailments since last year, providing even more convenient care closer to home

July 24, 2024
Ministry of Health

TORONTO — The Ontario government is looking at additional innovative and creative ways to make pharmacies a one-stop-shop for people to conveniently connect to care, close to home by further expanding the ability of pharmacists to provide care. Starting today, the government is consulting with its partners on further expanding the ability of pharmacists to provide care by treating additional common ailments, administering more vaccines, and performing more point-of-care testing.

"Our government is continuing to expand our bold and innovative plan to make it easier for people to connect to the care they need, close to home," said Sylvia Jones, Deputy Premier and Minister of Health. "Pharmacist prescribing has been a huge success in Ontario, and we are excited to work with our partners to help explore more opportunities to leverage pharmacies to connect people to care in Ontario, no matter where they live."

Since January 2023, Ontario's pharmacies have provided more than 1 million assessments to treat and prescribe for 19 common ailments such as cold sores, pink eye, insect bites and urinary tract infections. Over 4,600 pharmacies, or 99 per cent of all Ontario pharmacies, are now participating in the program, connecting people to care in every corner of the province.

Building on this success, Ontario is consulting on more ways to leverage the skills and expertise of pharmacists to continue making pharmacies a one-stop-shop for more convenient care closer to home, including:

- treating and prescribing for 14 additional common ailments, such as sore throat, calluses and corns, mild headaches, shingles, and minor sleep disorders including insomnia

- ordering specific laboratory tests and performing additional point-of-care tests such as strep throat testing, to make it faster and easier to assess and treat common ailments
- administering additional publicly funded vaccines at pharmacies, including Tetanus, Diphtheria, Pneumococcal, and Shingles to increase access to care and save people a visit to the doctor's office
- allowing pharmacy technicians to administer additional vaccines, such as Hepatitis A and B, Rabies, Meningococcal, and Human Papillomavirus
- identifying barriers in hospital settings that limit pharmacists from ordering certain laboratory and point-of-care tests, to make it easier for people to connect to care and reduce burden on nurses and doctors
- improving the MedsCheck program to support health outcomes and reduce unnecessary service duplication and administrative red tape, while continuing to protect patient choice.

In addition to providing more convenience, allowing pharmacists to connect people with more care options at their local pharmacy will also give family doctors more time to help people with more complex needs. As with visiting a family physician or walk-in clinic, Ontarians can receive a prescription from a pharmacist for common ailments with just their Ontario health card. The cost of the medication being prescribed will continue to be paid for by people directly or through their drug benefits plan.

As part of Your Health: A Plan for Connected and Convenient Care, the government is strengthening all aspects of the health care system, including making it easier for highly skilled, regulated health care professionals, like pharmacists to work to the full extent of their training and expertise to provide people more connected and convenient care.

Quick Facts

- Pharmacy assessment of common ailments began in January 2023, with an initial 13 ailments, and was expanded in October 2023 to include 6 additional ailments.
- More than 1 million assessments have been completed since allowing pharmacists to treat and prescribe for 19 common ailments, including pink eye, UTIs, and acne. More than 4,600 pharmacies (99 per cent) have participated in the program.
- Recent changes by the province also allow pharmacists to administer certain injection and inhalation treatments so that they can better care for people who need help taking certain medications, such as insulin, vitamin B12, or osteoporosis treatment.

- Anyone with symptoms should contact their local pharmacist to confirm whether they provide prescribing services for certain common ailments before visiting the pharmacy.
- On July 1, 2022, regulatory amendments came into force under the Laboratory and Specimen Collection Centre Licensing Act, allowing pharmacy professionals to collect specimens and perform the following point-of-care tests for the purpose of medication management to treat chronic disease: Glucose, HbA1c, Lipids, and PT/INR.
- Vaccines that are part of Ontario's publicly funded immunization program are free if administered by a primary care provider or local public health unit. At this time, pending the consultation and implementation timing, patients who choose to receive vaccines in a pharmacy will need to pay for the vaccine and the administration, other than COVID-19 and influenza vaccines.

Quotes

"The ongoing and expanded role of pharmacists is fundamental to delivering accessible, high-quality care for Ontarians. Pharmacists have consistently shown we can assess and treat common ailments, deliver vaccinations to help close vaccination gaps and improve health across our communities. Through innovative and future-oriented health education, pharmacy learners are trained and prepared to practice to our full scope alongside and in collaboration with other healthcare professionals. We support the Government of Ontario for their commitment to expanding the scope of pharmacy professionals and strengthening Ontario's health care system."

- Lisa Dolovich
Dean, Leslie Dan Faculty of Pharmacy, University of Toronto

"We are pleased to support ongoing opportunities for pharmacy professionals to utilize their skills to deliver safe, quality and timely care that Ontarians want and deserve. Last year, OCP made recommendations to the Minister of Health to further expand the scope of practice of pharmacists and pharmacy technicians along with additional changes that would further strengthen the ability of pharmacy professionals to meet the needs of patients within an integrated healthcare system. Today's announcement, including the focus on improving the valuable MedsCheck program, is great news and an important step towards more effective delivery of safe, quality care for all Ontarians."

- James Morrison
Board Chair, Ontario College of Pharmacists

"Thanks to the Government of Ontario's investment in the pharmacy sector through programs like the assessment and treatment of minor ailments, communities have trusted their local pharmacy teams to deliver the high-quality care they need and deserve. As Ontarians seek accessible and convenient ways to access care, Ontario's pharmacy professionals are ready with the knowledge and expertise to safely and effectively do more to meet their healthcare needs in a setting of their choice. The Ontario Pharmacists Association thanks the Government of Ontario for their continued investment in pharmacy delivered care and looks forward to continuing our strong collaboration to ensure that care is always available when and where Ontarians need it most."

- Justin Bates
CEO, Ontario Pharmacists Association

"We are delighted to see the Ontario government recognize the immense value of pharmacy-led primary care by expanding the minor ailments program, as well as, authorizing lab test orders and point-of-care test administration at local pharmacies. With over 1 million minor assessments conducted since 2023, it is evident that accessing healthcare close to home via local pharmacies is improving the health of Ontarians. We are also thrilled to see the expansion of publicly funded vaccines offered in pharmacies, which we have long advocated for and will significantly enhance public health outcomes in the province. We look forward to continued collaboration to further develop pharmacies as community health hubs, ensuring timely and equitable care for everyone in the province."

- Sandra Hanna
CEO, Neighbourhood Pharmacy Association of Canada

Additional Resources

- Your Health: A Plan for Connected and Convenient Care
- More information about the types of health care services you can get through your local pharmacy can be found here

Media Contacts

Ontario

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Subject: FW: Budget Auto Insurance Reforms - FSRA Reviews
Attachments: 240711 Stakeholder Letter to CChiropractors of Ontario.pdf

Exec and Council.

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To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Fwd: Budget Auto Insurance Reforms - FSRA Reviews

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Hi Jo-Ann
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Thanks
Sarah

Sarah Green, B.Sc, DC

President

College of Chiropractors of Ontario

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To: <drsarahgreen1@gmail.com>

Dr. Sarah Green and Dr. Thomas Green
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To: team@elmiraFC.com <team@elmirafc.com>
CC: Huston Loke <Huston.Loke@fsrao.ca>, ktibor@cco.on.ca <ktibor@cco.on.ca>

Good Morning,

369

Please find attached a letter regarding the Auto Insurance Reforms – FSRA Reviews.

Thank you,

Glen Padassery

EVP Policy & Auto/Insurance Products

Financial Services Regulatory Authority of Ontario

FSRA
Financial Services Regulatory Authority of Ontario

ARSF
Autorité ontarienne de réglementation des services financiers

www.fsrao.ca

25 Sheppard Avenue West,
Suite 100
Toronto, ON
M2N 6S6

Telephone: 416 250 7250
Toll free: 1 800 668 0128

25, avenue Sheppard Ouest
Bureau 100
Toronto (Ontario)
M2N 6S6

Téléphone : 416 250 7250
Sans frais : 1 800 668 0128

July 11, 2024

Dr. Sarah Green
President
College of Chiropractors of Ontario

Re: Budget Auto Insurance Reforms – FSRA Reviews

As you are aware, in its spring Budget, the Ontario Government requested FSRA to conduct reviews of the Professional Services Guideline and the Attendant Care Hourly Rate Guideline; the Health Service Provider Framework; and the Health Claims for Auto Insurance system.

Transparency and stakeholder engagement are important to FSRA. As part of our commitment to open and inclusive dialogue, we want to ensure we provide impacted stakeholders the opportunity to share their feedback with us. FSRA's planned approach to our auto insurance reform reviews includes preparing a consultation paper for each of the reviews and holding consultations. We are planning both targeted and public consultations, with consultations to begin by October 1, 2024.

Our commitment is to engage stakeholders on the issues raised by the three auto insurance reform reviews at the same time to better support our stakeholders' capacity to respond. We are considering past stakeholder feedback as part of our reviews but welcome any comments you want to share with us in advance of the consultations and/or during the consultation period.

We look forward to collaborating with you to advance these important initiatives.

Regards,

Glen Padassery, Executive Vice President, Policy and Auto/Insurance Products

cc: Huston Loke, Executive Vice President, Market Conduct
Dr. Katherine Tibor, Director of Professional Practice, College of Chiropractors of Ontario

From: Jo-Ann Willson
Sent: July 16, 2024 2:14 PM
To: Rose Bustria
Subject: FW: Ontario Disability Support Program Health Care Professionals' Virtual Guide
Attachments: Memo to HCP Colleges and Association _External (Final).pdf

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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From: Keser, Ozlem (She/Her) (MCCSS) <Ozlem.Keser@ontario.ca> **On Behalf Of** Laxamana, Dr. Andres (He/Him) (MCCSS)
Sent: Tuesday, July 16, 2024 2:07 PM
To: efowler@cos-sco.ca; Joe Jamieson <JJamieson@collegeoptom.on.ca>; info@collegeoptom.on.ca; practiceadvisor@collegeoptom.on.ca; CPSO, Feedback (MCI) <feedback@cpso.on.ca>; rmorris@cpo.on.ca; cpo@cpbao.ca; corporations@cpo.on.ca; richard@psych.on.ca; opa@psych.on.ca; ED@cnomail.org; media@cnomail.org; CAO@cnomail.org; dcooper@npao.org; macorn@npao.org; dderabbie@optom.on.ca; oaoinfo@optom.on.ca; info@oma.org; boriordan <boriordan@caslpo.com>; caslpo@caslpo.com; kmurray@osla.on.ca; jskinner@osla.on.ca; oca@chiropractic.on.ca; governance@chiropractic.on.ca; Jo-Ann Willson <jpwillson@cco.on.ca>; Rose Bustria <RBustria@cco.on.ca>; Joel Friedman <JFriedman@cco.on.ca>; elarney@coto.org; astanier@coto.org; practice@coto.org; cbrenchley@osot.on.ca; osot@osot.on.ca; lpretty@collegept.org; info@collegept.org; boardchair@collegept.org; amanda.smart@opa.on.ca; physiomail@opa.on.ca; president@opa.on.ca; vrankin@oasw.org; info@oasw.org; learning@oasw.org; communications@oasw.org; info@oasw.org; LBetteridge@ocswssw.org; oor@ocswssw.org; ccp@ocswssw.org; schoudhury@ocswssw.org; AVranchidis@ocswssw.org; dgrinspun@RNAO.ca; pgbatten@rnao.ca; Kavita.mehta@afhto.ca; info@afhto.ca; kevin.samson@afhto.ca; onamail@ona.org; andreak@ona.org; erina@ona.org; niamh.mcgarry@caddra.ca; stacey.espinet@caddra.ca; familyengagement@camh.ca; info@ontario.cmha.ca; info@lao.on.ca; media@lao.on.ca; lawrence@ldao.ca; felicity@ldao.ca; msnavigators@mscanada.ca; services.partners@surreyplace.ca; hpcdip@oahpp.ca; info@whiwh.com; sinemackinnon@gmail.com

Cc: Sharma, Sunny (He/Him) (MCCSS) <Sunny.Sharma@ontario.ca>; Hughes, Robyn (She/Her) (MCCSS) <Robyn.Hughes@ontario.ca>; Fulton, Jacqueline (She/Her) (MCCSS) <Jacqueline.fulton@ontario.ca>; Lee, Michael (He/Him) (MCCSS) <Michael.I.Lee@ontario.ca>; Javate, Jay (MCCSS) <Jay.Javate@ontario.ca>; Verk, Tiffany (MCCSS) <Tiffany.Verk@ontario.ca>; Enriquez, Eugene (He/Him) (MCCSS) <Eugene.Enriquez@ontario.ca>
Subject: Ontario Disability Support Program Health Care Professionals' Virtual Guide

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CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Dear Health Care Partners,

Ontario Disability Support Program Health Care Professionals' Virtual Guide

The Ministry is enhancing its efforts to help reduce administrative burden for health care professionals (HCPs) who complete the disability applications for their patients applying for the Ontario Disability Support Program (ODSP). To achieve this, we have redesigned our HCP virtual guide to better support clinicians in completing the ODSP application on behalf of their patients.

ODSP is a provincial social assistance program that provides income and employment supports to eligible Ontario residents who have disabilities. As licensed health care providers, your members may be asked to provide medical information about their patients who are applying for ODSP. The information provided by HCPs will help the Ministry determine if their patients meet the definition of *a person with a disability* as outlined by the *Ontario Disability Support Program Act (ODSPA), 1997.*

The HCP guide will reduce the number of forms that are incorrectly filled out and highlight the range of HCPs that can complete the forms.

Additionally, the virtual guide will introduce HCPs to the digital pathway of the DDP that is available through the Ministry of Health's Special Authorization Digital Information Exchange (SADIE):

- SADIE is available to all Ontario Physicians and Nurse Practitioners
- the digital format is a quicker alternative to the paper ODSP application.

The virtual guide is easy to access online with essential information that will assist HCPs in completing the forms more effectively and efficiently.

We ask that you share the information below, including the links and QR codes, with your members through your monthly bulletins, websites, e-mail updates, etc.

Ontario Disability Support Program Disability Determination Package – EN | FR

Ontario Disability Support Program – guide for health care professionals – EN | FR

We appreciate your continued support and the important role that your members play in helping their patients apply for ODSP income support. If you have any questions, please feel free to contact:

Michael Lee, Senior Manager, Medical Advisory Unit at Michael.i.Lee@Ontario.ca or 647-286-5210.

Robyn Hughes, Senior Manager, Service Improvements and Innovations Unit, at Robyn.Hughes@ontario.ca or (647) 283-7948.

Sent on behalf of Sunny Sharma and Andres Laxamana

Andres Laxamana, MD *Pronouns (he/him/his)* *learn more*
Director | Social Assistance Central Services Branch
Social Assistance Programs Division | MCCSS

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Ministère des Services à l'enfance et des Services sociaux et communautaires

Ontario

Social Assistance Programs Division

Division des programmes d'aide sociale

July 16, 2024

Dear Health Care Partners,

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We appreciate your continued support and the important role that your members play in helping their patients apply for ODSP income support.

If you have any questions, please feel free to contact:

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Dr. Andres Laxamana
Director
Social Assistance Central Services Branch

Sunny Sharma
Director
Business Innovation and Implementation Branch

College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario

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ITEM 4.1.42

Communication and Survey to Members who Provide Chiropractic Care to Animals - July 8, 2024

This communication is being sent from the College of Chiropractors of Ontario (CCO) to members who responded on their 2024 renewal that they provide chiropractic care to animals.

On June 6, 2024, *Bill 171, Enhancing Professional Care for Animals Act, 2024* received Royal Assent. The *Veterinary Professionals Act, 2024,* will come into force upon proclamation. Please see the following link for further information.

As part of the *Veterinary Professionals Act, 2024*, chiropractors are listed as a profession that is authorized to perform authorized activities and use the "doctor of chiropractic" or "D.C." title while providing or offering care to animals. CCO anticipates that further details will be developed through regulations prior to proclamation.

As part of its mandate to regulate the chiropractic care of animals in accordance with Standard of Practice S-009: Chiropractic Care of Animals, CCO is asking members whether they consent to be part of a voluntary public listing of members who provide chiropractic care to animals to be made available on CCO's website, as part of the public register. This would allow the public to access information that confirms that a member has indicated that they provide chiropractic care to animals and are in compliance with Standard of Practice S-009: Chiropractic Care of Animals.

Please complete this short survey by **Monday, July 15, 2024** to indicate if you consent to your name being part of this voluntary public listing.

Thank you for your contribution to the self regulation of chiropractors in Ontario.

College of Chiropractors of Ontario | 59 Hayden Street Suite 800 | Toronto, ON M4Y 0E7 CA

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College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario

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Chiropractic Care of Animals - Consent for Voluntary Public Listing - July 8, 2024

* 1. Do you consent to your name being part of a voluntary public listing of chiropractors who indicate that they provide chiropractic care to animals in Ontario and are in compliance with Standard of Practice S-009: Chiropractic Care of Animals?

- ◯ Yes
- ◯ No

* 2. Please indicate your full name:

Done

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ITEM 4.1.43

Sent AnimalChiro - July 2024 Copy Share on Social ...

385

Details Reporting Heat Map

Email Performance

See how your emails are doing with your audience. Compare your results to the industry average.

Sent

172

Open Rate

80.6%

Click Rate

40%

Opens	133	Clicks	66
Sent	172	Did Not Open	32
Bounces	7	Unsubscribed	0
Successful Deliveries	165	Spam Reports	0
Desktop Open Percentage	84%	Mobile Open Percentage	16%

Recommendations

Here are some things we think would help this campaign even more.

Social Share

Try sharing your email in a social post to get your message out there to a broader audience. It is a free post that says "I'm here!"

Click-Through Distribution

When a contact clicks a link in your email, we'll show you the stats here.

Link	Unique Clicks	Distribution
https://www.surveymonkey.com/r/DDY6N2S	65	67%
https://www.ontariocanada.com/registry/view.do?postingId=43867&language=en	26	26.8%
https://cco.on.ca/wp-content/uploads/2023/02/S-009Jan2023.pdf	6	6.2%
Total Click-throughs	**97**	**100%**

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ITEM 4.1.45

On June 6, 2024, Bill 171, Enhancing Professional Care for Animals Act, 2024 received Royal Assent. The Veterinary Professionals Act, 2024, will come into force upon proclamation. Please see the following link for further information.

As part of the Veterinary Professionals Act, 2024, chiropractors are listed as a profession that is authorized to perform authorized activities and use the "doctor of chiropractic" or "D.C." title while providing or offering care to animals. CCO anticipates that further details will be developed through regulations prior to proclamation.

As part of its mandate to regulate the chiropractic care of animals in accordance with Standard of Practice S-009: Chiropractic Care of Animals, CCO asked members whether they consent to be part of a voluntary public listing of members who provide chiropractic care to animals to be made available on CCO's website, as part of the public register. This would allow the public to access information that confirms that a member has indicated that they provide chiropractic care to animals and are in compliance with Standard of Practice S-009: Chiropractic Care of Animals.

As of July 22, 2024, the following members have indicated that they consent to be part of a voluntary public listing of members who provide chiropractic care to animals. This list will continue to be updated as members notify CCO.

Please check the public register for further details about these members.

CCO Members who have Indicated that They Consent to be Part of a Voluntary Public Listing of Members who Provide Chiropractic Care to Animal and are in Compliance with Standard of Practice S-009: Chiropractic Care of Animals

Version Date: July 22, 2024

A
Dr. Kimberly Adie
Dr. Daniel Adler

B
Dr. Lori Batch
Dr. Catherine Belanger Lavoie
Dr. Erika Bell
Dr. Nir Ben Simon
Dr. Rachel Bentley
Dr. Lori Berardinucci-Yep
Dr. Taylor Bonner
Dr. Gloria Bracchetti
Dr. Kendra Brough

C
Dr. Cameron Campbell
Dr. Sarah Campbell
Dr. Taron Carruthers
Dr. Stephanie Crawford
Dr. Julie Cull

D
Dr. Sarah Margaret Dale
Dr. Craig Deprez
Dr. Brooke Deschamps
Dr. Sarah Donaldson
Dr. Jillian Drouin
Dr. Tracy Drynan
Dr. Kendle Dykstra

E
Dr. Fenella V.M. Ely

F
Dr. Cathrine Hjelle Feier
Dr. David Feldman
Dr. Mark Fleet
Dr. Jessalynn Frederick

G
Dr. Peter John Gaibisel
Dr. Mark T. Garbutt
Dr. Karen Garner
Dr. Rachel Goodman

H
Dr. Dale Halpenny
Dr. Betty Harbaruk
Dr. Teri Hayward
Dr. Sarah Heath
Dr. Shawn Henderson

I
Dr. Christy Inglis

J
Dr. Kelly Johnson

K
Dr. Laurie King

L
Dr. Annette Langlois
Dr. Matthew Lindsay
Dr. Ronald Linzner
Dr. Jessica Longhi

M
Dr. Angela Martin
Dr. Laura McKeown

N
Dr. Samara Nicholson

O
Dr. Nicole Offen

P
Dr. Ernest Perry

R
Dr. Meghann Robinson
Dr. Dorothy Roginska
Dr. Paul Stuart Rosenberg

S
Dr. Natalie Samson
Dr. Elana Silverman
Dr. Judith Snider
Dr. Sydney Soares
Dr. Ginette St.Pierre

T
Dr. Keenan Taylor
Dr. Kirsten M. Thomas
Dr. Brent Thompson
Dr. Allison Thomson
Dr. Mishka Thomson
Dr. Sabrina Tracey

V
Dr. Kristin Varik

Z
Dr. Gale Zappacosta

Act

A Proposal to Modernize the Veterinarians Act

Regulation Number(s):

392

N/A

Instrument Type:

Act

Bill or Act:

Veterinarians Act, R.S.O. 1990, c. V.3

Summary of Decision:

Bill 171, Enhancing Professional Care for Animals Act, 2024, received Royal Assent on June 6, 2024. Provisions of Schedule 1, the Veterinary Professionals Act, 2024, will come into force upon proclamation (other than those sections relating to transitional matters, which came into force upon Royal Assent). The provisions in Schedule 2 that amend the Ontario Association of Veterinary Technicians Act, 1993 will come into force upon proclamation.

Among other enhancements, the legislation better defines the scope of practice for veterinary medicine, improves transparency, and more closely aligns the oversight of Ontario's veterinary profession with other self-governing regulated professions in the province. Recognizing that veterinary care is delivered by a team, veterinary technicians will be required to be licensed by the regulatory college together with veterinarians. The College of Veterinarians of Ontario will be continued and renamed as the College of Veterinary Professionals of Ontario. Changes will also enable the complaints and resolutions process, including the investigations component, to be streamlined. A formal quality assurance program will also be enabled under the oversight of a Quality Assurance Committee to better ensure continual learning and competence of members of the profession.

The statute enables regulations to be made to operationalize the legislation by providing additional requirements for how veterinary medicine will be overseen in Ontario. This includes regulations related to non-veterinary care providers so that chiropractors, pharmacists, persons who belong to or practise a prescribed profession or other prescribed persons may carry out identified authorized activities involving animal care. These regulations, should they be made, may also indicate applicable processes, terms, conditions, limitations or prohibitions. Once the regulations are developed and approved, the rest of the legislation will be proclaimed into force.

Analysis of Regulatory Impact:

It is anticipated that the proposed legislative changes would not increase costs for owners of veterinary practices, or lead to additional costs for livestock producers, farmers, or other animal owners. The proposed legislative changes would also not introduce any additional administrative, operational and or capital costs for impacted legislated parties.

Further Information:

Veterinarians Act
Proposal to Modernize the Veterinarians Act Discussion Paper (Download Adobe Reader)
Bill 171, Enhancing Professional Care for Animals Act, 2024
Veterinary Professionals Act, 2024

Proposal Number:

23-OMAFRA001

Posting Date:

March 14, 2024

Summary of Proposal:

The Veterinarians Act (the Act) is the legislative framework that governs the licensing of veterinarians in Ontario, the practice of veterinary medicine, as well as the accreditation of the facilities used to practice veterinary medicine. The Act also establishes the governance framework for the regulator, the College of Veterinarians of Ontario (the College).

The legislation was last substantively updated in 1989. Since the late 1980s, the practice of veterinary medicine has evolved significantly. Some parts of the Act and Regulation 1093 are out of date and in need of modernization. A move from an outdated legislative framework would allow for legislation and regulations that reflect the current practice of veterinary medicine and include more contemporary approaches to professional regulation and governance.

The goal of this modernization is to better define the scope of practice for veterinary medicine, improve transparency and align oversight of Ontario's veterinary profession with other self-governing regulated professions in the province, to uphold the public interest. By modernizing the Act, the government is laying the groundwork to increase the availability of veterinarian services for both pets and large animals.

The College authored and published a proposal to modernize the Act entitled, "Achieving a Modern Approach to the Regulation of Veterinary Medicine in Ontario". The proposal was informed by findings and recommendations from a consultation process led by the College. Consultations revealed several opportunities, challenges and needs experienced by veterinary professionals and the general public, including the following:

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- An opportunity to more specifically define the scope of practice for veterinary medicine.
- A need to clarify the College's oversight authority as the regulator of veterinary medicine in Ontario.
- Recognition that veterinary care is delivered by a team and acknowledging the roles of veterinary technicians within the system (including providing title protection for the terms veterinary technician, veterinary technologist and any recognized abbreviations, and bringing these professionals under common oversight with veterinarians).
- A need to streamline the current complaints and resolutions process, including the investigations component.
- An opportunity to develop a formal quality assurance program to better ensure continual learning and competence of College members.

Other administrative changes to the legislative framework that would also be required or desirable based on some of the above changes. Additional details on the proposed changes to the Act are included in the discussion paper.

In addition, OMAFRA launched a webpage to provide opportunity for public input. This webpage will continue to be available throughout this posting. Input can be sent to vetact.omafra@ontario.ca.

All suggestions gathered through the consultation process, including industry and public input, will be further assessed and considered by OMAFRA as it moves forward with the development of draft amendments.

We encourage you to review and consider the discussion paper. Comments and feedback can be submitted to OMAFRA using the Regulatory Registry, or via email using the contact information included in the discussion paper.

Contact Address:

Branch: Food Safety and Environmental Policy Branch (FSEPB)
Address:1 Stone Road West, Guelph ON, N1G 4Y2

Royal Assent Date:

June 6, 2024

Decision:

Approved

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From: Joel Friedman
Sent: Friday, June 14, 2024 1:32 PM
To: Sarah Green
Cc: Jo-Ann Willson
Subject: Council Meeting Evaluation Survey - June 14, 2024

Good Afternoon,

Please complete the Council meeting evaluation survey for the June 14, 2024 Council meeting at the link below.

https://www.surveymonkey.com/r/XHFDM7Y

Thank you.

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
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Council Meeting Evaluation Form June 14, 2024 (estimated time of completion 3 - 5 minutes)

Council commitment to continuous improvement means that Council members complete an evaluation for the effectiveness and adherence to governance by-laws, internal policies and the code of conduct at the end of each Council meeting. Please rate each item from 1 (strongly disagree) to 5 (strongly agree) and include any comments and/or suggestions for improvement. Your responses from this confidential survey will be summarized and reviewed by the Executive Committee. Please complete within 48 hours of the end of the Council meeting.

Meeting Date: Council Meeting, June 14, 2024

1. Was public interest protection at the forefront of all discussions and decision-making?

- ◯ 1 - strongly disagree
- ◯ 2 - disagree
- ◯ 3 - neutral
- ◯ 4 - agree
- ◯ 5 - strongly agree

2. Comments

3. Were all Council members prepared (i.e. having reviewed the information package) and willing to participate in discussions at the meeting (subject to extenuating circumstances)?

480

- ◯ 1 - strongly disagree
- ◯ 2 - disagree
- ◯ 3 - neutral
- ◯ 4 - agree
- ◯ 5 - strongly agree

4. Comments

5. Were all Council members given an opportunity to participate in discussions (e.g., opportunities to speak were extended to those who are quieter, and no one member dominated the discussions)?

- ◯ 1 - strongly disagree
- ◯ 2 - disagree
- ◯ 3 - neutral
- ◯ 4 - agree
- ◯ 5 - strongly agree

6. Comments

7. Was time efficiently managed during the meeting so the agenda was followed and completed (subjected to extenuating circumstances)?

- ◯ 1 - strongly disagree
- ◯ 2 - disagree
- ◯ 3 - neutral
- ◯ 4 - agree
- ◯ 5 - strongly agree

8. Comments

9. Was the tone of the meeting professional and respectful of all in attendance?

- ◯ 1 - strongly disagree
- ◯ 2 - disagree
- ◯ 3 - neutral
- ◯ 4 - agree
- ◯ 5 - strongly agree

10. Comments

482

11. Did Council keep discussions at a policy or strategic direction (e.g., discussions did not veer into details of operations that are not related to policies or strategic direction)?

- ◯ 1 - strongly disagree
- ◯ 2 - disagree
- ◯ 3 - neutral
- ◯ 4 - agree
- ◯ 5 - strongly agree

12. Comments

13. Were Council's governing documents complied with (e.g., By-laws, Rules or Order)?

- ◯ 1 - strongly disagree
- ◯ 2 - disagree
- ◯ 3 - neutral
- ◯ 4 - agree
- ◯ 5 - strongly agree

14. Comments

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15. Is there anyone you think deserves special recognition for their positive contributions to the effective functioning of Council?

- ◯ Yes
- ◯ No

16. If yes, please identify the individual.

17. Please provide any additional feedback that will help us make Council meetings as effective as possible. Include any topics related to CCO's mandate to be considered for future informational/educational purposes for Council.

Done

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BY-LAW 9: REMUNERATION

Approved by Council: February 24, 2001
Amended: September 24, 2009, June 24, 2011, September 17, 2015, September 4, 2020 (came into effect November 26, 2020), November 25, 2021 (came into effect February 25, 2022), November 23, 2023 (came into effect February 23, 2024), February 23, 2024 (came into effect April 16, 2024)

9.1 The per diems and reasonable expenses paid by CCO to committee members are intended to partially off-set the cost of a contribution to the profession of chiropractic rather than to pay for services rendered or to compensate for lost income or the opportunity to earn income. "Committee members" means elected council members and non-council members of statutory and non-statutory committees.

9.2 Subject to other direction by Council, the president of the Council will receive an annual honorarium of thirty-five thousand dollars ($35,000) payable no later than one year after the date the president takes office. In the event the president's tenure is less than one year, the president will receive a pro-rated amount determined by the length of the president's tenure.

9.3 Committee members are entitled to the remuneration outlined in the chart below:

	Description	**Allowable Claim** effective September 24, 2009
1	Committee members; full-day meeting or hearing; meeting in excess of three hours	Attendance per diem: $400 Preparation per diem: Chairs: $350 Others: $200
2	Committee members; meeting or hearing lasting less than three hours	One-half attendance per diem: $200 One-half preparation per diem: Chairs: $175 Others: $100
3	Conference call meetings: applicable full or one-half day attendance and preparation per diem and reasonable expenses (e.g., long distance charges, as outlined in CCO Internal Policy I-012)	

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	Description	Allowable Claim effective September 24, 2009	
4	Travel time of more than three hours (round trip) for all committee members	Travel per diem:	$300
5	Travel time of more than one hour and less than three hours (round trip) for all committee members	One-half travel per diem:	$150

9.4 By-law 9.3, as it relates to payment of per diems and reasonable expenses, applies to Discipline Committee and Fitness to Practise Committee members who perform duties, such as conducting pre-hearing conferences or hearing pre-hearing motions.

9.5 A member who is the principal author of a decision of the Discipline Committee, Inquiries, Complaints and Reports Committee or Fitness to Practise Committee may charge one attendance per diem for at least three accumulated hours of work to a maximum of three per diems, but no preparation per diem, travel per diem or meal expenses.

9.6 The following conditions apply to the remuneration entitlement of committee members:

Per Diems and Reasonable Expenses

Committee members may claim for a full day attendance per diem when a meeting or hearing is in excess of three hours.

Committee members may claim for a half day attendance per diem when a meeting or hearing is in excess of one hour but is not in excess of three hours.

In extenuating circumstances, and subject to the approval of the Executive Committee, two attendance per diems may be claimed for one calendar day. Extenuating circumstances include committee members being called to an emergency meeting with less than 48 hours notice which requires them to forfeit office time.

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Attendance for Full Duration of Scheduled Meeting

In order to be eligible for the appropriate attendance per diem, a council or committee member shall attend the full duration of the scheduled meeting. If extenuating circumstances apply which necessitate leaving a meeting earlier than the scheduled end time, the council or committee member shall communicate this in writing to the Chair of the meeting.

Reasonable expenses, as outlined in CCO Internal Policy I-012, and attendance per diems may be claimed to attend conferences, educational sessions, speaking engagements or other functions directly related to CCO business provided prior approval is obtained from the Executive Committee.

Cancellation of Meetings/Hearings

A one-half attendance per diem may be claimed in the event of the cancellation or adjournment of an official meeting without one week's advance notice being given, subject to the discretion of the Executive Committee:

(a) A full attendance per diem but no travel per diem or meal expenses may be claimed in the event of the cancellation or adjournment of a Discipline or Fitness to Practise hearing, without four weeks advance notice being given, provided that the committee member was required, as a result of the scheduled hearing, to make alternate office arrangements in order to be available for the hearing. Unless the committee member ordinarily has office time on Saturdays or Sundays, no per diem will be permitted for the cancellation or adjournment of hearings scheduled on Saturdays or Sundays.

(b) A full attendance per diem including a travel per diem and meal expenses may be claimed in the event a Discipline or Fitness to Practise Committee member attends what is anticipated to be a full day hearing even if the hearing is disposed of prior to the expiration of three hours, provided the committee member was required as a result of the scheduled hearing to make alternate office arrangements in order to be available for a full day hearing.

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Conference Calls

Committees are encouraged to conduct meetings wherever possible and practicable by conference call; committee members will receive the appropriate attendance and preparation per diems and reasonable expenses for such meetings and payment of long-distance charges but will not receive a travel per diem.

Preparation Time

Preparation time may only be claimed if preparation is in fact required for the meeting/event/hearing being attended.

9.7 At the discretion of Council, this by-law 9 applies to Non-Chiropractic Committee Members with necessary modifications.

9.8 Council may, without amending the by-laws, adjust the amount of the President's annual honorarium and/or the amount of any per diems (attendance and travel per diem) in By-law 9 to reflect the annual changes to the Cost-of-Living Adjustment (COLA) Ontario.

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REIMBURSEMENT OF REASONABLE EXPENSES AND PER DIEMS

CCO Internal Policy I-012
Executive Committee
Approved by Council: December 11, 2008
Amended: September 24, 2009, September 21, 2010, September 22, 2011, February 14, 2012, February 28, 2017, November 29, 2018, November 26, 2020 (came into effect February 26, 2021), September 10, 2021 (came into effect November 25, 2021), September 9, 2022 (came into effect November 24, 2022), September 8, 2023 (came into effect immediately)

INTENT

To outline for CCO committee members CCO policies and procedures for the reimbursement of reasonable expenses directly relating to CCO business.

To clarify CCO's policies and procedures for submitting per diem and expense claims for committee members.

For the purpose of this policy:

- "committee members" means elected council members, non-council members of statutory and non-statutory committees, and peer assessors.

- "reasonable" includes the most economical means in terms of proximity and cost.

POLICY

Committee members are entitled to per diems and expenses in accordance with CCO By-law 9 and this policy. CCO expense reimbursement policies are consistent with current acceptable standards and will be reviewed and revised periodically.

CCO committee members may claim for reimbursement for reasonable expenses relating directly to CCO business. All claims for reimbursement for expenses shall be supported by receipts. Credit card vouchers will not be accepted as receipts for expenses without the backup description of items purchased.

Committee members are encouraged to seek documented approval from the Registrar or an Executive Officer, if they have any questions or concerns regarding reimbursement for reasonable expenses.

General and Miscellaneous Expenses

Committee member shall be reimbursed for miscellaneous reasonable expenses relating to CCO business (e.g., communication, accommodation, travel and meal expenses), as directed by Council and as supported by receipts.

Committee members shall not be reimbursed for the cost of entertainment (e.g. videos or pay movies), personal services (e.g., dry cleaning, personal grooming) or other expenses unrelated to CCO business.

Receipts shall be attached to the expense claim form.

Communication Expenses

Committee members shall be reimbursed for reasonable communication expenses, as directed by Council (e.g. long-distance charges, email and internet use during travel for CCO business) directly related to CCO business, as supported by receipts and other documentation.

Accommodation Expenses

Committee members who travel a distance of more than 30 kilometres to a meeting/event/hearing directly related to CCO business shall be reimbursed for reasonable hotel accommodations.

Committee members who travel a distance of less than 30 kilometres to a meeting/event/hearing directly related to CCO business may be reimbursed for reasonable hotel accommodation(s) on a specific occasion, only in the case of extenuating circumstances, or only following documented approval with rationale.

All committee members are strongly encouraged to choose accommodation for which favourable rates may be obtained and with all reasonable means to keep expenditures reasonable.

Travel Expenses

Committee members shall be reimbursed for reasonable expenses for transportation to and from meetings/events/hearings relating to CCO business.

When travelling in his/her own vehicle, committee members shall be reimbursed for mileage at a rate in accordance with the current Canadian Revenue Agency rate.

All committee members are strongly encouraged to book travel arrangements as far in advance as possible to obtain the most economical fares.

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Reimbursement for reasonable expenses related to automobile rentals for attendance at CCO meetings are subject to approval. Any unforeseen, extraordinary expenses are to be reimbursed at the discretion of two of the Registrar and General Counsel, the President, Vice-President or Treasurer.

Meal Expenses

Reasonable meal expenses:

- shall be supported by receipts;
- shall not include reimbursement for alcoholic beverages;
- shall only be claimed if the attendance of the member was required at a meeting/event/hearing at which meals were not provided;

The maximum amount that may be expensed for each meal is as follows:

Breakfast:	$25
Lunch:	$35
Dinner:	$50

A maximum of three meals may be claimed in one calendar day.

Committee members may only claim for reasonable meal expenses when travelling to and from a meeting/event/hearing directly related to CCO business when a committee member is required to travel from a location which is outside the boundary of the municipality or metropolitan area in which the meeting/event/hearing is convened. In the event of a meeting/event/hearing at the CCO office, the municipality or metropolitan area is the Greater Toronto Area.

PROCEDURES

Committee members shall comply with the following procedures when making claims for per diems and expenses.

Committee Members shall submit per diem and expenses claim statements using the form approved by CCO entitled "Meeting Per Diem and Expenses Claim Statement".

Committee Members shall submit to CCO a completed Meeting Per Diem and Expenses Claim Statement no later than the earlier of 90 days after the meeting/event/hearing to which the claim is related, or 30 days following the year end of any given year. This includes claims for per diems associated with conference calls lasting less than one hour that are to be accumulated as outlined in By-law 9.

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If a per diem and expenses claim statement is not received by CCO as described above, the committee member shall not be permitted to submit a claim and shall not receive a per diem and/or expenses for this particular meeting/event/hearing.

If there are extenuating circumstances related to a claim for reasonable expenses, committee members shall identify and provide an explanation for these extenuating circumstances on the "Meeting Per Diem and Expenses Claim Statement".

If a claim for per diem or expenses is denied, a committee member may make written submissions to the registrar, within 30 days of the denial of the claim, outlining the reasons why he/she is entitled to the claim for per diem or reasonable expenses. All written appeals for per diem or expense claim received by the registrar shall be referred to the Executive Committee for review and decision.

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CONFLICT OF INTEREST FOR COUNCIL, NON-COUNCIL COMMITTEE MEMBERS AND COUNCIL APPOINTED MEMBERS ("COMMITTEE MEMBERS")

Policy P-011
Executive Committee
Approved by Council: February 18, 1995
Amended: November 15, 1996, November 26, 2004, September 11, 2007, June 16, 2016, November 29, 2018, June 21, 2023 (came into effect September 8, 2023)

Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To determine and define circumstances in which a potential and/or appearance of conflict of interest or appearance of bias ("conflict of interest") may exist or arise for a CCO Council or committee member so the council or committee member may declare the conflict and Council or a CCO committee can take appropriate action.

DESCRIPTION OF POLICY

A conflict of interest arises when a relationship or activity is reasonably seen as influencing a council or committee member's ability to make a decision solely in the public interest and/or consistent with the objectives of CCO.

Reporting and Responding to a Potential Conflict of Interest

Where a Council member or committee member has a potential conflict of interest in a matter coming before Council or a committee, the member shall declare the conflict prior to the matter being considered by Council or the committee. Council or the committee will analyse the potential conflict of interest, without that member present.

If Council or a committee determines that the member has a conflict of interest or appearance of conflict of interest on the matter, the member shall not participate in activity, the discussion of the matter, nor vote on the matter, and if the particular meeting is not open to the public, the member with the conflict shall leave the room both during the discussion and vote on the matter.

A member of the Inquiries, Complaints and Reports, Registration, Discipline and/or Fitness to Practise Committees who finds himself/herself faced with a conflict of interest shall disclose the situation to the committee for decision and, in the case of the Discipline Committee, the disclosure will also be made to both counsel. The decision as to whether the member is in a conflict situation will be determined by the committee as a whole.

An elected or appointed member of Council or committee member who becomes aware of any unreported potential conflict of interest shall immediately advise the President and Registrar, or if the potential breach involves the President, advise the Vice President and Registrar

Reporting of Conflict in Minutes

The minutes of every meeting or hearing where a conflict of interest or a potential conflict of interest has been disclosed shall record the information.

Conflicts of Interest Arising from Position on Council or Committee(s)

It is considered a conflict of interest for a Council member or committee member to use their position on Council or a committee to:

- further or promote any activity, service or product in which the member of Council or a committee (or any member of their immediate family, employer or affiliated organization) has a financial interest;
- obtain, by virtue of their position on Council or a committee, any benefit, privilege, money, appointment, employment or any other personal gain[1];
- be employed (either full-time or part-time) by any chiropractic association/society, other health profession council or association, or other organization that may be in conflict with the mandate of CCO (this excludes a teaching position at any chiropractic educational institution or the facilitation/presentation of a seminar, conference or workshop for which a per diem and/or expenses will be paid);
- campaign publicly for or on behalf of any person, other than themselves:
    - o in any election to CCO Council; or
    - o in any other political election in Ontario.

  (e.g., it would be inappropriate for a candidate to use election material which includes comments such as "endorsed by Dr. X, CCO Committee Chair," etc.);
- be involved in discussions and/or decisions regarding elections to CCO Council for a particular district if the Council member is eligible for election in that particular year for that particular district.
- receive information as a Council member or committee member which is, in turn, used for a personal benefit;

[1] Excluding a CCO per diem and reimbursement of expenses.

- evaluate or take part in an evaluation of staff members when the Council member or committee member has a personal or professional relationship with the staff member outside the office; or

- makes threats or promises or agreements related to their position on Council.

Conflicts of Interest Arising from Affiliations with other Organizations

A conflict of interest may arise where a council or committee member, a close relative or friend or another close entity has a role or interest in an organization that may be in conflict with CCO's mandate, such as a chiropractic organization, society or specialty group, another health profession council or association, or government ("affiliated organization").

It is considered a potential conflict of interest for a council member or committee member to:

- be an employee, officer or director of any affiliated organization, as identified in By-law 6.9;

- have an interest in a specific issue before CCO that is related to an affiliated organization;

- receive or use confidential information relevant to CCO from their role at an affiliated organization; or

- receive or use confidential information relevant to an affiliated organization from their role at CCO.

Conflicts of Interest Arising from Other Activities

A conflict of interest may arise where a council member or committee member engages in an activity or is approached by an affiliated organization to engage in an activity that may be in conflict with CCO's mandate.

It is considered a potential conflict of interest for a council member or committee member to:

- give a presentation or participate in a working group or task force for an affiliated organization;

- communicate with an affiliated organization on matters related to CCO, without the authorization of CCO;

- communicate to the public, including on social media
  - on matters or opinions related to CCO without the authorization of CCO, or
  - messages inconsistent with CCO's mandate; or

- engage in legal proceedings against CCO.

Conflicts of Interest Involving Inquiries, Complaints and Reports Process

Where a Council member or committee member or anyone associated in an official capacity with CCO:

- has an official complaint registered against them,
- that complaint has been validated by the Inquiries, Complaints and Reports Committee as being within the jurisdiction of CCO, and
- the complaint has been referred by the Inquiries, Complaints and Reports Committee to either the Discipline or Fitness to Practise Committees,

that Council member or committee member shall be considered to be in a conflict of interest and shall not be active on Council or any committee until such time as the complaint has been disposed of. Should this occur, the Council member or committee member has the right to an expeditious process.

Conflicts of Interest Involving Investigations, Assessments or Hearings of Related Members

A Council member or committee member shall not participate in the investigation, assessment or hearing of a member to whom the member is related by blood, marriage, adoption, or who is a partner or associate of the member being investigated, or who is engaged in a relationship or strong friendship with the member being investigated, which might reasonably impair the member's objectivity.

If a Council member or committee member has a professional or personal connection to a member or issue under investigation or before a discipline or fitness to practise panel, including a connection on social media, the Council or committee member shall disclose this connection to the committee for a determination of a real or perceived conflict of interest and, in the case of the Discipline Committee, the disclosure will also be made to both counsel.

A connection on social media includes but is not limited to: being a friend, following or being followed by the member, and belonging to the same social media group as the member. The committee will then consider this conflict in accordance with the "Reporting and Responding to a Potential Conflict of Interest" section of this policy.

Conclusion

The reputation and high standards of the Council must be protected. Therefore, members of Council will avoid and/or report to Council any situation that could lead to a real or apparent conflict of interest which exists or may arise.

PEER ASSESSORS

Policy P-051
Quality Assurance Committee
Approved by Council: September 13, 2008
Amended: April 16, 2013, June 17, 2015, September 15, 2018, June 14, 2024 (came into effect June 14, 2024)

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To outline the Quality Assurance Committee's process and criteria for appointing, re-appointing, discharging and thanking peer assessors for the Peer and Practice Assessment Program.

DESCRIPTION OF PROGRAM

The Peer and Practice Assessment Program is one component of the quality assurance program. The Quality Assurance Committee developed the Peer and Practice Assessment Program to enhance members' learning opportunities and ensure their compliance to CCO's regulations, standards of practice, policies and guidelines.

- The program is designed to be educational, not punitive, in nature;
- Participation in all Quality Assurance initiatives is mandatory for all CCO members holding a General ('Active') certificate of registration, as set out by the *Regulated Health Professions Act, 1991 (RHPA)*.
- CCO randomly selects members to participate in the program and matches the selected member with an assessor.
- Members may volunteer to participate in the program before being chosen through random selection.
- Information gathered during the peer and practice assessment is only shared within the Quality Assurance Committee, subject to the provisions of *RHPA*.

PROCEDURE FOR MEMBERS TO APPLY OR RE-APPLY FOR PEER ASSESSOR APPOINTMENT

A member may apply or re-apply to CCO to become a peer assessor by submitting their curriculum vitae and a cover letter outlining the reason(s) the member is interested in being appointed or re-appointed as a peer assessor.

A member is eligible for appointment as a peer assessor if, on the date of the appointment, the member:

- is registered in the General ('active') class of registration of CCO;
- has been registered in the General class of registration for at least five years;
- has actively practised chiropractic in Ontario for at least five consecutive years;
- is currently actively providing direct care to patients;
- has been peer assessed. The member must have completed Peer and Practice Assessment 1.0 and 2.0, with the conditions that if the member has not completed Peer and Practice Assessment 2.0, they must agree to complete Peer and Practice Assessment 2.0 within six months;
- practises primarily in Ontario;
- is not in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law;
- is not in default in completing and returning any form required by CCO;
- is not the subject of any disciplinary or incapacity proceeding;
- has not had a finding of professional misconduct, incompetence or incapacity in the preceding six years;
- if a member has been found to be incapacitated, CCO receives confirmation from their treating practitioner that the member is physically and mentally capable to serve on Council or a committee;
- has not been disqualified from Council or a committee of CCO in the previous six years;
- has not resigned from a position on Council, before completing the term, within the last three years;
- does not have an outstanding code of conduct matter with the College;
- is not a member of the Council of a college of any other health profession;
- is not, and has not been within the preceding six years, an adverse party in litigation against CCO, the Council or CCO, a committee of CCO, or any of CCO's directors, officers, employees, agents, on a matter related to CCO business;
- is not an accused currently charged with a criminal offence under the Criminal Code of Canada;
- has not been convicted of a criminal offence for which the member has not received a pardon pursuant to the Criminal Code of Canada;
- declares that all content on their professional websites and social media accounts are in compliance with CCO standards of practice, policies and guidelines; and
- is not currently or has not been a member of the CCO's staff at any time within the preceding three years.

Process for Appointment and Retention of Peer Assessors

The Quality Assurance Committee shall appoint and re-appoint peer assessors at the first Quality Assurance Committee meeting following the annual CCO elections, or as soon thereafter as practicable.

The term of a peer assessor is approximately three years from the date the assessor is appointed.

A peer assessor may request a deferral for appointment and/or leave of absence for up to one year if the assessor provides the Quality Assurance Committee with reasons for the request that are satisfactory to the Committee including but not limited to, stopping to provide direct care to patients.

When the member's three-year appointment nears its completion, the member will be re-appointed if they express interest in continuing to serve as a peer assessor.

A member who has served as a peer assessor for nine consecutive years, or three consecutive terms, is ineligible for re-appointment as a peer assessor until a full three-year term has passed since the member last served as a peer assessor.

Appointment Criteria

When appointing peer assessors, the Quality Assurance Committee will consider the following:

- interview evaluation;
- need for peer assessor(s) in each CCO district;
- geographical location of the member's practice;
- type of practice and/or practice style;
- experience;
- additional professional qualifications, expertise and/or specialty;
- languages spoken;
- communication skills;
- successful completion of both the internal and field training portions of the Assessor-In-Training program;
- additional qualifications and characteristics to complement the attributes of the Peer and Practice Assessment program.

Disqualification of Peer Assessors

A member will be discharged as a peer assessor if the assessor:

- breaches one of the qualifications required to become a peer assessor as outlined in this policy;
- breaches confidentiality of any information learned through the peer and practice assessment and/or other Quality Assurance programs;
- breaches the Peer Assessor Code of Conduct;

- is absent from two consecutive CCO peer assessor training days; or
- fails to discharge properly or honestly any office to which the assessor has been appointed, in the opinion of the CCO.

Completion of Appointment

A member will be considered to have completed their appointment and thanked for their services if the member does any of the following:

- resigns in writing;
- requests an extended leave of absence as a peer assessor;
- completes their term of service and is not re-appointed; or
- completes nine consecutive years or three consecutive terms.

College of Chiropractors of Ontario Internal Elections – Committee Conflicts
Version Date: April 17, 2023

Conflict	Degree or Description of Conflict	Discussion
ICRC and Core Discipline	Serious[1]	ICRC refers cases to this committee for neutral adjudication, so chair and core members should not overlap.
ICRC and Core Fitness to Practise	Serious	ICRC refers cases to this committee for neutral adjudication, so chair and core members should not overlap.
ICRC and Quality Assurance	Moderate[2]	QA refers matters to the ICRC, knows privileged information, and the ICRC is a small committee with little capacity to disqualify members.
ICRC and Advertising	Moderate	The same advertising issue may come before committees and the ICRC is a small committee.
PRC and ICRC	Moderate	The same advertising issue may come up become both committees and the ICRC is small committee with little capacity to disqualify members
Registration and faculty of accredited chiropractic college	Moderate[3]	Many applicants are former students of faculty. Faculty member's employer may have an interest in and public position on many policy issues facing the RC (for example, Legislation and Ethics Examination or Provisional Certificates of Registration).

[1] Serious conflicts should be avoided. Otherwise appearance of bias challenges will be frequent and having panel members recuse themselves will be difficult.
[2] Moderate conflicts should be reduced. For example, the chair of one committee should not serve on the other. Overlapping membership should be minimal.
[3] Members of the faculty of accredited chiropractic colleges can often bring expertise and knowledge to other committees such as Quality Assurance, the ICRC and Exec.

POLICY ON NOMINATION AND ELECTION PROCEDURES FOR COMMITTEE POSITIONS

CCO Internal Policy: I-019
Executive Committee
Approved by Council: November 25, 2021 (came into effect February 25, 2022)
Amended: September 8, 2023 (came into effect November 23, 2023), April 16, 2024 (came into effect June 14, 2024)

INTENT

To outline the policies and procedures for the nomination and election procedures for committee positions

POLICIES AND PROCEDURES

1. Council shall appoint a Nominating Committee at the February Council meeting every year. There shall be a call for volunteers for the February Council meeting, and Council shall vote on each position of the Nominating Committee.

2. The Nominating Committee shall have the following composition:
    - The president of CCO
    - 2 total public members of CCO
    - 2 total elected member of CCO
    - If possible, an individual unaffiliated with CCO who has knowledge and expertise in professional regulation.

3. The Nominating Committee shall prepare and make available an application process to members of CCO who have expressed interest in being nominated for a non-Council committee or Council appointed member position. The application process shall:
    a. Identify the positions available;
    b. Identify the committee mandates, terms of reference, meeting expectations and competencies, experience and skills most closely associated with each committee;
    c. Request a candidate to set out their own competencies, experience and skills and evidence as to how they were obtained or have been demonstrated; and
    d. Request a candidate to set out their preferred positions of service.

4. The Nominating Committee shall prepare, to the extent feasible, recommendations for candidates for each position, with the exception of executive officers and chairs of statutory and non-statutory committees, taking into consideration the competencies, experience and skills of the applicants, with reference to the Competencies for Council and Committee Members document, the preferred positions of Council and committee members, the requirements for committee composition in CCO by-laws, succession planning for each committee, an equitable distribution of committee assignments for Council members, and diversity, equity and inclusion principles so as to maximize the ability of the College to serve and protect the public interest.

5. At any Council meeting at which committee positions, including that of chair, are filled:
    a. The Nominating Committee shall, to the extent feasible, present a comprehensive list of candidates, with the exception of executive officers and chairs of statutory and non-statutory committees, and such a presentation shall be deemed the nomination of those persons for those positions.
    b. There shall be a call for nominations for all positions of Executive Officers, committees members, and committee chairs.
    c. Council shall first vote for Executive Officers, followed by the Executive Committee, Committee Members and Committee Chairs.

6. Unless the list of candidates contemplates an election for a position or unless two members of the Council nominate more than the minimum number of eligible candidates to fill a position, those candidates shall be deemed elected by acclamation. Where more than the minimum number of eligible candidates are nominated for a position, the Council shall hold a contested election in accordance with the by-laws.

PROCEDURES FOR USE OF EMAIL FOR CCO BUSINESS

CCO Internal Guideline: IG-001
Executive Committee
Approved by Council: November 29, 2018
Amended: November 26, 2020 (came into effect February 26, 2021), June 22, 2022 (came into effect September 9, 2022)

INTENT

To outline the policies and procedures of approved practices for email communications related to CCO business for council and committee members.

POLICY AND PROCEDURES

Council and committees communicate by email on various matters related to the business of CCO, including but not limited to, circulation, feedback and approval of documents, scheduling meetings and events, distribution of council and committee materials and media inquiries. The following policies outline the expectations of CCO regarding email communication:

- It is the expectation of CCO that all council and committee members have access to a personal and confidential email address for CCO business;

- If a council or committee member or staff are soliciting a response or feedback to an email, the sender of the email shall specify the following:
  - To whom the reply is to be sent, including whether the response should be "reply to sender" or "reply all";
  - By what date and time a response is to be sent;
  - Subject line indications, such as "FYI" or "Urgent" to specify the nature of the email; and
  - Details of what is expected in the response.

  If the sender does not specify these details, a response should be provided in a reasonable manner and time frame, depending on the circumstances and nature of the email communication. A council or committee member should communicate with the sender directly if they have any questions or concerns about a response to an email.

- A Council or committee member shall keep all email communications confidential within CCO and confidential within a CCO committee, except as directed by CCO Council or a committee.

- There is a reasonable expectation that response to email will be made promptly, in a manner that is consistent with the priorities of CCO business and/or in a timeframe identified in the email.

- If a council or committee member is to be away from their email for a time period of longer than three days, they shall notify the President and the Registrar and General Counsel by email.

- Between Council and committee meetings, the President and/or Registrar and General Counsel may direct specific urgent matters to be distributed to Council or committee members.

From: Jo-Ann Willson
Sent: August 27, 2024 5:22 PM
To: Rose Bustria
Subject: FW: Educational Tip - Social Media Usage

Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
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In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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From: CTCMPAO CTCMPAO <communication@ctcmpao.on.ca>
Sent: Tuesday, August 27, 2024 4:32 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Educational Tip - Social Media Usage

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What do I need to know about incorporating my practice?

The College recognizes that many members use various social media platforms to communicate, advocate, educate and market their practice(s).

Members should be mindful to use social media judiciously and adhere to the College's standards and guidelines on topics such as boundaries, communication and advertisement. Here are a few regulatory tips for practitioners when using social media:

Boundaries:

Be mindful to maintain appropriate boundaries between your professional and personal social media profiles. Although a personal profile may be private, members should be aware that social media does have a broad reach, and members are encouraged to consider how their posts maybe received by the public. It is important to understand that anything posted to social media might be excerpted and/or circulated by other users. As this is outside of the control of the original poster, it is prudent for members to be mindful of what they post online.

Additionally, members should be careful to avoid posting any information that could be viewed as establishing a practitioner-patient relationship. Users might often

misinterpret information, which makes it important for members to be clear and vigilant with their social media interactions.

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Multi-Discipline / Institutional Setting

If a member practices within a multi-discipline setting and/or within an institution, they may be subject to additional guidelines surrounding social media use. It is a member's responsibility to inquire whether their workplace requires express permission surrounding their social media use, regardless of whether it is to communicate, advocate and/or to educate.

Patient Privacy and Confidentiality:

Members should never discuss patient information over social media and should exercise caution to avoid sharing identifiable patient information. Members have a responsibility to protect patient privacy, and failure to do so may lead to professional misconduct concerns.

Members may also not post patient (or former patient) testimonials, comments or pictures. Even if information is anonymized, it can still qualify as a testimonial. If the member becomes aware that a testimonial about the member is on another site not controlled by the member, the member must make all reasonable efforts to have the testimonial removed.

Above all else, members must take reasonable steps to ensure that any social media account associated with their practice issued in a professional manner. By doing so, members limit potential liability of professional misconduct.

The College recognizes that members have rights and freedoms under the Charter of Rights and Freedoms, including freedom of speech, expression and etc., which are subjected to reasonable limits. As a member the College, there are special responsibilities by virtue of the privileges afforded the health professions in Ontario.

For this reason, members are expected to conduct themselves with personal and professional integrity a tall times.

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Resources

Standard for Advertising Webinar

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College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

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CCO CODE OF CONDUCT FOR CURRENT AND FORMER COUNCIL MEMBERS, NON-COUNCIL COMMITTEE MEMBERS AND COUNCIL APPOINTED MEMBERS ("COMMITTEE MEMBERS")



Executive Committee
Approved by Council: September 28, 2012
Amended: February 23, 2016, April 19, 2016, September 15, 2016
Re-Affirmed by Council: November 29, 2018
Amended: June 21, 2023 (came into effect September 8, 2023)

Current and former members of Council and committee members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:

1. be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991 (RHPA)*, its regulations and the *Health Professions Procedural Code*, the *Chiropractic Act 1991*, its regulations, and the by-laws and policies of the College;

2. diligently take part in committee work and actively serve on committees as elected and appointed by the Council;

3. regularly attend meetings on time and participate constructively in discussions;

4. offer opinions and express views on matters before the College, Council and committee, when appropriate;

5. participate in all deliberations and communications in a respectful, courteous and professional manner, recognizing the diverse background, skills and experience of members on Council and committees;

6. uphold the decisions made by Council and committees, regardless of the level of prior individual disagreement;

7. place the interests of the College, Council and committee above self-interests;

8. avoid and, where that is not possible, declare any appearance of or actual conflicts of interests[1];

9. refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards;[2]

[1] There is a general assumption of real or perceived conflict unless confirmation of no conflict by the Executive Committee and/or Council, which will be addressed promptly.

10. preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s. 36(1) of the *RHPA*;

11. refrain from communicating to members, including other Council or committee members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or fitness to practise proceedings which could be perceived as an attempt to influence a statutory committee or a breach of confidentiality, unless he or she is a member of the panel or, where there is no panel, of the statutory committee dealing with the matter;

12. refrain from communicating to members and stakeholder[3] on behalf of CCO, including on social media, unless authorized by Council[4];

13. respect the boundaries of staff whose role is not to report to or work for individual Council or committee members; and

14. be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

Potential Breaches of the Code of Conduct

15. An elected or appointed member of Council or non-Council committee member who becomes aware of any potential breach of this code of conduct should immediately advise the President and Registrar, or if the potential breach involves the President, advise the Vice President and Registrar; and

16. Potential breaches will be addressed first through informal discussion with the Council member(s) or non-Council committee member(s), and subsequently by written communication expressing concerns and potential consequences.

I, , Council member or committee member of the College of Chiropractors of Ontario undertake to comply with the CCO Code of Conduct for Current and Former Council Members, Non-Council Committee Members and Council Appointed Members ("Committee Members"), both during and following my term on CCO Council or a committee

Signature: _____ Witness: _____

Date: _____

[2] This section does not preclude the use of professional biographies for professional involvement.
[3] Stakeholders include professional associations, societies, and other organizations related to the regulation, education and practice of chiropractic.
[4] This does not preclude Council members from communicating about CCO, provided they are not communicating on behalf of CCO.

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Chiropractic & Manual Therapies
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COMMENTARY Open Access

The World Federation of Chiropractic Global Patient Safety Task Force: a call to action

Brian C. Coleman[1,2,3], Sidney M. Rubinstein[4], Stacie A. Salsbury[5], Michael Swain[6], Richard Brown[7] and Katherine A. Pohlman[8*]

Abstract

Background The Global Patient Safety Action Plan, an initiative of the World Health Organization (WHO), draws attention to patient safety as being an issue of utmost importance in healthcare. In response, the World Federation of Chiropractic (WFC) has established a Global Patient Safety Task Force to advance a patient safety culture across all facets of the chiropractic profession. This commentary aims to introduce principles and call upon the chiropractic profession to actively engage with the Global Patient Safety Action Plan beginning immediately and over the coming decade.

Main text This commentary addresses why the chiropractic profession should pay attention to the WHO Global Patient Safety Action Plan, and what actions the chiropractic profession should take to advance these objectives. Each strategic objective identified by WHO serves as a focal point for reflection and action. Objective 1 emphasizes the need to view each clinical interaction as a chance to improve patient safety through learning. Objective 2 urges the implementation of frameworks that dismantle systemic obstacles, minimizing human errors and strengthening patient safety procedures. Objective 3 supports the optimization of clinical process safety. Objective 4 recognizes the need for patient and family engagement. Objective 5 describes the need for integrated patient safety competencies in training programs. Objective 6 explains the need for foundational data infrastructure, ecosystem, and culture. Objective 7 emphasizes that patient safety is optimized when healthcare professionals cultivate synergy and partnerships.

Conclusions The WFC Global Patient Safety Task Force provides a structured framework for aligning essential considerations for patient safety in chiropractic care with WHO strategic objectives. Embracing the prescribed action steps offers a roadmap for the chiropractic profession to nurture an inclusive and dedicated culture, placing patient safety at its core. This commentary advocates for a concerted effort within the chiropractic community to commit to and implement these principles for the collective advancement of patient safety.

Keywords Patient safety, Chiropractic, Safety management, Risk management, World Health Organization, Medical errors, Patient harm, Health personnel

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Background

Patient safety is paramount across healthcare to prevent avoidable harms, support evidence-based clinical care, and maintain public trust [1, 2]. In 2023, the World Federation of Chiropractic (WFC) Board of Directors unanimously approved the formation of a Global Patient Safety Task Force to cultivate patient safety culture across the chiropractic profession. This task force aims to support chiropractors worldwide in prioritizing patient safety in their professional activities, including sharing best practices, dispelling misinformation, enhancing treatment safety, improving interprofessional collaboration, and supporting public health. Towards this mission, we urge the chiropractic profession to adopt a call to action informed by the *World Health Organization (WHO) Global Patient Safety Action Plan* to envision, implement, and advance a robust patient safety culture in the coming decade.

Call to action

The *WHO Global Patient Safety Action Plan* creates the vision of "a world in which no one is harmed in health care and every patient receives safe and respectful care, every time, everywhere" [1]. Global partnerships among all domains of healthcare, including chiropractic, must take precedence to achieve this shared vision [3]. This call to action encourages chiropractic stakeholders to commit to patient safety, reduce avoidable harm for chiropractic patients, and position the profession as an exemplar of safety culture among healthcare professions. This necessitates adoption of the *WHO Global Patient Safety Action Plan* to identify areas of excellence and create opportunities to improve patient safety across professional organizations, health systems and clinics, and educational settings.

A framework to promote patient safety in chiropractic healthcare

The *WHO Global Patient Safety Action Plan* provides a practical framework to guide knowledge translation, program planning and implementation, and outcome evaluation for patient safety initiatives [1]. Seven strategic objectives address the interrelated building blocks of patient safety including policies, systems, processes, patient and family engagement, healthcare workers, information, and partnerships (Fig. 1). In this commentary, we contextualize each objective with considerations and action items to address: (1) why the chiropractic profession should prioritize the WHO Global Patient Safety Action Plan, and (2) what actions can, and should, the chiropractic profession takes to advance these objectives. The seven strategic objectives, with considerations and action items, are outlined below. Expanded considerations and actions are available in a supplemental table.

Objective 1. Policies to eliminate avoidable harm in chiropractic

The first *WHO Global Patient Safety Action Plan* strategic objective holds health organizations accountable for patient safety. While intuitive, healthcare is less responsive than other industries, such as aviation, in maintaining environments that prevent safety events despite a *prima facie* responsibility to avoid patient harm [2, 4, 5]. Healthcare, including chiropractic, requires a paradigm shift to embrace a patient safety culture that leads to positive patient outcomes and a reduction in avoidable harm [6].

Considerations

Healthcare workers and organizations exhibit varied interest and engagement in patient safety activities [7]. Health professionals have been shown to be demotivated to focus on patient safety when the risk of harm is mild and transient, as is the case with most common adverse events associated with chiropractic care [8]. Broader awareness of the multifaceted nature of patient safety beyond adverse events reveals numerous opportunities to improve patient safety [5]. Examples include policies and practices to improve informed consent, health equity, interprofessional communication, facilities management, and more.

Call to action

Chiropractic professional organizations must adopt equitable policies affirming a commitment to eliminating avoidable harm in healthcare as a health priority. Regulatory and clinic policies should be reviewed and updated periodically to ensure professional standards in licensing, continuing education, accreditation, and other regulatory domains affirm patient safety culture across jurisdictions. Sufficient resources to support policy enactment, including financial and human resources, must be allocated to achieve patient safety goals. Policy development should include advancing a research agenda for patient safety in chiropractic.

Objective 2. High-reliability safety systems

The second strategic objective of the *WHO Global Patient Safety Action Plan* develops high-reliability systems to support patient safety in healthcare organizations. Inspiration may be drawn from high-risk industries, such as aviation and nuclear power, who establish high-reliability systems to proactively anticipate and address safety issues rather than relying on individuals to prevent mistakes or solely reacting to adverse events [2, 5, 9]. Resilient systems focused on both learning from failure and facilitating success that align with an established framework, that is: Safety-I, which presumes things go wrong because of identifiable failures or malfunctions of specific

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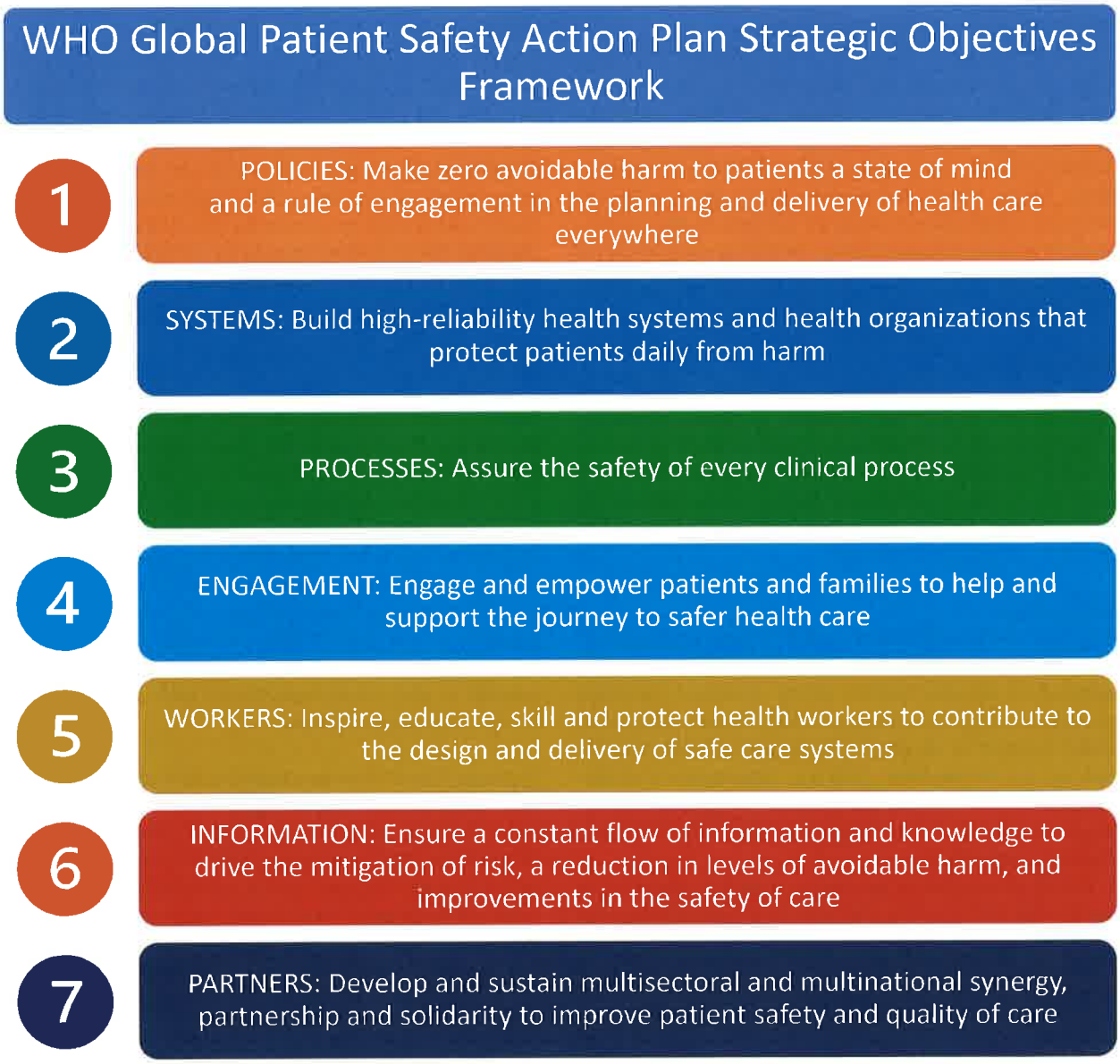


Fig. 1 Strategic objectives of the WHO Global Patient Safety Action Plan (Adapted from Global patient safety action plan 2021–2030: towards eliminating avoidable harm in healthcare. Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO)

components; and Safety-II, which presumes humans are resources that adapt to varying conditions and they are the reason why things go right [5].

Considerations

Most health professions, including chiropractic, focus on the Safety-I Framework to minimize serious but rare adverse outcomes. The Safety-II Framework recognizes healthcare delivery as typically uneventful with respect to patient safety. Safety-II encourages stakeholders to approach safety with openness, transparency, and constant learning to address human and workplace factors that prevent optimal safety environments. These frameworks together can build a just patient safety culture that recognizes complexities in healthcare environments.

Call to action

The chiropractic profession must commit to resilient, high-reliability systems by adopting the Safety-I and Safety-II Frameworks. Organizations should conduct regular reporting, surveillance, and critical appraisal of both rare and ordinary safety concerns to understand what creates success and where gaps exist in their patient safety culture.

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Objective 3. Safety of clinical processes

The *WHO Global Patient Safety Action Plan's* third strategic objective focuses on overcoming complex clinical care challenges created by unclear processes and interconnected procedures occurring across vast healthcare systems. Nearly all patient safety incidents stem from flaws within these clinical operations systems [2, 10]. Resilient design factors must be tailored to the circumstances of each clinical setting, including environmental and physical factors, team factors, organizational culture and structure, and regulation and policy.

Considerations

Poor communication between providers, patients, and facilities can undermine the safety of clinical processes leading to errors of omission, misdiagnosis, or failure-to-monitor incidents [11]. Qualitative studies identify a need for improved communication by community-based chiropractors and among faculty and students in chiropractic teaching clinics [3, 12].

Call to action

Optimal communication processes between chiropractors and the broader healthcare system needs to be prioritized to enhance patient safety. Standard operating procedures must be used consistently in each healthcare event to improve diagnosis, treatment, referral, and follow-up for chiropractic patients. Standardized assessment tools that identify chiropractic patients at risk for safety events should be developed and used to improve clinical process safety.

Standardized clinical processes must be structured to assist clinicians in ruling out "red-flags". This will increase the likelihood of identifying patients presenting to the chiropractor with serious and potentially-life threatening conditions needing immediate action, for example, headache or neck pain symptoms with a high suspicion of a cerebrovascular accident in-progress, or low back pain symptoms consistent with a cauda equina syndrome [13].

Objective 4. Patient and family engagement

The fourth *WHO Global Patient Safety Action Plan* strategic objective centers on patient and family empowerment. The person at the center of a healthcare event– the patient– must be an essential partner in safety initiatives. WHO advocates for an engagement paradigm in which patients, families, and caregivers are respected as equal partners in patient safety. Problematically, few studies have incorporated the critical insights and perspectives of patients and families regarding patient safety [14–19]. Learning from patients' experiences of healthcare will require healthcare leaders to engage in systematic activity to welcome patients and families with diverse backgrounds onto safety committees [20].

Considerations

Patient and family advocates should be valued, supported, and meaningfully engaged in advancing cultures of safety and respect in chiropractic healthcare settings. This includes incorporating patients and family members as partners in policy development and quality improvement initiatives targeting safety, championing their experience and providing a voice. In the chiropractic setting, ensuring bilateral commitment to the informed consent process with full and transparent disclosure of potential risks is one example of meaningful engagement.

Call to action

The chiropractic profession must sustain patient-centered environments [21–24] aligned with professional principles committing to ethical and safe care [25]. Training programs on how to engage in constructive dialogue with patients, including exercising the duty of candor and instruction in how to respond to safety events when they occur, need to be encouraged. Appointing patients to representative and advisory roles on safety initiatives and establishing oversight committees will ensure representation of the patient voice. Developing a safety incident repository and other relevant safety data can help patients to share their experiences with partners across the chiropractic profession.

Objective 5. Health worker education, skills, and safety

The *WHO Global Patient Safety Action Plan* fifth strategic objective addresses workforce development with attention to the necessary skills to sustain a patient safety culture. Various health professions have developed safety-focused educational competencies [26, 27]. However, professional training curricula have not fully incorporated interdisciplinary patient safety education alongside basic science and clinical knowledge development [28].

Considerations

Chiropractic training programs can lead this movement by integrating patient safety curricula as an integral component of professional education. Developing an informed chiropractic workforce capacity with appropriate skills is likely to improve both familiarity and proficiency in addressing safety with patients and in responding to potential safety events.

Call to action

The chiropractic profession must establish and teach comprehensive patient safety competencies across its training programs worldwide. Professional development and continuing education should explicitly incorporate patient safety training to emphasize the chiropractor's role in minimizing harm and in coordinating with

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broader healthcare and public health systems. Innovative simulation methods to develop competence in patient safety are needed for all chiropractic education and training stakeholders. Patient safety centers of excellence that provide leadership on safety concepts, research, and education for the profession should be developed and supported with adequate resources.

Objective 6. Information, research, and risk management

The *WHO Global Patient Safety Action Plan* sixth strategic objective hinges on safety data. Data infrastructure, ecosystem, and culture promote system interoperability, event monitoring, information exchange, and research to reduce avoidable harm in healthcare. Digitalization of healthcare through widespread adoption of electronic health records and digital health tools streamlines data collection from a variety of sources for patient safety monitoring [29].

Considerations

Chiropractic needs to collect, analyze, and publish high-quality, transparent safety data to function as a learning profession. Electronic systems and modern computational methods can support real-time risk management for anticipative and proactive learning and rapid adaptation, rather than reactive management, of patient safety events [29–31]. Ensuring that resource-challenged communities are meaningfully engaged in development is critical to maximize the adoption of a global network of health information systems. Community engagement can support resource planning, infrastructure development, and cultural adaptation of health information systems [32].

Call to action

The chiropractic profession should develop transparent patient safety reporting information systems, with interdisciplinary input from healthcare personnel, clinical leaders, policymakers, informaticians, implementation scientists, patients, and resource-challenged communities within high, middle, and low-income countries. Standard vocabularies and common data models should build on foundational work in chiropractic [33] and other healthcare domains [34–36] given the cross-cutting nature of patient safety reporting systems.

Objective 7. Partners, synergy, and solidarity

The seventh objective of the *WHO Global Patient Safety Action Plan* calls for multinational and multisector partnerships to improve patient safety and healthcare quality. Collaboration and partnership are essential across a patient's healthcare team, including chiropractors, to optimize patient safety in a holistic, patient-centered approach [37].

Considerations

Central advocacy groups and leaders with strategic vision, such as the WFC Global Patient Safety Task Force, can guide patient safety initiatives, but collaboration across the profession is essential to implement and sustain these projects. A concise narrative that articulates current perspectives, visions, goals, and strategies for the chiropractic profession is important to synergize patient safety efforts alongside healthcare partners.

Call to action

The chiropractic profession must promote and lead unified patient safety initiatives within the profession and across the broader healthcare environment. Chiropractic stakeholders in private and public sectors, including chiropractors, professional organizations, academic institutions, research centers, funders, insurers, industry, and, most importantly, patients and families, must match objectives of patient safety efforts and regularly convene meetings to innovate, implement, and sustain professional goals related to patient safety.

Conclusion

Informed by the *WHO Global Patient Safety Action Plan*, this commentary is a pivotal call to action for the chiropractic profession to embrace and advance a comprehensive and committed patient safety culture. The World Federation of Chiropractic Global Patient Safety Task Force has established a framework for action by defining essential considerations and actionable steps aligned with the strategic objectives of WHO. This alignment allows for a cohesive approach to patient safety and lays the groundwork for future safety initiatives. Ongoing efforts by the WFC Global Patient Safety Task Force to advance patient safety include a scoping review of implementation strategies for patient safety culture within chiropractic and a systematic review of addressing patient safety culture in all healthcare settings broadly. By embracing a call to action guided by the *WHO Global Patient Safety Action Plan* framework, the aspiration is for the chiropractic profession to minimize preventable harm, proactively address risk and emerge as a leader in universally safe care for all individuals.

Abbreviations

GPS	Global Patient Safety
WFC	World Federation of Chiropractic
WHO	World Health Organization

Supplementary Information

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Supplementary Material 1

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Author contributions
BCC conceptualized the need and purpose of this manuscript with all authors supporting the initiative and establishing the design (SMR, SAS, MS, RB, KAP). All authors (BCC, SMR, SAS, MS, RB, KAP) contributed to the writing, reviewing, and editing with KAP overseeing versions and managing author contributions. All authors (BCC, SMR, SAS, MS, RB, KAP) read and approved the final manuscript.

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Data availability
Data sharing is not applicable as no datasets were generated or analyzed. Readers are encouraged to review the World Health Organization Global Patient Safety Action Plan 2021–2030 (who.int) for detailed recommendations and implementation strategies to support patient safety initiatives in their healthcare facilities.

Declarations

Ethics approval and consent to participate
No approval required; not applicable.

Consent for publication
Not applicable.

Competing interests
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THE CLINIC OF THE FUTURE ISSUE

New tech: bots, robots, sensors, AI imaging and more **13**

How much time can AI scribes save you? **22**

Q&A: Dr. Jane Philpott on healthcare access 2035 **24**

ITEM 4.1.72

571

The Medical Post

The Independent Voice For Canada's Doctors since 1965



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OTC ANNUAL SURVEY 2024

PHYSICIANS' MOST-RECOMMENDED BRANDS P. 39-44

EnsembleIQ



SOLUTIONS

Duplicate the Atlantic Registry?

Multi-jurisdictional physician licensure should be tried in other regions

BY ANN GRAHAM WALKER

Doctors want pan-Canada licensure to happen. Indeed, 95% are in favour, according to a 2022 Canadian Medical Association (CMA) poll.

Some form of licensure portability may be in the works. At the provincial health ministers' annual get-together last October, they committed to implementing "a process that allows health professionals who are in good standing in one jurisdiction to practice in any other Canadian jurisdiction without significant delay or the need to meet additional regulatory requirements, with a focus on physicians this year and nursing in future years."

That's a tight timeline for physicians. The ministers are scheduled to give a progress report at their next annual meeting, about four months from now. Senior media relations advisor for Health Canada, Anne Génier, told the *Medical Post* there's funding set aside under the 2023 federal budget for this.

The challenge, of course, is navigating the jurisdictional issues. "While licensing of health professionals is the responsibility of provincial and territorial governments, including the decision to collaborate on multi-jurisdictional licensing initiatives, the government of Canada is working with key organizations to understand lessons learned from various approaches to multi-jurisdictional registrations of physicians across Canada," Génier said, "as well as providing funding to national organizations such as Medical Council of Canada to create a national physician registry which may support portability of physicians credentials."

ATLANTIC REGISTRY

While everyone was busy talking about national licensure and speculating on how it might ease the life of overworked doctors, the four Atlantic premiers just went out and built it—albeit not on a national scale.

Announced by the Council of Atlantic Premiers in February 2023, the Atlantic Registry was up and running by May 1.

Maybe the secret was in the concept's simplicity: It leaves the jurisdiction of each of the four colleges of physicians and surgeons intact and does not concern itself with variations in their approach to registration and licensure.

Any fully licensed physician, in good standing, in any one of the four Atlantic provinces can simply choose to pay an extra $500 in an annual fee and fill out a short questionnaire. They're on the registry then and can work anywhere in the region. A total of 292 physicians (114 of them are FPs) are currently using the registry.

Provisionally licensed doctors are not eligible because they are tied up in mentorships and returns of service that run counter to the whole idea of mobility. People who cannot claim one of the four Atlantic provinces as homebase for their practice are not eligible.

Complaints are handled in the province where the complaint originated. "There have been some complaints, and it hasn't been a big deal," Nova Scotia's college's registrar Dr. Gus Grant told the *Medical Post*.

There's a one-year evaluation in progress that the feds are paying for.

Getty Images/Pixelimage

The Federation of Medical Regulatory Authorities of Canada (FMRAC), the colleges' national body, is in charge of it.

NATIONALIZING IT

CMA president Dr. Kathleen Ross believes the FMRAC's analysis could determine how pan-Canadian licensure moves forward.

"Part of the reason the Atlantic provinces were able to actively encourage immediate deployment of this registry is because all of the governments in the Atlantic region said this has to happen," Dr. Ross said. "Each province has its unique set of standards and processes to licensing, and full licensure is not comparable across provinces.

"From an organizational point of view, we really do want the regulators to have conversations, to identify the differences, maybe highlight why those differences are important, and come to an agreement of standardization across Canada's jurisdictions—even if they don't immediately lean into a pan-Canadian or a regional licence," she said.

Dr. Ross said if the report on the registry's first year, currently in progress, shows it has been successful then the "rest of the country will follow suit quickly."

She said key things to watch are whether or not the increase in mobility is actually resulting in addressing the ER closures, and whether specialty services are being delivered in areas where they wouldn't have been accessible otherwise.

"Are we getting people access to primary care they might not have had? How many rural docs are getting a break now where they may not have ever had the opportunity to do so without leaving a gap behind them?"

None of the answers to those questions are being shared prior to the report's release—perhaps at FMRAC's annual general meeting from June 11-14 in Muskoka, Ont.

EASIER FINDING LOCUMS

Jonathan Carpenter, the director of communications and government relations for the Newfoundland and Labrador Medical Association, said: "The one benefit from N.L.'s perspective is that we now have a pool of physicians from the Maritimes who can easily come to the province to do locums without having to worry about getting a short-term locum licence, which can be a time-consuming process. . . . At the same time, there are 46 physicians from N.L. (currently in the registry) who can leave the province for short-term locums in the Maritimes."

But Dr. Grant offered a caution. "I think we should be careful about ever calling something a national licence because medicine remains a matter of provincial jurisdiction," he said. "So unless we change the constitutional law, what we should be talking about is multi-jurisdictional licensure."

Dr. Grant said the Atlantic Registry came together quickly because there was a lot of collaboration between the registrars.

Each of the four provinces continues to create its own rules—and those rules can be distinct. For example, together with Ontario, N.S. went out in front of other Canadian regulatory bodies last year by granting full licensure to board-certified U.S. specialists, with no requirement that they take equivalent Canadian fellowship exams.

Fast tracks like that can be a powerful recruitment tool as provinces compete to attract doctors—but that competitive reality did not stop the four Atlantic Registrars from finding a common path.

"We were able to do it because we had trust in each other's organizations," Dr. Grant said—acknowledging, too, that the Atlantic Region has the benefit of being small.

Would the Atlantic Registry's multi-jurisdictional model—with no standardization—be expandable on a national scale, when you are dealing with 13 college registrars, not four? Would the lack of standardization even be workable on that scale?

Maybe other parts of Canada could create smallish regions of their own, following the registry model, Dr. Grant suggested. But his impression is that while the registry is a huge convenience for certain physicians who practice in multiple locations, we might find it does not increase the number of physicians available to serve patients.

Ontario's temporary certificates

The College of Physicians and Surgeons of Ontario has temporary independent practice certificates that offer expedited registration of a fully registered physician in another Canadian province for a three-month licence in Ontario, provided they have somewhere to work (an offer from a hospital, a locum position, etc.). The cost of the licence is $431.25 and can be renewed once (consecutively) for a total of six months.

Although it hasn't been formally studied, Dr. Grant said that there are a number of specific streams of physicians who are benefiting, including those who like to do locums.

"There are other streams of physicians who, by the very nature of their practice, are servicing the region as subspecialists. If you're in a very, very narrow field in the small area of the Atlantic provinces, it may be incumbent on you to do some multi-provincial practice. We should make their life easier to do that as well.

"And then finally, there are the good Samaritans (who want to be able to cross provincial borders to help each other out), and we should make their lives easier," Dr. Grant said.

For physicians like Dr. Sarah Lespérance, an FP who works near the N.B./N.S. border, signing up for the Atlantic Registry was seamless and quick, she said.

"I signed up for it because I feel strongly that national licensure is something that we need to move forward," said Dr. Lespérance, past-president of the Society of Rural Physicians of Canada. "(The mobility) allowed me to easily be able to provide some locum services (in N.S.) to help with rural maternity care."

If you're looking for more details, there's a good description of the registry on the College of Physicians and Surgeons of P.E.I. website (cpspei.ca), complete with a Q&A. **MP**

Getty Images/Pixelimage

From: Jo-Ann Willson
Sent: June 6, 2024 9:29 AM
To: Rose Bustria
Subject: FW: Important: CCEB Examination Eligibility Policy changes | Amendements à la Politique d'admissibilité aux examens

Importance: High

Registration, Exec and Council.

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From: Suzette Martin-Johnson <suzettem@cceb.ca>
Sent: Thursday, June 6, 2024 9:19 AM
To: Suzette Martin-Johnson <suzettem@cceb.ca>
Subject: Important: CCEB Examination Eligibility Policy changes | Amendements à la Politique d'admissibilité aux examens
Importance: High

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(Le français suit)
We are excited to announce that the Board of Governors of the CCEB, in consultation with CCEB members, the Canadian regulators, have approved two key changes to the CCEB Examination Eligibility Policy.
These changes take effect immediately and are highlighted below. Please refer to the complete Examination Eligibility Policy available here for further information.

Written Examination

- Candidates may now apply to take the Written Examination within 10 months of graduation.
- Here is an example for the upcoming examinations:
  October 2024 – graduating by August 2025

February 2025 – graduating by December 2025
May 2025 – graduating by March 2026

Experienced Practitioners

- Experienced Practitioners may apply for the Written Examination and Clinical Examination during the same application period.
- Experienced Practitioners have a maximum of four attempts for each examination regardless of any prior attempts before they became an Experienced Practitioner.
- Experienced Practitioners need written approval from a Canadian chiropractic regulatory body to write the examinations as an Experienced Practitioner.

Nous sommes ravis d'annoncer que le Conseil des gouverneurs du CCEB, de concert avec les membres du CCEB, c.-à-d. les organismes de règlementation canadiens, ont approuvé deux amendements importants à notre Politique d'admissibilité aux examens avec effet immédiat. Ces amendements sont soulignés en bas. Veuillez consulter la Politique d'admissibilité aux examens ici si vous voulez plus de renseignements.

Examens

- Nouveauté : les candidats peuvent s'inscrire pour l'Examen écrit 10 mois avant l'obtention du diplôme.
- Veuillez trouver ci-dessous les exemples venant des prochains examens:
  - Examen en octobre 2024 – obtention du diplôme en août 2025 au plus tard
  - Examen en février 2025 – obtention du diplôme en décembre 2025 au plus tard
  - Examen en mai 2025 – obtention du diplôme en mars 2026 au plus tard

Praticiens expérimentés

- Les praticiens expérimentés peuvent s'inscrire à l'Examen écrit et l'Examen clinique dans la même période d'inscription.
- Un maximum de quatre tentatives de chaque examen est alloué à un praticien expérimenté. Ceci est indépendant de toute tentative d'examen faite par ce praticien avant l'acquisition du statut de praticien expérimenté.
- Pour passer les examens à titre de praticien expérimenté, les praticiens expérimentés doivent avoir une approbation écrite d'un organisme de règlementation chiropratique canadien.

Sincerely | Bien cordialement,

CCEB
CANADIAN CHIROPRACTIC EXAMINING BOARD

Suzette Martin-Johnson (She/her/elle)
Board Administrator/Translator | Administratrice de Conseil/Traductrice
Suite 705, 7015 Macleod Trail SW, Calgary, AB T2H 2K6
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In the spirit of reconciliation and with the reverence and respect that is due, we acknowledge the First Peoples on whose territories we work, live, and recreate. We give thanks to and honour Indigenous People and communicates for their stewardship of the land from time immemorial.

Dans un esprit de réconciliation, et avec la révérence et le respect que l'on doit observer, nous reconnaissons les Premiers Peuples sur les territoires desquels nous œuvrons, vivons et pratiquons des loisirs. Nous remercions et honorons les peuples et les communautés Autochtones pour leur intendance de la terre depuis des temps immémoriaux.

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From: Jo-Ann Willson
Sent: July 4, 2024 7:19 AM
To: Rose Bustria
Subject: FW: Find out what drives Ontario's chiropractors in our new social media video series

Exec and Council.

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From: Ontario Chiropractic Association (OCA) <OCA@chiropractic.on.ca>
Sent: Thursday, July 4, 2024 7:15 AM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Find out what drives Ontario's chiropractors in our new social media video series

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Ontario Chiropractic Association

OCA Roundup

July 4, 2024

Get to know Ontario chiropractors | Perils of insurer delisting | OCA member renewals | OCA Awards nominations | CCOS(C) Fellowship | Enriched Academy Summertime Road Trip



Get to know...Ontario's chiropractors | Send us a short video!

Who are Ontario's chiropractors? What drives their commitment to patient care? Find out in our new social media video series!

Featuring OCA members, the videos capture down-to-earth vignettes of chiropractors sharing their perspectives (and experiences) on the care they provide. Over the summer, these videos will be shared on all our social platforms, including YouTube shorts and TikTok*.

Are you a chiropractor with a story to tell? Use your phone to film a short (1 min or less!) video and send to communications@chiropractic.on.ca answering one or all of the following questions:**

- What do you like most about being a chiropractor?
- Can you share a memorable patient experience?***
- Do you have any advice for aspiring or early career chiropractors?

Check out these sample video clips from OCA Board members, **Dr. Tony Anziano** and **Dr. Paolo De Ciantis** to get an idea of what we're looking for. Thanks in advance for your support!

* To connect with more patients and the public online, we've just kicked off our first TikTok posts with this new video series.

** Videos will be cropped to approximately 1:1 (square) format and may be edited prior to release. Please ensure your environment has sufficient lighting with minimal background noise.

*** Please take extra care to answer this question without identifying a patient or disclosing details that may potentially identify a patient indirectly.

579



The perils and pitfalls of insurer delisting

Being delisted by an insurance company can have career-altering consequences. Lad Kucis from Gardiner Roberts LLP outlines the typical reasons for insurer delisting, common implications and some key considerations for members.

Read more



Don't forget: OCA members can review and renew their membership now via the OCA Self Serve Member Portal. The new fiscal year will commence on August 1, 2024, and you can review the OCA's 2024-25 member fees here.

If you have any questions about membership renewals, please contact oca@chiropractic.on.ca.

Renew today



Nominations for the 2024 OCA Awards are open until August 11th

Don't forget to nominate a colleague for one of the prestigious OCA Awards! Nominations will close on August 11, 2024.

Early Career Chiropractor Award

Awarded to a chiropractor who has recently graduated from chiropractic college and who demonstrates outstanding promise, achievement and commitment to enhancing the chiropractic profession.

582

In 2023, **Dr. Nardine Bekhit** was the recipient of the OCA's **Early Career Chiropractor Award.**
Recognized for her work as a strong ambassador for chiropractic care, she has shared her knowledge through workshops, presentations, and social media. Dr. Bekhit is an ally for her peers and empowers them with evidence-based ergonomic education.



Patient Care Award

Recognizes a chiropractor, clinic or organization that has excelled in providing exceptional patient experiences by delivering care that reflects patient preferences and incorporates diversity, equity, and inclusion in their practice. The nominee will have demonstrated a dedicated effort to build a practice that creates an exceptional patient experience for all individuals.



In 2023, **Dr. Hera Khayyam** received the OCA's **Patient Care Award**. Nominated by three of her patients for her kindness, empathy, and compassion, she aims to have her patients be their own health advocates through education and setting pain management goals.

If you know someone like Dr. Nardine Bekhit or Dr. Hera Khayyam, nominate them for an award today! Nominations are open until **August 11, 2024**.

Submit a nomination

College of Chiropractic Orthopaedic Specialists (Canada)
Collège des spécialistes en orthopédie chiropratique (Canada)

584

Applications Open for the College of Chiropractic Orthopaedic Specialists (Canada) Fellowship

Applications for the College of Chiropractic Orthopaedic Specialists Fellowship are now open. Chiropractic orthopaedics is one of five recognized specialties in the chiropractic profession in Canada. This Fellowship program is part time and remote with potential field placements.

The application deadlines are August 31 and December 31, 2024.

If you have any questions about the Fellowship, please contact info@ccosc.ca.

Apply now



#ICYMI: Join Enriched Academy's Summertime Road Trip program to reach your financial goals

There's still time to register for Enriched Academy's Summertime Road Trip! The program runs over the course of 12 weeks and consists of completing an online Debt Elimination course of seven modules, as well as attending two check-in sessions with a financial coach.

Participants will be entered into a draw to win $1,000, $500, or $250 to put towards debt reduction!

If you're interested in learning more, watch this video by Enriched Academy's Alanna Abramsky.

Rose Bustria ITEM 4.1.78

601

From: Jo-Ann Willson
Sent: May 30, 2024 3:26 PM
To: Rose Bustria
Subject: FW: CCRF Annual Member Meeting - Friday, June 7th 4:30pm EST
Attachments: CCRF_Agenda_AMM_June 2024.pdf; June 2024 CCRF AMM_Executive Director Report.pdf

Council.

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From: Keishiya Balendran <kbalendran@chiroresearch.ca>
Sent: Thursday, May 30, 2024 3:23 PM
Subject: CCRF Annual Member Meeting - Friday, June 7th 4:30pm EST

CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Dear CCRF Annual Member Meeting (AMM) Guests,

Please find attached the agenda, Executive Director report and videoconference links for the CCRF AMM taking place next Friday, June 7th from 4:30pm to 5:00pm EDT.

Thank you for your ongoing support of our foundation and we hope you'll have an opportunity to attend. If you require additional information, please reply to me at your convenience.

Yours truly,

Keishiya Balendran
Marketing Specialist

Fondation canadienne pour la recherche en chiropratique
Canadian Chiropractic Research Foundation

602

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Fondation canadienne pour la recherche en chiropratique

Canadian Chiropractic Research Foundation

603

CANADIAN CHIROPRACTIC RESEARCH FOUNDATION ("CCRF")
ANNUAL MEMBER MEETING ("AMM")

Date: Friday, June 07, 2024

Place: Via Microsoft Teams

Time: 4:30pm to 5:00pm EDT

Board of Directors and Officers:

Dr. Nadine Ellul	- Chair, CCRF
Mr. Philippe Garneau	- Chair, Investment Committee
Dr. Richard McIlmoyle	- Chair, Research Committee
Dr. Sasha Hamid	- Chair, Partnership Committee
Dr. Bryan Wolfe	- Director
Dr. Patrick Welsh	- Director
Dr. David Whitty	- Director

Invited Guests:

Dr. Judy Forrester	- Chair, CCA
Dr. Ayla Azad	- CEO, CCA
Dr. Russell Baron	- Chair Elect, CCA
Mr. Thomas Kriens	- Partner, Kriens~LaRose, LLP
Dr. Brad Kane	- Former Chair, GMRC, CCRF
Mr. Robert Harris	- Executive Director, CCRF
Ms. Keishiya Balendran	- Marketing Specialist, CCRF

Fondation canadienne pour la recherche en chiropratique



Canadian Chiropractic Research Foundation

604

AGENDA

1.) CALL TO ORDER

2.) Sign in: Attendance confirmed by joining this meeting via Microsoft Teams

3.) Land Acknowledgement and introductory remarks by Chair, CCRF including the following statement to commence proceedings: "Our member, the CCA, is present, therefore there is a quorum, and the meeting is declared to be properly constituted for the transaction of business."

4.) Agenda Approval

5.) Adoption of the minutes of the AMM held on June 15th, 2023

6.) CCRF Executive Director report

7.) Reappointment of Kriens~LaRose LLP as Auditor

8.) Fixing the remuneration of the Auditor or authorizing the Directors to fix remuneration

9.) Receipt of the Annual Financial Statements of the Corporation for the financial year ended December 31st, 2023

10.)Report of the Auditor, Thomas Kriens or his representative

11.)Election of CCRF Board Directors and Officers:

a. Dr. Richard McIlmoyle
b. Mr. Philippe Garneau

12.)Other business

13.)Termination of meeting

Guest questions, if any, to follow along with closing comments by Chair, CCRF

Microsoft Teams Meeting Link:

Title: CCRF AMM Meeting
Date: Friday, June 7th, 2024
Time: 4:30pm Eastern Daylight Time (EDT)

Microsoft Teams Meeting Link
Join the meeting now

Meeting ID: 247 314 942 182
Passcode: 6Axopd

Fondation canadienne pour la recherche en chiropratique

Canadian Chiropractic Research Foundation

606

Report of the Executive Director ("ExD")

Welcome to the 2024 Annual Member Meeting. Thanks to your continued interest and support, CCRF has become a world leader in funding evidence-based chiropractic research. We provide the resources, infrastructure, and foresight to drive innovation within a collegial, volunteer-led governance setting.

Success in 2023 took many forms, all guided by our foundation's commitment to deliver value to stakeholders. Working with provincial & national associations, private donors, health partners, academic institutions and, of course, highly qualified members of the research community; we played a key role in advancing patient treatment and providing our professional colleagues with the evidence they needed to both improve access to care and shape good public policy.

This value is created through our dynamic committees, which meet quarterly and provide regular progress reports to our charitable board. With the ongoing support of the ExD, these teams have delivered impressive results which we are privileged to share with you today.

Research Committee ("RC")

Responsible for grant evaluation and administration, the RC used their expertise to recommend thirteen (13) project awards via our twice-yearly Request for Proposals ("RFP"). Since the RC was established in 2019, investment in research has exceeded $1,900,000 representing more than forty-five (45) evidence-based projects. "I'm extremely proud of the energy and commitment the RC brings to the granting process" says Dr. Richard McIlmoyle, RC chair. "The quality of their work has helped CCRF fund an enviable range of worthy projects. It's also inspired us to support targeted calls in emerging areas, including Fall 2023 when we were pleased to offer $150,000 in grants to studies focused on healthy aging."

Building on the energy of established RFP cycles, the RC continued innovating this year to both maximize research activity and deliver high value for stakeholders. An ideal example is Seed Funding, where CCRF pledges up to $10,000 to qualified project leads who are applying for grant funds from outside our profession. Our valued colleagues from the Canadian Chiropractic Guideline Initiative ("CCGI") deployed CCRF seed funding to their advantage in June, when they received a $42,000 grant from the Workers' Compensation Board - Alberta to embarking on a study to assess the effectiveness of self-help interventions for workers suffering from musculoskeletal, anxiety, or depressive conditions. This cooperative work leverages available grant funds while creating new relationships; a win-win model that we now envision as an ideal platform for future growth.

This year our foundation was also pleased to have launched our first Request for Tender ("RFT") call in October on World Spine Day. A RFT provides a new way to fuel continuous improvement by offering opportunities for researchers to bid on studies linked to compelling questions. Our inaugural RFT is requesting applications to complete a systematic review of literature to ascertain if there is an association between cervical spinal manipulation and ischemic stroke.

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184 Front St. East, Suite 200 Toronto, ON M5A 4N3
info@chiroresearch.ca
CanadianChiropracticResearchFoundation.ca

Partnership Committee ("PC")
We established the PC in 2020 to focus exclusively on engaging with other organizations to create reciprocal benefits. This concept has proven to be a major catalyst for both financial and relational growth, as creating closer professional ties increases familiarity and sparks innovation. "I like to describe this team as the fun part of CCRF" shares Dr. Sasha Hamid, PC chair. "We learn so much from our partners, which is inspiring and motivational. Our accomplishments have also created a positive buzz about how forward-looking CCRF has become. This is attracting additional partnership interest, giving us the confidence to reach our expansion goals during our 2023-2025 strategic plan period."

New 2023 partners include Acadia University, Ontario Soccer and Michael Smith Health Research BC, bringing the total number of collaboration agreements to ten (10). It was also gratifying to announce in September that The Rotary Club of Toronto Charitable Foundation will provide a $50,000 grant to support a Spinal Stenosis Bootcamp project based on an agreement developed between CMCC, the Temerty School of Medicine, University of Toronto and CCRF.

Thanks to the diligent work of the PC, our foundation is increasing our return on investment via shared funding, expanding the Canadian research enterprise and creating unique long-term organizational affiliations. Like gears that mesh, collaborations also power other CCRF operational areas such as granting and fundraising. With a wide range of not-for-profit entities committed to expanding alliances, the environment for the PC is favourable; thus, we expect to share more positive news in the years ahead.

Investment Committee ("IC")
Under IC management, our aim is to build a strong infrastructure to grow revenues and sustain research funding in perpetuity. This is being accomplished by working in concert with national and provincial associations and increasing private donations via the ongoing development of the *Future Forward* endowment. IC member Dr. Bryan Wolfe is leading the way, encouraging clinicians from across Canada to consider an investment in our endowment by conducting outreach, sharing ideas, and demonstrating the value of donating. We're excited by the early results, as there's now over $20,000 in this long-term account accompanied by pledges via estate planning that are growing monthly.

Thanks to the efforts of our IC and other board leaders, we've experienced a heightened commitment to funding CCRF from contributors across Canada. We appreciate the support received from CCA, CCPA, all Provincial Associations and individual donors during a period when CCRF was making key investments to sustain future growth. Across the fundraising spectrum we see numerous opportunities to generate strong revenues — from named funds within *Future Forward* to cooperative revenue generation projects aligned with partners. From this position of stability, we're active adding new volunteers to our IC team.

Governance and Management Committee ("GMRC")
GMRC helps to consolidate the activities of our volunteer-leaders from across Canada. As a result of their diligence, effective governance is embedded in our culture. Matters from the fiduciary to the generative are addressed to ensure we consistently provide accurate, transparent and forward-looking information.

GMRC is the team with the widest range of responsibilities, including volunteer recruitment, succession planning, budgets, strategic planning, by-law adherence and communication oversite. "We take pride in our ability to address a range of items in a friendly yet efficient manner" conveys Dr. Nadine Ellul, former GMRC and now board chair. "For example, each quarter our ExD presents a succinct 20-point quarterly report, which gives us an overview of operations so we can ask follow up questions."

This group also provided robust support to Lisa Denvir, Marketing and Communications Specialist, who delivered on an ambitious communications plan that expanded CCRF's reach and created more awareness about the impact of published research results. Lisa decided to retire at year end and has passed the baton to our new Marketing Specialist, Keishiya Balendran, who will continue to expand our presence via social media, events and articles.

Strong fiscal and planning management was, as always, a focus of the GMRC team. They continued to support our strategic plan, which included issuing our now well-established fifteen (15) question *Stakeholder Choice Survey*. The committee is also to be commended for ensuring the foundation's consolidated fund balance exceeded $1,200,000 at year end, as detailed in our professionally audited financial statements. Overall, the skills of this impressive team help our foundation to maintain records, set guidelines, oversee budgets, support core relationships and develop fresh ideas.

Summary
Thanks to the dedication of board and committee members, our foundation has continued to provide value to patients, researchers, the chiropractic community and policy decision-makers.

At this time, the entire CCRF board would like to express their appreciation to our departing GMRC chair, Dr. Brad Kane, and thank him for his decision to remain as a committee member. And to all our stakeholders, we hope you and your colleagues will join the ExD in recognizing the personal time CCRF volunteer leaders have devoted to advance the important work of the foundation.

2023-2024 Board	2023-2024 Committee Members
Dr. Nadine Ellul, CCRF chair	Dr. Shawn Thistle, RC
Open, GMRC chair	Dr. Aaron Puhl, RC
Dr. Sasha Hamid, PC and IC chair	Dr. Pavan Matharu, GMRC
Dr. Richard McIlmoyle, RC chair	Dr. Shannon Dodson, GMRC
Dr. Patrick Welsh, director and RC member	Dr. Brad Kane, GMRC
Dr. Bryan Wolfe, director and IC member	Dr. Andrew Sulatycki, PC
Dr. David Whitty, director and CCA liaison	Dr. Stephan Cooper, PC
Mr. Philippe Garneau, director and IC member	Dr. Julie Yaworski, PC
	Dr. Jean-Sébastien Gélinas, IC and FCQ liaison

Chiropractic research is making a positive impact within and outside our profession. Your ideas, networking and financial support ensures our foundation can provide grants to deserving researchers, while we concurrently expand our impact in Canada's health care and social service sectors.

Sincerely,

Robert Harris

Robert Harris
Executive Director, CCRF

Join the World Federation of Chiropractic as its next Secretary-General.

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POSITION	Secretary-General
ORGANIZATION	World Federation of Chiropractic
LOCATION	Global (remote work with international travel)

We are seeking a dynamic, visionary and highly motivated individual as our next Secretary-General. This key leadership role will drive the strategic direction of the WFC, advance the global profession and serve as chiropractic's international ambassador.

To learn more about this opportunity and the qualifications we are seeking, go to wfc.org/recruitment_secgen.

Interested candidates should submit the following:

- A current CV (research summaries not required)
- A letter of interest explaining what has attracted you to this role
- A response to the following question: *As the next Secretary General of the WFC, how would you ensure its strategic objectives would be successfully met?*
- Desired salary or salary range

Letters of application should be submitted to dmanz@wfc.org by July 1, 2024.

WORLD FEDERATION OF CHIROPRACTIC

WORLD FEDERATION OF CHIROPRACTIC | FÉDÉRATION MONDIALE DE CHIROPRATIQUE | FEDERACIÓN MUNDIAL DE QUIROPRÁCTICA

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EXECUTIVE SEARCH COMMITTEE
Recruitment of Secretary-General
World Federation of Chiropractic

OPPORTUNITY DOCUMENT

Vision
A world where all people, of all ages, in all nations have access to evidence-based, people-centered, interprofessional and collaborative chiropractic services so that populations can thrive and reach their full potential.

Mission
To advance awareness, utilization and integration of chiropractic internationally.

Values
Our values are passion, accountability, respect, integrity and service.

Passion
We are passionate about the value of chiropractic for individuals, communities and nations in contributing to healthier, happier, more active lives and promoting well-being for all at all ages. This passion motivates us to set and achieve high standards in our campaigns, daily operations, and projects as we work to discharge our mission and realize our vision.

Accountability
We hold ourselves accountable for our actions and are committed to doing what we see we are going to do. We value transparency in our work and hold ourselves up to scrutiny. We live by the standards we set for ourselves, including in our policies and position statements.

Respect
We are mindful of how our actions might impact others, both within and outside the chiropractic profession, and accept those whose views differ from our own, acknowledging their rights, opinions, beliefs and dignity. We recognize that the social determinants of health will influence the conditions under which health care is delivered and respect the range of approaches that chiropractors take to the care of their patients and the societies and cultures they serve.

Integrity
We are honest, trustworthy, fair, and prize a consistent and uncompromising adherence to ethical and moral conduct. We value integrity in interactions involving staff, WFC board and committee members, member national associations and external stakeholders.

Service
We embrace an attitude of service that permeates all levels of our organization. We take consistent actions to create value for our members, partners and stakeholders and the wider public such that we advance goals and achieve positive, person-centered outcomes.

Principles

In 2020 the WFC published a set of 20 Principles. The Principles set out what the WFC stands for and what member national associations and stakeholders can expect from the WFC as a global, not-for-profit organization.

1. We envision a world where all people of all ages, in all nations, can access the benefits of chiropractic.
2. We are driven by our mission to advance awareness, utilization and integration of chiropractic internationally.
3. We believe that science and research should drive care and policy decisions and support calls for wider access to chiropractic.
4. We maintain that chiropractic extends beyond the care of patients to the promotion of better health and the well-being of our communities.
5. We champion the rights of chiropractors to practice according to their training and expertise.
6. We promote evidence-based practice integrating individual clinical expertise with the best available evidence from clinical research and the values and preferences of patients.
7. We are committed to supporting our member national associations through advocacy and sharing best practices for the benefit of patients and society.
8. We acknowledge the role of chiropractic care, including the chiropractic adjustment, to enhance function, improve mobility, relieve pain and optimize well-being.
9. We support research that investigates the methods, mechanisms, and outcomes of chiropractic care for the benefit of patients, and the translation of research outcomes into clinical practice.
10. We believe that chiropractors are important members of a patient's healthcare team and that interprofessional approaches best facilitate optimum outcomes.
11. We believe that chiropractors should be responsible public health advocates to improve the well-being of the communities they serve.
12. We celebrate individual and professional equity, diversity and inclusion and represent these values throughout our board and committees.
13. We believe that patients have a fundamental right to ethical professional care and the protection of enforceable regulation in upholding good conduct and practice.
14. We serve the global profession by promoting collaboration between and amongst organizations and individuals who support the mission, vision, values, and objectives of the WFC.
15. We support high standards of education that empower graduates to serve their patients and communities as high value, trusted health professionals.
16. We believe in nurturing, supporting, mentoring, and empowering students and early career chiropractors.

17. We are committed to the delivery of congresses and events that inspire, challenge, educate, inform, and grow the profession through respectful discourse and positive professional development.
18. We believe in continuously improving our understanding of the biomechanical, neurophysiological, psychosocial and general health effects of chiropractic care.
19. We advocate for public statements and claims of effectiveness for chiropractic care that are honest, decent, legal, and truthful.
20. We commit to an epic future for chiropractic evidence based, people centered, interprofessional and collaborative.

Introduction

The current Secretary-General of the World Federation of Chiropractic (WFC), Professor Richard Brown, has been in office since 2015. He has informed the Board of Directors that he is not seeking renewal of his contract, which expires on June 30, 2025.

With this decision, the opportunity exists to fill the resulting vacancy. This document has been created to provide interested parties with information relating to the scope of the role and the opportunity to lead the WFC as its chief executive officer, operationalizing its vision, mission and strategy and taking the organization into the future.

Overview

The World Federation of Chiropractic (WFC) serves as the global face of the chiropractic profession. It was established in 1988 out of an identified need to form an international organization that would provide high level representation of the chiropractic profession and serve as a convening body for national associations of chiropractors globally.

Today, the WFC serves the interests of 96 national association members, who are spread across seven world regions: Africa, Asia, Eastern Mediterranean, Europe, Latin America, North America and the Pacific. There is no minimum number of chiropractors required for association membership and WFC Members range from single-figure memberships up to memberships in the thousands.

Over its 36-year history, the WFC has established a reputation as a trusted leader in the international chiropractor profession. It is the only global organization representing the interests of member national associations and provides services relating to the support, empowerment, promotion and advancement of the chiropractic profession.

The WFC is committed to realizing its vision and mission by advocating for chiropractic globally, regionally and nationally, working with other key stakeholders to achieve greater recognition, utilization and integration of chiropractic into health systems.

The WFC is headquartered in Toronto, Canada and is registered as a not-for-profit organization under the Canada Not-for-profit Corporations Act (2009). Its funding is received from Member dues, conferences and events, and donations from corporate partners and individual supporters.

The WFC represents the chiropractic profession on the global stage, including at the World Health Organization. It works with chiropractic regional federations, spine societies, and other key stakeholders to advance its aims and objectives.

Organizational plan

The WFC is led by a Board of Directors, which is composed of elected and nominated representatives from its seven world regions. There are currently 13 directors, five of whom are from the North American region, two from the regions of Europe and Pacific and one from each of the remaining regions. Directors serve for two-year terms of office, which are renewable.

The WFC's Executive Officers (President, Vice-President and Secretary-Treasurer) are elected from the Board and serve, with the Past President, for the duration of the term of office as the Executive Committee.

The WFC has three standing committees: the Public Health Committee, the Research Committee and the Disability and Rehabilitation Committee. These committees include a representative of the Board in its membership and the Secretary-General serves as an ex-officio member on each. The WFC also maintains an International Chiropractic Educational Alliance and an Equity, diversity and Inclusion Advisory Council. The Finance Committee draws representation from the secretariat and the Board to advise the Board on financial matters.

While the WFC historically had a physical office presence in Toronto, since the 2020-2021 global pandemic, its secretariat has operated from remote locations. Besides the Secretary-General, who currently operates as an independent contractor, the WFC has two employed full-time staff: a Finance and Administration Manager and an Administrative Assistant. Board and committee members serve in an unremunerated capacity.

Brief history of the WFC

Despite previous efforts to form a global organization, the concept of the WFC was first proposed at the World Chiropractic Summit, held in 1987 in London, UK. Its formation was driven by the need for the chiropractic profession to have a voice at the World Health Organization. On October 4, 1988, the leaders of 17 chiropractic associations met in Australia and unanimously approved a draft constitution creating the WFC. The first Secretary-General of the WFC was Mr David Chapman-Smith, a New Zealand barrister who had been instrumental in representing the profession during the New Zealand Commission of Inquiry into the chiropractic profession.

The inaugural Council of the WFC met in Toronto in 1989. During the 1990s, the profession grew and the number of members of the WFC correspondingly increased. The first WFC Congress took place in 1991 and has met biennially since. Recent WFC Congresses have been held in Australia (2023), Berlin (2019) and Washington DC (2017).

Having been in informal relations with WHO since 1988, the WFC was accepted into official relations as a Non-State Actor in January 1997. In 2003, the WHO published its *Guidelines on Basic Training and Safety in Chiropractic*.

In 2005, the outcomes of a comprehensive identity consultation were published. This positioned chiropractors as the spinal health care experts in the health system.

The WFC held its first education conference in partnership with the Association of Chiropractic Colleges in 1988 in Manila, Philippines. Education conferences have continued biennially since, with recent conferences taking place in the St Louis (2022), London (2018), Montreal (2016) and Miami (2014). The 2024 WFC Education Conference will take place in Kuala Lumpur, Malaysia.

The current Secretary-General, Prof. Richard Brown, became only the second person to hold the role when he took over from Mr Chapman-Smith in 2015.

In 2018-19 a comprehensive review of the WFC governance model took place, which included an overhaul of the Bylaws, bringing them into line with modern not-for-profit legislation. Meetings went from half-yearly to quarterly and the former Council underwent a change of name to become the Board of Directors. Biennial Assemblies of WFC Members transitioned to annual meetings. In 2019, the WFC also launched its 20 Principles document, setting out a clear statement of what the WFC represents globally.

The WFC developed a strong presence on social media, with Facebook, Twitter and Instagram profiles being developed as a means of communicating with chiropractors and the public around the globe. Investment was also made to develop the WFC's newsletter, the *Quarterly World Report*, which has steadily evolved to become the authoritative international magazine for the chiropractic profession.

Development of the WFC's committee structure also took place with revision of the terms of reference, membership and activities of its Research, Public Health and Disability & Rehabilitation committees.

Over the course of the last nine years, the WFC has significantly developed its suite of policies and position statements. This has included definitive policies on equity, diversity and inclusion, conflict of interest and communications.

In 2019, the WFC launched a three-year strategic plan, focusing on the pillars of support, empowerment, promotion and advancement of the chiropractic profession. Its latest strategic document, *Adjusting to the Future*, covers the period 2024-2029.

In 2023, the Board approved the formation of an International Chiropractic Education Alliance, a body to bring together the global chiropractic educational community. In 2024, the International Test of Competence was launched, to support WFC members in unregulated jurisdictions to promote consistency and standards of entry into membership as a means of effective self-regulation.

In 2024, the WFC launched a new website, bringing its message to a multilingual audience and housing a dedicated conference and events registration platform.

Secretariat

Previously based in dedicated office accommodation in Toronto, Canada, the WFC Secretariat now works remotely, with two staff members based in Toronto and the Secretary-General working out of offices in the United Kingdom.

The two employed staff are the Finance & Administration Manager and the Administrative Assistant, both longstanding members of the WFC team bringing significant institutional memory to the organization.

Culture

The WFC strives to reflect its mission and vision in all its activities. It pursues a strategy of ensuring that it is an organization for the many, not the few, and this is reflected in it embracing the principles of equity, diversity and inclusion. We foster collaboration and a shared sense of purpose in developing and advancing chiropractic internationally and both value and respect different perspectives. The Board works as a team and, along with employees and volunteer committee members, there is strong encouragement to express ideas, concerns and feedback without fear of judgment.

The WFC promotes regular channels of communication to facilitate dialogue and promote a sense of belonging. We also recognize and celebrate the achievements of individuals and teams and by celebrating milestones, acknowledging hard work and expressing gratitude, we maintain positive morale, create a sense of fulfilment and motivate individuals to continue making a difference.

We recognize the importance of ensuring a positive work-life balance by allowing flexible working arrangements and supporting the personal well-being of employees, which we believe contributes to a healthier and more productive workforce.

The positive culture developed within the WFC as an international not-for-profit organization places a strong emphasis on our social impact. We are committed to our employees and volunteer directors and committee members enjoying a sense of fulfilment by being part of something greater than the sum of their separate parts, knowing that their work is making a tangible difference in the global chiropractic community.

By developing and maintaining a positive culture embodying the above characteristics, we attract and retain talented individuals, foster innovation and collaboration and ultimately achieve our mission of advancing awareness, utilization and integration of chiropractic internationally.

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Membership

Voting members of the WFC are national associations of chiropractors. The WFC currently has 96 national associations of chiropractors as its members, spread across 7 world regions: Africa, Asia, Eastern Mediterranean, Europe, Latin America, North America and Pacific.

WFC Members come together annually for an Assembly of Members, which considered applications for new members, approval of policies and ratification of actions of the Board.

There is no minimum size of membership for WFC Members, with many having single digit memberships, reflecting the pioneer nature of the profession in many countries around the world.

Members of the WFC pay dues annually, which are based on the respective sizes of their memberships. The per capita calculation is made in November of each year, with dues payable on January 1.

In joining the WFC, Members sign up to a Rights and Responsibilities document, which sets out the duties and benefits that Member national associations can expect.

Commitment to excellence

At the WFC we are committed to excellence, where the mindset and approach that drives both individuals and the organization to consistently strive for the highest standards of quality, performance, and achievement. We aim to go beyond simply meeting expectations or settling for mediocrity. This involves a relentless pursuit of improvement, a willingness to go the extra mile, and a dedication to delivering exceptional results in every endeavour.

We believe that a commitment to excellence begins with setting high standards for ourselves and our work. It means having a clear vision of what success looks like and holding ourselves accountable to those standards. It involves continuously raising the bar and refusing to settle for anything less than the best possible outcome. We recognise that there is always room for improvement. We actively seek opportunities for growth, learning, and development. We embrace feedback and use it as a tool for self-reflection and improvement. We are open to new ideas, innovative approaches, and best practices, consistently striving to enhance our knowledge, skills, and performance.

We recognize that excellence is often found in the details. A commitment to excellence means paying attention to the smallest of details and taking pride in the quality of our work. It involves A meticulous approach, ensuring accuracy, precision, and thoroughness in every task. By focusing on the details, we aim to demonstrate our commitment to delivering excellence in all aspects of our work.

As part of our commitment to excellence, we are driven by a deep passion for our work. We are fully engaged, giving our best effort and energy to each task. We approach challenges with enthusiasm, embracing them as opportunities for growth and improvement. This passion and engagement fuel our pursuit of excellence and inspire others to do the same.

Strategic plan 2024-2029

The latest WFC Strategic Plan, *Adjusting to the Future,* builds upon key organizational achievements that have contributed to advancing the chiropractic profession, helping it to position itself as modern, evidence-based and person-centered. This has included collaborating with and supporting projects of the World Health Organization, working with the chiropractic educational community and supporting member national chiropractic associations in their work to attain legislation and statutory regulation for the chiropractic profession.

Constantly present in the work of the WFC are the pillars of evidence-based, people-centered, interprofessional and collaborative chiropractic practice. Our success can be attributed to the vision, resilience and tenacity of the secretariat and Board of Directors, committee members and national chiropractic associations, particularly through the period of the Covid-19 pandemic. Their efforts, during what was an extremely challenging time, have contributed to positive growth, with renewed strength and expansion of our activities. As we have reviewed our strategic priorities, we have engaged a wide range of stakeholders, who have provided unique perspectives that have guided us to this 2024-2029 Strategic Plan.

The five strategic pillars of the WFC Strategic Plan 2024-2029 are:

- Creating stakeholder value
- Promoting professional consistency
- Ensuring financial sustainability
- Achieving equitable workforce distribution
- Maximizing operational efficiency

Each of our strategic objectives will be measured by quantifiable SMART-oriented key performance indicators (KPIs): specific, measurable, attainable, realistic and time-bound. These KPIs help us to track and measure performance over time for each strategic objective based on the desired outcomes.

Governance and Bylaws

The activities of the WFC are governed by its Articles of Association and its Bylaws. The WFC is registered as a not-for-profit corporation under the Canada Not-for-profit Corporations Act (2009). The Bylaws of the WFC underwent a significant overhaul in 2019, with minor editing in 2020.

Elections for directors take place every two years, with directors either elected by their region or, for associations with 3000 or more members, directors are nominated accordingly. There are currently a total of 13 directors on the Board. Executive officers are elected within the board and continue to represent their regions whilst in office. The President serves a single, two-year term in office.

Meetings of the WFC Board take place quarterly, with three meetings online and a 2-3 day in person meeting (in congress years, this takes place in advance of the Assembly of Members).

In relation to organizational governance and human resources, the WFC maintains a binder of administrative policies which are checked for compliance with Canadian not-for-profit legislation.

Training on matters of board governance and the statutory duties of directors has been provided previously by the WFC's legal adviser.

Meetings and events

Since 1991, the WFC has held a biennial congress in cities around the world:

1991	Toronto, Canada	2009	Montreal, Canada
1993	London, United Kingdom	2011	Rio de Janeiro, Brazil
1995	Washington DC, USA	2013	Durban, South Africa
1997	Tokyo, Japan	2015	Athens, Greece
1999	Auckland, New Zealand	2017	Washington DC, USA
2001	Paris, France	2019	Berlin, Germany
2003	Orlando, USA	2021	(Online event)
2005	Sydney, Australia	2023	Gold Coast, Australia
2007	Vilamoura, Portugal	2025	Copenhagen, Denmark

The WFC Congress is officially recognized as the largest scientific meeting for chiropractors on the planet. With an international call for abstracts and a robust peer review process, abstracts are presented both in platform and poster formats. For many years, over US$40,000 has been pledged at each congress in research award monies by NCMIC and IBCE.

The format of the Congress features outstanding keynote speakers, plenary presenters, debates, research presentations and workshops. Preceded by a welcome reception on the eve of the academic program, the Congress itself takes place over three days. The Congress also features a full social program, including a gala and awards dinner on the final night.

Bids to host the Congress are launched four years in advance and the events are a partnership between the WFC and the host national chiropractic association. Congresses regularly attract up to 1000 attendees.

In the alternate years between the congress, the WFC hosts an education conference. This is typically a smaller more focused event, attracting academics, education researchers and leaders within the chiropractic educational arena. With a strong educational research track, the education conference is recognized as the leading international event for those involved in chiropractic teaching and learning.

Special projects

With a constant focus on innovation, the WFC Engages in a number of special projects outside of its normal day-to-day activity. For many years, it has coordinated World Spine Day, celebrated on October 16 each year, as a professionally agnostic International Day to highlight the global burden of spinal pain and disability.

Past special projects have included the WFC identity consultation, public health campaigns, and the support of chiropractic development in underserved communities around the world.

The WFC is currently developing a Global Observatory for Chiropractic, comprising surveys and information gathering in order to create an authoritative repository of information about the chiropractic profession worldwide.

World Health Organization

The WFC was admitted into official relations with the World Health Organization (WHO) in 1997 and has served in this capacity as a Non-State Actor (NSA) since this time. It is officially affiliated with the Department of Integrated Services with its focal point in the Traditional, Complementary and Integrative Medicine (TCIM) Unit.

In 2003, WHO published its *Guidelines for Basic Training and Safety in Chiropractic*. This document was translated into a number of languages and was used to inform Member States about the status of chiropractic education globally. In 2022, an agreement was signed to update this document to a *Benchmark for Training in Chiropractic*. It is anticipated that this will be published at the end of 2024.

The WFC works with a number of departments at WHO, including the Department of Ageing and Health, Health Workforce, Non-Communicable Diseases, and Classifications and Terminologies.

As an NSA in official relations, the WFC is entitled to be represented at high level meetings of WHO, including the World Health Assembly and the Executive Board. It is customary for the Secretary-General to attend these events, often accompanied by Board members or other stakeholder representatives.

The WFC is a founding member of the World Rehabilitation Alliance (WRA) and provides representation on its workstreams. The Secretary-General is the current representative to the WRA workforce workstream. The WFC was also invited to provide representatives to the Package of Rehabilitation Interventions for Low Back Pain and the steering committee, guideline development group, external review committee and systematic research groups for the WHO Guideline on Chronic, Primary, Non-surgical Low Back Pain in Adults in Primary and Community Care Settings.

Finances and facilities

The WFC generates revenue from a range of sources, including Membership dues, corporate and educational partnerships, endorsements, revenue from meetings and events, and low-risk investment income.

At the time of writing, the WFC has assets of approximately C$1.1m. It holds accounts in US dollars and Canadian dollars. It owns no property. The WFC finances are subject to an annual independent audit. There have been no irregularities or extraordinary events identified in audits.

Future Development

The WFC is operating within its five-year strategic plan. The successful candidate will join the organization with four years remaining on this plan. We are confident that we will be making good progress on each of the five strategic pillars by the time that the new Secretary-General joins the organization in 2025.

The future is bright for the WFC. Relations with key stakeholders are strong and the organization enjoys a robust international reputation. The organization is financially stable, but there is room for capital growth to fund new initiatives and projects.

The new Secretary-General will take the WFC into its next stage of growth. They will consolidate the existing successes, while identifying opportunities for expansion that are aligned with the mission and vision. This is particularly important in the area of equitable workforce distribution.

Summary and conclusion

The WFC invites outstanding potential candidates to consider the opportunity to serve as its next Secretary-General. The position is unique in many ways, serving to oversee the international activities and initiatives of the organization. It provides the opportunity to advocate for the chiropractic profession on a global scale, and can include engaging with policymakers, international health organizations, and other stakeholders to promote the recognition and integration of chiropractic care within health care systems worldwide.

The WFC works to foster collaboration among chiropractic associations and organizations across different countries. As the Secretary-General, there exists the potential to facilitate and strengthen these collaborations, encouraging knowledge sharing, research corporation, and the development of common standards and best practices. The Secretary-General is also tasked with enhancing public awareness and understanding of chiropractic care, which includes advocacy campaigns the development of information resources and awareness initiatives to promote the benefits and safety of chiropractic care.

A key role for the Secretary-General is to engage and support the WFC's member associations, which can involve facilitating communication channels, attending member events and providing resources and support to strengthen their capacity and effectiveness. A key role of the Secretary-General is to work alongside other health care organizations, including the World Health Organization, to improve healthcare globally.

In summary, this is a multifaceted role encompassing advocacy, collaboration, professional development, research promotion and educational development, all aimed at advancing the chiropractic profession worldwide.

WORLD FEDERATION OF CHIROPRACTIC | FÉDÉRATION MONDIALE DE CHIROPRATIQUE | FEDERACIÓN MUNDIAL DE QUIROPRÁCTICA

2 St. Clair Avenue West | Floor 18 | Toronto | Ontario | M4V 1L5 | Canada
T. +1 647 255 8030 F. +1 888 837 6748 E. info@wfc.org

EXECUTIVE SEARCH COMMITTEE
Recruitment of Secretary-General
World Federation of Chiropractic

ROLE SPECIFICATION

Role overview

The Secretary-General of the World Federation of Chiropractic (WFC) serves as the chief executive officer responsible for overseeing the operations, administration, and strategic direction of the organization.

This position is pivotal in fostering global chiropractic advocacy, promoting professional development, and enhancing inter-professional relationships. The Secretary-General acts as a liaison between the WFC's leadership, its member organizations, and external stakeholders, including the World Health Organization.

Key Responsibilities

Role Overview

The Secretary-General of the World Federation of Chiropractic (WFC) is the organization's top executive, responsible for the overall leadership, management, and direction of WFC's global operations. This role involves strategic planning, financial oversight, stakeholder engagement, advocacy, and program development. The Secretary-General ensures that the WFC achieves its mission of advancing awareness, utilization and integration of chiropractic internationally, promoting chiropractic's role in global health and fostering professional development within the chiropractic community.

Key Responsibilities

1. Strategic Leadership
    - Develop and implement a comprehensive strategic plan, aligning WFC's goals with the evolving needs of the chiropractic profession and global health trends.
    - Guide the WFC's executive team and Board of Directors in setting strategic priorities and objectives.
    - Establish partnerships with international organizations to broaden the WFC's influence.

2. Organizational Management

- Oversee day-to-day operations, including administration, staffing, and internal processes, ensuring they are efficient and effective.
- Lead and manage the WFC's staff and committees, promoting a collaborative and inclusive work environment.
- Implement and maintain robust financial controls, ensuring budget discipline, compliance, and financial transparency.

3. Advocacy and Representation
   - Represent the WFC at international conferences, health forums, governmental meetings, and other key events, including the World Health Assembly.
   - Develop and nurture relationships with global health organizations, policymakers, and non-governmental organizations (NGOs).
   - Advocate for chiropractic within broader health-related contexts, emphasizing its role in preventive and integrative care.

4. Stakeholder Engagement
   - Serve as the primary point of contact for WFC's member associations, addressing their concerns and facilitating communication.
   - Organize regular meetings, assemblies, webinars, and events to keep stakeholders informed and engaged.
   - Build a strong network of stakeholders, including chiropractors, healthcare professionals, and academic institutions, to support WFC's mission.

5. Professional Development and Education
   - Oversee the development of international conferences and events, regional seminars, and meetings to advance the skills and knowledge of chiropractic professionals and empower national association members.
   - Collaborate with academic institutions to promote chiropractic education and research.
   - Lead initiatives to support the continued professional development of chiropractors and encourage innovation within the field.

6. Compliance and Governance
   - Ensure compliance with international regulations, industry standards, and WFC's internal policies.
   - Work closely with the Board of Directors to develop governance frameworks and policies that align with best practices.
   - Ensure the WFC's activities meet legal requirements and ethical standards.

7. Qualifications and Experience
   - Experience in proven leadership within the chiropractic profession is highly desirable.
   - Advanced qualifications in law, business administration, healthcare management, or related fields are preferred.

- At least 10 years of leadership experience in a healthcare-related or professional organization, with a track record of successful strategic planning, organizational management and financial oversight.
- Prior experience working with international organizations or in global advocacy roles is desirable.
- Prior experience working with international organizations or in roles that require global advocacy and cross-cultural engagement.

8. Skills and Competencies
    - Exceptional verbal and written communication skills, with the ability to engage effectively with diverse audiences, including professionals, stakeholders, and the public.
    - Ability to multitask and manage multiple projects simultaneously
    - Strong leadership and people management skills, capable of motivating and leading a diverse team.
    - Demonstrated ability to build partnerships and networks with a range of stakeholders, including policymakers, healthcare professionals, and member associations.
    - Strong analytical and problem-solving skills, with the ability to think strategically and adapt to changing circumstances.
    - Ability to develop and implement comprehensive strategic plans, aligning organizational goals with global trends and industry needs.
    - Proven track record in overseeing operations and maintaining effective administrative and financial processes.
    - Experience in representing organizations at international forums, advocating for professional interests, and engaging in high-level discussions with policymakers.
    - Familiarity with legal and regulatory requirements in the healthcare sector, and experience in ensuring organizational compliance and governance.
    - Working knowledge of the chiropractic profession and its role in the provision of healthcare at a global level.

9. Personal attributes
    - A visionary leader with the ability to inspire and guide the organization toward its mission and objectives.
    - Ability to work collaboratively and build consensus among diverse groups and stakeholders.
    - Commitment to maintaining high ethical standards and promoting transparency and accountability.
    - Capable of handling pressure and adapting to evolving situations, including frequent international travel.
    - Proficiency in spoken and written English is required; additional languages, especially those spoken in key WFC regions, are a plus.
    - Competency in modern office tools, project management software, and digital communication platforms.

10. Reporting and Governance Structure
    - The Secretary-General reports to the WFC's Board of Directors and collaborates closely with the President and other Board members to ensure the effective governance of the organization.
    - The Secretary-General provides regular reports on organizational performance, financial status, and strategic initiatives.

11. Location and Travel Requirements
    - The position is headquartered in Toronto but it is expected that the successful candidate will work remotely.
    - Extensive international travel is required to represent the WFC at global events, conferences, and meetings.
    - The Secretary-General must be adaptable and willing to travel frequently.

12. Compensation and Benefits
    - Competitive salary, commensurate with experience and industry standards.
    - Comprehensive benefits package, including health insurance, retirement plans, and other employee benefits.

HPRO Health Profession Regulators of Ontario

2023-2024 HIGHLIGHTS

HEALTH PROFESSION REGULATORS OF ONTARIO

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Sharing highlights between HPRO's 2023 and 2024 Annual Meetings.

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's)* 26 Colleges.

Ontario's health profession regulators have the duty to protect the public, making sure healthcare professionals are safe, ethical, and competent. They currently regulate 29 distinct professions — almost 400,000 healthcare professionals in the Province, and these numbers will increase later in 2024 when the College of Psychologists of Ontario will begin to regulate applied behaviour analysts, effective July 1, 2024.

Along with a full-time Executive Director, HPRO is supported by innumerable volunteers, including all College Registrars who make up the Board of Directors, as well as our Chair, Vice-Chair and Treasurer, and an active Management Committee and other Committees, Networks, and Working Groups. Because of that support, we are able to share highlights of HPRO's successes over the past year, including the development of a new statement of purpose:

HPRO advocates for ongoing regulatory improvement that supports the public interest.

HPRO Health Profession Regulators of Ontario

Strategic Priorities

- **Government Relations**
- **Equity, Diversity, Inclusion (EDI)**
- **Excellence in Member Services**

HPRO Health Profession Regulators of Ontario

Management Committee Members:

Dan Faulkner, Chair

Maureen Boon, Vice-Chair

Shenda Tanchak, Treasurer

Elinor Larney, Past Chair

Judy Rigby, Member

Joe Jamieson, Member

CHAIR & MANAGEMENT COMMITTEE REPORT

This report covers HPRO's corporate year from the May 19, 2023, Annual Meeting, reporting to the June 3, 2024, Annual Meeting.

HPRO's leadership is thankful to all who support the work of HPRO, making significant advancements in health profession regulation in Ontario.

GOVERNMENT RELATIONS

One of HPRO's strategic priorities focuses on government relations. HPRO is committed to cultivating and maintaining positive, collaborative relations with all levels of Government, with the focus on regulatory excellence. HPRO's members are in a unique position to be able to influence change in the public interest.



Government Relations

HPRO cultivates and maintains positive, collaborative relations with the Government, influencing decision-making and change in support of regulatory excellence.

On May 6, 2024, HPRO wrote to Health Minister Sylvia Jones, inviting the Minister to HPRO's June 3rd Annual Meeting. The following is an excerpt from that letter, highlighting three key topics that HPRO has identified as areas of potential work with Government:

- ***Health Human Resources (HHR):*** *We are committed to continuing to work with Government to find innovative solutions to the HHR crisis while ensuring patient safety. Health profession regulators are uniquely positioned, given our legislated registration responsibility, to assist Government in this important work.*
- ***Effective Governance:*** *Public involvement in our regulatory work is critical. That is why we are working on strategies to improve that involvement and would welcome your feedback on strategies that will allow Colleges to do our work as effectively and efficiently as possible.*
- ***Public Input:*** *HPRO has taken on the responsibility of the Citizen Advisory Group (CAG) which gives a voice to patient and caregiver perspectives through the CAG members. These are patients and caregivers who are representative of the Ontario population and who provide essential feedback on topics such as professional rules, standards of practice, strategic priorities, and communications directed at the public.*

CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

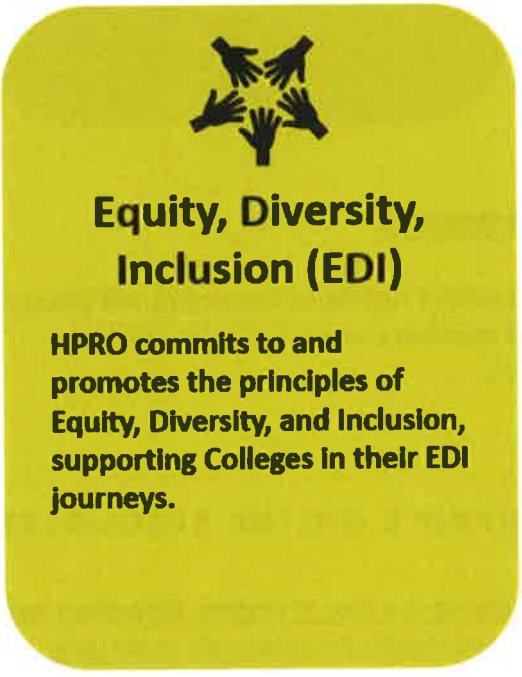
COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

HPRO continues to support Colleges in their reporting on the Ministry's College Performance Measurement Framework (CPMF). HPRO will continue to work toward making the best use of the information provided in these reports, noting the commendable practices identified each year.

OFFICE OF THE FAIRNESS COMMISSIONER (OFC) – RISK-INFORMED COMPLIANCE FRAMEWORK (RICF)

HPRO wrote to Ontario's Fairness Commissioner Irwin Glasberg on February 28, 2024, regarding the OFC's Risk Informed Compliance Framework (RICF). HPRO shared that its members "are committed to effective and efficient licensure practices and are interested in contributing to broader provincial policy decisions to address labour shortages in specified professions and geographic regions", confirming HPRO's mutual commitment to transparency, objectivity, impartiality, and fairness in registration practices. Discussions with the OFC continue.

EQUITY, DIVERSITY, INCLUSION (EDI)



ANTI-RACISM IN HEALTH REGULATION PROJECT (ARHR)

2023 saw the completion of HPRO's ARHR Project, which was led by Judy Rigby and supported by a nine-member Steering Committee and a Project Management Team from Graybridge Malkam, partially funded by a grant from the Federal Government's Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) Program. The project had three deliverables which included an EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation; an EDI self-assessment checklist and reporting tool; and the development of an EDI toolkit, including internal training components for colleges.

HPRO's work has reached hundreds of College staff, Council/Board and committee members, and through the Colleges' work, hundreds of thousands of health professionals. Additionally, HPRO continues to share the outcomes of this project with other regulators to support their health profession regulators in their EDI journeys.

Thanks are extended to the Steering Committee members (see right), who have dedicated their time, energy, and expertise over the last two years.

Anti-Racism in Health Regulation Project Steering Committee:

Judy Rigby (CDTO), Chair
Deborah Adams (CRPO)
Brian Fehst (CKO)
Naakai Garnette (CMTO)
Zahra Grant (CMO)
Tim Mbugua (COTO)
Kevin McCarthy (CNO)
Brian O'Riordan (CASLPO)
Delia Sinclair Frigault (OCP)

HPRO Health Profession Regulators of Ontario

CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

EQUITY, DIVERSITY, INCLUSION (EDI) (CONTINUED)

EDI NETWORK

HPRO has a dedicated EDI Network. It includes staff from all HPRO Colleges who have a role related to or interest in EDI. The EDI Network is led by Co-Chairs Preeya Singh (CASLPO) and Michelle Tremblay (RCDSO).

The EDI Network has received presentations or focused discussion on the following topics:

- Use of the HPRO EDI Toolkit
- EDI and the Ministry of Health's CPMF
- Demographic Data Collection (Dr. Nafeesa Jalal, NJGC Inc.)
- Land Acknowledgements
- Truth and Reconciliation
- The future of EDI



Equity, Diversity, Inclusion (EDI)

HPRO commits to and promotes the principles of Equity, Diversity, and Inclusion, supporting Colleges in their EDI journeys.

EXCELLENCE IN MEMBER SERVICES

The remainder of our 2023-2024 Highlights document will focus on how HPRO is providing its members with the services Colleges need to support their work.



Excellence in Member Services

HPRO provides its members with the services Colleges need to support their work.

HPRO'S ONLINE RESOURCES

- Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario
- Consent and Capacity Resources
- Positions available at HPRO Member Colleges
- Information on College Board of Directors/Council Meeting dates

HPRO Health Profession Regulators of Ontario

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COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Chair Michelle Price, focuses both on supporting Communications Network members and on promoting HPRO's public-facing website.



ontariohealthregulators.ca (OHR) provides links to Colleges' general information for the public, their public registers, information about complaints, and public consultations. Also included on that site are a number of featured stories and a video about health regulatory bodies. This work is consistent with Colleges' duty to promote and enhance relations between Colleges and the public.



The Communications Committee, through its Communicators' Network Event Planning Subcommittee, was also able to offer a half-day conference on December 13, 2023, which featured two sessions: "Strategic Marketing for Communicators" by Mike Leon of Brand Heroes and Crisis Communications by Zimra Yetnikoff of the College of Psychologists of Ontario. On April 10, 2024, Jared Curtis of Maximus presented on artificial intelligence, noted to be one of the best presentations on this trending communication tool heard by Network members.

Communications Committee:

- Michelle Price, Chair (CMLTO)
- Jef Ekins (CMRITO)
- Maria Feldman (CMTO)
- Victoria Marshall (CMO)
- Ryan Pestana (CDHO)
- Mark Sampson (CPSO)
- Taylor Turner (College of Physiotherapists of Ontario)

Communicators' Network Event Planning Subcommittee :

- Ryan Pestana (CDHO) - Chair 2023
- Michelle Price (CMLTO) - 2023 and Chair 2024
- Aaron Ma (CMTO) - 2023
- Wellie Chihaluca (CCRTO) - 2024
- Amandine Viaud (RCDSO) - 2024

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO's Officers and Management Committee members as well as HPRO's Committee membership appointments for the 2024-2025 year. As recognized each year, the dedication of volunteers and support from member Colleges is a most important and valued resource.

Nominations Committee:

- Elinor Larney, Chair
- Carole Hamp (CRTO)
- Ann Zeng (CTCMPAO) (to January 2024)
- Kelly Dobbin (as of March 2024)
- Nancy Leris (as of March 2024)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair
- Genevieve Plummer (OCP)
- Cara Moroney (COTO) as of 2024

Discipline Orientation Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Julie Maciura (Steinecke Maciura LeBlanc)

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. Sessions continue to be held virtually, consistent with Colleges' practices.

In 2023, the Committee and talented volunteers created a new mock discipline hearing video to demonstrate the new way hearings are being held post-COVID.

Fall 2023 Workshops

November 3 – Basic Session: 34 registrants (12 Colleges)
November 20 – Advanced Session: 27 registrants (9 Colleges)

Spring 2024 Workshops

May 16 – Basic Session: 28 registrants (11 Colleges)
June 13 – Advanced Session (scheduled)

REASONS WRITING WORKSHOP

HPRO provides an interactive workshop that directly addresses a major subject from the Discipline Orientation sessions — writing reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Julie Maciura serves as faculty for workshop.

May 28, 2024 Workshop – 10 registrants (5 Colleges)

GOVERNANCE TRAINING FOR *RHPA* COLLEGES

This two half-day webinar for College Staff, Board/Council, and Committee Members focuses on Colleges' core public interest functions, providing a comprehensive understanding of governance for regulators. This includes the concept of governance, setting goals and strategies, fiduciary obligations, and a focus on the roles of various members of the governors and staff at Colleges.

Faculty for this training is Julie Maciura.

November 7 & 14, 2023 – 44 registrants (10 Colleges)

May 14 & 21, 2024 – 30 registrants (7 Colleges)



TRANSITIONS

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HPRO MEMBERS:

- **College of Physiotherapists of Ontario: Craig Roxborough** was appointed Registrar and CEO, effective May 23, 2023. **Anita Ashton** had served as Interim Registrar since the passing of **Rod Hamilton** on August 11, 2022.
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario: Ann Zeng** left her role as Registrar and CEO on February 1, 2024; **Sean Cassman** was appointed as Acting Registrar and CEO.
- **College of Audiologists and Speech-Language Pathologists of Ontario**: on May 15, 2024, it was announced that **Margaret Drent** would assume the role of Registrar upon the retirement of **Brian O'Riordan** on January 17, 2025.

HPRO :

- **HPRO** appointed its first full-time Executive Director, **Beth Ann Kenny** as of September 15, 2023.
- **HPRO** is piloting an **Affiliate program** for non-*RHPA* regulators to share in some of HPRO's education, training, and other applicable benefits.

HPRO NETWORKS AND WORKING GROUPS

College staff have access to Networks that focus on key areas of College activity:

- **CPMF**
- **Communications**
- **Compliance Monitoring**
- **Corporate Services**
- **Deputy Registrars**
- **EDI**
- **Enterprise Risk Management and Business Continuity**
- **Executive Assistants**
- **Investigations and Hearings**
- **Policy Advisors**
- **Practice Advisors**
- **Quality Assurance**
- **Records Management**
- **Registration (Previously ORAC)**

Disclosure of Information by Colleges (Section 36) Working Group

This Working Group brought recommendations to the HPRO Board of Directors related to guidelines for the disclosure and sharing of information, which was approved in principle by the HPRO Board early in 2024. Thanks to the following who supported that work:

- Anita Ashton, College of Physiotherapists of Ontario (Lead)
- Angela Bates, OCP
- Carloyn Gora, CNO
- Eric Bruce, CDHO
- Tina Langlois, CMRITO

HPRO Health Profession Regulators of Ontario

2023-2024 HIGHLIGHTS

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Members:

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
College of Chiropodists of Ontario (COCOO)
College of Chiropractors of Ontario (CCO)
College of Dental Hygienists of Ontario (CDHO)
College of Dental Technologists of Ontario (CDTO)
College of Denturists of Ontario
College of Dietitians of Ontario
College of Homeopaths of Ontario (CHO)
College of Kinesiologists of Ontario (CKO)
College of Massage Therapists of Ontario (CMTO)
College of Medical Laboratory Technologists of Ontario (CMLTO)
College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)
College of Midwives of Ontario (CMO)
College of Naturopaths of Ontario (CONO)
College of Nurses of Ontario (CNO)
College of Occupational Therapists of Ontario (COTO)
College of Opticians of Ontario
College of Optometrists of Ontario
College of Physicians and Surgeons of Ontario (CPSO)
College of Physiotherapists of Ontario
College of Psychologists of Ontario
College of Registered Psychotherapists Therapists of Ontario (CRPO)
College of Respiratory Therapists of Ontario (CRTO)
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)
Ontario College of Pharmacists (OCP)
Royal College of Dental Surgeons of Ontario (RCDSO)

Health Profession Regulators of Ontario (HPRO)

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FOR IMMEDIATE RELEASE: Beaverton, Ontario – Tuesday, June 11, 2024 – The Health Profession Regulators of Ontario (HPRO) has elected its Officers for the 2024-2025 year:

- **Dan Faulkner, Royal College of Dental Surgeons of Ontario – Chair**
- **Maureen Boon, College of Massage Therapists of Ontario – Vice-Chair**
- **Shenda Tanchak, Ontario College of Pharmacists – Treasurer**

In addition to the Officers, the following were elected as members of the Management Committee:

- **Craig Roxborough, College of Physiotherapists of Ontario**
- **Melanie Woodbeck, College of Dietitians of Ontario**
- **Nicole Zwiers, College of Chiropodists of Ontario**

And, HPRO's Past Chair will continue to serve on the Management Committee:

- **Elinor Larney, College of Occupational Therapists of Ontario – Past Chair**

HPRO is the organization for Ontario's 26 health regulatory colleges, which govern almost 400,000 health professionals. HPRO advocates for ongoing regulatory improvement that supports the public interest, helping Colleges to fulfill their regulatory mandate. For more information about HPRO, visit our website: regulatedhealthprofessions.on.ca.

HPRO's member Colleges individually focus on the public interest, working to provide the people of Ontario with safe, competent, and ethical health care and holding healthcare professionals accountable for their conduct and practice. Colleges also have a duty to provide information to the public, and, to that end, a public-facing website is a resource provided by HPRO that shares helpful links to all regulatory Colleges' websites. The site offers simply stated facts about healthcare providers and regulation with information available on the site in the 10 most used languages in the province. See ontariohealthregulators.ca to find out more and see how Colleges support safe healthcare in Ontario.

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For more information, contact:

Beth Ann Kenny, Executive Director
Phone: 416-986-0576
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Website: regulatedhealthprofessions.on.ca

Ministry of Health

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and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
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Telephone: **416 212-5494**

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
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Toronto ON M7A 2J3

Téléphone : **416 212-5494**

Ontario

June 5, 2024

On June 4, 2024, the following nine new regulations made under the Health and Supportive Care Providers Oversight Authority Act, 2021(the Act) were announced:

1. O. Reg. 211/24 - Funding for Therapy and Counselling
2. O. Reg. 212/24 - Discipline & Appeals Committee
3. O. Reg. 213/24 – Rules for Advisory Committees
4. O. Reg. 214/24 - Personal Support Worker Advisory Committee
5. O. Reg. 215/24 - Code of Ethics
6. O. Reg. 216/24 - Visual Mark
7. O. Reg. 217/24 - Registration
8. O. Reg. 218/24 - Public Register
9. O. Reg. 219/24 - Complaints

These regulations are expected to be available on e-Laws in one to three days from filing and then published in an upcoming edition of the Ontario Gazette. Additionally, section 11 and sections 14 – 62 of the Act will be proclaimed December 1, 2024, which will also bring the supporting nine new regulations into force.

Once the Act is fully proclaimed and the new regulations are in-force, the Health and Supportive Care Providers Oversight Authority will have the necessary regulatory framework in place to begin registration of Personal Support Workers (PSWs) starting December 1, 2024.

For additional information, please visit the Health and Supportive Care Providers Oversight Authority.

Thank you,

Dr. Karima Velji
Chief of Nursing and Professional Practice and Assistant Deputy Minister
Ministry of Health, Ontario

c. Allison Henry, Director, HWROB
Stephen Cheng, Manager, Strategic Regulatory Policy Unit, HWROB

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Ministry of Health

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Ontario

June 5, 2024

On June 4, 2024, amendments to the following three regulations under the *Medicine Act, 1991*, were announced that would regulate physician assistants (PAs) as a new class of member by the College of Physicians and Surgeons of Ontario (CPSO):

1. Ontario Regulation 220/24 (Registration)
2. Ontario Regulation 221/24 (General)
3. Ontario Regulation 222/24 (Professional Misconduct)

The regulations are expected to be available on e-Laws in one to three days from filing and they will also be published in an upcoming edition of the Ontario Gazette.

These regulations provide the CPSO with the regulatory framework necessary to provide oversight to PAs and will be in force on April 1, 2025. The CPSO intends on permitting eligible applicants who would meet the registration requirements to pre-register starting on January 1, 2025.

Regulation is expected to enhance public trust in the profession as a group of highly skilled care providers that deliver safe, high-quality care. PAs working alongside physicians will alleviate the workload of physicians and allow them to focus on more complex and specialized cases.

Thank you,

Sincerely,

Dr. Karima Velji
Chief of Nursing and Professional Practice and Assistant Deputy Minister
Ministry of Health, Ontario

From: Jo-Ann Willson
Sent: June 6, 2024 6:09 PM
To: Rose Bustria
Subject: FW: Message from the Registrar and CEO: Regulatory Amendments to the College's Legislation Passed
Attachments: ATT00001.txt

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
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Toronto, ON M4Y 0E7
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In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Thursday, June 6, 2024 3:15 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Subject: [Registrars] FW: Message from the Registrar and CEO: Regulatory Amendments to the College's Legislation Passed

CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Hi All:

In case you haven't seen this yet, Denitha Breau announced that their regulatory amendments will be coming into effect July 1st. The first noted is alignment with our RHPA Colleges, "incorporating the same confidentiality provisions as outlined in the *Regulated Health Professionals Act*."

It's excellent timing that they're our first Affiliate!

Take care!
Beth Ann

Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
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From: OCSWSSW <ebulletin@ocswssw.org>
Sent: Thursday, June 6, 2024 2:25 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Subject: Message from the Registrar and CEO: Regulatory Amendments to the College's Legislation Passed

The College is pleased to announce that proposed changes to our governing legislation, the Social Work and Social Service Work Act, 1998, have been passed and will come into force on July 1, 2024.

View in browser

Ontario College of Social Workers and Social Service Workers

Professional
Ethical
Qualified
Accountable

The The Message from the Registrar and CEO: Regulatory Amendments to the College's Legislation Passed

June 6, 2024

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Dear registrants and other interested parties:

The Ontario College of Social Workers and Social Service Workers (the College) is very pleased to announce that proposed changes to our governing legislation, the *Social Work and Social Service Work Act, 1998* (the SWSSWA) have been passed and will come into force on July 1, 2024. These amendments relate to section 50 of the SWSSWA regarding confidentiality and build on the College's mandate of strong oversight to provide the best possible and safe environments for the most vulnerable Ontarians.

Aligning the College with provincial health regulators

The amendments to the SWSSWA better align the College with health regulators in the province, by incorporating the same confidentiality provisions as outlined in the *Regulated Health Professionals Act*. This modernization of legislation is a significant step forward, ensuring that our regulatory framework remains both current and effective. As is already the case with Ontario health regulators, we will be able to collaborate and share essential information regarding ongoing investigations of a registrant with other regulatory bodies and agencies, all with the ultimate goal of protecting the public.

Strengthening collaboration and information sharing for public protection

Once the legislative changes come into effect on July 1, 2024, if a registrant is under investigation for serious professional misconduct, such as allegations of sexual abuse, the College will have enhanced abilities to share this vital information with relevant parties, such as a children's aid society and/or law enforcement agencies.

The College will also be able to publicly confirm whether we are investigating a registrant if there is a compelling public safety reason to make such a confirmation – for example, if there is a significant risk of harm to the public.

It is important to note that the College will NOT openly acknowledge every ongoing investigation. Disclosure of an ongoing investigation will occur only when it is deemed necessary to protect public safety. In instances where there is a risk of public safety, the College is authorized to confirm the existence of an investigation.

Ensuring the best possible protections for clients and communities

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The College continues to work collaboratively with the government to implement these changes which will enhance protections and improve care for Ontario's most vulnerable populations.

This legislative change is an exciting development and an important step towards ensuring the best possible protections for Ontarians.

Further information

For questions or inquiries about the legislative changes, contact the College's Communications Department at communications@ocswssw.org.

About the College

The Ontario College of Social Workers and Social Service Workers (OCSWSSW) is the regulatory body for social workers and social service workers in Ontario. Its mandate is to serve and protect the public interest and govern its registrants.

Ontario College of Social Workers and Social Service Workers (OCSWSSW)
Suite 1000 - 250 Bloor Street E.
Toronto, ON M4W 1E6

ocswssw.org

This email was sent to bakenny@regulatedhealthprofessions.on.ca
You have received this email because you are currently registered with the OCSWSSW. Please note that the OCSWSSW primarily uses eBulletins to communicate with registrants regarding important College updates. By unsubscribing, you are taking on the responsibility of staying informed about your obligations via the College website.

Unsubscribe here

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From: Jo-Ann Willson
Sent: June 6, 2024 6:10 PM
To: Rose Bustria
Subject: FW: ADM Letter - HSCPOA Regulation June 2024
Attachments: ADM Letter - HSCPOA Regulation June 2024.pdf

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
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From: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Sent: Thursday, June 6, 2024 3:54 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: FW: ADM Letter - HSCPOA Regulation June 2024

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Hi Jo-Ann:

I'm just checking to make sure you received this and another re. PAs. The recipients were bcc'd.

Please let me know if you get a chance.

Thank you!!
BAK

HPRO Health Profession Regulators of Ontario

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Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
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From: Office of the Chief of Nursing and Professional Practice (MOH) <chiefofnursing@ontario.ca>
Sent: Wednesday, June 5, 2024 3:26 PM
To: Office of the Chief of Nursing and Professional Practice (MOH) <chiefofnursing@ontario.ca>
Cc: Velji, Karima (MOH) <Karima.Velji@ontario.ca>; Henry, Allison (She/Her) (MOH) <Allison.Henry@ontario.ca>; Cheng, Stephen (MOH) <Stephen.Cheng@ontario.ca>
Subject: ADM Letter - HSCPOA Regulation June 2024

Dear Colleagues,

Please see the attached letter regarding Regulations for the Health and Supportive Care Providers Oversight Authority.

Sincerely,

Karima

Dr. Karima Velji, RN, PHD, CHE, FCAN
Pronouns (She/Her)
Chief of Nursing and Professional Practice
Assistant Deputy Minister of Health
Ministry of Health
777 Bay Street, 19th Floor, Toronto, M7A 2J3
Email: Karima.Velji@ontario.ca
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Cell: 647-534-4874

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
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Telephone: **416 212-5494**

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
777, rue Bay, 19e étage
Toronto ON M7A 2J3

Téléphone : **416 212-5494**

Ontario

June 5, 2024

On June 4, 2024, the following nine new regulations made under the Health and Supportive Care Providers Oversight Authority Act, 2021(the Act) were announced:

1. O. Reg. 211/24 - Funding for Therapy and Counselling
2. O. Reg. 212/24 - Discipline & Appeals Committee
3. O. Reg. 213/24 – Rules for Advisory Committees
4. O. Reg. 214/24 - Personal Support Worker Advisory Committee
5. O. Reg. 215/24 - Code of Ethics
6. O. Reg. 216/24 - Visual Mark
7. O. Reg. 217/24 - Registration
8. O. Reg. 218/24 - Public Register
9. O. Reg. 219/24 - Complaints

These regulations are expected to be available on e-Laws in one to three days from filing and then published in an upcoming edition of the Ontario Gazette. Additionally, section 11 and sections 14 – 62 of the Act will be proclaimed December 1, 2024, which will also bring the supporting nine new regulations into force.

Once the Act is fully proclaimed and the new regulations are in-force, the Health and Supportive Care Providers Oversight Authority will have the necessary regulatory framework in place to begin registration of Personal Support Workers (PSWs) starting December 1, 2024.

For additional information, please visit the Health and Supportive Care Providers Oversight Authority.

Thank you,

Dr. Karima Velji
Chief of Nursing and Professional Practice and Assistant Deputy Minister
Ministry of Health, Ontario

c. Allison Henry, Director, HWROB
Stephen Cheng, Manager, Strategic Regulatory Policy Unit, HWROB

From: Jo-Ann Willson
Sent: July 3, 2024 1:29 PM
To: Rose Bustria
Subject: FW: Friday's HRPO EDI Network (Registrars Invited) Meeting - Government Consultation re. Anti-Human Trafficking Strategy
Attachments: Discussion Questions_EDI Network_July 5.pdf; Engagement Placemats.pdf; 200305 - HT Strategy Placemat EN FR.pdf; ATT00001.txt

Exec and Council.

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Wednesday, July 3, 2024 1:23 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Subject: [Registrars] Friday's HRPO EDI Network (Registrars Invited) Meeting - Government Consultation re. Anti-Human Trafficking Strategy

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HI All:

Tahsin Sultana, Junior Policy Analyst, Provincial Anti-Human Trafficking Coordination Office, Community and Indigenous Supports Branch, Community Services Division, Ministry of Children, Community and Social Services, has sent the attached for us in advance of Friday's EDI Network Meeting. Remember that the Provincial Anti-Human Trafficking Coordination Office (PATCO) is conducting its five-year review of the Government's Anti-Human Trafficking Strategy. Johnathan Agaton, Senior Policy Advisor, will be joining Tahsin for our meeting.

Registrars have been copied on this email along with EDI Network Members, asking if there are others from Colleges who would like to attend and contribute to the discussion based on the attached.

Please reconfirm who will be attending from your College and I'll ensure everyone has the information ASAP. **646**

Thank you, and take care!
Beth Ann

Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
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Ontario's Anti-Human Trafficking Strategy
Five Year Review
Discussion Guide – Survivors of Sex Trafficking
July 4th, 2024

Purpose



Seek input on the effectiveness of the Strategy and associated initiatives, determine whether the Strategy is meeting its ultimate goals aligned with the pillars and guiding principles



Inform options on how to more effectively measure and report on progress reducing human trafficking and supporting survivors



Identify innovative and creative ideas and opportunities to collaborate across sectors and levels of government to respond to key trends and emerging issues

Discussion questions

Raise awareness of the issue

1. If you have come across human trafficking awareness materials, what kinds have you seen and where did you see them?

2. Do you feel equipped to recognize warning signs related to human trafficking or suspected instances?
    a) How could awareness and training efforts be improved for healthcare providers?

Protect victims & intervene early

1. What has been your experience with human trafficking prevention and early intervention services or resources? What worked well? What would you change?

2. From a public health perspective, what preventative strategies may be effective in reducing the risk of human trafficking?

Support survivors

1. Do you have the necessary resources and capacity, either directly or through referral networks, to support survivors of human trafficking?

2. What are the barriers for survivors in accessing health care services (i.e., mental health and addictions) related to human trafficking?

Holding offenders accountable

1. With respect to human trafficking, what has been your experience in interacting with law enforcement and criminal justice personnel (prosecutors, lawyers, judges, court officers).

2. What is working, what is not or where are there gaps, what is needed. Please provide examples.

Measuring our progress

1. What data are you collecting, previously collected, or know about to help examine the following outcomes?:
    - reducing the incidence of HT, and
    - survivors are able to rebuild their lives

Gaps and challenges:

1. Are your experiences reflected in any of these gaps and challenges (refer to placemat)? If yes, can you give specific examples?
2. How can the strategy better involve the healthcare sector in the development and implementation of anti-trafficking measures?
3. How can the strategy better support survivors' health and wellbeing?

Ontario's Response to Human Trafficking – part 1

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The Anti-Human Trafficking Strategy 2020-2025 (AHTS) is the foundation of Ontario's response to human trafficking (HT) and is led by MCCSS . The Strategy comprises 26 initiatives that contribute to Ontario's multi-sectoral response. In total, Ontario's response to human trafficking includes initiatives across 11 ministries that contribute to anti-human trafficking efforts in the province. Ontario's Response to HT comprises 50+ initiatives under and aligned with the AHT Strategy.

*** Refers to additional initiatives not under the Strategy**

Raise awareness of the Issue

Ministry of Children, Community & Social Services (MCCSS)	• Broad Public Awareness/ Province wide Marketing Campaign (e.g., 260,000+ awareness materials distributed) • Targeted Awareness with Key Sectors • Indigenous Focused Prevention Campaigns* • Multi-Sectoral Training (Sexually Exploited Youth & Human Trafficking 101) • Anti-Human Trafficking Digital Education Tool* • Human Trafficking Legislation: Strategy
Ministry of Education (EDU)	• Anti-Sex Trafficking Policy Framework* • Awareness Raising for Parents, Educators and Students*
Ministry of Health (MOH)	Training for Mental Health & Addictions Agencies*
Ministry of Transportation (MTO)	Transportation Sector Anti-Human Trafficking Training & Awareness*

Protect Victims & Intervene Early

Ministry of Children, Community & Social Services (MCCSS)	• Indigenous Healing & Treatment Program for Indigenous Children and Youth Who Have Been Sex Trafficked* • Licensed Out of Home Care Settings for Trafficked Youth • Specialized Foster Care Settings for Sex Trafficked Youth • Anti-Human Trafficking Youth-in-Transition Workers (AHT-YITW) • Children at Risk of Exploitation (CARE) Units • Youth Violence and Human Trafficking Prevention Program* • Legislative Amendments to the Child, Youth and Family Services Act, 2017 (CYFSA) • Sexually Exploited Youth (SEY) Risk Assessment Tool* • * Child & Youth Trafficking Joint Protocols for Children's Aids Societies & Police
Ministry of Education (EDU)	• Sexual Exploitation Online Prevention Resource*
Ministry of Health (MOH)	• Sexual Assault & Domestic Violence Treatment Centers (SADVTC) Emergency Department Training
Ministry of Labour, Immigration, Skills & Training Development (MLITSD)	• Divisional Intelligence Unit, Labour Trafficking*
Regulatory Compliance Ontario (RCO)	• Anti-Human Trafficking Training for Ontario Regulators*

Ontario

Ontario's Response to Human Trafficking – part 2

650

Support Survivors

Ministry of Children, Community & Social Services (MCCSS)

- Indigenous Anti-Human Trafficking Liaisons
- Social Assistance Path Forward*
- AHT-DS Supports and Sector Capacity Building*
- Transitional and Housing Supports Program*
- Rural and Remote Enhanced Fund for AHT*
- Exit Route Program*
- Community Supports Fund (CSF)
- Indigenous Supports Fund (ILIF)
- HT Funding for Victim Crisis Assistance Ontario
- Victim Quick Response Program (VQRP) +
- Specialized MHA Workers for Indigenous HT Survivors*

Ministry of the Attorney General (MAG)

- Human Trafficking Legislation: Restraining Order Changes
- Free Legal Support Program for Victims of HT
- Court-Based HT Designated Victim Witness Service Workers
- Indigenous HT Victim Services

Ministry of Finance (MOF)

- Debt Relief collaboration with partner ministries (i.e., OSAP)*

Ministry of Municipal Affairs & Housing (MMAH)

- Canada-Ontario Housing Benefit (COHB)*
- Special Priority Policy (SPP) Guide for Rent-Geared-to-Income (RGI) Assistance*
- Anti-Human Trafficking Community Support Fund (AHT-CSF)*

Hold Offenders Accountable

Ministry of the Attorney General (MAG)

- Enhanced Training for Crowns and VWAP*
- Provincial HT Prosecutions Team

Ministry of the Solicitor General (SOLGEN)

- Major Case Management Enhancements
- Anti-Human Trafficking Criminal Intelligence Services Ontario*
- Enhanced Training for Police*
- OPP Anti-HT Police Investigations Coordination Team*
- OPP Child Sexual Exploitation Unit Enhancement
- Correctional Services Institutional Security Teams
- Correctional Services Field Intel Officers and Intel Analysts
- HT focused funding opportunities*
- Intelligence-led Joint Forces Strategy
- HT Legislation: Modification of Assignment OIC for the AHTSA 6(1)(e)*
- Human Trafficking Legislation: Accommodation Sector Registration of Guests Act, 2021 Regulation
- Development
- Policing Standards for HT and Missing Persons Investigations

Ontario

Gaps and Challenges – part 1

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Isolation and the rise of online exploitation

- Isolation brought on by COVID-19 social distancing measures have been associated with the uptick in activity related to online exploitation of children and youth
- Increased use of artificial intelligence (AI) to generate exploitative material, such as child sexual abuse material (CSAM)



Leadership and capacity building for survivors of HT

- Those with lived experience often hold front-line positions within anti-human trafficking organizations, with few opportunities to hold leadership positions
- Research has shown that when survivors hold positions where they can influence policy and procedure, human trafficking survivor outcomes are improved



Homelessness and housing precarity

- Shelter and housing supports were the most requested referrals received by the Canadian Human Trafficking Hotline. There is especially a need for access to emergency shelter and transitional housing for victims and survivors
- Access to safe and secure housing is one of the most important factors in supporting exit, healing and sustainable re-integration in the immediate and long-term stages of recovery
- Lack of access to and availability of suitable and responsive housing creates significant barriers and can force survivors to remain with their trafficker or result in re-exploitation



Access to mental health supports

- Mental healthcare services provided on a long-term basis are critical in supporting a survivor's healing journey
- There is need for healthcare professionals who have human trafficking specific training for services to be trauma-informed
- Coordination of mental health services need to be improved to better transition survivors from receiving short-term services in emergency/clinical settings to long-term services.

Ontario

Gaps and Challenges – part 2

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Culturally-responsive services for Indigenous, Black, 2SLGBTQI+ survivors

- Systemic racism and colonialism experienced by Indigenous and Black women and girls disproportionately increases the likelihood of being targeted and trafficked
- Homeless youth are amongst the most vulnerable to human trafficking, with 25-40% of homeless youth identifying as 2SLGBTQI+
- There is a need for more culturally responsive supports and exploring what culturally responsive looks like for different survivor communities



Evolution of Technology

- Changes in evolving technology (e.g., privacy rule, advanced encryption, content management)
- Opens opportunities to explore how technology can be used in positive ways to combat human trafficking (e.g., law enforcement and prosecutions



Increased reports of labour trafficking

- Between 2016 and 2022, the number of temporary foreign workers coming to Ontario increased by almost 40% to meet labour demands
- Low-wage and low-skilled migrant workers may experience higher risk of exploitation because of their immigration status, awareness and understanding of employment rights and labour laws in Canada, language barriers, and social and family isolation
- There has been an increased growth of the international student population in Canada in the past decade. They are at increased risk of being exploited (e.g., in the labour market) because of misinformation on their rights and entitlements in Canada



Limited information and specific responses on male survivors of human trafficking

- Sexual violence [including sex trafficking] perpetrated against males is under-reported
- Limited services equipped to meet needs of male victims and survivors
- Narratives of masculinity may include homophobic, stereotypical and/or negative messaging about same sex relationships. If a male has been exploited by other men, as is often the case, there may be increased shame, fear and confusion that prevents them from speaking out

Ontario

Paramount principles: Human rights-based
Survivor-centered

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1. Collective responsibility

All communities and all levels of government have a collective responsibility to take action and work collaboratively to end human trafficking and support survivors.

2. Intersectionality

Race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status and disability may intersect and may impact whether and how a person experiences and recovers from human trafficking.

3. Cultural responsiveness

Access to safe, culturally-responsive and respectful services, including for Indigenous individuals and communities, supports the strategy's success.

4. Prevention

To achieve the strategy's aims, efforts are required to address the root causes of human trafficking and the factors that result in children and other persons being at higher risk of being trafficked.

5. Trauma-informed

Supports provided across service systems over the course of survivors' lives should be informed by the complexity and pervasiveness of trauma and the risk of re-traumatization.

6. Informed by evidence

Decisions should be guided by diverse sources of evidence, including survivors' experiences, promising practices and traditional Indigenous knowledge.

7. Sustainability and agility

A sustainable and agile approach is necessary to adapt to the changing nature of human trafficking and to achieve the strategy's aims.

Overview of Ontario's **Anti-Human Trafficking Strategy**: 2020-2025

Ontario

As part of Ontario's plan to make our communities healthier and safer, the province is taking swift and decisive action to combat human trafficking and keep our communities safe by protecting children and youth through prevention and early intervention, ensuring survivors get the supports they need, raising awareness, and holding offenders accountable. Together with community partners, the government will work to fight this horrific crime. The strength of this strategy speaks to the magnitude of this crisis — not only in Ontario, but around the world — and demonstrates the Ontario government's commitment to ensuring that combatting human trafficking becomes a national priority.

Raise Awareness of the Issue

- Launching a new provincewide marketing campaign to educate teens and parents about human trafficking and where to get help
- Distributing targeted awareness materials to key sectors, leveraging cross-government partnerships
- Developing multi-sectoral training to equip service providers with the skills to respond
- Increasing awareness of available training in emergency departments and Sexual Assault/Domestic Violence Treatment Centres
- Engaging at the Federal-Provincial-Territorial level to share best practices and strengthen the national response

Protect Victims and Intervene Early

- Developing new specialized intervention teams with police and child protection workers
- Establishing dedicated residences to serve missing at-risk and exploited children and youth
- Adding new youth-in-transition workers to provide dedicated human trafficking supports to children and youth in care and leaving care
- Continuing education and prevention efforts targeted to children and youth, building on the school curriculum

Support Survivors

- Increasing the Indigenous-led Initiatives Fund to provide more supports for Indigenous survivors
- Enhancing the Indigenous Anti-Human Trafficking Liaisons program to serve more communities
- Increasing the Community Supports Fund to enhance access to dedicated anti-human trafficking community-based programs
- Ongoing engagement with the Human Trafficking Lived Experience roundtable to inform government approaches to human trafficking
- Enhancing access and supports for victims in the justice sector through the Victim Quick Response Program +, the Vulnerable Victims and Family Fund, Victim Crisis Assistance Ontario, Indigenous Victims Services and the Victim/Witness Assistance Program
- Expanding the current pilot program which provides free legal support for persons seeking specialized human trafficking restraining orders

Hold Offenders Accountable

- Enhancing specialized Crown prosecution capacity to respond to human trafficking cases
- Developing consistent policing standards for human trafficking and missing persons investigations
- Enhancing Major Case Management software to better support human trafficking investigators and analysts
- Establishing a new intelligence-led joint forces team to identify, investigate and disrupt human trafficking organizations
- Expanding the Ontario Provincial Police Child Sexual Exploitation Unit
- Strengthening intelligence gathering to better identify and monitor traffickers in the correctional system

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Services and Supports for Children and Youth

- Targeted public awareness campaign
- Specialized intervention teams
- Dedicated residences to serve missing at-risk and exploited children and youth
- Specialized Youth-in-Transition Workers
- Education through schools
- Child-specific community-based programming
- Ontario Provincial Police Child Sexual Exploitation Unit expansion

Indigenous-Specific Services and Supports

- Public education targeted to Indigenous communities
- Multi-sectoral training with Indigenous-specific components
- Increased Indigenous-led Initiatives Fund
- Indigenous Anti-Human Trafficking Liaisons program enhancements
- Enhanced Indigenous Victims Services
- Intelligence-led joint forces team including First Nations police services

Survol de la Stratégie ontarienne de lutte contre la traite des personnes : 2020-2025

Ontario

Dans le cadre du plan de l'Ontario visant à rendre nos collectivités plus saines et plus sûres, la province prend des mesures rapides et décisives pour lutter contre la traite des personnes et assurer la sécurité de nos collectivités en protégeant les enfants et les jeunes par le biais de la prévention et de l'intervention précoce, en veillant à ce que les survivantes et les survivants obtiennent les soutiens dont elles et ils ont besoin, en faisant de la sensibilisation et en tenant les contrevenants responsables. Le gouvernement collaborera avec ses partenaires communautaires pour combattre ce crime atroce. La fermeté de cette stratégie témoigne de l'ampleur de la crise non seulement en Ontario, mais dans le monde entier, ainsi que de la promesse du gouvernement de l'Ontario consistant à veiller à ce que la lutte contre la traite des personnes devienne une priorité nationale.

Sensibiliser au problème

- Lancer une nouvelle campagne de marketing provinciale pour sensibiliser les adolescents et les parents à la traite des personnes et aux endroits où trouver de l'aide
- Distribuer des documents de sensibilisation ciblés dans les secteurs clés en tirant parti des partenariats intergouvernementaux
- Élaborer une formation multisectorielle pour doter les fournisseurs de services de compétences d'intervention
- Sensibiliser davantage les services des urgences et les centres de traitement en cas d'agression sexuelle ou de violence familiale à la formation disponible
- Mobiliser au niveau fédéral-provincial-territorial pour échanger les pratiques exemplaires et renforcer la reponse nationale

Protéger les victimes et intervenir de façon précoce

- Mettre sur pied de nouvelles équipes d'intervention spécialisées avec la police et les travailleurs sociaux préposés à la protection de l'enfance
- Créer des foyers réservés aux enfants et aux jeunes disparus à risque et exploités
- Ajouter de nouveaux intervenants auprès des jeunes en transition afin d'offrir des soutiens en matière de lutte contre la traite des personnes réservés aux enfants et aux jeunes pris en charge et quittant la prise en charge
- Poursuivre les efforts d'éducation et de prévention ciblant les enfants et les jeunes, en s'appuyant sur le curriculum scolaire

Soutenir les survivantes et survivants

- Augmenter le Fonds pour les initiatives autochtones afin d'offrir un plus grand nombre de soutiens aux survivantes et survivants autochtones
- Améliorer le Programme des agents de liaison pour la lutte contre la traite des personnes autochtones afin de servir un plus grand nombre de communautés
- Augmenter le Fonds de soutien communautaire afin de faciliter l'accès à des programmes communautaires et spécialisés de lutte contre la traite des personnes
- Assurer une collaboration continue avec la Table ronde des survivantes et survivants de la traite des personnes afin d'éclairer les approches gouvernementales en matière de lutte contre la traite des personnes
- Améliorer l'accès et les soutiens aux victimes dans le secteur de la justice par le biais du Programme d'intervention rapide+ auprès des victimes, du Fonds d'aide aux victimes vulnérables et à leurs familles, d'Aide immédiate aux victimes – Ontario, des services aux victimes autochtones et du Programme d'aide aux victimes et aux témoins
- Donner de l'expansion au programme pilote actuel qui offre des conseils juridiques gratuits aux personnes demandant des ordonnances de non-communication spécialisées en matière de traite des personnes

Tenir les contrevenants responsables

- Accroître la capacité de la Couronne d'intenter des poursuites spécialisées pour répondre aux cas de traite des personnes
- Élaborer des normes policières cohérentes relatives aux enquêtes concernant la traite des personnes et les personnes disparues
- Améliorer le logiciel de gestion des cas graves pour apporter un meilleur soutien aux enquêteurs et aux analystes spécialisés dans la traite des personnes
- Créer une nouvelle équipe policière mixte axée sur les renseignements pour identifier les organisations de traite des personnes, enquêter sur ces organisations et les démanteler
- Donner de l'expansion à l'Unité de l'exploitation sexuelle des enfants de la Police provinciale de l'Ontario
- Renforcer la collecte de renseignements afin de mieux identifier et surveiller les trafiquants au sein du système correctionnel

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Services et soutiens propres aux enfants et aux jeunes

- Campagne ciblée de sensibilisation du public
- Équipes d'intervention spécialisées
- Foyers réservés aux enfants et aux jeunes disparus à risque et exploités
- Intervenants auprès des jeunes en transition spécialisés
- Éducation par le biais des écoles
- Programmes communautaires propres aux enfants
- Expansion de l'Unité de l'exploitation sexuelle des enfants de la Police provinciale de l'Ontario

Services et soutiens propres aux Autochtones

- Éducation publique ciblant les communautés autochtones
- Formation multisectorielle comportant des composantes propres aux Autochtones
- Accroissement du Fonds pour les initiatives autochtones
- Amélioration du Programme des agents de liaison pour la lutte contre la traite des personnes autochtones
- Amélioration des services aux victimes autochtones
- Équipe policière mixte axée sur les renseignements, comprenant les services policiers des Premières Nations

From: Jo-Ann Willson
Sent: August 8, 2024 6:47 AM
To: Rose Bustria; Joel Friedman
Subject: FW: HPRO - Anti-Human Trafficking Strategy Review - Follow Up
Attachments: ATT00001.txt

Patient Relations and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Tuesday, August 6, 2024 5:23 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Cc: antitraffickingoffice@ontario.ca
Subject: [Registrars] HPRO - Anti-Human Trafficking Strategy Review - Follow Up

CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

This email is being sent to you on behalf of the Provincial Anti-Human Trafficking Coordination Office as a follow-up to our July 5th meeting with the HPRO EDI Network. We have asked if there might be messaging that Colleges could use if you want to share this with your members and if there might be other resources available for health professions. We will share any further information as it is received.

Hi everyone,

Thank you for providing feedback on Ontario's Anti-Human Trafficking Strategy. We are following up on the session you attended on July 5 given we had run out of time.

Although we are directing those who wish to provide feedback to our EngageON, we are providing an opportunity to provide feedback directly on discussion questions from the remainder of our presentation.

If you have any additional feedback on the questions below, please do so by replying to this email by **August 14, 2024**. Your response is optional.

Thanks in advance for your feedback and helping our efforts to combat human trafficking. **657**

Regards,

Rosa Carlucci
Manager
Provincial Anti-Human Trafficking Coordination Office

- **July 5: EDI Network**

Pillar 4: Hold offenders accountable:

1. With respect to human trafficking, what has been your experience in interacting with law enforcement and criminal justice personnel (prosecutors, lawyers, judges, court officers) OR in providing policing services, prosecutions and court services?
    a) What is working, what is not or where are there gaps, what is needed. Please provide examples.

Data:

2. What data are you collecting, previously collected, or know about to help examine the following outcomes?:
    a. reducing the incidence of HT, and
    b. survivors are able to rebuild their lives

Gaps and challenges:

3. Are your experiences reflected in any of these gaps and challenges? If yes, can you give specific examples?
4. How can the strategy better involve the healthcare sector in the development and implementation of anti-trafficking measures?
5. How can the strategy better support survivors' health and wellbeing?

Health Profession Regulators of Ontario (HPRO)
301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
Email: bakenny@regulatedhealthprofessions.on.ca
Web: www.regulatedhealthprofessions.on.ca
Phone: 416-986-0576

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HPRO Health Profession Regulators of Ontario

Governance Training for *RHPA* Colleges

This interactive webinar, held over two half-days (a week apart), will provide your Council/Board, committee members and, staff that support them with a comprehensive understanding of governance for regulators within the *Regulated Health Professions Act* (*RHPA*).

Days/Times: **September 19** (Day 1) & **September 26** (Day 2), 2024 – **9:30 a.m.-12:30 p.m.**

Format: Webinar with poll questions, chat box discussion, puzzling problems answered through the Q&A written function, pre-taped interviews with other governance experts

Outcomes: Participants will be focused on their core public interest functions and will be able to readily identify and fulfil their governance responsibilities in a constructive manner

Faculty: Julie Maciura, SML, HPRO Legal Counsel

Day 1 — Agenda

1. Introduction
   a. Context: What Does A Regulator Do?
   b. Context: What Does A Board Do?
2. Governance: Concept and Purpose
3. Setting the Mission, Goals, and Strategies
   a. Developing Policies
4. Selection of Board, Committees, Staff
5. Fiduciary Obligations
   a. Conflicts of Interest
   b. Confidentiality
   c. Conduct Unbecoming
   d. Diligence
   e. Respect

Day 2 — Agenda

6. Roles
   a. Purpose of Roles
   b. Board /Council Role
   c. Individual Board/Council Member Role
   d. Chair/President Role
   e. Committee Role
   f. Committee Chair Role
   g. CEO/Registrar Role
   h. Role Achievement
7. Conclusion



Rate = $300 Reduced Rate for HPRO Members and Affiliates | $500 Regular Rate

(both days & HST included - College to be invoiced for registrations submitted from that College)

Registration (use this form for email or mail application or SUBMIT ONLINE)

Name: _____

College: _____

Email Address: _____ **Phone:** _____

Email address of person completing form (if different): _____

Submit completed forms ONLINE or to Health Profession Regulators of Ontario (HPRO) by:

Email: info@regulatedhealthprofessions.on.ca

Mail: HPRO — Suite 301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0

HPRO Health Profession Regulators of Ontario

ITEM 4.1.87

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July 18, 2024

The Honourable Sylvia Jones, Minister of Health
College Park, 5th Floor
777 Bay St
Toronto ON M7A 2J3

Transmitted by email: sylvia.jones@ontario.ca

Re: Follow-Up from HPRO's 2024 Annual Meeting

Dear Minister Jones:

I would like to formally thank you for attending our 2024 Annual Meeting. HPRO's Board and members valued your address to the group and appreciated your recognition of health profession regulators. Your specific acknowledgement of our efforts to support system improvements in the public interest and our collective goal of increased patient access to health professionals was well received.

HPRO's members will continue to provide information to your Ministry to help inform your work and deliver on your request that you sent to Colleges on June 20th, related to quarterly data reporting, along with the follow-up from ADM Velji on June 28th. We believe this is a productive exercise that will help inform Government and Colleges alike. Our members are working diligently to provide that data.

Additionally, HPRO's members will continue to ensure there are reduced barriers to registration that would prevent a healthcare professional from safely practicing in Ontario. We appreciated the opportunity to meet with your team in late May and trust that our registration information will support enhanced communications from the Ministry of Health to interested parties.

We look forward to continued dialogue around effective College governance, especially as it relates to publicly appointed members to our Boards/Councils. We are developing recommendations as well to support the critical role of public members in regulatory decision making.

Again, thank you for joining HPRO's Annual Meeting. We look forward to continued engagement and collaboration with you and your team as we focus on public trust, professional competency, and patient safety, all in the public interest.

Sincerely,

Dan Faulkner, Chair

cc. Minister's Office: Mr. Alex Millier, Mr. Mankaran Mangat, Ms. Abby Hourigan
Ministry of Health: Dr. Karima Velji, Ms. Allison Henry
HPRO Board of Directors

CITATION: Royal College of Dental Surgeons of Ontario *v.* Alsoma, 2024 ONSC 1924
COURT FILE NO.: CV-18-00600238-0000
DATE: 202406011

ONTARIO

SUPERIOR COURT OF JUSTICE

BETWEEN:	
ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO Applicant	Douglas Montgomery, for the Applicant
– and –	Latif Alsoma, Respondent, Acting in Person
LATIF ALSOMA (also known as ABDUL LATIF ALSOMA) Respondent	**HEARD:** March 5, 2024

Reasons for Decision (Sentencing Phase of Contempt Proceeding)

A.P. RAMSAY J.

I. Overview

[1] This is the penalty phase of a bifurcated contempt hearing.

[2] The respondent, Latif Alsoma, also known as Abdul Latif Alsoma, also known as Abdullatif Alsoma, also known as Abdul Latif, is a dental assistant. He owns and manages a dental practice, the Alforat Dental Center.

[3] In Ontario, the practice of dentistry is highly regulated. The applicant, the Royal College of Dental Surgeons of Ontario (the "College"), is a self-governing professional regulatory body under the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18. The College regulates the practice of dentistry in Ontario pursuant to a regulatory scheme comprised of the *Dentistry Act*, 1991, S.O. 1991, c. 24, which governs the scope of practice for dentists, and the *Regulated Health Professions Act*. Under the *Dentistry Act*, the Health Professions Procedural Code authorizes the College to make regulations regarding obligations and requirements for dentists in the province.

[4] The *Regulated Health Professions Act* allows the College to establish standards and ensures members comply with the statutory and regulatory regime. Members of the public,

including patients, may file a complaint with the College, which is then investigated, and may result in disciplinary measures being meted out by the College against the member.

[5] An individual who does not have a Certificate of Registration with the College cannot perform any of the acts that make up the practice of dentistry. In addition, they cannot hold themselves out as someone permitted to perform those acts. If they do, then under s. 87 of the Health Professions Procedural Code, the College may apply to the court for an order directing a person to comply with the *Regulated Health Professions Act*.

[6] In 2018, the College did so and obtained an order from Dietrich J., dated August 13, 2018, on the consent of the parties (the "Consent Order"), which prohibited the respondent "from holding himself out as a person who is qualified to practice in Ontario as a dentist or in a speciality of dentistry." The Consent Order also prohibited the respondent from using the title "doctor," or variations or abbreviations, except in conformity with the requisite statute and its regulations.

[7] On June 19, 2023, I found the respondent in breach of the Consent Order and the *Regulated Health Professions Act*. In support of the contempt proceedings were several affidavits, including affidavits from one of the respondent's patients Jamila Karimova, Dr. Jennifer Lipiec, Team Lead and Dental Consultant in Investigations, Professional Conduct, and two investigators, Zbigniew Bardel, an investigator with Benard + Associates Inc., and Yasser-Abou-Agena, with Xpera Risk Mitigation and Investigation, all on behalf of the College.

[8] I also received a responding affidavit by the respondent. The College filed a factum; the respondent did not. There was no new evidence or materials filed by either party in advance of the penalty phase of the hearing, aside from an updated Costs Outline by the College, and a Notice of Intention to Act in Person.

II. Position of the Parties

A. The College

[9] The College seeks an order incarcerating the respondent for 45 days, the imposition of a fine in the amount of $15,000, a permanent injunction in the form of the Consent Order, or alternatively, a continuation of the current interim injunction prohibiting the respondent from performing acts of dentistry or holding himself out as qualified to practice dentistry unless duly registered with the College, costs on a substantial indemnity basis and other costs.

[10] The College submits that as the respondent's commission of the prohibited acts, which contravenes the statutes, crystallizes his contempt. The College argues that the respondent willfully and deliberately breached the Consent Order. His contempt cannot be undone, and he cannot purge the contempt that he has already committed.

[11] The College submits that a 45-day sentence will coerce the respondent into compliance with both the Consent Order and the *Regulated Health Professions Act*. The College says that the respondent willfully and deliberately breached the Consent Order. His acts of contempt cannot be undone, and he cannot purge the contempt that he has already committed. There may be opportunity or temptation for the respondent to continue providing dentistry or holding himself

out as qualified to practice dentistry given that the respondent owns and manages his own dental centre. The College submits that to the extent a licensed dentist delivers patient care at a clinic that is not owned by a dentist, that dentist has committed an act of professional misconduct: *Professional Misconduct Regulation*, O. Reg 853/93, ss. 2(38), 5(2), 5(3) and 5(4)(g), (h) and (i).

B. The respondent

[12] The respondent has not responded to the merits of the College's argument but rather, sought to re-argue to some extent matters already dealt with at the liability hearing and significantly, has made submissions on matters not in evidence or relevant to the penalty hearing. In contempt proceedings, liability and penalty are discrete issues: *Carey v. Laitken*, [2015] 2 S.C.R. 79, at para. 18; *College of Optometrists of Ontario v. SHS Optical Ltd.*, 2008 ONCA 685, at para. 75. In the result, as noted by Watt J.A. in *SHS Optical Ltd.*, evidence that is relevant, material, and admissible on one issue may not be relevant, material, or admissible on the other.

[13] In this case, the respondent's arguments focus on the liability phase. He says that when he opened his practice in 2014, he contacted the College and the "Health Canada Ministry", which helped him to establish his practice. He says his business was successful and he chose "good doctors," which he allowed to deal with the patients in his office. He blamed his current situation on "the competition," saying his neighbours thought his business affected their business, and they brought the complaints against him. He suggested that the patient who lodged a complaint against him may be conspiring with the competition.

[14] Revisiting the Consent Order, the respondent says the College came to his office in 2017 with the police and a search warrant. He says that the lawyer from the College called him to make a deal to sign the Consent Order that he does not practice until he obtains his license in Canada. He claims he signed because he had never practiced. He complained about the impact of the College placing his name on their website on his ability to do banking and its effect on his children, among other things, all of which was not relevant to the penalty hearing. He also attempted to re-argue the issue of his dealings with the patient who provided evidence in support of the contempt proceedings.

III. Preliminary Matters

A. Representation of respondent

[15] The respondent has chosen to represent himself both at the liability hearing, which I bifurcated from the penalty hearing, and the penalty phase.

[16] The respondent had a lawyer on the record, Mbong Eliva Akinyemi, who appeared briefly at the liability hearing but advised the court that the respondent wanted to represent himself, and as the respondent confirmed this was the case, he represented himself at that hearing. At the penalty hearing on January 25, 2024, Ms. Akinyemi remained on the record.

[17] I adjourned the hearing to permit Ms. Akinyemi to get off the record. The respondent subsequently delivered a Notice of Intent to Act in Person, choosing to continue to represent himself.

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B. Amendment to pleadings

[18] In its original factum, the College requested an order amending the title of proceedings to reflect another alias, the name "Abdullatif Alsoma," used by the respondent in government records. The proposed amendment was dealt with at the penalty phase of the proceedings.

[19] The respondent acknowledged during oral submissions that he also went by this alias. He did not oppose the amendment. Under r. 26.01 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194, an amendment to pleadings is mandatory unless there is prejudice to the adverse party which cannot be compensated for by costs or an adjournment.

[20] The College submits that the proposed amendment is in the interests of justice to allow the College to enforce the order. Given the number of aliases that the respondent uses, I agree. The respondent does not assert that there is prejudice, and I am satisfied that there is none.

[21] The title of proceeding is therefore amended as follows:

> "LATIF ALSOMA, also known as ABDUL LATIF ALSOMA and as ABDUL LATIF and as ABDULLATIF ALSOMA"

IV. Background

[22] The respondent has never been licensed to practice dentistry in Ontario.

[23] The respondent owns and manages a dental clinic at 2395 Cawthra Road in Mississauga named "Alforat Dental Centre" (the "Centre").

[24] Section 3 of the *Dentistry Act* provides that dentistry is "the assessment of the physical condition of the oral-facial complex and the diagnosis, treatment and prevention of any disease, disorder or dysfunction of the oral-facial complex."

[25] At the time the College filed its factum for the contempt hearing (based on the evidence of Dr. Lipiec), there were no dentists registered with the College to practice at Alforat Dental Center. The College indicated that the Centre displays signage advertising that dentistry is provided at that place, as well as Facebook and Google advertisements which stated that the Centre provided dentistry. While the court took issue with the admissibility of the online Google information, I note that despite delivering a responding affidavit, the respondent did not challenge the assertion that there were no dentists registered with the College, nor did the respondent address the advertising.

[26] Section 27 of the *Regulated Health Professions Act* provides that only a "member" of a College may carry out statutorily defined controlled acts.

[27] Specific "controlled acts" in s. 27 of the *Regulated Health Professions Act* are reserved for members of the College. Only a person who is registered by the College is a "member." In the result, a person who does not have a Certificate of Registration does not meet the definition of a "member" within the meaning of the *Regulated Health Professions Act*.

[28] Section 4 of the *Dentistry Act* defines those controlled acts which a member of the College is authorized to perform in the course of engaging in the practice of dentistry. The authorized acts include:

i. Communicating a diagnosis identifying a disease or disorder of the oral-facial complex as the cause of a person's symptoms.

ii. Performing a procedure on tissue of the oral-facial complex below the dermis, below the surface of a mucous membrane or in or below the surfaces of the teeth, including the scaling of teeth.

iii. Fitting or dispensing a dental prosthesis, or an orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

[29] In June 2018, the College brought an application to enjoin the respondent from performing any controlled act within the meaning of the *Regulated Health Professions Act*, from using the title "doctor", and from holding himself out as a person who is qualified to practice as a dentist.

[30] The respondent entered the Consent Order to resolve the application. In its factum, the College says the respondent had the benefit of counsel, which has never been challenged by the respondent.

[31] Justice Dietrich ordered the respondent to comply with s. 9 of the *Dentistry Act* and ss. 27 and 33 of the *Regulated Health Professions Act*. In the result, the respondent was prohibited from holding himself out as a person who is qualified to practice as a dentist, and from performing any controlled acts in relation to dentistry including:

a) performing procedures on tissues below the dermis, or below the surface of a mucus membrane, or in or below the surfaces of teeth, including the scaling of teeth;

b) administering substances by injection or inhalation;

c) communicating to individuals or their personal representatives a diagnosis identifying any disease or disorder as a cause of symptoms of the individual and circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis; and

d) dispensing any medication or drugs or any nature or kind.

[32] The College subsequently received a complaint from a patient, Jamila Karimova, regarding treatment she had received from the respondent. The College initiated an investigation, which included hiring private investigators who filed affidavits for the contempt proceedings.

[33] At the original return date, I directed that the issues of liability and penalty would be bifurcated.

[34] In my liability decision dated June 19, 2023, I found that the respondent was in contempt of the Consent Order, and had breached the Order by holding himself out as a person qualified to practice in Ontario as a dentist or in a specialty of dentistry, by using the title "doctor" or a variation or abbreviation in the course of providing or offering to provide healthcare to individuals in Ontario, and by performing "controlled acts" which make up the practice of dentistry.

[35] At paragraphs 24 to 28, I found that the respondent had never been licensed to practice dentistry in Ontario and had performed dental treatment on Ms. Karimova. Elsewhere in my endorsement, I referred to the unlicensed acts which included tightening screws, removal of dental crown, and replacement of dental crowns, among other treatment provided by the respondent, all in breach of the Consent Order and the statutes.

V. The Issues

[36] The issues raised in this proceeding are:

i. What is the appropriate penalty for breach of the Consent Order and the statutes?

ii. Is the College entitled to substantial indemnity costs?

iii. Is the College entitled to reimbursement for investigation costs?

VI. Disposition

[37] Having found the respondent in contempt of the Consent Order and the statutes, for the reasons below, I make the following order:

I. That the respondent comply with s. 9 of the *Dentistry Act* and ss. 28 and 33 of the *Regulated Health Professions Act*, and, in particular, that the respondent be and is hereby permanently prohibited, unless or until such time as the respondent is permitted to practice dentistry in the province of Ontario or otherwise as legally permitted:

   a. from using the title "dentist" or "dental surgeon" or a variation, abbreviation or equivalent in English or any other language, in Ontario;

   b. from holding himself out as a person who is qualified to practice in Ontario as a dentist or in a speciality of dentistry;

   c. from performing any controlled acts in Ontario in relation to dentistry, including but not limited to:

      i. performing procedures on tissues below the dermis, below the surface of a mucus membrane, in or below the surfaces of teeth, including the scaling of teeth;

      ii. communicating a diagnosis identifying a disease or disorder of the oral-facial complex as the cause of a person's symptoms; and

iii. fitting or dispensing a dental prosthesis, or an orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

II. That the College shall be at liberty to contact the respondent and he shall co-operate with the College, its counsel, and representatives to satisfy them that the terms of this Order are being complied with and fulfilled by him.

III. That the respondent shall be sentenced to a period of forty-five (45) days to be served by him starting on August 1, 2024, on the following conditions:

i) The respondent shall be confined to his home address, such address to be provided to counsel for the respondent within seven (7) days of this endorsement. The respondent's home address is to be reflected in the order. The respondent shall be permitted to leave the premises only for the following reasons:

a) to work at an occupation that does not violate the Consent Order or any Court orders and as approved by the court and counsel for the College;

b) for necessary medical and dental treatment for himself or his family;

c) for household shopping for no more than four hours per week; or

d) for the purpose of fulfilling any other conditions of this sentence;

ii) The respondent shall remain within the jurisdiction of the court unless written permission to go outside the jurisdiction is obtained from the court;

iii) The respondent shall appear before the court when required to do so;

iv) The respondent shall notify the court and counsel for the College in advance of any proposed change of address, and shall promptly notify the court and counsel for the College of any change of employment;

v) The respondent shall complete 100 hours of community service, at a place and in a capacity as approved by the College, within six months of the end of the period of his house arrest;

vi) A copy of the Contempt Order and sentencing order, or the decisions, shall be provided to the police facility closest to the respondent.

IV. The College shall be at liberty to contact the respondent during his sentence, which includes completion of his community service, and he shall co-operate with the College, its counsel, and representatives to satisfy them that these conditions are being complied with and fulfilled by him and that the terms of the Consent Order of Dietrich

J. are being complied with. The respondent shall furnish, to the College and/or its lawyer or representative, the necessary contact information in the same time frame as paragraph III(i), above.

V. If the respondent fails to comply with the terms of paragraph III above, a warrant may be issued for his arrest, and he will serve out the balance of his term, including any period of time for failure to complete his hours of community service (converted to days) in prison.

VI. The respondent shall pay a fine of $10,000 payable to the Provincial Treasurer, within six months of the date of this endorsement.

VII. The respondent shall comply with the Consent Order of Dietrich J., and the operative terms of that order may be incorporated in any final order in the nature of a permanent injunction and shall co-operate with the College to ensure the terms are complied with.

VIII. The respondent shall pay costs on substantial indemnity basis, fixed in the amount of $31,807.19, payable to the College within ninety (90) days of the date of this endorsement.

IX. The amendments to the title of proceedings are granted in accordance with paragraph 21 above.

VI. Analysis

A. The court's jurisdiction to determine penalty for contempt

[38] Rule 60.11 of the *Rules of Civil Procedure* governs civil contempt proceedings. Under this rule, the court has broad remedial powers against a person found to be in contempt to uphold the authority of the court and to bring the administration of justice back into repute: *Mendlowitz & Associates Inc. v. Chiang,* 2007 CanLII 12203 (ON SC), 156 ACWS (3d) 812, at para. 25. Pursuant to r. 60.11(5), the court may order that the contemnor:

(a) be imprisoned for such period and on such terms as are just;

(b) be imprisoned if the person fails to comply with a term of the order;

(c) pay a fine;

(d) do or refrain from doing an act;

(e) pay such costs as are just; and

(f) comply with any other order that the judge considers necessary.

[39] In this case, the College submits that the respondent's commission of the prohibited acts crystalized the contempt, that both the statute and the court order were contravened, and that the contempt cannot be purged.

[40] The facts in *SHS Optical Ltd.* are similar to the underlying facts in this case. In *SHS Optical Ltd.*, an optician dispensed corrective lenses even though he was neither a physician nor an optometrist, in breach of the statutory requirements of the *Regulated Health Professions Act*. Unlike the matter before me, the liability and the penalty phases of the hearing were not bifurcated. Nonetheless, the Court of Appeal noted the finding of professional misconduct made by the Discipline Committee of the College of Opticians. In the case before me, the College identified the breaches, obtained a consent order, and obtained a declaration, in their favour, that the respondent is in contempt of the Consent Order. As noted by Watt J.A. in *SHS Optical Ltd.*, at para. 106, "the underlying purpose of contempt orders is to compel obedience and punish disobedience".

[41] The College is seeking a term of incarceration, a monetary penalty, substantial indemnity costs, and additional terms, all addressed below. While the court has broad discretion to fashion a penalty, the jurisprudence has established that the purpose and guiding principles of civil contempt is primarily about coercion, designed to protect and enforce the rights of a private party: *Business Development Bank of Canada v. Cavalon Inc.*, 2017 ONCA 663, at para. 77; *Korea Data Systems Co. v. Chiang*, 2009 ONCA 3, 93 O.R. (3d) 483, at para. 11. Epstein J.A. noted in *Boily v. Carleton Condominium Corp. 145*, 2014 ONCA 574, 121 O.R. (3d) 670, at para. 79:

> The purpose of a penalty for civil contempt is to enforce compliance with a court order and to ensure societal respect for the courts: *Vidéotron Ltée v. Industries Microlec Produits Électroniques Inc.*, 1992 CanLII 29 (SCC), [1992] 2 S.C.R. 1065, [1992] S.C.J. No. 79, at p. 1075 S.C.R. The remedy for civil contempt is designed not only to enforce the rights of a private party (see *Poje v. British Columbia (Attorney General)*, 1953 CanLII 34 (SCC), [1953] 1 S.C.R. 516, [1953] S.C.J. No. 25, at p. 517 S.C.R.; *Frontenac Ventures Corp. v. Ardoch Algonquin First Nation* (2008), 91 O.R. (3d) 1, [2008] O.J. No. 2651, 2008 ONCA 534, at para. 37), but also to enforce the efficacy of the process of the court itself. Justice McLachlin powerfully expressed this broader purpose in *United Nurses of Alberta v. Alberta (Attorney General)*, 1992 CanLII 99 (SCC), [1992] 1 S.C.R. 901, [1992] S.C.J. No. 37, at p. 931 S.C.R., stating:

[42] The Supreme Court of Canada has noted that even a penalty for contempt of court used to enforce a private order still involves an element of public law, as the rule of law is dependant on the ability of the courts to enforce their process and maintain their dignity and respect, and to do so, courts have exercised the power to punish for contempt of court: see *Vidéotron Ltée. v. Industries Microlec produits électriques Inc.*, [1992] 2 S.C.R. 1065, at para. 16; *United Nurses of Alberta v. Alberta (Attorney General)*, [1992] 1 S.C.R. 901, at p. 931.

[43] The Ontario Court of Appeal has consistently articulated in *Castillo v. Xela Enterprises Ltd.*, 2024 ONCA 141, *Boily v. Carleton Condominium Corporation 145*, 2014 ONCA 574, 121 O.R. (3d) 670, and *Business Development Bank of Canada v. Cavalon Inc.*, 2017 ONCA 663, 416 D.L.R. (4th) 269, the six factors that ought to be considered in determining the appropriate sentence in the context of a civil contempt, as follows:

(a) Proportionality of the sentence to the wrongdoing – a sentence must be proportionate to the gravity of the offence and the degree of responsibility of the offender: see also *Chiang,* at para. 86; *Mercedes-Benz Financial,* at para. 12.

(b) Presence of aggravating and mitigating factors: see also *Chiang,* at paras. 50-51, 87-89; *Sussex Group Ltd. v. Fangeat*, [2003] O.T.C. 781 (S.C.), at para. 67.

(c) Deterrence and denunciation – the sentence should denounce unlawful conductand promote a sense of responsibility in the contemnor, and deter the contemnor and others from defying court orders: see also *Chiang,* at para. 91; *Fangeat*, at para. 67.

(d) Similarity of sentence in like circumstances.

(e) Reasonableness of a fine or incarceration: see generally *Chiang.*

B. Factors relevant to sentencing

[44] The College argued strenuously for a term of imprisonment. The sentencing principles set out in the *Criminal Code* are applicable: *Chiang (Re)*, 2009 ONCA 3, at para. 51; *Duncan v. Buckles*, 2021 ONSC 5567, at para. 44.

[45] The courts should consider alternatives to imprisonment: *Criminal Code*, ss. 718, 718.1 and 718.2; *180 University Management Inc. v. Khan*, 2023 ONSC 1621, at para. 17.

[46] Where the court declares a person to be in contempt, the individual is given a chance to purge their contempt before the penalty phase of proceedings. As the purging of contempt is a mitigating factor, the onus to prove it is, like other mitigating factors, is on the respondent on the balance of probabilities: see *Chiang (Trustee of) v. Chiang*, 2009 ONCA 3, at paras. 50 -51. The case law establishes that where it is not possible for the contemnor to purge the contempt due to a situation of their own making, it is not a mitigating factor: *Business Development Bank of Canada* v. *Cavalon Inc.*, 2017 ONCA 663, at para. 86; *Echostar Communications Corp.* v. *Rodgers*, 2010 ONSC 2164, 97 C.P.C. (6th) 177, at para. 45. That is the case here. The Consent Order which he agreed to with the benefit of counsel was not a suggestion.

[47] In this case, the respondent has not indicated any mitigating factors. He has shown no remorse. He has not admitted his breach. On the evidence before the court, the respondent treated Ms. Karimova for almost three years. As noted at paragraph 14 of my liability decision, Ms. Karimova deposed as follows:

> ...that the respondent provided dental treatment to her between January 2021 and March 2021 -on approximately ten occasions - the respondent tightened the screws that affixed

the dental crown to her dental implants; the respondent removed the dental crown placed and placed a new dental crown; he took impressions of her teeth twice in order to obtain a new dental crown. Since these acts would be "controlled acts" under s. 27 of the Regulated Health Professions Act.

[48] In addition, with respect to the online information obtained by the investigator, I noted:

> ...the Google reviews are hearsay. However, I note that the respondent has responded to them, but said nothing about the truth of the content. He merely state that he recognizes the names as patients he booked appointments for to see a licenced dentist at the clinic. He fails to address the content directly, which he could not done to deny having provided any dental treatment to these individuals. His failure to do so is problematic, especially as it is not hearsay if the court accepts, which I am inclined to do, merely that the posts were made.

[49] The respondent filed no new information to clarify the record or provide an explanation. There were therefore repeated breaches of the Consent Order, and consequently, the *Regulated Health Professions Act, even if the treatment was only with respect to one patient.* The main purpose of the *Regulated Health Professions Act* is to regulate healthcare professions, and to ensure protection of the public: *Sazant v. College of Physicians and Surgeons of Ontario*, 2012 ONCA 727, at para. 94.

[50] The complaint by Ms. Karimova to the College related to treatments she received while under the care and management of the respondent at the Alforat Dental Centre between 2018 to 2020 for dental implants. The College argues that the respondent's actions were deliberate and wilful, and notes that committing the act of dentistry is a positive act. The College submits that the respondent has breached the Consent Order and statutes whose goals aimed at preserving and maintaining public health. The court has held that the main purposes of the *Regulated Health Professions Act*, and the Health Professions Procedural Code, are the proper regulation of the medical profession and the protection of the public: see *Sazant* v. *College of Physicians and Surgeons of Ontario*, 2012 ONCA 727 at para. 94; *College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia v. Fischer*, 2017 BCSC 1045 at para. 70.

[51] There were other serious breaches raised by the College involving record keeping. Dental treatments must be recorded contemporaneously by the dentist or practitioner performing them. I had concluded that Ms. Karimova's dental charts were deficient. The College had pointed to the lack of records beyond 2019, though she was a patient until 2021, and the lack of any record related to her dental implant treatment in 2020 and 2021. The College says that a lack of charting or recordkeeping creates significant health concerns and risks with respect to dentistry treatment.

[52] In my view, the above are all aggravating factors, especially in the face of the respondent's refusal to accept any responsibility or acknowledge fault. Despite never being licensed as a dentist and agreeing to a Consent Order, which is a contract, he blatantly continued to engage in the prohibited acts. The respondent provided specialized dental services to Ms. Karimova, namely, dental implant treatment. Implant dentistry "requires a specific base of knowledge and clinical skills for both the surgical and prosthetic phases of treatment." In this case, there was evidence before the court that the respondent placed and removed a Crown and tightened screws.

[53] The range of sentences for civil contempt is unlimited and the same type of sentence available for a criminal offence are available including imprisonment, fine or community service: *Pro Swing Inc. v. Elta Golf Inc.*, [2006] 2 S.C.R. 612, 2006 SCC 52; *Chiang (Trustee of)*, at para. 11.

[54] Serious violations of court orders – even if only one instance – can warrant a jail sentence: *Cavalon*, at para. 89. Although custodial sentences are rare, the court has ordered jail sentences ranging from five days to one year in cases of civil contempt: *Ceridian Canada Ltd. v. Azeezodeen*, 2014 ONSC 4162 at para. 24, aff'd 2014 ONCA 656. However, as the court has repeatedly stated custodial sentences for civil contempt are rare, and lengthy custodial sentences even rarer. Ordinarily incarceration is a sanction of last resort: *Chiang*, at para. 20; *Cavalon*, at para. 82. As noted by Marrocco J. (as he then was), in *Royal College of Dental Surgeons of Ontario* v. *Ivanovski*, 2006 CanLII 29822, at para. 13, a jail sentence is reasonable only where no other less restrictive sanction is appropriate. Ontario's highest court has repeatedly remarked that implicit in the proper exercise of the contempt power is the principle of least intrusive means: *Boily*, at para. 180; *St. Elizabeth Home Society* v. *Hamilton* (City)(2008), 89 O.R. (3d) 81, 2008 ONCA 182, at para. 41.

[55] In determining whether incarceration warranted to adequately vindicate the due administration of justice, the context in which the contempt occurs is an important consideration: *Cavalon*, at para. 89; *Langston* v. *Landen*, 2011 ONCA 242, at para. 1. One purpose of the *Regulated Health Professions Act* is to limit the healthcare activities that unlicensed persons are prohibited from performing to those specific activities associated with a controlled act in contravention of s. 27 of the *Regulated Health Professions Act*: *King Optical Group*, at para. 32; *College of Optometrists of Ontario v. Essilor Group Inc.*, 2019 ONCA 265, 145 O.R. (3d) 561.

[56] The Consent Order was designed to further the purpose of the *Regulated Health Professions Act* – in other words, to protect the public from the risks of the unauthorized practice of dentistry. In this case the respondent consented to the Order. He was fully aware of the terms of the Consent Order. His actions were deliberate and intentional. He takes no responsibility and shows no remorse.

[57] The College submits that this gives rise to enhanced educational requirements for dentists to practice in this area and points to the "Educational Requirements & Professional Responsibilities for Implant Dentistry." The College says the fact that the respondent was practicing in a more complex area of dentistry, which generally requires specialization, increased the risk to the public. The Court of Appeal has indicated that the primary purpose of the *Regulated Health Professions Act* is to protect the public from risk, and noted as follows: "Section 27(2) does not delegate identification of the level of risk to be protected to the court. Rather, the Legislature signalled its intent as to the level of risk to be protected by listing the prohibited activities that constitute controlled acts": *King Optical Group Inc. v. College of Opticians (Ontario)* (2001), 207 D.L.R. (4th) 72 (Ont. C.A.), at para. 32.

[58] The Consent Order was designed to further the purpose of the *Regulated Health Professions Act* – in other words, to protect the public from the risks of the unauthorized practice of dentistry. In this case the respondent consented to the Order. He was fully aware of the terms

of the Consent Order. His actions were deliberate and intentional. He takes no responsibility and shows no remorse.

[59] The evidence before the court that the respondent has identified himself as "Dr. Latif" to the public is uncontradicted and unchallenged. There were also serious concerns raised with respect to record keeping of patient information.

[60] The College relies on the following cases involving civil contempt arising from the unlicensed practice of a health profession in breach of an earlier injunction, which include some restriction of the contemnor's liberty. In *College of Dental Surgeons of British Columbia v. Wu*, 2013 BCSC 1986 at para. 45, the Court ordered three months incarceration for civil contempt. In *College of Dental Surgeons of British Columbia v. Shapoval*, the Court ordered 45 days incarceration for civil contempt: at para. 69. In *College of Chiropractors v. Stephen Dies*, the court ordered the contemnor be subject to a conditional six-month sentence of house arrest for civil contempt: at para. 17, aff'd 2016 ONCA 2. In *Ceridian Canada Ltd.* v. *Azeezodeen*, 2014 ONSC 4162 at para. 24, aff'd 2014 ONCA 656, Justice Belobaba discussed the common features of cases involving incarceration. He stated:

> Each of the custodial cases have two things in common: one, the defendant's breach, like here, was knowing and deliberate; and two, the length of the jail term was a function of the continuing nature of the contempt discounted by the degree of remorse or apology on the part of the defendant.... In my view, where the breach of a court order is knowing and deliberate, continues over several days, and the only response from the defendant is defiance without remorse, a jail sentence is appropriate.

[61] I agree that Ms. Karimova's experience amply demonstrates the need for a forceful denunciation of the wilful breach of the Consent Order and he statutes. A severe penalty is required given the serious to the public and actual harm done to Ms. Karimova. Specific and general deterrence are the most important sentencing objectives in civil contempt cases: *Cavalon*, at para. 91.

[62] While a jail sentence may be supported by the case law, a conditional sentence of 45 days to be served by house arrest, 100 hours of community service and a $10,000.00 fine, discussed below, is a proportionate and measured sentence given the gravity of the respondent's coupled with actual (Ms. Karimova), and not just presumed, harm to the public.

[63] Any penalty/sentence must have a should address the need to avoid repeated conduct by the respondent. The respondent continues to own and manage the dental practice. At the time these proceedings commence, the practice was advertising as providing dentistry although there were no dentists working there registered with the College. There is a real risk that others working at the respondent's dental practice are also engaged in the unlicensed practice of dentistry. Ms. Karimova for example received treatment from a "Dr. Naim," however, the College indicates that the only Naim" registered with the regulator was a dental lab technician.

[64] In my view, the house arrest and attendant conditions serve to act as a deterrent and denunciatory message to the respondent and achieves the objectives of sentencing in a civil

contempt, that is, to coerce compliance and restore the authority of the court. Indeed, there is also precedent for it in the context of an unlicensed health care practitioner: see, *College of Chiropractors* v. *Stephen Dies*, 2015 ONSC 2828 at para. 17; affirmed 2016 ONCA 2. I note that in *Dies*, Stewart J. imposed six months of house arrest and 150 hours of community service, a breach of which would result in the contemnor serving the balance of the sentence in custody. In this case, if the respondent fails to comply with the conditions of his house arrest, the warrant will issue. Under r. 60.11(5)(b) of the *Rules of Civil Procedure*, a contemnor may "be imprisoned if the person fails to comply with a term of the order".

C. Imposition of a fine

[65] The rules contemplate that sanctions may include incarceration, fines, costs, and any order that appears to the court to be just.

[66] The College also seeks an order imposing a fine of $15,000 on the respondent compromising two elements: $5,000 to be paid to the College, and $10,000 to be paid to the College to be remitted to Ms. Karimova. The College submits that a fine in addition to a term of incarceration will serve both general and specific deterrence. That is to say, the $10,000 is to provide for specific deterrence in relation to the respondent's conduct vis-à-vis Ms. Karimova and represents out-of-pocket costs for her dental treatment at the Centre. The College says the $5,000 fine will provide general deterrence as the respondent's actions have put the public at risk. The College says that payment to the College, as the statutory body responsible for protecting the public from the unlicensed practice of dentistry, is appropriate.

[67] In *SNC-Lavalin Profac Inc. v. Sankar*, 2009 ONCA 97, 94 O.R. (3d) 236, at para. 15, Laskin J.A. noted:

> A person found in civil contempt may face any sanction available for the commission of a criminal offence. A fine is one of those sanctions: see s. 734.1 of the *Criminal Code*; *Pro Swing Inc. v. Elta Golf Inc.*, [2006] 2 S.C.R. 612, [2006] S.C.J. No. 52; and *Chiang (Trustee of) v. Chiang*, 2009 ONCA 3.

[68] Clause (c) of r. 60.11(5) permits the court to impose a fine on a contemnor. The court has also required the disgorgement of profit by an unlicensed healthcare professional by imposing a fine: see *SHS Optical Ltd.*, at paras. 100-108, where the court ordered a fine of $1,000,000. A monetary penalty must be set at a level so that the fine will "not be or appear to be a licence fee for further disobedience of a public health care statute": *SHS Optical Ltd.*, at para. 106.

[69] In this case, when asked about the fine, the respondent focused on whether he would be making a deal and expressed concerns about being viewed as a criminal.

[70] In my view, a monetary fine of $10,000, 45 days of house arrest and community service, meet the goals of both general and specific deterrence. The respondent himself noted that his business had been successful. There is not dispute that the respondent and the clinic he owns received money from Ms. Karimova. While I rejected the investigators' evidence of the Google

reviews of supposedly other patients, from the evidence before me it would stretch credulity for the court to accept that Ms. Karimova was the sole "patient" of the respondent. She was under his care for almost three years, coincidentally during and after the period that he agreed to the Consent Order. She is however the only patient that the court is aware of who lodged a complaint. From the evidence, the respondent profited from his unlicensed practice to the tune of approximately $10,000, as he was not licensed to diagnose, place, or remove crowns, screws or any other of the controlled acts, which he performed, contrary to the Consent Order and the statutes. The respondent should not be able to profit from his breach. I note that there are more cogent reasons for imposing a fine in that amount; it signals the court's denunciation of the respondent's flagrant and unrepentant actions.

[71] The College relies on a case from British Columbia, the *College of Physicians and Surgeons of British Columbia v. Khakh*, 2019 BCSC 501, at para. 27(e), in support of their position that a portion of the fine should be paid to the patient, Ms. Karimova. In *Khakh*, the British Columbia Supreme Court imposed a fine of $300 to be remitted to Ms. Khakh's patient. The court noted that "Ms. Khakh should not profit from her wrongful conduct and [the patient] should be made whole, at least financially."

[72] I do not agree that a portion of the fine should be paid to either the College or to Ms. Karimova for the reasons below. The Ontario Court of Appeal has consistently held that a fine imposed for civil contempt of court ought not to be payable to a party in the action but, rather, to the Provincial Treasurer: *Susin v. Susin*, 2014 ONCA 733, 2 E.T.R. (4th) 175, at para. 39; *SNC-Lavalin Profac Inc. v. Sankar*, 2009 ONCA 97, 94 O.R. (3d) 236, at paras. 14-15. Contempt of court is an offence against the authority of the court and administration of justice, and it must not appear to have the function of a civil action in tort or breach of contract: *Sankar*; *Susin; Dankiewicz v. Sullivan*, 2022 ONSC 4324, at para. 22(h).

[73] The decision of the Court of Appeal in *Boily* may be an outlier. In that case, the court reduced a fine of $100,000 imposed by the motion judge against individual directors of a condominium corporation to $7,500 each, to be paid to the respondent condominium corporation: at para. 136. In *Susin,* the Court of Appeal commented on the apparent contradiction with *Boily*, noting that the issue of to whom the fine would be paid was not raised in *Boily*. Rather, the issues concerned quantum, liability, and deterrence; the court order the directors were found in contempt for breaching concerned the restoration of certain parts of the condominium's property, and the penalty the Court of Appeal replaced had required the directors to personally bear the costs of this restoration. The court in *Susin* also noted that Epstein J.A., who spoke for the court in *Boily*, nonetheless reinforced the principles outlined in *Sankar* that civil contempt proceedings are not to have the appearance of a civil action for the recovery of damages: at para. 45. I see no basis to depart from the general principles set out in *Susin* and *Sankar*.

D. Other Terms Sought by the College

[74] The College also seeks a permanent injunction in the form of the Consent Order, or in the alternative, a continuation of the current interim injunction, prohibiting the respondent from performing acts of dentistry or holding himself out as qualified to practice dentistry unless he is duly registered with the College. In addition, the College seek an order to ensure the respondent

co-operates with the regulatory body to ensure the terms of the order are being complied with and fulfilled by him.

[75] As the consent order of Dietrich J. remains in place, the respondent is still bound by it. However, I am inclined to grant the order sought for a permanent in injunction in the form of the Consent Order and requiring the respondent's co-operation.

VII. Costs

[76] Under r. 60.11(5) of the *Rules of Civil Procedure*, the court may impose "any other order that the judge considers necessary" and "such costs as are just".

[77] The College seeks its costs in enforcing the Consent Order on a substantial indemnity basis as well as its investigatory costs of $14,283.73. I heard submissions from counsel for the College and the respondent at the conclusion of the penalty hearing on the matter of costs.

[78] For the reasons below, I am awarding the College their costs on a substantial indemnity basis fixed in the amount of $31,807.19, all inclusive, and payable by the respondent within 90 days of the date of this endorsement.

[79] The College filed an updated Costs Outline which shows legal fees, on a substantial indemnity scale, in the amount of $26,847.25 plus HST of $3,490.14 (a total of $30,337.39), plus disbursements in the amount of $1,469.80, for a total of $31,807.19. The College sought this amount for costs payable by the respondent within 30 days of the court's order.

[80] The respondent indicated that he thought the costs were very fair. He did not challenge the costs. Having reviewed the costs, and after hearing submissions, this is an appropriate case to award substantial indemnity costs as a means of sanctioning the behaviour of the respondent. Counsel for the College submits that some of the work was delegated to an articling student and a law clerk. I see no duplication, and the hours and rates appear fair, reasonable, and proportionate for the bifurcated hearings and three attendances before me, one aborted to address the respondent's representation by counsel.

[81] As for the scale of costs, this is an appropriate case to award elevated costs as a means of addressing the respondent's contempt: *Canadian National Railway Company v. Plain*, 2013 ONSC 4806, at para. 27. In contempt proceedings, elevated costs may be an appropriate sanction. The case law in Ontario establishes that costs on a substantial indemnity basis are the ordinary course on a successful motion for a finding of civil contempt: *College of Chiropractors v. Stephen Dies*, 2015 ONSC 2828, at para. 21, aff'd 2016 ONCA 2; *Comeau* v. *1140398 Ontario Ltd. et al.*, 2023 ONSC 5493, at para. 15. As noted by Goldstein J. in *Astley v. Verdun*, 2013 ONSC 6734, 118 OR (3d) 43, at paras. 52 -57, aff'd 2014 ONCA 668, the case law in Ontario "lean to the view that costs should generally be awarded on a substantial indemnity basis in contempt matters" and "there is a rebuttable presumption that substantial indemnity costs are appropriate." The court may also award costs on a substantial indemnity basis to the successful party where there have been flagrant and intentional breaches of court orders: *Sankar*, at para. 19.

[82] In this case, the respondent has flagrantly and intentionally breached the Consent Order, designed to protect the public. He himself underlined that his dental practice was successful. Yet, he failed to remedy the concerns raised in Dietrich J.'s Consent Order by obtaining a license. His contempt was wilful and intentional. He has put the public at risk. He takes no responsibility for his actions, instead blaming his competitors and the patient who lodged a complaint against him. He shows no sign of remorse, focusing instead on the reputational harm to him and his family after he was listed on the College's website after the Consent Order was obtained.

[83] The amount sought by the College is fair, reasonable, and proportionate given the importance of the issues involved, and is in line with the costs awards for these types of proceedings. The College had several affidavits and a factum. There were three attendances before me, one aborted. The costs are in line with costs awarded in these types of proceedings, and given the steps taken, as evidenced by the Costs Outline, may be on the lower range of the scale. Even the respondent acknowledged that the costs were "low" and indicated they were "very fair."

[84] I would therefore allow the amount being sought for the legal fees and the disbursements, which are also fair and reasonable.

A. Cost of investigation

[85] In their factum, the College set out its investigatory costs of $14,283.73. The College relies on two decisions from the Supreme Court of British Columbia, namely, *College of Dental Surgeons of British Columbia v. Wu*, 2013 BCSC 1986, and *Khakh*, where, in both instances, the court awarded "special costs" arising from investigation of a contemnor's contempt.

[86] I would decline to order investigatory costs for two reasons. First, the matter was raised in the counsel's introduction to his oral submissions but not actually addressed in oral submissions, and, in the result, the court did not hear from the respondent on his position. Second, the decisions are from British Columbia, and the excerpt that the court was directed to in both cases speak to "special costs."

[87] In the *Wu* case, the court indicated that the special costs were inclusive of the investigative costs. In the *Khakh* case, the judge indicated that the contemnor had agreed to "an order of special costs, including the costs the College incurred in investigating the contemptuous conduct." The nature of "special costs" has not been explained and the British Columbia Court of Appeal has indicated that there is a well-established practice in the province of awarding what is known as "special costs" to the successful party in a civil contempt proceeding: see *North Vancouver (District) v. Sorrenti*, 2004 BCCA 316, 242 D.L.R. (4th) 152, at para. 20.

[88] However, the cases suggest that "special costs" is akin to solicitor-client costs, that is, "substantial indemnity costs" using the nomenclature now employed in the Ontario *Rules of Civil Procedure*. It is not clear to the court the interrelationship between the elevated costs and the investigation costs or even the claim for disbursements, which are governed by the Tariffs in the Ontario Rules.

[89] If I am wrong, I am satisfied that the overall monetary penalties, costs, and other sanctions is proportionate in the circumstances.

VIII. Conclusion

[90] If there is any aspect of the final order which requires settling, counsel for the College and the respondent may ask to convene a virtual Chambers appointment. I am not inclined to dispense with the requirement that the respondent approve the draft order. The draft order filed by the College does not include the evidence that was before the court. In the recent decision of *Drennan v. Drennan*, 2024 ONSC 141, Myers J. explained in detail the process of approving orders. In doing so, he highlighted the requirement for reciting the evidence, that is the affidavits, that was before the court in the draft order: first, noting that it is required by Form 59C; second, that it helps to promote the open court principle and third; explaining that it permits appellate review of what evidence was or was not before the court.



A.P. Ramsay J.

Released: June 11, 2024

CITATION: Royal College of Dental Surgeons of Ontario *v.* Alsoma, 2024 ONSC 1924

ONTARIO

SUPERIOR COURT OF JUSTICE

BETWEEN:

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Applicant

– and –

LATIF ALSOMA (also known as ABDUL LATIF ALSOMA)

Respondent

REASONS FOR DECISION

A.P. Ramsay J.

Released: June 11, 2024

ITEM 4.2

College of Chiropractors of Ontario
Quality Assurance Committee Report to Council
September 13, 2024

706

Members:
Dr. Kyle Grice, Chair
Ms Zoe Kariunas
Dr. Angelo Santin
Mr. Shawn Southern
Dr. Elizabeth Anderson-Peacock, non-council member

Staff:
Mr. Joel Friedman, Deputy Registrar
Dr. Katherine Tibor, Director of Professional Practice
Ms. Jo-Ann Willson, Registrar and General Counsel

Committee Mandate

- To develop, establish and maintain:
  - programs and standards of practice to assure the quality of the profession;
  - standards of knowledge and skill and programs to promote continuing competence among members; and
  - standards of professional ethics.
- To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members.

Report

Since the last meeting of Council, the Quality Assurance (QA) Committee met once on August 7, 2024

Recommendations

The QA Committee has the following recommendation to Council

Recommendation

That Council approve draft minor amendments to Standard of Practice S-002: Record Keeping

The QA Committee is making the following recommendations for amendments to Standard of Practice S-002: Record Keeping:

- Amended wording to emphasize that an explanatory, up-to-date, clear and consistent abbreviation legend/key must accompany a record of personal health information upon request, and that a record is not complete without an abbreviation key/legend.

- Clarification that a reference to the patient, and the name/address of the primary treating chiropractor must appear on each printed page, which may be recorded as a header/footer. This requirement would not be relevant to an electronic record, where individual pages are not applicable.

- Clarification that the financial record is considered part of the record of personal health information; and

- Further protections against potential cyber security breaches, strongly discouraging the storing of patient credit card or banking information, and only with proper protections in place.

The QA Committee is of the view that these amendments further protect the public interest in clarifying a patient's right to access and understand any abbreviations used in a record through a clear and consistent legend, updating requirements that may not be applicable to electronic records, and further emphasizing certain cyber security protections.

Additional Reporting

Ordering, Taking and Interpreting Radiographs

The QA Committee continued the work of the previous Committee in reviewing a research study from the Canadian Association of Radiologists on the use of gonadal and fetal shielding for patients. The Committee is of the view that no amendments to Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs are required as this time, as the standard includes requirements for the use of radiation protection devices as required, and are not specific to body parts. The Committee also reviewed with applicable standard of practice from the College of Medical Radiation and Imaging Technologists of Ontario, which is similar in nature to CCO's standard in not addressing specific body parts for radiation protection.

Chiropractic Care of Animals

The QA Committee reviewed communications from various stakeholders related to the development of regulations under the *Veterinarians Professions Act, 2044*, and specifically proposals for educational courses related to acupuncture for animals. The Committee is awaiting the development of these regulations for information on what authority animal chiropractors will have for any further review of Standard of Practice S-009: Chiropractic Care of Animals.

Advertising/Websites/Social Media/Communication to the Public

The QA Committee initiated a first review of a new draft standard that attempts to combine and update several of CCO's existing standards of practice and guidelines related to advertising, health care claims in advertising, websites and social media, and the use of social media. The Committee is of the view that one standard of practice and one guideline may be appropriate in combining, condensing and clarifying these documents. The Committee expects to have recommendations at a future Council meeting.

Continuing Education

The QA Committee reviewed the June 21, 2024 distribution to members, and will be developing an infographic to summarize the various mandatory CE requirements listed in the communication to help clarify those requirements for members.

Meeting with Cyber Security Ontario

The QA Committee continued its communications with Cyber Security Ontario in an attempt to share it educational resources with CCO members. CCO, as a public interest organization, can register for Cyber Security Ontario for free to view their resources. There is an issue that members with certain email addresses (Gmail, Hotmail, etc.) may not be able to register with Cyber Security Ontario. The Committee will continue to review options, including those that may be available through HPRO, for making these resources available for members of CCO.

The Committee also explored the possibly of expanding Wizer to CCO members; however, this would be cost prohibitive either for CCO or would have a cost for CCO members.

Peer and Practice Assessment (PPAs)

CCO has launched the 2024 – 2025 cycle of PPAs. 222 members have been selected for PPA 1.0 and 327 members have been selected for PPA 2.0. PPA's for this cycle have begun and will continue until the end of the year.

The QA Committee is excited that over 70 members applied for the position of peer assessor, which demonstrates the success of the PPA program. QA committee members and staff are in the process of conducting interviews for the selection of new peer assessors. New peer assessors will be trained as part of the Peer Assessor Training Days, taking place on January 31 and February 1, 2025.

In-Person/Virtual Regulatory Excellence Workshops (REW)

The next in-person REW is scheduled for September 11, 2024 in Kitchener and the next virtual REW is scheduled for October 28, 2024.

Acknowledgements

I would like to thank the members and staff of the QA committee for all of their contributions during this time.

Respectfully submitted,

Dr. Kyle Grice
Chair, Quality Assurance Committee

RECORD KEEPING

Standard of Practice S-002
Quality Assurance Committee
Approved by Council: May 24, 1996
Amended: November 18, 1999; November 30, 2002; November 26, 2004; April 22, 2005; November 25, 2005; December 1, 2006; February 23, 2010; September 22, 2011, September 20, 2013, April 24, 2018, November 24, 2022 (came into effect February 24, 2023)

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To ensure members maintain accurate, current records of personal health information.

OBJECTIVES

- To ensure patients have access to current, accurate information as reflected in their record of personal health information.
- To ensure continuity of care for patients from successive chiropractors or other treating health professionals.
- To provide members with a framework for organizing clinical notes and other records.
- To maintain confidentiality and prevent unauthorized disclosure of the patient health record and financial record.

DESCRIPTION OF STANDARD

Introduction

The record of personal health information must "tell the story" of the patient, as determined by the member, in the circumstances in which the patient was seen. The record is not just a personal memory aid for the member who creates it, but must allow other health care providers to review and understand the patient's past and current health history as well as future health goals.

Patients present to a member for a variety of reasons. However, patients should expect basic procedures to be followed and recorded which represent the chiropractor's unique role in the collaborative health care framework. The results and observations, based upon the performance of these basic procedures, should be recorded in such a way as to accurately recreate the doctor/patient interaction.

Information in records of personal health information should be stated concisely. It is acceptable to use sentence fragments or outline forms and diagrams.

Records of personal health information may contain abbreviations and terminology unique to health care professions. In such cases, an abbreviation legend/key must be available to accompany the records of personal health information.

CCO does not endorse any particular type, template or style of note taking. Whatever style is used, it is important to be consistent, comprehensive, accurate and legible to give a clear picture of the care being provided.

Types of Records to be Maintained

A member shall keep a daily appointment record, equipment service record, and record of personal health information, which includes a patient health record and financial record. All records shall be accurate, legible and comprehensive. When requested, an accompanying explanatory legend for acronyms, abbreviations or short forms must be readily available.

1. Daily Appointment Record

   The daily appointment record shall set out the surname and initials of each patient the member examines or treats or to whom the member renders any service.

2. Equipment Service Record

   The equipment service record shall set out the servicing of:
   - every x-ray machine in accordance with the *Healing Arts Radiation Protection Act, 1990*, and
   - every other piece of equipment used to emit a form of energy permitted for use by members under section 43(1)(a) of the *Regulated Health Professions Act, 1991*.

   Equipment service records shall be consistent with the manufacturer's recommendations.

3. Record of Personal Health Information

   The record of personal health information includes the patient health record and the financial record

   Patient Health Record

   (1) The patient health record shall contain:
   - demographic information as necessary to identify, assess and treat patients, including but not limited to, a patient's name, address, and birth date;
   - dates of each of the patient's visits to the member;
   - a reference identifying the patient, and the name/address of the primary treating chiropractor, on each separate page; and
   - name(s) of relevant referring health professionals, if appropriate.

(2) The patient health record shall contain a history of the patient, including:
- patient's chief complaint(s)/concern(s) and supporting data;
- relevant past health history; and
- family and social history when indicated by the presenting complaint(s)/ concerns(s).

(3) The patient health record shall contain reasonable information about every initial examination, all assessments (for further information related to the various assessments that are an essential part of any chiropractic care/plan of care of a patient please refer to Guideline G-013: Chiropractic Assessments), all relevant diagnostic tests and all relevant diagnostic imaging (images and accompanying reports included) made by the member.

(4) The initial examination, as recorded in the patient health record, shall:

(a) be sufficiently comprehensive for the member to document:
- evidence of the patient's current condition;
- diagnosis or clinical impression; and
- plan of care for the patient.

(b) include documented evidence on the performance of the necessary clinically indicated analytical/assessment procedures listed below (not an exhaustive list) in order to demonstrate the need for care:
- activities of daily living questionnaires
- advanced diagnostic imaging (e.g., diagnostic ultrasound, CT Scan, MRI, bone scans)
- analog pain scales
- any questionnaire designed by the member to have the patient compare their current and past health and/or lifestyle ratings
- bilateral weight scales
- blood pressure/pulse testing
- disability questionnaires
- exercise compliance
- leg length checks
- malingerer testing
- muscle function testing
- neurological testing
- orthopedic testing
- palpation/motion palpation
- posture evaluation
- range of motion
- reflexes
- sEMG
- sensory testing
- thermography
- trigger points
- x-ray image.

(5) The patient health record shall contain a record of care of the patient, that includes:

- a copy of the patient's consent to any examination or care or course of care that shall be:
  - fully informed;
  - voluntarily given;
  - related to the patient's condition and circumstances;
  - not obtained through fraud or misrepresentation; and
  - evidenced in a written form signed by the patient or otherwise documented in the patient health record;

- reasonable information about who provided the care and the location of where the care was delivered;

- reasonable information about every subsequent treatment/visit, including level of spine or joint contacted for the purpose of adjusting or mobilizing, and technique(s) used[1];

- reasonable information about all advice given by the member to the patient;

- reasonable information about a procedure that was commenced but not completed, including reasons for non-completion;

- reasonable information about every order made by the member for examinations, including diagnostic images and accompanying reports, tests, consultations or treatments to be performed by any other person;

- reasonable information about when a member advises a patient to consult with another health professional; and

- every written report received by the member with respect to examinations, tests, consultations or treatments performed by other health professionals.

(6) Periodic and regular comparative assessments are a mandatory component of any care/plan of care and are based on the same clinical judgement components used in all phases of patient care.

Implementation of any evaluation, assessment or treatment is always a clinical judgement call made by the member and based on clinical indications, best evidence, best practices, experience, patient presentation and many other factors.

[1] Diagnostic and therapeutic procedures must comply with Standard of Practice S-001: Chiropractic Scope of Practice.

The timing and reason for each comparative assessment depends on a number of factors including but not limited to:

- patient progress;
- expectations of progress;
- presentation of new conditions; and
- requests from third-party payors such as WSIB, etc.

Therefore, comparative assessments must:

(a) be conducted when clinically indicated and, in any event, no later than each 24th visit.

(b) be sufficiently comprehensive for the member to:
- evaluate the patient's current condition;
- assess the effectiveness of the member's chiropractic care;
- discuss with the patient, the patient's goals and expectations for their ongoing care; and
- affirm or revise the patient's diagnosis or clinical impression and plan of care.

(c) include documented evidence on the performance of three or more of the clinically indicated analytical/assessment procedures listed in 4(4)(b) (not an exhaustive list) in order to demonstrate the need for ongoing care. Members may use additional procedures not listed.

(7) Every entry in a patient health record shall be dated and clearly identify the person who made the entry.

Financial Record

The financial record shall contain:

- date of service;
- services billed;
- location of service;
- payment received; and
- balance of account.

4. Electronic Record Keeping

- A member may maintain an electronic record keeping system in accordance with this standard.

- A member shall take reasonable steps to ensure the electronic record keeping system is so designed and operated that the electronic record of personal health information:

    - is compliant with the *Personal Health Information Protection Act, 2004 (PHIPA)*

- has cyber security protections in place to ensure that personal health information is secure from loss, tampering, interference or unauthorized use or access,
- has protocols in place on steps to take in the event of a privacy breach, and;
- shall be available as hard copies in a printed form when requested.

- A member shall ensure that personal health information of patients that is stored on a mobile device is encrypted.

- Each entry in an electronic record shall be:

  - accurate and sufficiently comprehensive to reflect the care provided; and
  - individualized and personalized, capturing the unique aspects of that particular patient encounter.

  If the electronic format cannot do this, the member should consider using an alternative system. Members are discouraged from using systems that create "template-like" records. These may not be an adequate reflection of an individual patient's story.

- When requested to do so and within 30 days, members must provide printed copies of electronic records.

The Privacy section of CCO's website and the Information and Privacy Commissioner of Ontario has several resources available related to electronic health records and responding to privacy breaches:

- "Digital Health under *PHIPA*": Selected Overview
- "Responding to Privacy Breaches"

5. Confidentiality of and Access to Records

(1) A member shall not allow any person to examine a record of personal health information or give any information, copy or thing from a record of personal health information to any person except as required by law (see sections 38-50 of the *Personal Health Information Protection Act, 2004 (PHIPA))* or as required or allowed by this section

(2) A member shall take reasonable steps to ensure that records are protected from theft, loss and unauthorized use or disclosure, including photocopying, modification or disposal.[2]

(3) A member with primary responsibility for a record of personal health information shall provide, on request, copies of or access to a record of personal health information to any of the following persons, or any person authorized by the following persons:

- the patient;
- a personal representative authorized by the patient to obtain copies from or access to the record;
- if the patient is deceased, the patient's legal representative;

[2] See Standard of Practice S-022: Ownership, Storage, Security and Destruction of Patient Health Records

- if the patient is determined to be incapable of consenting to the collection, use or disclosure of personal health information:
  - the individual's guardian of the person or guardian of property, if the consent relates to the guardian's authority to make a decision on behalf of the individual;
  - the individual's attorney for personal care or attorney for property, if the consent relates to the attorney's authority to make a decision on behalf of the individual;
  - the individual's representative appointed by the Consent and Capacity Board under section 27, if the representative has authority to give the consent;
  - the individual's spouse or partner;
  - a child or parent of the individual, or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent. This paragraph does not include a parent who has only a right of access to the individual. If a children's aid society or other person is lawfully entitled to consent in the place of the parent, this paragraph does not include the parent;
  - a parent of the individual with only a right of access to the individual;
  - a brother or sister of the individual; and
  - any other relative of the individual.[3]

The above list is in rank order. See s. 26 of *PHIPA* for further details.

(4) A member is not required to provide copies from or access to a patient health record if the member is of the opinion that disclosure of the record of personal health information would likely result in serious harm to the care of the patient or serious physical or emotional harm to the patient or another person.

(5) Where a member has primary responsibility for a record of personal health information, the member shall, at the request of the patient, cause a correction to be made to the patient's health record or attach a statement of disagreement reflecting the correction requested but not made.

(6) A member shall give notice of every correction made and statement of disagreement attached to a record of personal health information to every person and organization to whom the record was disclosed during the 12 months preceding the day the correction was requested.

(7) A member shall, upon receiving written authorization from the patient or a duly authorized person as described in section 5(3), provide a copy of the record of personal health information as soon as possible in the circumstances, but no later than 30 days after receiving the request, subject to exceptional circumstances (see sections 54(3) and 54(4) of *PHIPA*). The member shall maintain the original record of personal health information, as outlined in the Records Retention and Destruction section and Standard of Practice S-022: Ownership, Storage, Security and Destruction of Patient Health Records, even if the member is no longer providing chiropractic care to that patient.

[3] Section 26(1) of the *Personal Health Information Protection Act, 2004* (*PHIPA*).

In cases where a section of the patient record cannot be reasonably copied (e.g., diagnostic images, plain film radiographs), the member shall obtain a written authorization from the patient, or designate listed in section 5(3) which shall become part of the record of personal health information. This form should include the following:

- an agreement between the patient or designate listed in section 5(3) and member to release a section of the original record with recognition that no copies have been retained by the member;
- an agreement by the patient or designate listed in section 5(3) to return the section of the patient record to the member; and
- an acknowledgement of receipt by the patient or designate listed in section 6(3).

(8) A member may charge a reasonable fee prior to providing copies of a record of personal health information, including diagnostic images and accompanying reports, to reflect the cost, time and effort required to provide copies of the record of personal health information. If a member has refused a patient access to the patient's record of personal health information, the patient has the right to challenge the member's decision in Court under subsection of 54(8) of the *Personal Health Information Protection Act, 2004* (*PHIPA*).

(9) A member may provide copies of or access to a record of personal health information to their legal counsel or insurer where the record is relevant to advice being sought by the member or required by the policy of insurance or insurer.

(10) A member may, for the purpose of providing health care or assisting in the provision of health care to a patient, allow a health professional to examine the record of personal health information or give a health professional any information, copy or thing from the record.

(11) A member may provide information or copies of or access to a record of personal health information to a person if:

- the information or copies are to be used for health administration or planning, health research, or epidemiological studies;
- the use of the information or copies is in the public interest as determined by the Minister of Health and Long-Term Care; and
- anything that could identify the patient is removed from the information or copies.

6. Records Retention and Destruction

Every record of personal health information, which includes the patient health record, including diagnostic images and accompanying reports, and every financial record shall be retained in its entirety for at least seven years[4] following the patient's last visit, or, if the

[4] Even though records must be kept for a minimum of seven years, there is no limitation on a patient complaint or civil litigation.

patient was less than 18 years old at the time of their last visit, at least seven years following the day the patient became or would have become 18 years old.

Destruction of the record of personal health information shall be done in a secure fashion to ensure that the records cannot be reproduced or identified in any form.

7. Member Resignation

As part of the resignation process, the member shall take reasonable steps to ensure with regard to each record of personal health information for which the member has primary responsibility:

- the record is transferred to another member and reasonable efforts are made to obtain the patient's consent;
- the patient is notified that the member intends to resign and the patient can obtain copies of the record of personal health information; and
- if the record transferred is not the original record of personal health information, the original record is stored in a secure location for seven years following the patient's last visit, or, if the patient was less than 18 years old at the time of their last visit, at least seven years following the day the patient became or would have become 18 years old.

LEGISLATIVE CONTEXT

Regulation pursuant to the *Chiropractic Act, 1991*. Further, it is an act of professional misconduct under *Ontario Regulation 852/93* (Professional Misconduct) to contravene or fail to comply with a standard of practice.

Scope of Practice

3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

(a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and

(b) dysfunctions or disorders arising from the structures or functions of the joints.

Ontario Regulation 852/93

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

10. Giving information about a patient to a person other than the patient, his or her authorized representative, or the member's legal counsel or insurer, except with the consent of the patient or his or her authorized representative or as required or allowed by law.

11. Breaching an agreement with a patient relating to professional services for the patient or fees for such services.

19. Failing to keep records as required by the regulations.

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

21. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member within a reasonable time after a patient has requested such a report or certificate.

22. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement.

Personal Health Information Protection Act, 2004

Sections 51-54 of the *Personal Health Information Protection Act, 2004,* outline a patient's right of access to their records and a health information custodian's obligation to provide information requested. Please consult these sections for further detail, specifically, section 54.

College of Chiropractors of Ontario
Registration Committee Report to Council
September 13, 2024

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Members: Dr. Julia Viscomi, *Chair*
Mr. Robert Chopowick
Mr. Gagandeep Dhanda
Dr. Colin Goudreau

Staff Support: Mr. Joel Friedman, *Deputy Registrar*
Ms Madeline Cheng, *Registration Coordinator*
Ms Jo-Ann Willson, *Registrar and General Counsel*

Committee Mandate

- To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
- To review applications for registration referred by the Registrar.
- To determine the terms, conditions or limitations, if any, for granting a certificate of registration to an applicant.

Report

The Registration Committee met once on July 18, 2024

Recommendations

Recommendation 1

The Council approve the 2025 member renewal memorandum and online renewal.

The 2025 member renewal memorandum includes updated information on CE requirements and reporting, and the online renewal process includes a question if members would like to receive a hard copy of the 2024 annual report (defaulting to "No"), to be distributed in the summer of 2025.

Recommendation 2

The Council approve the 2025 professional corporation renewal memorandum and online renewal.

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Additional Reporting

The Committee reviewed applications for registration referred to the Committee.

The Committee reviewed communications from various system partners including the Canadian Chiropractic Examining Board the Federation and Canadian Chiropractic and the Office of the Fairness Commissioner. CCO submitted its 2023 Fair Registration Practices Report, which is posted on the CCO website.

Current Member Status

Chart 1: Membership Statistics as of August 22, 2024

Classes	Total
General	5121
Inactive	225
Retired	179
All classes	**5525**

Chart 2: Change in Registration statistics for May 28, 2024 – August 22, 2024

Description	Total
New members	111
Female	68
Male	43

Chart 3: Colleges of Graduation for New Members

CMCC	105
NCHS	1
D'Youville	4
NUSH	1

Acknowledgements

I would like to thank the committee members and staff support for the Registration Committee for all of their contributions during this time.

Respectfully submitted,

Dr. Julia Viscomi
Chair, Registration Committee

From: Jo-Ann Willson
Sent: July 16, 2024 2:02 PM
To: Rose Bustria
Subject: FW: Office of the Fairness Commissioner - final FRP report
Attachments: 2023 Digital FRP College of CHIROPRACTORS of OntarioPDF.pdf

Registration and Council.

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In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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From: Mendel, James (MLITSD) <James.Mendel@ontario.ca>
Sent: Tuesday, July 16, 2024 2:00 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: Joel Friedman <JFriedman@cco.on.ca>
Subject: Office of the Fairness Commissioner - final FRP report

CAUTION EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Hello,

Thank you for submitting your 2023 FRP report. I have reviewed your report for completeness and confirmed that it is ready to post. Please find attached the final pdf version of the FRP report, which reflects the latest upgrades to the template.

As you will remember, regulators must make their FRP reports available to the public. This is typically done by posting the report to your website. When this has been done, please share with us the url / link to your FRP report, preferably by the end of July 2024. We will then post this link to the OFC website.

I'd also like to use this opportunity to ask for your availability for a meeting between now and the end of the year to discuss new developments and initiatives, and to clarify

questions about the content of the FRP report. Please suggest a couple of dates and times that would work for you.

Thanks,

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James Mendel

SUBSCRIBE to the OFC Newsletter

James Mendel
Compliance Analyst
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FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ

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College of CHIROPRACTORS of Ontario

2023 Fair Registration Practices Report

Prepared for the Office of the Fairness Commissioner (OFC)

FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

Content

1. Background
2. Organization information
3. Registration requirements
4. Third party assessments
5. Accomplishments, risks and mitigations
6. Changes to registration practices
7. Membership and application data
8. Changes Related to New Legislative and Regulatory Requirements

Glossary of terms

1. Background

Under section 20 of the Fair Access to Regulated Professions and Compulsory Trades Act, 2006 (FARPACTA), which is substantially similar to section 22.7(1) of Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA),

> "A regulated profession shall prepare a fair registration practices report annually or at such other times as the Fairness Commissioner may specify or at such times as may be specified in the regulations".

Section 23 of FARPACTA and Section 22.9 of Schedule 2 of the RHPA then go on to indicate that the Fairness Commissioner shall specify the form in which these reports shall be prepared, along with the required filing dates. This section also stipulates that a regulator must make these reports public.

It is pursuant to these authorities that the Office of the Fairness Commissioner (OFC) has required that each regulator complete its 2023 Fair Registration Practices Report (FRP).

Please note that this report covers the time-period from January 1 to December 31, 2023.

The FRP:

- Collects information about the organization, applicants to the profession and current membership.
- Provides information to the public about how the organization has implemented fair registration practices during the reporting period.
- Helps the OFC to successfully undertake the education and compliance activities which include monitoring, applying a risk-informed compliance framework, assessing performance, and sharing best practices.
- Determines whether the regulator is complying with recently enacted legislative and regulatory provisions designed to reduce barriers for domestic labour mobility and internationally trained applicants.
- Identifies trends across regulated professions and regulated health colleges.

Please note that the 2023 version of the FRP has changed from the previous version in terms of both form and content as the OFC's enabling statutes have evolved and as the office migrates to a more permanent portal-enabled database solution.

2. Organization information

Organization name	College of CHIROPRACTORS of Ontario

For questions about this report, please contact:

Name	Joel Friedman
Job Title	Deputy Registrar
E-mail	jfriedman@cco.on.ca

3. Registration requirements

Applicants to the regulated professions and compulsory trades must fulfil registration requirements to practice their profession or use a professional title. This section summarizes registration requirements for each profession or trade regulated by College of CHIROPRACTORS of Ontario

Licensing requirements (brief description for each requirement listed):

Profession/ Trade Name	Chiropractor
Academic requirement	Graduation from an accredited chiropractic college or recognized by Council as equivalent.
Experience requirement	None
Language requirement	speak and write English or French with reasonable fluency
Additional information on licensing requirements (may include links to appropriate page on regulator website):	Must have passed the examinations set by the Canadian Chiropractic Examining board and CCO's Legislation and Ethics Examination.

4. Third party assessments

Third party organizations that assess qualifications on behalf of the regulator.

Organization name	Function
Canadian Chiropractic Examining Board	OSCE / Skill based exam
Federation of Canadian Chiropractic	Academic credential evaluation

Fair access legislation requires regulators to take reasonable measures to ensure that any third parties undertake assessment of qualifications in a way that is transparent, objective, impartial and fair.

College of CHIROPRACTORS of Ontario takes the following measure(s) to ensure fair and timely assessments:

CCO, like all Canadian chiropractic regulators, is a board member of the Canadian Chiropractic Examining Board and the Federation of Canadian Chiropractic and attends, participates in and is a voting member in regular meetings of these organizations.

5. Accomplishments, risks and mitigations

Key accomplishments and risks pertaining to fair registration practices during the reporting period are summarized below.

A. Accomplishments

1	CCO approved amendments to its Registration Regulation in enacting an Emergency Class of Registration.

B. Risks and Mitigations

Risk	Mitigation Measure

Applicants re-entering the General class of registration after being out of practice for period of time.	CCO applies specific policies, set out in Policy P-053: Returning to the General Class of Registration, to help ensure fair, transparent, consistent, and objective decisions related to such applicants.
Applicants with prior regulatory or criminal decisions made against them.	CCO requires disclosure of any prior regulatory decisions and submission of a criminal record check. CCO applies Policy P-054: Determination of Good Character of an Applicant or Member in reviewing and deciding these applications.

6. Changes to registration practices

During the January 1 to December 31, 2023 reporting period, College of CHIROPRACTORS of Ontario has introduced the following changes impacting its registration processes. Changes, anticipated impacts, and risk mitigation are summarized below.

A. Registration requirements and practices

Registration process	Changes Made (Yes / No)	Description
Registration requirements either through regulation, by-law or policy	Yes	CCO amended its Registration Regulation to introduce an Emergency Class of Registration CCO amended a variety of by-laws, including having gender neutral language in by-laws and improving clarity and reducing redundancies.
Timelines for registration, decisions and/or responses	No	

Assessment of qualifications, including competency-based assessments and examinations	Yes	The Canadian Chiropractic Examining Board (CCEB) changed its examination format moving from a three part examination to a two part examination (written and clinical)
Documentation requirements for registration	No	
Changes to internal review or appeal process	No	
New or consolidated class of certificates or licenses	Yes	Amendments were made to the Registration Regulation to introduce an Emergency Class of Registration.
Registration and/or assessment fees	No	
Access by applicants to their records	No	

B. Training, policy and applicant supports

Registration process	Changes Made (Yes / No)	Description
Resources or training to support applicants to move through the licensing process	No	
Training and resources for staff who deal with registration issues	Yes	Registration staff have participated in Diversity and Equity and Inclusion Training and other training through the Health Profession Regulators of Ontario.

Anti-racism and inclusion-based policies and practices	Yes	CCO reviewed its Registration policies, including those related to accessibility and accommodation, but did not amend these in 2023. CCO amended various by-laws to include gender neutral language.

C. System partners

Registration process	Changes Made (Yes / No)	Description
Accreditation of educational programs	No	
Mutual recognition agreements	No	
Steps to increase accountability of third-party service provider(s)	No	

D. Responsiveness to changes in the regulatory environment

Registration process	Changes Made (Yes / No)	Description
Other	No	
Emergency registration plans	Yes	CCO amended its Registration Regulation to introduce an Emergency Class of Registration.
Technological or digital improvements	No	
Steps to address labour shortages in	No	

the profession or trade		

7. Membership and application data

The Office of the Fairness Commissioner collects membership and application data from regulators through annual Fair Registration Practices Reports, which are also made available to the public. Information is collected for the purpose of discerning statistical changes and trends related to a regulator's membership, application volumes, licensure/certification results, and appeals year over year.

A. Race-based data collected

	Race-based data collected? (Yes or No)
Members	No
Applicants	No

Additional description:

B. Other identity-based or demographic data collected

	Other identity-based or demographic data collected? (Yes or No)
Members	No
Applicants	No

Additional description:

C. Languages of service provision

College of CHIROPRACTORS of Ontario makes application materials and information available to applicants in the following languages.

Language	Yes / No
English	Yes
French	Yes
Other (please specify)	

D. Membership Profile

Profession Name	Total Number of Members
Chiropractor	5392

Class of License	Total Number of Members	Total Number of Internationally Educated Members
Full / General/ Independent Practice Inactive Retired	4996 221 175	1434 62 29

Gender	Number of Members
Female Male	2305 3087

Jurisdiction of Initial Training	Number of Members

Ontario	3905
Other provinces and territories	17
United States	1406
Other International	64

Country of Initial Training	Number of Members
Canada	3922
United States of America	1406
United Kingdom	19
Australia	20
France	1
South Africa	2
New Zealand	22

Official language of preference	Number of Members
English	5149
French	243

Racial identity (optional)	Number of Members
Not collected	5392

E. Data Notes

F. Applicant Profile

Profession Name	Total Number of Applicants
Chiropractor	**214**

Gender	Number of Applicants
Female Male	109 105

Jurisdiction of Initial Training	Applications received in 2023	Applications with decisions pending
Ontario Other provinces and territories United States Other International	158 3 48 5	0 0 0 0

Country of Initial Training	Number of Applicants
Canada United States of America South Africa Australia New Zealand	161 48 1 1 3

Official language of preference	Number of Members
French English	9 205

Racial identity (optional)	Number of Members
Not collected	214

G. Data Notes

H. Application Decisions

The table below summarizes the outcome of registration decisions finalized in 2023. Some applications may have been received in the previous year.

Jurisdiction of initial training	Successful	Unsuccessful	Withdrawn
Ontario	158	0	0
Other provinces and territories	3	0	0
United States	48	0	0
Other International	5	0	0

I. New Registrants

For the 2023 reporting year, the breakdown of new registrants by class of registration is provided below:

Class of registration	Total new registrants by class	Number of internationally educated registrants
Full / General/ Independent Practice	214	56

J. Data Notes

K. Reviews and Appeals

Applicants for registration may appeal a registration decision. An **internal review or appeal** involves formal reconsideration of a registration decision further to an application and submissions by the applicant.

Jurisdiction of initial training	Number of internal reviews and appeals processed	Number of decisions changed following internal review or appeal
Ontario	1	1
Other provinces and territories	3	3

An **external review or appeal** involves review of a registration decision by an external appeal tribunal or court, such as the Health Professions Review and Appeal Board or Divisional Court.

Jurisdiction of initial training	Number of applicants who sought external review or appeal	Number of decisions changed following external review or appeal
Ontario	0	0
Other provinces and territories	0	0

Issues raised in reviews and appeals can point to challenges in the registration process. The table below summarizes top issues or reasons that applicants raised during these appeal proceedings.

Issue or reason raised	Number of appeals
1. Requesting exemption from examination requirement	4

Internationally trained applicants face additional challenges in the registration process. The table below summarizes top reasons for not registering internationally trained individuals.

Reason for not registering	Number of internationally trained applicants
1. Applicants who meet the requirements for registration are issued certificates	0

L. Data Notes

8. Changes Related to New Legislative and Regulatory Requirements

By Ontario law, regulated occupations must provide registration practices that are transparent, objective, impartial and far. Non-health occupations are governed by the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006 (FARPACTA)*, while health professions are governed by *the Regulated Health Professions Act, 2011 (RHPA)*.

In 2021, both statutes were amended to incorporate substantive provisions to:

- **A.** Eliminate the use of Canadian experience requirements except under prescribed circumstances.
- **B.** Streamline language proficiency testing requirements.
- **C.** Provide for the continuity of registration processes during emergency situations.
- **D.** Set registration time limits. (FARPACTA only)

College of CHIROPRACTORS of Ontario has made the following changes to comply with these new legal obligations:

A. Canadian Experience

Change required: No changes required

College of CHIROPRACTORS of Ontario has taken the following measures to comply with legislative requirements on eliminating Canadian experience requirements unless an exemption is granted or an alternative is identified that meets criteria prescribed in regulations (non-health regulators) or the exceptions in legislation are met (regulated health colleges).

B. Language Proficiency Testing

Change required: No changes required

College of CHIROPRACTORS of Ontario has taken the following measures to comply with recent legislative changes requiring that regulators accept language proficiency testing results derived from any of the tests accepted for immigration purposes to satisfy their language proficiency requirements:

College of CHIROPRACTORS of Ontario offers applicants the following options to demonstrate language proficiency.

- Success on a licensing exam or assessment

C. Emergency Registration

Change required: Yes

College of CHIROPRACTORS of Ontario has taken the following measures to comply with requirements to establish an emergency class (health colleges) or develop an emergency registration plan (non-health regulators).

CCO amended its Registration Regulation to introduce an Emergency Class of Registration. CCO circulated these amendments to system partners, including members, for feedback prior to approval. The Emergency Class includes many of the same supervision requirements applied during the COVID-19 pandemic for the General (Provisional) Class of registration.

Glossary of terms

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Applicant: An individual who has applied for membership in a regulated profession or compulsory trade, with the associated rights to practice their profession / trade or use a professional title.

Domestic labour mobility: Applications subject to the Canadian Free Trade Agreement, which stipulates that a certificate issued by one province or territory should be recognized by all others unless there is an exception due to public health, safety and security reasons.

Internationally educated / trained: An individual whose initial professional education was not from a Canadian educational institution, or who is applying for trade certification based on experience gained outside Canada. This category includes individuals with education / training in the US and other countries. It also includes individuals who completed their initial professional education outside Canada and later addressed gaps with courses or a bridging program based in Canada.

Jurisdiction of initial training: For professions, the jurisdiction in which an applicant obtained their initial professional education used in full or partial fulfilment of registration requirements. For trades, the jurisdiction of initial trade experience listed on a Trades Equivalency Assessment (TEA) application.

Member: An individual who has satisfied the conditions for registration in their profession / trade and has been granted the right to practice and/or the right to use a professional designation or title. Members may hold a full license to engage in independent practice, or they may hold an alternate class of registration.

Racial identity: Voluntary self-report data of racial identity as a social description. Follows categories identified in the Ontario Anti-Racism Directorate Data <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism> .

Registration requirements: the entry-to-practice requirements that that an applicant must meet to be granted full membership in a regulated profession or trade, with the associated right to practice or right to use a professional title.

- **Academic requirement**: The formal education, or equivalent, that is required for licensing or certification in a particular regulated profession or trade.
- **Experience requirement:** The experiential training or work experience that is required for licensing or certification in a particular regulated profession or trade.
- **Language requirement**: The level of language proficiency that is required for licensing or certification in a particular regulated profession or trade, and the language proficiency tests accepted in fulfillment of this requirement.

Third party service provider: An external organization that assesses applicant qualifications on behalf of the regulator.

View In Browser

FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

THE OFC NEWSLETTER

JULY - AUGUST 2024

INTRODUCING NEW REGULATED PROFESSIONS, HEALTH COLLEGES AND AUTHORITIES IN ONTARIO



Since the government first enacted the *Fair Access to Regulated Professions and Compulsory Trades Act, 200* (FARPACTA) and Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), the number of professions an occupational groupings over which the Office of the Fairness Commissioner (OFC) has been granted oversight ha expanded.

The OFC, therefore, thought it useful to identify the new groups that have recently, or will shortly, obtain this status and t comment on some key underlying themes.

These new groupings are:

Behaviour Analysts

On July 1, 2024, the *Psychology and Applied Behaviour Analysis Act, 2021* (the "Act") and its regulations come into force creating a new category of regulated health professional in Ontario, known as Behaviour Analyst.

Under the Act, the College of Psychologists of Ontario has now been renamed as the College of Psychologists an Behaviour Analysts of Ontario (CPBAO). The title "Behaviour Analyst" is, in turn, restricted to those individuals registere with the CPBAO.

Behaviour Analysts are generally involved in teaching individuals more effective ways of behaving through positiv reinforcement to impact the social consequences of their behavior. Applied behaviour analysis is used in many healthcar related contexts, such as treating autism and other developmental conditions, acquired brain injury, and gerontologica issues.

Many professionals registered with other regulatory colleges, including psychologists, nurses, social workers, occupationa therapists, speech language pathologists and educators, may use behavioural techniques in their practices.

If, however, a practitioner wishes to use the title "Behaviour Analyst" they will be required to also register with the CPBAO.

Under the Act, there will be a 24-month transition period to allow qualified individuals to apply to join the profession. Sinc July 1, 2024, the college has pre-registered 1,350 applicants under its fast-tracking route.

Personal Support Workers

In June 2021, the Ontario legislature enacted the *Advancing Oversight and Planning in Ontario's Health System Act, 2021* Schedule 2 of this bill, in turn, enacts the *Health and Supportive Care Providers Oversight Authority Act, 2021* to create th Health and Supportive Care Providers Oversight Authority (HSCPOA).

Personal Support Workers (PSWs) provide health and supportive care services to individuals in their homes, hospitals, long term care facilities or similar environments. This may include assistance with activities of daily living.

Beginning December 1, 2024, more than 100,000 PSWs in Ontario will have the option to register with the HSCPOA. Thi new regulatory model is designed to provide oversight of PSWs in Ontario's health care system by registering and holdin those who choose to register, accountable for safe, quality and ethical care offered to Ontario residents. Registration i voluntary and there is no fee for registration at this time.

Significantly, the HSCPOA is not classified as a regulated health college, but rather a standalone regulatory body that may, i the future, be asked by the government to oversee other health care providers in addition to PSWs. The HSCPOA is als subject to FARPACTA rather than the RHPA. This new model recognizes that not all health care and supportive car occupations need to be regulated in the same way and that regulation should be proportionate, consistent, targetec transparent, accountable and agile.

You are invited to visit www.HSCPOA.com for more information and to register for updates. Information Sheets and handouts are available at Info Sheets Handouts - HSCPOA.

Physician Assistants

As part of its *Advancing Oversight and Planning in Ontario's Health System Act, 2021*, Schedule 3 of the legislation amend the *Medicine Act, 1991* to regulate Physician Assistants (PAs) under the College of Physicians and Surgeons of Ontari (CPSO). To bring PAs under CPSO's oversight, the government subsequently approved amendments to three regulation under the *Medicine Act, 1991*.

PAs function as key members of health care teams and provide a variety of health services to patients. These professional may take histories, conduct physical examinations, order and interpret tests, diagnose and treat illnesses, provide counse on preventive health care and/or assist with surgeries.

They essentially act as physician-extenders to complement existing services and assist in improving access to health care PAs currently work under the supervision of a physician and perform controlled acts via delegation. This operational mode will be retained under the new system.

The CPSO will begin accepting applications for registration into the profession in early 2025 and commence regulating PA on April 1, 2025.

Veterinary Technicians

In June 2024, the government updated the regulation of veterinary medicine through the *Veterinary Professionals Act, 2024* These updates are designed to help manage the risks involved in the practice of veterinary medicine in Ontario and reduc the potential for harm to animals and people.

The revised legislation enables the development of a framework to regulate Veterinary Technicians (VTs). As integra members of the veterinary team, VTs can be involved with performing diagnostic radiographs and laboratory tests administering of medications and treatments as ordered by the veterinarian, assisting with anesthetic delivery and surgica preparation.

The incorporation of VTs into the current regulatory model is designed to better recognize their knowledge and training an encourage full mobilization of their skill set within veterinary teams.

The College of Veterinarians of Ontario (CVO) is working closely with the Ontario Ministry of Agriculture, Food an Agribusiness as well as many stakeholders, including the Ontario Veterinary Medical Association and the Ontario Associatio of Veterinary Technicians, in developing these provisions. For more information, please visit CVO's web page on Movin towards new legislation.

Work towards implementing the new legislation will occur in two stages. Stage one has begun with the establishment of Transition Council that will draft a first set of enabling regulations, including licensure, for ministry consideration. Thes regulations are expected to be finalized by 2026.

Once complete, stage two will engage the veterinary technician licensing process. During this stage, the college will b renamed the College of Veterinary Professionals of Ontario, which will reflect its new role in overseeing two categories c

veterinary professionals within a single veterinary profession. This is the same approach taken for the psycholog profession.

Some Key Trends and Takeaways

The OFC would first like to acknowledge the willingness of the colleges that regulate psychologists, veterinarians an physicians and surgeons for agreeing to take on these new roles. This willingness demonstrates their commitment t furthering the public interest.

In the four cases identified above, the key challenge has been how to integrate technicians, sub-specialties, and nev groupings of professional staff into broader regulatory frameworks.

In three cases, these individuals have been absorbed by regulated professions or colleges overseeing professions in whicl these individuals participate. There are some obvious advantages to this approach, including the maintenance of cohesio within the profession.

The HSCPOA represents a new, innovative framework where the nature of the regulatory approach can be tailored to th characteristics of the occupational grouping that wishes to seek more formalized status. It recognizes that the traditiona regulated profession model may be too complex and not suitable in all situations. It will be interesting to compare th success of the two regulatory approaches in transitioning the four groups mentioned in this article.

COMMISSIONER RE-APPOINTMENT

Announcing a Third Mandate for Commissioner Glasberg



We are pleased to announce that the Government of Ontario has re-appointed Irwin Glasberg to a third term as Fairnes Commissioner. Since his initial appointment to the role, Commissioner Glasberg has worked to migrate the OFC to the statu of a modern regulator, implement a risk-informed compliance framework and to provide strategic advice to governmer regulators and other stakeholders.

His key priority remains to work with his team to proactively reduce registration barriers for internationally traine professionals and tradespersons.

Version française

BULLETIN D'INFORMATION DU BCE

JUILLET – AOÛT 2024

INTRODUCTION DE NOUVELLES PROFESSIONS RÉGLEMENTÉES, ORDRES DES PROFESSIONNELS DE LA SANTÉ RÉGLEMENTÉS ET OFFICE DE SURVEILLANCE



Depuis l'adoption de la *Loi de 2006 sur l'accès équitable aux professions réglementées et aux métiers à accréditation obligat* (LAEPRMAO) et le Code des professions de la santé en vertu de l'annexe 2 de la *Loi de 1991 sur les professions de la sa réglementées* (LPSR), le nombre de professions et de groupes professionnels sur lesquels le Bureau du commissaire à l'éq (BCE) s'est vu accordé une surveillance accrue.

Le BCE a donc jugé utile d'identifier les nouveaux groupes qui ont récemment obtenu ce statut, ou qui l'obtiendront, et commenter certains thèmes clés sous-jacents.

Ces nouveaux groupes sont:

Analystes du comportement

Le 1er juillet 2024, la Loi de 2021 sur la psychologie et l'analyse comportementale appliquée et ses règlements entreront vigueur, créant une nouvelle catégorie de professionnels de la santé réglementés en Ontario, soit analyste du comportement.

En vertu de la loi, l'Ordre des psychologues de l'Ontario a été rebaptisé Ordre des psychologues et analystes du comportemen l'Ontario (« l'Ordre »). Le titre de « analyste du comportement » est réservé aux personnes inscrites à l'Ordre.

Les analystes du comportement sont généralement chargés d'enseigner aux individus des façons plus efficaces de se compo par le biais d'un renforcement positif afin d'influer sur les conséquences sociales de leur comportement. L'analyse appliquée comportement est utilisée dans de nombreux contextes liés aux soins de santé, tels que le traitement de l'autisme et d'au troubles du développement, les lésions cérébrales acquises et les problèmes gérontologiques.

De nombreux professionnels inscrits auprès d'autres organismes de réglementation, notamment les psychologues, les infirmiè les travailleurs sociaux, les ergothérapeutes, les orthophonistes et les éducateurs peuvent utiliser des techniq comportementales dans le cadre de leur pratique.

Toutefois, si un praticien souhaite utiliser le titre de « analyste du comportement », il devra également s'inscrire auprès du l'Ordr

La loi prévoit une période de transition de 24 mois pour permettre aux personnes qualifiées de se porter candidates à l'exercice la profession. Depuis le 1er juillet, 2024 l'Ordre a préenregistré 1 350 candidats dans le cadre de sa procédure accélérée.

Préposés aux services de soutien à la personne

En juin 2021, l'Assemblée législative de l'Ontario a promulgué la *Loi de 2021 visant à faire progresser la surveillance e planification dans le cadre du système de santé de l'Ontario*. L'annexe 2 de ce projet de loi édicte à son tour la *Loi de 2021 l'Office de surveillance des fournisseurs de soins de santé et de soutien*, qui crée l'Office de surveillance des fournisseurs de s de santé et de soutien (« l'Office de surveillance »).

Les préposés aux services de soutien à la personne (PSSPs) offrent des services de santé et de soutien aux personnes à domicile, à l'hôpital, dans des établissements de soins de longue durée ou dans d'autres environnements où des soins s dispensés. Il peut s'agir d'une assistance dans les activités de la vie quotidienne.

À partir du 1er décembre 2024, plus de 100 000 de PSSPs en Ontario auront la possibilité de s'inscrire auprès de l'Office surveillance. Ce nouveau modèle de réglementation est conçu pour assurer la surveillance des PSSPs dans le système de s de santé de l'Ontario en enregistrant et en tenant ceux qui choisissent de s'enregistrer responsables de la sécurité, de la qualit de l'éthique des soins offerts aux résidents de l'Ontario. L'inscription est volontaire et il n'y a pas de frais d'inscription pou moment.

Il est important de noter que l'Office de surveillance n'est pas classée comme un ordre de santé réglementé, mais plutôt comme organisme de réglementation autonome qui pourrait, à l'avenir, être chargé de superviser d'autres professions que les travaille sociaux. L'Office de surveillance est régie par la LAEPRMAO plutôt que par la LPSR. Ce nouveau modèle reconnaît que toutes

professions de santé ne doivent pas être réglementées de la même manière et que la réglementation doit être proportionr cohérente, ciblée, transparente, responsable et souple dans la supervision du groupe professionnel soumis à la gouvernance.

Vous êtes invités à visiter le site web www.HSCPOA.com pour plus d'informations et pour vous inscrire aux mises à jour. I fiches d'information et des documents sont disponibles à l'adresse suivante en cliquant Info Sheets Handouts - HSCPOA anglais).

Adjoints au médecin

Dans le cadre de la *Loi de 2021 visant à promouvoir la surveillance et la planification dans le système de santé de l'Ont* l'annexe 3 de la loi modifie la *Loi de 1991 sur les médecins* afin de réglementer les adjoints au médecin sous l'égide de l'Ordre médecins et chirurgiens de l'Ontario (OMCO). Pour placer les adjoints au médecin sous la surveillance de l'Ordre des médecin chirurgiens de l'Ontario, le gouvernement a par la suite approuvé des modifications à trois règlements pris en application de la *de 1991 sur les médecins*.

Les adjoints au médecin sont des membres clés des équipes de soins de santé et fournissent une variété de services de santé patients. Ces professionnels peuvent recueillir les antécédents, procéder à des examens physiques, demander et interpréter tests, diagnostiquer et traiter des maladies, fournir des conseils en matière de soins de santé préventifs et/ou participer à opérations chirurgicales.

Ils agissent essentiellement comme des prolongateurs de médecins pour compléter les services existants et contribue l'amélioration de l'accès aux soins de santé. Les adjoints au médecin travaillent actuellement sous la supervision d'un médeci exécutent des actes autorisés par délégation. Ce modèle opérationnel sera conservé dans le nouveau système.

OMCO commencera à accepter les demandes d'inscription à la profession au début de l'année 2025 et commencera à réglemer les adjoints au médecin le 1er avril 2025.

Techniciens vétérinaires

En juin 2024, le gouvernement a mis à jour la réglementation de la médecine vétérinaire par le biais de la *Loi de 2024 sur professionnels vétérinaires*. Ces mises à jour sont conçues pour aider à gérer les risques liés à l'exercice de la médec vétérinaire en Ontario et à réduire le potentiel de préjudice pour les animaux et les personnes.

La Loi permet l'élaboration d'un cadre réglementaire pour les techniciens vétérinaires. En tant que membres à part entière l'équipe vétérinaire, les techniciens vétérinaires peuvent être amenés à effectuer des radiographies diagnostiques et des tests laboratoire, à administrer des médicaments et des traitements ordonnés par le vétérinaire, à participer à l'administra d'anesthésiques et à la préparation des opérations chirurgicales.

L'intégration des techniciens vétérinaires dans le modèle réglementaire actuel vise à mieux reconnaître leurs connaissances et formation et à encourager la pleine mobilisation de leurs compétences au sein des équipes vétérinaires.

L'Ordre des vétérinaires de l'Ontario (l'Ordre) travaille en étroite collaboration avec le ministère de l'Agriculture, de l'Alimentatio de l'Agroentreprise ainsi qu'avec de nombreuses parties prenantes, dont *l'Ontario Veterinary Medical Association* et *l'Ont Association of Veterinary Technicians*, à l'élaboration de ces dispositions. Pour plus de renseignements, veuillez consulter la p web de l'Ordre intitulée Moving towards new legislation (en anglais).

Les travaux liés à la mise en œuvre de la loi se dérouleront en deux étapes. La première étape débutera par la mise en place d Conseil de transition qui rédigera une première série de règlements d'habilitation, y compris l'autorisation d'exercer, à soumett l'examen du ministère. Ces règlements devraient être finalisés d'ici 2026.

Une fois achevée, la deuxième étape engagera le processus d'octroi de licences aux techniciens vétérinaires. Au cours de c étape, l'ordre sera rebaptisé « l'Ordre des professions vétérinaires de l'Ontario », ce qui reflétera son nouveau rôle de supervis de deux catégories de professionnels vétérinaires au sein d'une seule et même profession vétérinaire. Il s'agit de la mé approche que celle adoptée pour la profession de psychologue.

Quelques tendances et enseignement clés

Le BCE souhaite tout d'abord saluer la volonté des ordres qui réglementent les psychologues, les vétérinaires et les médecin chirurgiens d'accepter d'assumer ces nouvelles fonctions. Cette volonté démontre leur engagement à promouvoir l'intérêt public

Dans les cas susmentionnés, le principal défi a consisté à intégrer les techniciens, les sous-spécialités et les nouveaux groupes professionnels dans des cadres réglementaires plus larges.

Dans trois cas, ces personnes ont été absorbées par des professions réglementées ou des collèges supervisant les professi auxquelles ces personnes participent. Cette approche présente des avantages évidents, notamment le maintien de la cohésior sein de la profession.

L'Office de surveillance représente un cadre nouveau et innovateur dans lequel la nature de l'approche réglementaire peut adaptée aux caractéristiques du groupe professionnel qui souhaite obtenir un statut plus officiel. Elle reconnaît que le mo traditionnel de la profession réglementée peut être trop complexe et ne pas être optimal dans toutes les situations. Il s intéressant de comparer le succès des deux approches réglementaires dans la transition des quatre groupes mentionnés dans article.

RENOUVELLEMENT DU MANDAT DU COMMISSAIRE

Annonce d'un troisième mandat pour le commissaire Glasberg



Nous avons le plaisir d'annoncer que le gouvernement de l'Ontario a renouvelé Irwin Glasberg pour un troisième mandat en tant que commissaire à l'équité. Depuis sa nomination initiale, le commissaire Glasberg s'est efforcé de faire évoluer le BCE vers le statut d'organisme de réglementation moderne, de mettre en œuvre un cadre de conformité tenant compte des risques et de fournir des conseils stratégiques aux organismes de réglementation gouvernementaux et à d'autres parties prenantes.

Sa principale priorité reste de travailler avec son équipe pour réduire de manière proactive les obstacles au processus d'inscription pour les professionnels et gens de métiers formés à l'étranger.

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From: Jo-Ann Willson
Sent: August 8, 2024 6:51 AM
To: Rose Bustria
Subject: FW: Dr Beasley/Homewood article
Attachments: Homewood proof 3, 7-17.pdf

Council.

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To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Dr Beasley/Homewood article

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Jo Ann Willson, CCO

Hello Jo Ann, I wanted to send you this article I wrote in the summer issue of Chiropractic History journal, It contains some information Of Dr Beasley, I used your 2011 Registrars Report, You've got to love the one you're with, for some of the information on him. I hope you enjoy it, best wishes, Gary Bovine

Chiropractic History
Volume 43, No.2
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Dr. A. E. Homewood's Writings Before Reading D.D. Palmer's 1910 Book. The 1954 Manuscript on the Subluxation: An Early Prototype of the 1963 book *The Neurodynamics of the Vertebral Subluxation.*

GARY BOVINE, D.C.*

The author obtained a typed manuscript by A.E. Homewood copyrighted February 1954, which appears to be an early prototype of Homewood's 1963 book, *The Neurodynamics of the Vertebral Subluxation*. The manuscript of 29 pages is a dissertation similar to Homewood's 1963 book; however, it contains no information of or references to D.D. Palmer, the founder of chiropractic. This article outlines how in 1954 Homewood obtained a copy of Palmer's 1910 book, *The Chiropractor's Adjuster,* and became so enthused with Palmer's ideas and writing that Palmer's input was then added to Homewood's thinking on the topic of subluxation. When the 1963 book was written, it was expanded to include many of Palmer's thoughts and quotes and today has become an important reference for the chiropractic profession. After Homewood read Palmer's book, he typed out another 73 pages which contained 514 of Palmer's quotes. Homewood incorporated 68 of these quotes when he wrote the 1963 book. The author describes the provenance of the manuscript obtained in 1974 from the library of the late Harold W.F. Beasley of St. Catherines, Ontario, Canada.

One can always learn from reading the *Chiropractic History* journal. Sometimes it is the information in the article read; other times it triggers and inspires the reader to a new idea. This author enjoyed reading Foley and Faulkner's article, "The Lerner Report: Finding Keating's 'Missing' Pages," in the summer 2021 issue of *Chiropractic History*. The authors did some excellent detective work on the 'missing pages' of this 1950-1953 document on chiropractic history.

What caught this author's attention in the article was Figure 2, the cover of the folder of volume 1 of the Lerner Report. The folder was a commonly utilized stationery product for keeping papers organized, with the standard three metal clasps used to contain the pages. This author recalled that he had a similar folder, and upon reading it in more detail than in past readings, it revealed a dissertation of 29 typed pages, dated and copyrighted February 1954, one year after the Lerner report of 1950-53. The title was *Subluxation*, by A.E. Homewood, D.C., Administrative Dean, Canadian Memorial Chiropractic College (CMCC), Toronto, Ontario.

The manuscript appears to be an early version of Homewood's 1963 book, *The Neurodynamics of the Vertebral Subluxation.*

A. Earl Homewood, D.C. (1916-1990)

A. Earl Homewood was born on September 5, 1916, in Toronto, Ontario. Homewood had planned to study medicine

*bovine@execulink.com

after high school. He developed a persistent case of bronchitis which lasted one winter, in spite of care from a medical doctor. He sought help from Toronto chiropractor Fred Wortz, D.C., and obtained dramatic results after just one visit. Additional adjustments relieved the bronchitis and because of this Homewood became enthusiastic in pursuing a career in chiropractic. In 1941, Homewood attended post graduate studies at the Western States Chiropractic College (WSCC) in Portland, Oregon, and received his degree in chiropractic the following year. In 1948, Homewood obtained a Bachelor of Therapeutic Arts degree from WSCC (Brown, 1989). The thesis he wrote for his degree became the basis for his first book, *The Neurodynamics of the Vertebral Subluxation*, which he published in 1963. He discussed the thesis in an article in *C.M.C.C. Quarterly* journal, Winter 1954, entitled "The Subluxation."

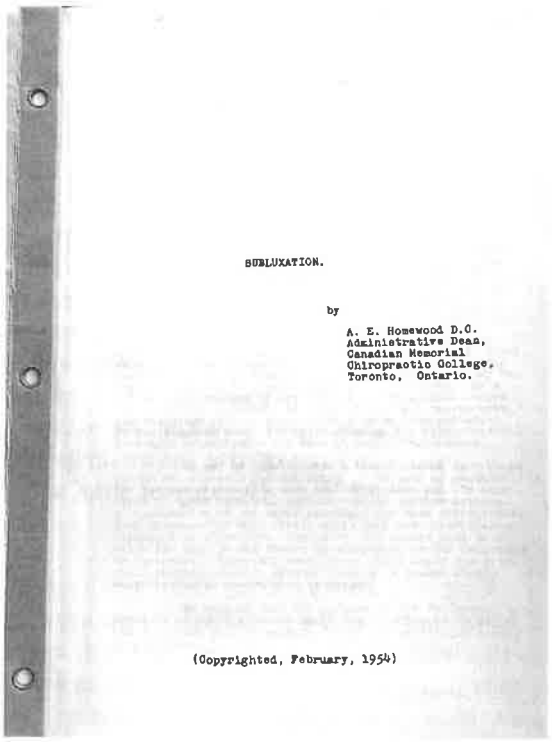
Editor's Notes:

The following are excerpts from a brochure entitled "The Subluxation" by Homewood which he has generously permitted us to print.

The explanation of the subluxation pinching nerves, or causing pressure upon nerves, and shutting off the flow of nervous energy has never been very appealing or satisfying to me. It has always seemed like such a simple explanation for such an important mechanism with such reaching results, symptoms and pathological changes. In fact, all experience, and training in the fundamental sciences indicated that this simple explanation was not in keeping with the actions and re-actions of the human mechanism.

As an instructor in the Canadian Memorial Chiropractic College from 1945 to date, in the department of anatomy, many of the known facts were found to be at variance with the theory of Chiropractic.

Many instances were experienced when it was necessary to teach anatomical facts that completely disparaged the information given in the department of Chiropractic philosophy. This caused considerable disturbance, in my own mind especially. In an effort to harmonize the facts of anatomy with the theory of Chiropractic several years of study were undertaken which resulted in the writing of a thesis entitled "The Subluxation", which earned for the writer the degree of B.T.A. from Western States College. Since that time the effort has continued, The Subluxation has been rewritten and enlarged, and sufficient material has been accumulated that a sizable book could be written as time permits. (Homewood, 1954, p.13 -14)


SUBLUXATION.

by

A. E. Homewood D.C.
Administrative Dean,
Canadian Memorial
Chiropractic College,
Toronto, Ontario.

(Copyrighted, February, 1954)

Figure 1. Homewood's typed dissertation, *Subluxation*, 1954

The typed dissertation

The 29-page typed dissertation is dated February 1954, and the *C.M.C.C. Quarterly* article by Homewood is dated Winter 1954. It is unlikely that the 29-page document is a copy of Homewood's thesis written for Western States College, as Homewood describes it as the rewritten and enlarged version. The document is a similar discussion of what Homewood wrote in his 1963 book, *The Neurodynamics of the Ver-*

tebral Subluxation. Of interest, there is no mention of D.D. Palmer, nor any of Palmer's quotes found in the 1963 book. The bibliography does not list any Palmer referen

Homewood was a student of the chiropractor Homer Beatty, and Beatty's 1939 book, *Anatomical Adjustive Technic*, is the only chiropractic reference used. Beatty's book also does not have any reference to Palmer. The bibliography of the dissertation is composed of:

Abrahamson, E.W. Body, Mind and Sugar

Bates, W. Sight, Without Glasses

Beatty, H. Anatomical Adjustive Technic;

Best and Taylor. The Physiological Basis of Medical Practice;

Cobb, S. Foundations of Neuropsychiatry

Cunningham. Textbook of Anatomy

Gray. Anatomy;

Krieg, W. Functional Neuroanatomy

Kuntz, A. The Autonomic Nervous System

MacLeod. Textbook of Physiology

Mainland, D. Anatomy

Pflueger. Laws of Reflex Action

Pottenger, F. Symptoms of Visceral Disease

Rasmussen. The Principle Nervous Pathways

Sachs, W. The Vegetative Nervous System

Selye, H. Stress

Sherrington, C. The Integrative Action of the Nervous System

Swanberg, H. The Intervertebral Foramina in Man

Zoethout &Tuttle. Textbook of Physiology

Homewood also quotes A.D. Speransky in his manuscript but did not include Speransky in the bibliography.

In the folder, following the bibliography page, identified as page 29, there is another series of 73 pages, identified as 1 to 73; thus there are two articles bound as one. The 73 pages are titled, EXCERPTS from D.D. Palmer's Text: "THE SCIENCE, ART and PHILOSOPY of CHIROPRACTIC" (reprint) (Homewood 1954b). It appears that this booklet of Palmer references was used as a student teaching guide. The manuscript contains 514 quotes from D.D. Palmer.

> This book was first printed by the Portland Printing House Company of Portland, Oregon, in 1910 and reprinted by the Chiropractic Research Foundation about 1940. These excerpts have been arranged under various headings for consideration in the classroom, thus the page numbers are provided that the student may readily refer to the book to determine the complete discussion (Homewood, 1954b, p. 1).

We now refer back to the *C.M.C.C. Quarterly* article (Winter 1954), where Homewood reveals that he received a copy of D.D. Palmer's 1910 book.

> In the summer of 1954, during the N.C.A. convention, Dr. Lawrence Bertholf, president of the University of Natural Healing Arts, presented me with a copy of Dr. D.D. Palmer's "The Science, Art and Philosophy of Chiropractic" written in 1910. It has been most gratifying to find that many of the ideas of the founder are in no way at variance with those expressed in "The Subluxation" (Homewood, 1954c, p. 14).

As Homewood does not include any reference to Palmer or to Palmer's book in his 29-page dissertation (copyright February 1954), it appears that after he received the copy of Palmer's book in the summer of 1954, he added many quotations from Palmer's 1910 book to the manuscript, as a second manuscript. Homewood wrote 514 quotes in 73 more pages added to the 29-page folder. Homewood used 68 of these quotes in the 1963 first edition of *The Neu-*

rodynamics of the Vertebral Subluxation. It appears from this information that Homewood, being a follower of Homer Beatty, was not aware of any specific details of D.D. Palmer's writings, which likely were difficult to obtain, when he wrote his thesis, *The Subluxation.* After he was given a copy of Palmer's 1910 book, Homewood was quite enthused with what Palmer wrote. This was expressed in Homewood's *C.M.C.C. Quarterly* article where he wrote:

> It has been a revelation to read the works of Dr D.D. Palmer and to find that he was in step with the knowledge currently coming to light. Let us investigate thoroughly, accept the facts graciously, and develop our theory upon proven information, and contribute our share of knowledge for posterity (Homewood 1954c, p. 16).

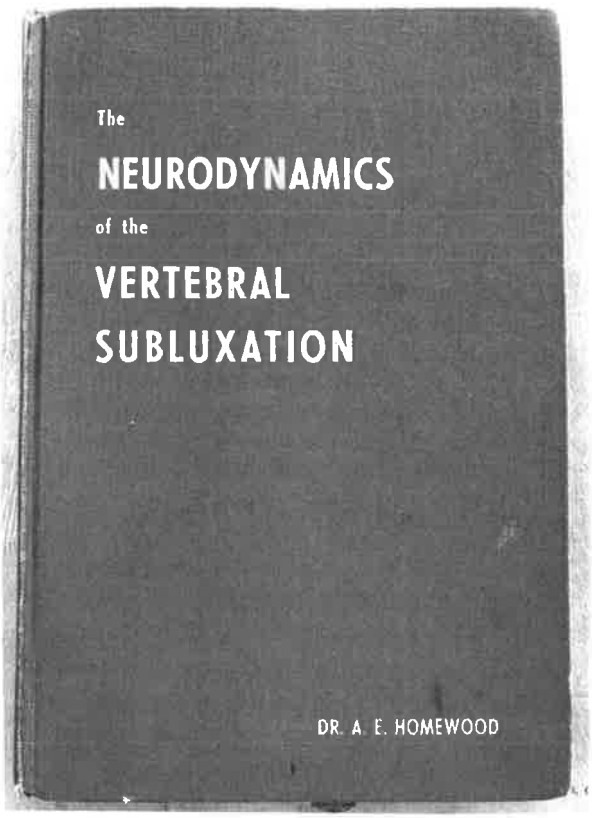


Figure 2. The Neurodynamics of the Vertebral Subluxation, 1963

Comparison of the 1954 *Subluxation* manuscript to the 1963 *The Neurodynamics of the Vertebral Subluxation* book

There are similar headings used in both of Homewood's writings. Some are identical, other than Homewood's addition of many of D.D. Palmer's ideas and references in the 1963 book, which are not in the 1954 manuscript. As mentioned previously, the 1954 *Subluxation* manuscript makes no reference to Palmer, only to Beatty. In the 1963 book, Beatty's references are still included, but are expanded further by adding Palmer's references. Some of the similar headings in both writings include The Antiquated Theory, (which, other than no reference to Palmer in 1954, is almost identical in content), Causes of Subluxation, Chemical Causes, Mental Causes, and Effects of Subluxation. It is interesting to read both writings, as one can see how Homewood greatly expanded his original ideas with the addition of Palmer's views and references.

Provenance of the Homewood 1954 Manuscript: Dr. Harold W.F. Beasley

In 1974, this author purchased the library of St. Catharines chiropractor Harold Beasley. Beasley graduated in the 1949 class at C.MC.C. Along with the Homewood Subluxation dissertation of 1954, the library also contained Homewood's two books, *The Neurodynamics of the Vertebral Subluxation* (1963) and *The Chiropractor and the Law* (1965). Along with the standard anatomy and pathology books of a chiropractic student, Beasley had a good collection of chiropractic-related books, including:

Barber, E. Osteopathy Complete (1898)

Gregory, A. Spinal Treatment (1912) Disease and Rational

Gregory, A. Rational Therapy (1913)

Abrams, A. Spondylotherapy (1914)

Loban, J. Technic and Practice of Chiropractic (1920)

Puderbach, P. The Massage Operator (1925)

Beatty, H. Anatomical Adjustive Technic (1939)

Speranksy, A. A Basis for the Theory of Medicine (1943)

Houser, Visceral Innervation (1943)

Pottenger, F. Symptoms of Visceral Disease (1944)

Goldthwait, J. Essentials of Body Mechanics (1945)
Cyriax, J. Deep Massage and Manipulation Illustrated (1946)

Verner, J. The Science and Logic of Chiropractic (1947)

Mennel, J. The Science and Art of Joint Manipulation, volumes 1 and 2 (1949)

Judovich & Bates. Pain Syndromes (1949).

Most of the books were hand dated 1948-49 on the front inside cover by Beasley when he was a student.

Dr. Harold W.F. Beasley (1918-1974)

Harold Beasley graduated in the first class of CMCC in 1949. He practiced in Welland with another chiropractor, Charles F. Coltman, who began in Welland in 1929. Beasley then practiced in St Catharines, Ontario, until his death in 1974. During this time, he was very active in his contributions to the chiropractic profession. The 1949 CMCC yearbook, *The Cornerstone,* (Beasley 1949) states:

> Beasley, Harold W.F. Toronto, ex-R.C.A.F; Beas served with Clinic Committee twice, won the Muller Bacteriology Award. President of the Alumni Association.

The dean at that time was Rudy Muller. Muller signed a copy of *The Science and Logic of Chiropractic* (1974), by J. Robinson Verner, with a congratulatory salutation to Beasley: "To: W.F. Beasley. For the best Bacteriology Notebook in the 1st Class at C.M.C.C. Best Wishes—R Muller, Dean."



BEASLEY, Harold W. F.

Toronto, ex-R. C. A. F.; Beas served with Clinic Committee twice, won the Muller Bacteriology Award. President of the Alumni Association.

Figure 3. Harold Beasley in *The Cornerstone,* CMCC yearbook, 1949

This book was also in Beasley's library collection. Homewood was on faculty of the CMCC class of 1949. Herbert J. Vear, D.C., also a member of the 1949 class and later president of Western States Chiropractic College, considered Muller one of the most important influences in his chiropractic training, the other being Homewood.

Beasley became very active in the Canadian chiropractic profession. From September 1961 to September 1974 he served as chairman of the Board of Directors of Chiropractic (BDC) now named the College of Chiropractic (CCO), the licensing board for chiropractors .

The CCO's premises have a hallway which is referred to as the President's Hallway, and every president of CCO and the former BDC has his photo taken. A comment is installed underneath the photo to capture a highlight of each president's term (Willson, 2011). The photo of the first president, Dr Harry A. Yates, Chair, BDC, August 1952-September 1961, bears the following comment:

> Dr.Yates was the first Chair of the BDC, chiropractic's first independent regulatory board charged with the responsibility of governing in the public interest. The Board

> held its first meeting on November 1,1952. Dr. Yates was chair when the Board published its first regulations in 1955 and when it instructed member Dr. Harold Beasley to draft a new Chiropractic Act, with regulations, and present it to the Minister of Health. (Willson 2011 p.10)

In 1957 St. Catharines chiropractor Colin Greenshields (Brown 2012) joined CMCC's college board. Homewood was Academic and Administrative Dean of the college. To deal with various problems at the College, Greenshield's first move was to convince the Board to appoint Beasley as Director of Education; in effect thwarting Homewood's authority. Homewood objected strenuously but agreed to respect the Board's directives. Although busy with his work with the BDC, Beasley came to the college once or twice a week, gently guiding the faculty. By December 1958, Beasley and Homewood were interacting amicably, the faculty was punctual, attendance records accurate, lectures up to expected standards, and course outlines available for every subject. Beasley considered his job complete and resigned in March 1959.

Both Beasley and Homewood have been honored by the chiropractic profession for their dedication of service to the profession, with awards given in their honour.

The CCO currently presents an annual award (Willson, 2011) to a graduating student of an accredited chiropractic program, who intends to practice in Ontario, for demonstrating excellence in Ontario jurisprudence. The award is named the Dr. Harold Beasley Memorial Award.

In 1983, to give honor to the pioneers who helped build the profession, the Association for the History of Chiropractic, Davenport, Iowa, established the Lee-Homewood Chiropractic Heritage Award, (Homewood, 2021) giving the first two honorary awards to Lyndon E. Lee and A. Earl Homewood. The award was given to someone who was nominated who is "a living person who has made a distinguished career contribution of lasting significance toward the advancement of chiropractic in the scientific and academic communities, and public acceptance of the profession."



Figure 4. A.E. Homewood in *The Cornerstone*, CMCC yearbook, 1949.

Conclusion

What appears to be an early 1954 manuscript version of Dr Homewood's 1963 book, *The Neurodynamics of the Vertebral Subluxation*, does not contain any references or biography quoting D.D. Palmer's work.

In 1954, after Homewood received a copy of Palmer's 1910 book, *The Chiropractor's Adjuster*, he became enthused with Palmer's writings and profusely wrote out many of Palmer's quotes and typed 73 pages of quotes as a student workbook, which was bound together with the 1954 *The Subluxation* manuscript currently discussed. Sixty-eight of these quotes were then used in his 1963 book, *The Neurodynamics of the Vertebral Subluxation*. The

1954 manuscript reveals that Homewood's initial views on subluxation did not directly take into account any of Palmer's views. It was only after reading Palmer's book in 1954 did Homewood appreciate Palmer's writings and he then incorporated many of Palmer's ideas on chiropractic and the subluxation into the book. The provenance of the manuscript reveals how this author came across Homewood's manuscript. It is unknown if Beasley's interaction with Homewood at CMCC had anything to do with him obtaining the manuscript, or if possibly many copies were given out to students or faculty at the time.

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Beasley, H. (1949). *The Cornerstone*. CMCC yearbook. Canadian Memorial Chiropractic College.

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Homewood, A. (1963d). The Neurodynamics of the Vertebral Subluxation.

Homewood, A. (2021). Call for Nominations for the 2022 Lee-Homewood Chiropractic Heritage Award. *Chiropractic History 41*(1), 14.

Wilson, J. (2011 May). Registrar's report. You've got to love the one you're with. Chiropractic College of Chiropractors of Ontario, p. 3.

COLLEGE OF CHIROPRACTORS OF ALBERTA

ITEM 6.2

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Practice Permit Verification Member login

Discipline

As per the *Health Professions Act* and CCOA Bylaw 8.1, the College of Chiropractors of Alberta (CCOA) publishes records of all decisions made as outcomes of complaints as of April 1, 2019. Any decisions made prior to this date can be obtained by contacting the Complaints Director.

Decisions made regarding complaints of sexual misconduct or sexual abuse will remain online indefinitely. All other decisions will remain online for a period of 10 years.

Update re: Dr. Curtis Wall v. CCOA

The College of Chiropractors of Alberta and Dr. Curtis Wall have reached an agreement that settles all aspects of the unprofessional conduct matters involving Dr. Wall. Dr. Wall is no longer challenging the findings of unprofessional conduct.

Notice to the Public

May 31, 2024

RE: PAUL MCCONNELL, also known as PAUL WALLACE

The CCOA would like the public to be aware of Paul McConnell, also known as Paul Wallace and known to be residing in Calgary, Alberta. The CCOA has reasonable grounds to believe that Paul McConnell, aka Paul Wallace, may be performing restricted health activities on the public without legal authorization.

The public should be aware that:

COLLEGE OF
CHIROPRACTORS
OF ALBERTA

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Hearing Tribunal Written Decision on Findings for the Hearing of:

Dr. Curtis Wall

Date of Decision: January 27, 2023
Date Posted: July 17, 2024

Posting expiration date:

July 16, 2034

11203 70 Street NW Edmonton, Alberta T5B 1T1
T: 780.420.0932 | theccoa.ca

IN THE MATTER OF A HEARING OF THE HEARING TRIBUNAL OF THE COLLEGE OF CHIROPRACTORS OF ALBERTA (FORMERLY KNOWN AS THE ALBERTA COLLEGE AND ASSOCIATION OF CHIROPRACTORS) ("THE COLLEGE") INTO THE CONDUCT OF DR. CURTIS WALL, A REGULATED MEMBER OF THE COLLEGE

Pursuant to THE HEALTH PROFESSIONS ACT, R.S.A. 2000 c.P-14 being Chapter H-7 of the Revised Statutes of Alberta

Regarding the conduct of Dr. Curtis Wall ("Dr. Wall")

DECISION OF THE HEARING TRIBUNAL

Hearing:

The Hearing was conducted virtually using the Zoom application on the following dates:

September 1, 2, 7 & 8, 2021

November 16 & 20, 2021

January 28 & 29, 2022

February 25, 2022

April 12, 2022

June 16 & 17, 2022

Members of the Hearing Tribunal included:

James Lees, Public Member, Chair

Doug Dawson, Public Member

Dianna Martens, Regulated member

Dr. Leslie Aldcorn, Regulated Member

Other participants included:

Walter Pavlic, Independent Counsel to the Hearing Tribunal

David Lawrence, Complaints Director, CCOA

Lloyd Fisher, Complaints Director, CCOA

Blair Maxton, Counsel for the CCOA

Curtis Wall, Investigated Member

James Kitchen, Counsel for Dr. Wall

Karoline Schurman, Court Reporter

Preliminary Matters:

Dr. Wall and the College are represented by counsel. At the commencement of the Hearing, they were asked if they had any objections to either the composition or jurisdiction of the Tribunal. Both counsel confirmed that they had no objections. They further confirmed that they did not object to having the Hearing heard virtually via video conference.

The parties then advised that there were a number of preliminary applications to be addressed.

The first preliminary application related to the College's Complaints Director's request to amend the Notice of Hearing to include the phrase "Alberta Health Services directions and requirements". In support of that amendment the College made reference to Section 66 (Subsection 3) of the *Health Professions Act*[1] ("**HPA**") which states that:

> *"If on reviewing a report prepared under this section the Complaints Directors determines that the investigation is concluded, the Complaints Director must refer the matter to the Hearings Director for a Hearing".*

[1] *Health Professions Act, RSA 2000*

The College also made reference to Paragraph 47 of the *Wright Decision*[2], which states that a professional organization has the ability to invoke and manage its professional disciplinary regime, which power is analogous to prosecutorial discretion. The grounds of review of that discretion are to be very narrow. They next referred to the decision in *MacLeod v. College of Social Workers*[3], which states that the particulars enable the professional to identify the event that amounts to misconduct, and that the particulars can also have the effect of limiting the scope of the charges. The requirement of particulars is that they be specific enough in order that the professional knows the case that he or she has to meet. The College indicated that the proposed amended Notice of Hearing was originally provided to Dr. Wall in March 2021, and that there have been no requests made by Dr. Wall for any further particulars. The College stated that the particulars of the charge are very well-known to Dr. Wall, and that the addition of the phrase "Alberta Health Services directions and requirements" does not result in any prejudice to Dr. Wall.

Dr. Wall objected to the amendment on the basis that the reference to "Alberta Health Services direction and requirements" is very vague, and that those directions and requirements are not relevant. Rather, what is relevant in this matter is the Office of the Chief Medical Officer of Health's orders.

After hearing arguments on the matter, the Tribunal concluded that Dr. Wall had received sufficient particulars in advance, and had not demonstrated any prejudice. Dr. Wall had ample

[2] *Wright v. College and Association of Registered Nurses (Alta.), (2012) 536 A.R. 349*
[3] *MacLeod v Alberta College of Social Workers, 2018 ABCA 13*

opportunity to raise any questions or concerns regarding the proposed amendments in advance of the Hearing. He did not do so. The amendment was allowed.

The College's second Preliminary Application was to admit three Alberta Health Services ("**AHS**") documents as additional exhibits. The College briefly reviewed the contents of the documents that the College was asking to be admitted. They then made reference to Section 79(5) of the *Health Professions Act*, which states that:

> *"Evidence may be given before the hearing tribunal in any manner that it considers appropriate, and it is not bound by the rules of law respecting evidence applicable to judicial hearings. (pg. 70)"*

The College made reference to the *Mohan Decision*[4], and identified that when entering new documents the Tribunal ought to consider three elements:

> *(1) are the documents relevant;*
>
> *(2) are the documents relevant to the facts and issues that are before the decision maker; and*
>
> *(3) will the documents provide the decision maker with some assistance?*

They argued that the documents sought to be entered contained important information with respect to issues in the Hearing. They maintained that the documents would provide guidance and were relevant.

[4] *R. v. Mohan, 1994 CanLII 80 (SCC), [1994] 2 SCR 9*

Dr. Wall responded by saying that the documents failed to add any scientific value, and were nothing more than an appeal to authority. The documents were also independent from the CMOH's orders, and as a result they fail to add any value. The effect of the documents is only to prejudice Dr. Wall. He stated that the documents' probative value is outweighed by their prejudicial impact.

Following consideration of the arguments, the Tribunal concluded that the documents are relevant and are material. There is no exclusionary rule that would support ignoring them. As a result, the three Alberta Health Services documents were admitted as Exhibits H-2, H-3, and H-4.

Dr. Wall also had a Preliminary Application. He wanted Mr. Schaefer's CV and his report admitted as evidence before the Tribunal. He argued that the principals of the *Mohan* case were satisfied. Specifically, he argued that the report is relevant, necessary in assisting the trier of fact, does not violate any exclusionary rule, and is prepared by a properly qualified expert. Dr. Wall argued that the report addressed the central issue in the case, was relevant and probative, and that any possible prejudice could be rectified by providing an adjournment to the College. He further stated that the *Alberta Rules of Court*, which limit opinion evidence to one expert on any one subject, is not strictly applicable, and should not preclude the admission of Mr. Schaefer's evidence.

The College objected and argued that, although not binding on the Tribunal, the Rules of Court ought to be adhered to, and that Dr. Wall already had three other experts providing evidence. The College stated that the late provision of the report, being three weeks prior to Hearing, created a prejudicial effect.

After considering the submissions of counsel, the panel determined that both Mr. Schaefer's report and his CV meet the requirements for admissibility, and admitted them into evidence. The panel then advised the College to make best efforts to obtain any Expert Report they intended to produce in response, in order to avoid any potential adjournment.

The Allegations:

At the commencement of the hearing, the charges against Dr. Wall were amended. As a result, the allegations for consideration by this Tribunal are as follows:

1. *Beginning on or about June of 2020 and at the "Wall Chiropractic Clinic" (the "Clinic") Dr. Wall:*

    a. *Failed to use Personal Protective Equipment, specifically he failed to wear a mask;*

    b. *Failed to observe the required two metres of social distancing when unmasked;*

    c. *Until on or about December of 2020, failed to have a plexiglass barrier at the Clinic reception; and/or*

    d. *Did not require patients to be masked;*

    when interacting with patients, members of the public or both.

2. *Beginning on or about June of 2020 and at the Clinic, one or more staff members of the Clinic (the "Staff"):*

    a. *Failed to use Personal Protective Equipment, specifically Staff failed to wear masks;*

    b. *Failed to observe the required two metres of social distancing when unmasked; and;*

    c. *Did not require patients to be masked*

    when they interacted with patients, members of the public or both.

3. *Beginning on or about June of 2020, Dr. Wall treated patients while not wearing a mask and/or did not require patients to be masked and:*

    a. *He did not advise patients of the increased risk of transmission of COVID-19 due to masks not being worn;*

    b. *He advised patients that masks were not required; and/or*

    c. *He advised patients that wearing masks had no effect concerning transmission of COVID-19.*

4. *Beginning on or about June of 2020, Dr. Wall failed to chart and/or failed to properly chart communications with his patients about:*

    a. *Him not wearing a mask;*

    b. *His Staff not wearing masks; and/or*

    c. *His patients not wearing masks.*

5. *Beginning on or about June of 2020, Dr. Wall and/or the Staff:*

    a. *Failed to follow the Chief Medical Officer of Health Orders regarding masking and COVID-19; and/or*

    b. *Failed to follow the ACAC "Pandemic Practice Directive".*

IT IS FURTHER ALLEGED that the conduct described above constitutes unprofessional conduct as defined in s. 1(1)(pp) of the Health Professions Act, and/or constitutes a contravention of one or more of the following (in force at the relevant time): Chief Medical Officer of Health Orders, ACAC "Pandemic Practice Directive", Alberta Health Services directions and requirements, ACAC Standards of Practice 1.2(a), (i), (j), and/or (k), 4.3, 5.1, and ACAC Code of Ethics Principle #2, Principle #4, A-1, B-1, C-1, and D-1.

During the hearing each of the above five charges were read to him. Dr. Wall did not dispute any of the facts set out in the charges and acknowledged that each of the five charges was factually correct.

Background Facts:

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In the Fall of 2019, the world became impacted by the spread of the SARS-CoV-2 virus. That virus led to a disease known as COVID-19. A pandemic ensued which resulted in Governments around the world reacting with various lockdowns, travel restrictions and quarantine requirements. In March of 2020 the Alberta Government directed that health professionals stop practicing unless there was an emergency. Chiropractors were among the health professionals impacted. Dr. Wall, along with all of the chiropractors in Alberta, was required to close his office.

On April 30, 2020 The Government of Alberta published the *"Safely Staged COVID-19 Relaunch"*. It provided that health professionals would be allowed to resume providing services effective May 4, 2020, if they followed guidelines approved by their professional colleges. The Government of Alberta also issued CMOH Order 16-2020, which provided that each college was required to publish COVID-19 guidelines applicable to its regulated members, and to provide a copy of those guidelines to the Chief Medical Officer of Health. The above Orders and Directives required the Colleges to create and publish mandatory distancing and masking guidelines. Regulated members of a college were required to comply with the Workplace Guidance for Community Healthcare Settings when providing a professional service. None of the Orders or Directives provided any exceptions to the masking requirement.

In response to CMOH Order 16-2020, the CCOA issued a Pandemic Practice Directive ("**Pandemic Directive**") on May 5, 2020. In developing the Pandemic Directive, the College sought input from its members by providing notices via email, by holding virtual town hall meetings, and usage of an online communication tool known as the "ThoughtExchange Platform". Dr. Wall

acknowledged that he received numerous documents from the College inviting members to provide input, and asking members to contact the College with respect to the Pandemic Directive.

The Pandemic Directive that was subsequently developed by the College was submitted, to and approved by, the CMOH. It contained physical distancing and masking requirements and required that all chiropractors and clinical staff were to be masked at all times while providing patient care. It also stated that non-clinical staff must be masked in circumstances where a physical distance of two metres could not be maintained. The Pandemic Directive provided detailed information with respect to the applicable masks, and the process for "donning and doffing" the mask.

As a result of the issuance of the Pandemic Directive Dr. Wall was able to reopen his office. He initially wore a mask as required. In June of 2020 Dr. Wall self-diagnosed as having an anxiety disorder. He believed that his self-diagnosis qualified him for a medical exemption from wearing a mask. As a result, he stopped wearing a mask when treating patients. Additionally, Dr. Wall's son, who also worked at the clinic, did not wear a mask. Dr. Wall never contacted the College to let them know he would not be wearing a mask, nor did he ever request any medical or other exemption from the Pandemic Directive that required he wear a mask. He also failed to tell his patients about the risks of not masking, and did not provide any consent from any patient he treated while unmasked.

On December 1, 2020, The College was notified by Alberta Health Services ("**AHS**") that a patient of Dr. Wall's had filed a complaint. The complaint stated that Dr. Wall was not masking during patient treatment, his staff was not masking or observing social-distancing measures, and there were no plexiglass barriers in the clinic's reception area.

On December 3, 2020, the Complaint Director sought a suspension of Dr. Wall's practice permit. This was to be an interim suspension, subject to the outcome of any hearing. Dr. Wall opposed the interim suspension. On December 10, 2020, Dr. Wall's legal counsel advised that Dr. Wall had installed the required plexiglass barriers, and also indicated that Dr. Wall would be relying upon a religious exemption.

Dr. Wall did not provide the College with any medical information supporting his claimed medical exemption until after the commencement of the investigation. On December 12, 2020 Dr. Wall provided a letter from his physician Dr. Salem. The College viewed that letter as unsatisfactory, and requested additional information. Dr. Salem was not Dr. Wall's regular family doctor, and did not provide any prognosis, any treatment plans, or recommend any steps to address Dr. Wall's anxiety disorder. Dr. Wall further acknowledged that in the subsequent letter provided by Dr. Salem dated January 8, 2021, Dr. Salem at no time mentioned the existence of any medical disability. The subsequent letter also did not provide any prognosis or any treatment options. Dr. Wall acknowledged that despite the fact that he had no training in anxiety disorders, he self-diagnosed an anxiety disorder that he believed was sufficient enough to qualify for a medical exemption.

In response to the College's application for suspension, Dr. Wall stated that he was of the view that any risk to patients by not wearing a mask was speculative, and that the COVID-19 virus was not a real and imminent public health threat. Dr. Wall disagreed that the Complaints Director had

a legitimate concern of risk to the public by Dr. Wall's failure to wear a face mask when treating patients.

The College ultimately did not suspend Dr. Wall's practice permit. Instead, they placed conditions upon it. The conditions were as follows:

> *(1) Dr. Wall shall inform each client he sees that Dr. Wall has a medical exemption from the public health order that all persons in a public place must wear a face mask, and Dr. Wall shall obtain the written confirmation signed by each patient that the patient agrees to be seen and treated by Dr. Wall without him wearing a face mask or face shield. Dr. Wall shall provide copies of the written confirmation from each to the Complaints Director by 5 p.m. on Friday of each week in which Dr. Wall sees any patients. This requirement will remain in effect as long as the public health order for physical barriers, social distancing and face masks are in effect.*
>
> *(2) Dr. Wall shall direct any staff person assisting in his office, whether that person is paid or unpaid, to comply with the current public health order requiring use of physical barriers, social distancing and face masks. If any staff person claims an exemption from the wearing of a face mask, Dr. Wall shall consult with Alberta Health Services as to whether the claim of an exemption is supported by objective proof.*
>
> *(3) Dr. Wall shall maintain a log of screening questions asked and answered by all patients and daily screening of his staff and himself, regarding any symptoms or events that would require isolation and/or testing for Covid 19. The list of screening questions is set out on page 10 of the ACAC Pandemic Practice Directive issued May 3 and revised May 25, 2020. Dr. Wall shall provide a copy of the log to the Complaints Director by 5 p.m. on Friday of each week that the public health orders for physical barriers, social distancing and face masks are in effect.*
>
> *(4) In the event that Dr. wall shows any symptoms or answers positively to the screening questions, he shall not see or treat any patients until he has been tested for Covid 19 by Alberta Services and received confirmation of a negative test result. Dr. Wall shall provide proof, satisfactory to the Complaints Director, of the negative test result on the same date that Dr. Wall receives the test result. Dr. Wall shall not see any patient until he has received confirmation from the Complaints Director that he can return to seeing and treating patients.*

At no time did Dr. Wall appeal these conditions, nor did he make any complaint to the *Alberta Human Rights Commission*.

As a result of Dr. Wall's failure to wear a mask, *Alberta Health Services* took action. On December 8, 2020 they issued an "Order of an Executive Office Notice of Public Access Closure". As a result, Dr. Wall's office was closed. Alberta Health Services subsequently issued a rescind of closure notice on January 5, 2021. The rescind notice provided that Dr. Wall must observe the following conditions:

(1.) Dr. Curtis Wall must follow the current reopening practice guidelines set out by the Alberta College and Association of Chiropractors, as well as all future iterations of this guidance.

(2.) Dr. Wall must implement his revised COVID-19 relaunch plan that was submitted on December 24, 2020 into practice to reduce the transmission of COVID-19 among the attendees of the Wall Chiropractic and Wellness.

(3.) Prior to booking an appointment, Dr. Curtis Wall must inform the patient he will be unmasked while providing services, and obtain the patient's explicit consent to proceed with booking an undertaking of said services.

(4.) Dr. Curtis Wall must ensure that all patients he treats continuously wear a mask that covers their mouth and nose for the duration of their time in the clinic, unless they are able to provide evidence that they have been granted a mask exemption.

Dr. Wall did not challenge or contest either the *Alberta Health Services* closure order or the terms of the rescind notice.

Dr. Wall believed that he was not endangering the public by not wearing a mask. He did not require his son to be masked, and did not think it necessary to install any plexiglass barriers. He

did not advise any patients as to the dangers of not being masked, as he believed people were aware of them.

Dr. Wall was aware that refusing to wear a face mask and refusing to social distance as required by the Pandemic Directive, was a choice he made in June of 2020. Dr. Wall believed that it was both professionally and ethically acceptable, with respect to masking and social distancing, for him to decide, without consulting his College, how and when the Pandemic Directive applied to him. He stated that if he personally decides that a requirement of the College causes harm, then he does not have to follow it. Dr Wall also acknowledged that as a professional he had an obligation to notify the College about his concerns involving the Pandemic Directive. When asked whether it was an obligation as a professional to notify the College of his intention to not comply with the masking and social distance requirements outlined in the Pandemic Directive, his response was that masking was harmful to his health and he did not think it necessary to respond to the College.

The College's Submission:

The College alleges that Dr. Wall unilaterally determined that he would opt out of the Pandemic Directive, and has ignored its requirements for masking, plexiglass barriers, and physical distancing.

The College (by virtue of Section 3 of the *Health Professions Act)* has an obligation to discharge their duties in the public interest, and must maintain and enforce standards for the profession. The College stated that the focus of the hearing ought to be the mandatory obligations and

responsibilities of professionals. The Pandemic Directive initiated by the College is a mandatory requirement for all members of the profession arising from an express requirement of the Government of Alberta. The College had no discretion to deviate from that mandatory requirement. The College further stated that the issue for this hearing was compliance, and that Dr. Wall did not have the ability to pick and choose which requirements he would and would not follow. The College emphasized that what is to be considered is not the efficacy of masking or the reasonableness of the mandatory Pandemic Directive, but rather whether or not Dr. Wall's actions were contrary to the regulated and mandatory requirements imposed upon him by the College.

Dr. Wall's Submission:

Dr. Wall maintains that the key issue to be determined at hearing is whether the College's Pandemic Directive violates Dr. Wall's statutory Human Rights and Charter Rights. Dr. Wall challenges whether the Directive itself was lawful and reasonable. He further states that should the evidence establish that the Directive was not beneficial, it cannot possibly be unprofessional to refuse to comply with it. He states that the mask mandate of the College is unlawful, as it unjustifiably limits Dr. Wall's Charter rights and breaches the *Alberta Human Rights Act*. Dr. Wall made it clear that the only portion of the Directive being challenged is the portion that mandates masking. He argues that if the masking requirements are unlawful, then failure to follow those requirements cannot be considered unprofessional conduct.

The College's Evidence:

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Evidence of Dr. Hu - Direct Examination:

Dr. Hu was a Medical Officer of Health with *Alberta Health Services* in the Calgary zone. Dr. Hu was tendered as an expert in the area of Public Health, in particular COVID-19 and the efficacy of masking and related COVID-19 prevention measures. Dr. Wall objected to having Dr. Hu qualified as an expert in the efficacy of masking or any other preventative measures. The Panel then caucused and subsequently determined that they would qualify Dr. Hu as an expert witness as submitted by the College.

Dr. Hu identified CMOH 38-2020 as an Order, effective November 24, 2020, that applied to the Calgary Metropolitan Region. It made face coverings in indoor public places mandatory. The only exception was for individuals who were unable to wear a face mask due to a mental or physical concern or limitation. CMOH Order 42-20, Exhibit D-9 was next reviewed. Dr. Hu stated that CMOH 42-20 was the most restrictive order produced by AHS. It provided that a person must wear a face mask at all times while attending at an indoor place. Dr. Hu explained that the rationale for that order was as a result of masking in indoor public spaces reducing the transmission of COVID-19. He explained that the Government of Alberta had initially been opposed to any Provincial masking bylaws. However, once Alberta was encountering a large number of COVID-19 cases the masking order was issued. Dr. Hu further stated that even prior to the CMOH order, *Alberta Health Services* had recommended continued masking in all healthcare settings, and that there were masking mandates by every health care organization and College in the Province that provided health care services.

Dr. Hu next reviewed Exhibit F-2, being CMOH Order 16-2020. Dr. Hu explained that during the first wave of the pandemic, health care service offices were shut down. CMOH Order 16-2020 directed that all regulated health care professionals had to comply with, and every College was directed to publish, guidelines to all members of their college and/or provide their own guidelines to ensure a safe return to clinical services. The Order stated that where Colleges were not able to provide suitable guidelines, the CMOH would revise them as necessary. He further confirmed that CMOH Order 16-2020 required that any staff providing direct client or patient care, or working in a client and/or patient care area, must wear a surgical/procedural mask continually at all times unless they are able to maintain adequate physical distancing. The Order further stated that the rationale for masking was to reduce the risk of transmitting COVID-19 from individuals in the asymptomatic phase.

CMOH Order 16-2020 required that each College was to provide the CMOH with a copy of the published guidelines. This was to ensure that the CMOH knew what the Colleges were doing, and what they were recommending to their members. A College would be required to amend any guidelines if the CMOH determined that those guidelines were insufficient or inadequate.

Dr. Hu then reviewed the Pandemic Directive that was issued by the Alberta College of Chiropractors in response to CMOH Order 16-2020. The Pandemic Directive required masking, social-distancing, and plexiglass barriers. Dr. Hu testified that the use of such measures is scientifically supported. He indicated that there was a significant amount of evidence establishing that wearing a mask reduces transmission of COVID-19. He stated that a mask protects both the

person wearing the mask, as well as any people that are in proximity to the person wearing the mask.

Dr. Hu next reviewed *"AHS Guidelines for Continuous Masking"* (Exhibit H-2). That document makes reference to evidence that asymptomatic, pre-symptomatic or minimally symptomatic patients are capable of transmitting COVID-19. As a result, the Public Health Agency of Canada made a recommendation to health care workers that masks were required when providing any care to patients. He then reviewed the AHS document titled *"Personal Protective Equipment"*. He confirmed that PPE is critical to the health and safety of all health care workers. He stated there was significant evidence that masking is very effective at preventing the transmission of COVID-19, and that it protects both health care workers and the patients. Dr. Hu also stated that he was directly involved in the original continuous masking policy. He indicated that in other jurisdictions many healthcare workers contracted and died from COVID-19 because of a lack of masking. He also stated that proof that masks were effective could be found in the fact that in Alberta, health care professionals had contact with hundreds of thousands of COVID-19 positive individuals, yet there were less than 100 transmission events identified by AHS that occurred from contact between a masked health care worker and a COVID-19-positive individual.

Dr. Hu next reviewed Alberta Health Services' directive *"Use of Masks During COVID-19"*. He identified that masks have a dual purpose. The first purpose is to prevent a person who has COVID-19 from transmitting it to others. The second purpose is to prevent individuals who do not have COVID-19 from contracting COVID-19. He confirmed that the expert report's comments with respect to the benefits of masking and social distancing are consistent with those of both

the Alberta Health Services and the Public Health Agency of Canada, as well as the Chief Medical Officer of Health's office. He stated that there is an overwhelming body of evidence that supports the wearing of masks, particularly in a health care setting. Dr. Hu then reviewed his written report, and indicated that he relied primarily on recent publications, given that COVID-19 is a recent phenomenon. He also stated that as the pandemic progressed, peer-reviewed studies demonstrated that masking was effective in reducing COVID-19 transmissions. He stated that COVID-19 is transmitted through contact and respiratory droplets and, to a lesser extent, aerosols. He stated that it is quite infectious, and masking and physical distancing reduce the possibility of droplet spread. He stated that there were many studies that supported the efficacy of masking, and included 27 studies in his report. He also stated that a highly rated systematic review concluded that wearing masks reduced the risk of contracting and transmitting COVID-19.

Dr. Hu further stated that health care workers, including chiropractors, are at a high-risk of contracting COVID-19. The evidence of the importance of masking among health care workers is very robust, and that there is an overwhelming body of evidence supporting the use of masking in health care settings. Dr. Hu commented upon the reports prepared by the Defendant's witnesses Dr. Warren, Dr. Dang, and Dr. Bridal and stated that those reports were not specifically about masking in a health care setting, and not directly salient to the issues at hand.

Dr. Hu cited a report published in the LANCET, which he identified as a highly reputable medical journal. That report stated that after review of 200+ studies, it was determined that there was an approximate 85% in reduced transmission when people wear masks. He stated that the Canadian Thoracic Society has stated that mask-wearing is not known to exacerbate any lung-

disease. The only problem with mask-wearing is that people with extreme anxiety may have issues. He stated that a health care worker who is in direct contact with patients should not be allowed to have an exemption from wearing a mask.

Dr. Hu also commented on Mr. Schaefer's report. He stated that the Canadian Thoracic Society has determined that mask wearing is not dangerous. He further provided his own observations, stating that the health care professionals that wear masks in hospitals every day have no apparent difficulties. Finally, he stated that he was not aware of any epidemiologically valid studies that establish that masks should not be worn by health care providers.

Cross-examination of Dr. Hu

At the commencement of the cross-examination, Dr. Wall made an application to introduce two documents. These two documents were described as randomized clinical trials. Dr. Wall maintained that his intention was to present them to Dr. Hu and have Dr. Hu comment upon them. The College objected on the basis of the late production of the documents, unfairness to Dr. Hu, and the fact that Dr. Wall had already tendered four expert reports. Following the submissions of the Parties, the Tribunal determined that the two documents would be admitted. It was noted that the documents were either in progress or recently published, and neither of the documents contained any actual results. Dr. Wall was advised by the Tribunal that if the intention was to simply establish that the randomized trials exist the Tribunal was prepared to enter them on that basis. Dr. Wall then accepted entry of those documents as exhibits on those conditions.

During his cross-examination, Dr. Hu maintained that chiropractors provide healthcare in a community setting. He stated that there is a risk of asymptomatic transmission in chiropractic offices, and he also stated that it is difficult for people to accurately determine whether or not they are presenting with symptoms prior to attending a chiropractic office. He agreed that if an individual has overt symptoms and self-identifies as being symptomatic, they could avoid contact, however, he stated that there are many low grade symptoms or chronic symptoms that are difficult to differentiate between COVID-19 and other ailments. He agreed that most people who attend chiropractic offices are asymptomatic; however, a chiropractor would see and be exposed to more people in a closed indoor setting than usual, and this increases the risk of transmission and infection. He also stated that any pre-COVID-19 studies that were prepared in relation to masks are not as salient as COVID-19 masking studies; COVID-19 is a unique and novel virus with its own transmission dynamics. Dr. Hu stated that no one in the healthcare setting should be exempt from wearing a mask except those with severe mental health issues. He stated that the riskier the setting the more important it is to wear a mask. In particular, he stated that in a healthcare setting, the COVID-19 risk is much higher, and that there should be almost no exemption to mask wearing. He also stated that patients in healthcare settings should wear masks. Dr. Hu acknowledged that he had no peer-reviewed studies or scientific reports in support of his statement that a "ton" of health care workers died in the Spring of 2020 as a result of their failure to wear masks. He also stated that he did not have any peer-reviewed studies or scientific reports to verify that statement. He made reference to the number of infections between infectious patients and healthcare workers in Alberta, but he did not have the information in relation to his comments on the number of transmission events. Dr. Hu said the information and

statements he made were based upon discussions with Workplace Health and Safety, Alberta Health Services and hospital management leadership. Dr. Hu maintained throughout that the evidence in support of masking in a healthcare setting is overwhelming.

Redirect examination - Dr. Hu:

In his redirect examination Dr. Hu confirmed that chiropractic offices are healthcare settings, and that the more patients that are seen the higher the risk of COVID-19 transmission.

Rebuttal:

In his rebuttal Dr. Hu stated that while there was no criteria in the CMOH orders as to where a person was to get an exemption, or who was to provide that exemption, it was broadly assumed that people seeking exemptions would go to their family doctors.

Evidence of Dr. Halowski - Direct Examination:

Dr. Todd Halowski, is the Registrar of the College, and a practicing chiropractor. He stated that the responsibility of a regulatory College is to protect the public and ensure professional competence. He stated that the College has created Bylaws, a Standard of Practice and a Code of Ethics as required by the *Health Professions Act.* He confirmed that all Standards of Practice are meant to be mandatory.

Dr. Halowski stated that shortly after the pandemic began, the CMOH effectively ordered all healthcare services to be closed with the exception of urgent care. It became rapidly apparent that the members of the College did not have any experience or exposure to practicing in a

pandemic. It was a novel and difficult time. As a result, the College immediately worked on preparing a directive to assist chiropractors in safely returning to work. During that time the College referenced Alberta Health information, as well as other regulators inside and outside the province, including the *Alberta Federation of Regulated Health Professionals,* the *Federation of Chiropractic Colleges,* as well as the College's *Competence Committee*. Once the information was compiled, the College then initiated member consultation, where all members had an opportunity to review and provide comments on what had been developed. There were town halls conducted to obtain input from members as well as a digital consultation, which allowed members to provide their input. The digital platform was called ThoughtExchange. Approximately 25% of the membership actively provided feedback on that platform. Once all that information was obtained, the member consultation was deemed complete. The information collected was then used to develop the Pandemic Directive.

Dr. Halowski stated that during these consultations masking was identified as reducing the risk of transmission of COVID-19.

The proposed Pandemic Directive was then forwarded to the government for review. The government approved it without amendments, and, once approved and circulated, chiropractors were able to return to practice. The College also developed and adopted Telehealth as a practice. Telehealth did not permit hands-on care, but did allow chiropractors to consult with patients via the telephone to instruct them on neuromuscular exercises that might assist them.

Dr. Halowski stated that CMOH Order 16-2020 specifically required all regulated members of the College, as established by the *Health Professions Act,* to comply with the attached Workplace

Guidance for Community Healthcare Settings. That document expressly provided that all staff providing direct patient care, or those working in patient care areas, must wear a surgical/procedural mask continuously at all times and in all areas of the workplace if they were either involved in direct client/patient contact or could not maintain adequate physical distancing of two metres from clients/patients and coworkers. It went on to state that those requirements need not be met if a regulated members college had published COVID-19 guidelines that are substantially equivalent to the guidelines developed by Alberta Health. Essentially, the College was able to use the documents created by Alberta Health Services, or they could create their own, which had to be substantially equivalent.

The Pandemic Directive was subsequently amended to require the use of a face shield or eye protection. This was in response to published information that eye protection could prevent the spread of the COVID-19 virus. The College also mandated that patients were required to be masked when they attended at a chiropractor's clinic. The Directive further stated that non-clinical employees who were unable to maintain a two-meter distance must be continually masked, or a plexiglass or plastic barrier was to be installed. All these requirements were mandatory.

The standard required by AHS and adopted by the College required that all chiropractors wear a surgical procedural mask continuously at all times in all areas of their workplace when involved in direct patient contact or where they cannot maintain adequate physical distancing from patients and coworkers. The minimal acceptable standard was surgical or procedural masks, and the masks were to be worn at all times. Non-clinical staff were also to be masked whenever a

physical distance of two metres could not be maintained. An exemption was not considered because chiropractors work face-to-face with their patients, and the mask was meant to be protection for both the patient and the chiropractor. The Pandemic Directive also provided that given the fluidity of the virus, if a discrepancy developed between the Pandemic Directive and the Provincial Public Health Recommendations, the latter was to take precedence. Given that various local authorities, including the City of Calgary, were introducing their own masking mandates, the Pandemic Directive also stated that the chiropractors had a fiduciary responsibility to follow all civil orders that originate from any level of government.

Dr. Halowski testified that from the start of the pandemic, the College was very communicative with its members. It sent notices to members, sometimes twice a day, to make sure they had all necessary information. He testified that the College is an electronic communicator, and one of its requirements is that its members must have the capability to receive communications electronically. Dr. Halowski indicated that he was confident that Dr. Wall would have received the notices, as when Dr. Halowski did make contact with Dr. Wall, he did so using Dr. Wall's email address. In the process of developing the Pandemic Directive, Dr. Halowski stated that he received upwards of 100 emails from members providing their input and comments. He stated that he reviewed the comments provided. He noted that Dr. Wall did not provide any feedback. He also confirmed that mandatory compliance was necessary in order for a chiropractor to practice. The notice to members stated that if members had any questions they were to contact the College's office. He stated that the College was always very open and communicative with members as questions came up. He reiterated that masking was mandatory, and that this was made clear in the subsequent notice to members dated December 9, 2020. He also made it clear

that the College was there to support the members, and that the College was available to be contacted by email or telephone.

When developing the Pandemic Directive, the College considered a masking exemption; however, that exemption was never adopted, as chiropractors were unable to maintain a physical distance of two metres with patients. As COVID-19 was a new, novel and risky virus, and given that chiropractors are close-contact-body-workers, the College ultimately determined that masking would be mandatory. Dr. Halowski further stated that every Health Professions Act College adopted mandatory masking. Further, the additional social distancing and plexiglass barrier requirements were consistent with the approach adopted by numerous other public agencies and regulatory bodies.

Dr. Halowski testified that on December 1, 2020 he received an email from AHS stating that they had received a complaint that Dr. Wall and his administrative staff were not masked, and had been within two metres of a patient. When Dr. Halowski received the complaint, he was concerned that Dr. Wall was not following the Pandemic Directive. He then spoke to Dr. Wall, who stated that he was mask-exempted as per CMOH 30-2020. Dr. Wall was then asked to provide information as to which exemption he was claiming. Dr. Wall then confirmed that he was not masking and did not intend to mask. Dr. Wall stated that he did not think COVID-19 was serious, and that the College was overreacting by instituting the Pandemic Directive. Dr. Wall stated that he had briefly worn a mask, but then decided he did not want to wear it, as he did not feel comfortable when he did. Dr. Wall also commented that COVID-19 was not real, and that he was not comfortable wearing a mask. Dr. Halowski did not recall Dr. Wall making any

comments with respect to any religious exemptions. There was no request for any accommodation made. Dr. Wall also told Dr. Halowski that as the City of Calgary bylaws allowed him to be exempt, he was no longer required to wear a mask. Dr. Halowski then advised Dr. Wall that the Pandemic Directive required masking. Dr. Halowski also stated that since the onset of COVID-19, two members of the College had passed away as a result of COVID-19, and many of the College's members had contracted COVID-19.

Cross-examination - Dr. Halowski:

In cross-examination Dr. Halowski acknowledged that adjustments and manipulations cannot be conducted over the phone, or when a chiropractor is more than two metres away from their patient. Dr. Halowski confirmed that when the mandatory masking was included in the Pandemic Directive in May, 2020, and when the College revised the Pandemic Directive in January, 2021, it did not consult with any scientist independent of the Alberta government. Dr. Halowski also acknowledged that Dr. Wall did not contravene Section 2 of the CMOH Order 16-2020, as the College had developed its own COVID-19 guidelines as required by the CMOH Order 16-2020. He also acknowledged that none of the Pandemic Directives required chiropractors to enforce mask-wearing by their patients. The December 2, 2020 conversation between Dr. Halowski and Dr. Wall was next reviewed. Dr. Halowski disagreed that he told Dr. Wall to either wear a mask or sit out from practicing.

Redirect Examination - Dr. Halowski:

In redirect, Dr. Halowski stated that the College had no jurisdiction over patients, and that patients may be asymptomatic when they attend at a chiropractor's clinic.

The Tribunal Panel then questioned Dr. Halowski. He confirmed that the ThoughExchange forum was anonymous. He also stated that he had contacted AHS with respect to the many potential mask exemptions that commenced in August, 2020 and continued through December of 2020.

Mr. Lawrence (Complaints Director) - Direct Examination:

Mr. Lawrence explained that the College's regulatory function, and its obligation under the *Health Professions Act,* was to establish Codes of Ethics, Standards of Practice, Policies and Directives for members to follow. He stated that in his role as a Complaints Director he is responsible for holding members accountable if they fail to comply. He stated that all regulated health professionals have a mandatory obligation to comply with Section 3 of the *Health Professions Act.*

In the Spring of 2020, a precondition to the reopening of chiropractic clinics was the implementation of a Pandemic Directive approved by AHS. The Pandemic Directive that was developed by the College required chiropractors and clinic staff to be masked at all times while providing patient care. They were also required to social distance, and to install plexiglass barriers. The Pandemic Directive did not provide any exemption for masking when a chiropractor was within two metres of their patient. He stated that as subsequently set out in CMOH Order 38-2020 and CMOH Order 42-2020, there were exemptions provided for individuals who had

medical conditions that prevented them from wearing a mask, which were, in his view, not applicable to Dr. Wall. He stated that Dr. Wall never asked the College for either a masking exemption or any accommodations.

Mr. Lawrence stated that on December 2, 2020, he received a letter from Dr. Halowski relating to a complaint made against Dr. Wall. Mr. Lawrence then forwarded a letter to Dr. Wall stating that the College had received a complaint. The basis of that complaint was that Dr. Wall was in breach of CMOH Orders, Standards of Practice, as well as the Pandemic Directive. As Dr. Wall was not prepared to comply with those requirements. Mr. Lawrence proceeded with the complaint. Dr. Wall then inquired if there were any alternatives. Mr. Lawrence advised Dr. Wall that he could comply with the Pandemic Directive and wear a mask. Dr. Wall stated that he had an exemption to masking, and that he would not mask. Dr. Wall then stated that he had attempted to mask, but had feelings of anxiety and claustrophobia, and took the position that he was exempt. As a result of Dr. Wall's conduct, Mr. Lawrence made a request for an interim suspension to the College's Council. He did so as he believed there was a danger in having Dr. Wall treat members of the public without a mask. In addition, there was no plexiglass barrier as required, the staff were not masking as required, and Dr. Wall was not following the Pandemic Protocols of the College and AHS when treating patients.

The College's Council refused the interim suspension request. Instead, they placed conditions on Dr. Wall's practice permit. Those conditions were:

(1.) Dr. Wall was required to inform each patient that he has a medical exemption from the public health order;

(2) Dr. Wall would obtain signed written confirmation from each patient agreeing to be seen and treated by Dr. Wall without his wearing a mask or face shield;

(3) Copies of these written confirmations were to be sent to the Complaints Director by 5pm on Friday each week;

(4) Dr. Wall was to direct any staff assisting in his office that they are to comply with the current orders including masking, physical barriers and social distancing; and

(5) Dr. Wall must maintain a log of screening questions asked and answered by all patients, as well as daily screening of staff and himself.

Mr. Lawrence also testified that AHS had issued a closure order to Dr. Wall's clinic. In order to reopen, AHS required Dr. Wall to immediately mask when treating patients, required patients to be masked, required staff to be masked, and required that Dr. Wall install a plexiglass barrier in his office.

Mr. Lawrence advised that in discussing the complaint with Dr. Wall, Dr. Wall stated that the masking requirement was a human rights violation, and that he was exempt from wearing a mask. Dr. Wall told him that COVID-19 had a high recovery rate, and he did not believe he would be endangering anyone. Dr. Wall told Mr. Lawrence that he initially wore a mask, but in June of 2020 he decided to discontinue wearing one, as he believed that the facemask was causing him anxiety and symptoms of claustrophobia. He attempted wearing a face shield, and found that the same symptoms continued, and that it interfered with his discussions with his patients. He stated that his patients were understanding of his position. He stated that he had not received any

diagnosis of his medical condition, and the decision not to mask was made by himself. He also stated that his son, the only other person working at the clinic, was not required to mask either, and Dr. Wall did not think it necessary to install any barriers. He stated that his son is young and healthy, and did not believe he was at risk for COVID-19. Dr. Wall further stated that CMOH Order 38-2020 provided for an exemption to mask wearing. Dr. Wall stated that while he stopped wearing a mask in June there was no need to talk to his patients about the dangers involved when masks are not worn, as he believed that his patients were aware of these dangers. He advised that he received no treatment for his claimed medical condition, and provided no communication to the College. He made no mention of any religious beliefs or religious exemptions.

Mr. Lawrence then reviewed the two medical notes produced by Dr. Wall and authored by Dr. Salem. Those notes stated that Dr. Wall had anxiety about masking, and was concerned about his inability to breath. The notes also stated that Dr. Salem conducted no tests, and had no diagnostic information.

Mr. Lawrence next discussed the concept of ungovernability, and stated that members of the College are 'ungovernable', where they purposefully fail to comply with the requirements to practice.

Mr. Lawrence - Cross-examination

In cross-examination, Mr. Lawrence acknowledged that when he spoke to Dr. Wall in early December, 2020 there was a discussion as to the effect of the applicability of human rights. Mr. Lawrence also stated that while Dr. Wall could choose not to wear a mask in his personal life, if

Dr. Wall refused to comply with the College's requirements then the College would take action. In response to being questioned on Dr. Wall's comments with respect to the efficacy of masking, Mr. Lawrence stated that neither patient safety nor compliance was up for debate, and that if Dr. Wall refused to comply, further action would be taken. Mr. Lawrence acknowledged that in response to the request for an interim suspension, the College identified that Dr. Wall had a medical condition that prevented him from wearing a mask or face shield, and as a result Dr. Wall has practiced since that time in a manner that does not comply with the Pandemic Directive. He also acknowledged that following the rescind notice issued by AHS, Dr. Wall was permitted to see his patients without masking.

Mr. Lawrence confirmed that the conditions placed on Dr. Wall's practice by the College did not require his patients to be masked. He also acknowledged that he had no evidence that any of Dr. Wall's patients were harmed. He acknowledged that the complaint made against Dr. Wall was made to Alberta Health Services, not to the College. He also confirmed that there has never been any complaint made to the College about Dr. Wall's conduct. Mr. Lawrence stated that Dr. Wall never asked him about any process with respect to addressing any human rights concerns and that Dr. Wall also never asked for an exemption or accommodation.

Evidence of Dr. Wall - Direct Examination:

Dr. Wall has been a practicing chiropractor in Alberta since early 1987. Since that time, he estimates that he has treated thousands of patients. In March of 2020, the Alberta government ordered chiropractors to stop practicing unless there was an emergency. Chiropractors were permitted to resume practice in May of 2020, provided that they follow the requirements set out

in the Pandemic Directive issued by the College. Dr. Wall testified that he understood that the Pandemic Directive required that Chiropractors wear a surgical style mask when treating patients. He stated that he did not view the Pandemic Directive as being optional.

Dr. Wall stated that he initially wore a mask, but in June of 2020 he decided that, based upon his mental concerns, it was no longer productive for him to do so. He stopped wearing a mask at the end of June, 2020. He then attempted to wear a face shield, but experienced symptoms similar to those he experienced while he was wearing a mask. He did not obtain a doctor's note that would provide him with any medical exemption, nor did he believe that one was necessary. He stated that he did not understand the Pandemic Directive to require him to contact the College if he could not wear a mask. He was of the view that it was a private concern between him and his physician. He also stated that since the Spring of 2020, he felt an additional concern, mainly that his religious beliefs precluded him from wearing a mask. He stated that the *Canadian Charter of Rights and Freedoms* and the *Alberta Human Rights Act* protected the expression of his religiously-held beliefs, and guards anyone from discriminating against him based on those beliefs. He stated that his face is sacred, and sacred to God, and for him to cover his face would put a barrier between him and Jesus. Being required to wear a mask by someone who is in a position of authority when he didn't exhibit any symptoms or have any upper respiratory issue, results in him fearing man and not God. He also stated that when he has to wear a mask it violates his life of faith. He stated that he believed that wearing a mask harmed him and his patients, and that it was his obligation to educate his patients to advise them of the specific harm of mandatory masking. If he did not advise his patients of the harms of masking he would not be obtaining informed consent from them.

Dr. Wall stated that when he stopped wearing a mask most of his patients made no comment. Those that did ask about masking were told by him that he had an exemption. He stated that 99% of those patients were understanding and not concerned.

Dr. Wall confirmed that his chiropractic office was closed by AHS in December of 2020. He further confirmed that AHS rescinded the closure order in January of 2021. He stated that AHS permitted him to continue treating patients without the need to wear a mask. Dr. Wall referred to CMOH Order 38-2020, which provided for a medical exemption to masking.

When he was approached by the College in December 2020, Dr. Wall advised them of his mental concerns, and that he believed he was exempt from masking. He stated that he mentioned accommodation and human rights. He also stated that Mr. Lawrence told him that while he cannot be compelled to wear a mask, his refusal to wear a mask would result in the College issuing a request for the suspension of his practice. Dr. Wall subsequently obtained a doctor's note that stated that when he wore a mask he experienced feelings of anxiety that mirrored claustrophobia. He said his concentration level had decreased, thereby preventing him from providing the best possible care to his patients. Dr. Wall stated that the College subsequently permitted him to continue to practice without wearing a mask, although there were further conditions and restrictions placed upon him. Dr. Wall confirmed that when he spoke to Mr. Lawrence in January of 2021, he did not mention his religious beliefs, but rather focused on his mental concerns relating to anxiety.

Dr. Wall indicated that his son worked in his office from the Spring of 2020 up until December of 2020. While his son was working at his office he did not wear a mask, as his son had religious concerns and beliefs that were similar to his own.

Dr. Wall then explained the nature of his work, and confirmed that it involves physical manipulation that cannot be provided from a distance or over the phone or by the patients themselves. He stated that he did not believe that Telehealth was effective in his practice, and that he could not properly care for his patients using Telehealth. He stated that his ability to practice and earn an income would be severely impacted if he could only provide Telehealth. He also stated that he does not require that his patients wear a mask in his office, because he believes that each of them has a responsibility to make their own health choices. He stated that requiring patients to wear a mask would cause harm, as it would decrease oxygen levels, increase carbon dioxide levels, and result in imminent physical harm and danger. He also stated that he is not aware of any circumstance where COVID-19 was transmitted in his office. He stated that his practice is to treat patients one-by-one, so that no other person is in the office other than him and his patient at any given time. He further stated that he pre-screens his patients, and if they exhibit any symptoms, they are not treated and are required to reschedule. It is his belief that AHS has generally gotten it wrong with respect to masking and other COVID-19 restrictions. He said that wearing masks does not in any way protect the public, that the College has collaborated with Alberta Health Services, and that the College wants to please authority.

Cross-examination - Dr. Wall: **836**

In cross-examination, Dr. Wall stated that he was in agreement that practicing chiropractic is a privilege and not a right. Dr. Wall then acknowledged that Section 3 of the *Health Professions Act* enabled the College to establish numerous mandatory requirements, and that until he decided not to follow the Pandemic Directive he had followed all prior College requirements. Each of the five charges were then reviewed with Dr. Wall. He did not dispute any of the facts and agreed with those facts that formed the basis of each of the charges. He acknowledged that in June, 2020 there was no CMOH Order in force that allowed for any masking exemptions, and that those exemptions only came into effect in November of 2020. He indicated that he was aware that the Government of Alberta's staged COVID-19 relaunch created an obligation of the College to establish a Pandemic Directive, and that it was mandatory that he comply with that Pandemic Directive. He further acknowledged that he received the Pandemic Directive from the College in early May, 2020, and understood that the Pandemic Directive was a binding direction by the College. He also acknowledged that he did not follow that Directive when it came to having his staff continuously mask, or installing a plexiglass barrier, and that he was not wearing surgical procedure masks when involved in direct patient contact. He also acknowledged that, as he was not wearing a mask, he was not following the donning and doffing requirements for PPE set out in the Pandemic Directive. He then stated that notwithstanding that he very strongly disagreed with the AHS Closure Order, he did comply with it and proceeded to close his clinic. He stated that he took issue with the science that the CMOH order relied upon when ordering masking and social distancing. He further confirmed that he was prepared to respect the authority of the AHS

Order. He also confirmed that when he reopened his office he failed to comply with the conditions set out in the AHS Order by failing to ensure that all patients continuously wore a mask.

Dr. Wall next stated that he did not need to obtain any diagnosis from a healthcare provider in order to claim a medical exemption. He stated that his symptoms of anxiety and claustrophobia were very apparent to him. He also acknowledged that the CMOH Orders that allowed for exemptions from masking did not take place until November of 2020, and that he first stopped wearing a mask in June of 2020. He stated that in January of 2021 he advised the College that he was of the view that any policy of the College that did not permit exceptions to mask wearing were unreasonable. He confirmed that he never asked the College for an exemption. He then stated that he was of the view that the Pandemic Directive implicitly permitted an exception for legitimate mental health conditions. He acknowledged that he came to that conclusion on his own. He stated that he was absolutely confident that his failure to mask posed absolutely no risk to his patients. He also verified that his son did not have a doctor's note providing any medical exemption. Dr. Wall also confirmed that he was not in compliance with reopening requirement number 4, which stated that all patients treated by him must continuously wear a mask, unless they are able to provide evidence that they have been provided an exemption.

Patient Witnesses - Jarvis Kosowan, Charles Russell, David Warren Hilsabeck:

Three of Dr. Wall's patients were called as witnesses. They each stated that they did not feel threatened by Dr. Wall not wearing a mask, and that the treatments he provided could only be provided in person. They also provided their opinions on masking, and on whether or not Dr. Wall had acted appropriately or inappropriately. These witnesses also provided their views on the

efficacy of masking, survival rates of COVID-19 infections, and the legitimacy of the masking mandates.

Evidence of Dr. Gauthier:

Dr. Gauthier is a chiropractor who practices in Alberta. He testified that he provides hands-on treatments, and that Telehealth would not be effective for him. He confirmed that he thought of his chiropractic office as a healthcare setting, and stated that there are different types of healthcare settings. Dr. Gauthier indicated that he was aware that the College had mandated that all chiropractors must wear masks when treating patients, and that he had complied with that mandatory requirement.

Direct Examination - Chris Schafer:

Mr. Schafer is an Occupational Health Consultant, and has been working in this field since 1994. He stated that his primary specialty is respirator fit testing and training, and that he was familiar with occupational health and safety legislation and atmospheric hazards. He has also performed tests on non-medical masks, as well as medical and procedural/surgical masks that had commonly been in use since the beginning of COVID-19. Mr. Schafer was subsequently qualified to give evidence regarding any harm associated with medical masking.

Mr. Schafer testified that prior to COVID-19 there was a requirement that masks be fit tested. Following COVID-19 there is no fit testing. He stated that if there is an insufficient air supply while wearing a mask a build-up of excess carbon dioxide will occur. He then described the common forms of masks, being tighter fitting N-95 and looser fitting blue surgical masks. He stated that it

is important to be able to breathe freely, and if there is a restriction on breathing, exhaled carbon dioxide levels will build-up. He indicated that common symptoms of excess carbon dioxide levels are headaches, nausea, dizziness, lack of coordination and sometimes impaired hearing and vision. A person can also feel as if they are faint and/or overheating. He stated that the Alberta standards for the maximum exposure to indoor carbon dioxide is one-thousand parts per million over a twenty-four hour period. He stated that wearing a mask resulted in levels of carbon dioxide exceeding five-thousand to ten-thousand parts per million within a minute. He testified that the normal oxygen level in the air is 19.5 to 20.9%, and that when it drops below 19.5% it becomes dangerous to health. He stated that wearing a mask resulted in an oxygen drop between the mouth and the person's mask or nose to below 19.5% within the first twenty seconds. He stated that if anyone breathes air under any circumstances that is less than 19.5% oxygen, a person's health will be harmed. Anyone working in an environment of 19.5% or lower oxygen must be equipped with a source of clean air.

Mr. Schafer stated that anyone wearing a procedural mask will create a hazardous environment for their body. If they were working in a space with less than 19.5% oxygen they would have to be evacuated from that space. He indicated that people wearing masks will have their oxygen drop below 19.5% in two minutes. He noted that while people do wear masks for hours on end without passing out, that does not mean that harm is not being done. He stated that he found it strange that Alberta Health Services would mandate masks without consulting with respiratory professionals. He stated that medical doctors are not certified in respiratory protection because they do not regularly deal with respirators. He stated that he disagreed with Dr. Hu's comment that there were no known harmful side effects to masking.

Cross-examination - Chris Schafer: **840**

During cross-examination Mr. Schafer acknowledged that individuals having a pre-existing medical condition that impacted their ability to wear a respirator should first attend upon a doctor. Mr. Schafer then confirmed that he had not been involved in developing the government's response to COVID-19, and that he was not qualified to provide an opinion with respect to the possible benefits that could arise from masking. He also confirmed that his views on mandatory masking were inconsistent with the Canadian public health agencies. He further confirmed that the testing that he conducted and reviewed was not included in his Expert's Report.

When asked if he would wear a mask if the regulatory body he belonged to required it, Mr. Schafer stated that he would not, as he viewed them as breathing barriers. However, Mr. Schafer stated he would wear an actual respirator, which is something that is far and beyond a mask.

Direct Examination - Dr. Dang:

Dr. Dang was qualified as an expert in the area of respirology, and the efficacy of masking and related measures. He testified that he has an outpatient respirology practice in Medicine Hat, and manages a pulmonary function lab. This lab conducts various breathing tests. Dr. Dang reviewed the SARS pandemic in 2003 and compared it to the COVID-19 pandemic. He stated that there was no masking mandated for SARS, and that the masking that is recommended for COVID-19 is based on socio-political reasons and not scientific reasons. He disagreed with Dr. Hu's assessment that masks are highly effective in preventing the transmission of COVID-19 in

healthcare settings. Dr. Dang stated that the only randomized controlled trial that considered COVID-19 and masking determined that there was no effectiveness in wearing a mask. He also stated that jurisdictions that required masking, compared to jurisdictions that did not require masking, had no noticeable differences in the transmission of COVID-19. He also stated that, from his observations, there is no difference between his patients that did wear masks and his patients that did not wear masks and their contracting COVID-19. He stated that he did not believe that masking made any impact on transmission of the COVID-19 virus. He disagreed with Dr. Hu's statement that the efficacy of masking on disease transmission is beyond doubt. He stated that masks have the potential to cause harm to individuals, depending on a number of factors including how the mask is worn, how often it is changed, and the physical condition of the individual wearing the mask. Masks also cause a reduction in pulmonary function by 15-20%. He stated that this reduction would not be noticeable unless you were physically exerting yourself or had some other lung or health issue. He also disagreed with the Thoracic Society's statement that there is no evidence for masking impacting underlying lung conditions. He stated that a lack of evidence does not mean that an issue is not there. He also stated that there are medically valid reasons for not wearing a mask.

Dr. Dang - Cross-examination:

In cross-examination, Dr. Dang agreed that if an individual intends to seek a medical exemption, the best course of action would be to obtain an exemption from their physician. He also stated that it would generally be the case that someone claiming a medical exemption would attend

upon their physician, and that it would not be appropriate for someone to self-diagnose their own exemption for masking.

Dr. Dang also confirmed that he had complied with the CPSA's masking requirements, as well as Alberta Health Services' mandatory masking requirements. He indicated that he obeys the law, even though he may not agree with it.

Direct Examination - Dr. Bridal:

Dr. Bridal testified that he obtained a Bachelor of Science Degree in Biomedical Sciences, a Master of Science Degree in Immunology, and a PhD in Immunology. He then completed a six year, post-doctoral fellowship to become certified as a Viral Immunologist. He is now an Associate Professor of Viral Immunology at the University of Guelph. He indicated that he teaches veterinary students in the field of General Immunology. Dr. Bridal is not a medical doctor, and he is also not a member of any regulatory college. He also confirmed that he has not worked with the Ontario Chief Medical Officer of Health.

Dr. Bridal testified that the COVID-19 virus has mutated over time, and while the Omicron Variant is more contagious, the infection fatality rate has diminished. He estimated that the infection fatality rate at the time he gave his testimony in January, 2022 was below 0.15%. He stated that masks are helpful at stopping large droplets, but are not useful where the wearer is asymptomatic. He stated that the surgical masks worn to prevent the spread of the COVID-19 virus are very good at trapping large particles, but are not very effective at stopping aerosols. The reason for this is that there are gaps in the masks where exhaled air escapes without being

filtered. He also stated that early indications suggested a 10% fatality rate from COVID-19. That supported the declaring of a pandemic however, with subsequent variants and further data, and an infection fatality rate of 0.15%, COVID-19 is not an issue of pandemic proportions. He states that he agreed 100% with Dr. Hu that there is efficacy of masking with symptomatic individuals however, masking of asymptomatic individuals does not stop the spread of aerosols. He cited a study in China which indicated that there was no substantial evidence of asymptomatic transmission of COVID-19. He stated that asymptomatic transmission was not the driver of the pandemic. He testified that healthy people do not transmit the virus, and that almost all transmission of COVID-19 occurs when people are symptomatic, as without symptoms there is an insufficient quantity of virus to cause infection. He stated that it does not make logical sense to require an asymptomatic health care worker and an asymptomatic patient to wear masks. In addition to the ineffectiveness of stopping aerosols, masking also has the potential to create harm, as failure to follow proper protocols when putting on, taking off, or touching the mask while being worn, will contribute to the spread of the virus. There is also the harm caused by inhibiting communication between individuals. An additional harm is that failing to expose individuals, particularly children, to the microbial world risks harming their immune system development. Additionally, mask wearing increases carbon dioxide levels, which creates a condition of very mild hypoxia.

Cross-Examination - Dr. Bridal: 844

During cross-examination, Dr. Bridal acknowledged that his position at the University of Guelph is in the Patho-Biology Department at the Ontario Veterinary College. He stated that much of his teaching work is to the students enrolled in the Veterinary Medicine Program.

Dr. Bridal acknowledged that the University of Guelph had implemented masking policies, and he confirmed that he did respect the masking policies and adhered to them.

When asked by a panel member when Dr. Bridal became aware that the infection fatality rate was below 1%, he indicated that by January, 2022 it was apparent that the virus was not as fatal as originally anticipated.

Direct Examination - Dr. Warren

Dr. Warren graduated from the University of Western Ontario in 2005, and completed two fellowships in Infectious Diseases and Medical Microbiology. He then completed three years of residence at the University of Ottawa in Internal Medicine. As an infectious disease specialist he treats patients with diseases caused by viruses, bacteria, parasites and fungus. As a Medical Microbiologist he manages the Microbiology Laboratory in his hospital. He also is enrolled in a Master's of Science and Epidemiology Program at the London School of Hygiene and Tropical Medicine. He has an adjunct appointment at McMaster University as a Clinical Assistant Professor. He is also a member of the College of Physicians and Surgeons of Ontario.

Dr. Warren stated that the infection fatality rate varies by age, but as of January of 2022 it was approaching that of influenza. He stated that the Omicron Variant is less severe, but is more

infectious. Dr. Warren testified that in early April, 2020 he was of the view that COVID-19 was going to become endemic, and that attempts to completely stop the virus were futile. He indicated that symptomatic transmission is twenty-five times greater than asymptomatic transmission.

Dr. Warren acknowledged that his workplace requires him to wear a mask even when he is asymptomatic, and that he understands that the College of Physicians and Surgeons of Ontario requires him to wear a mask even when he is asymptomatic. He indicated that he does wear a mask, even though there is no evidence that would support constant mask wearing. He stated that masking has no effect on transmission, and that he is not aware of any literature that supports Dr. Hu's conclusion that every country that has imposed masking has experienced a decrease in transmission of COVID-19. He stated that the best predictor of COVID-19 is population weighted density, meaning that areas that have a higher population will have a greater number of cases per capita than those areas that have a low population density.

Dr. Warren testified that asymptomatic transmission was rare or negligible, and that symptomatic transmission occurred at a rate twenty times higher than asymptomatic transmission. He then stated that the virus spreads as a result of population density, the cyclical pattern of the virus, and the age-structure of the population. There is no evidence that physical distancing reduces transmission of COVID-19. He referenced a study from Bangladesh, which showed that cloth masks had no impact on the spread of COVID-19. Surgical masks used in that study showed a small impact, which Dr. Warren identified as a-risk reduction of 0.9%. He then extrapolated that in the general population, which showed that 1100 people would have to wear

masks for eight weeks to prevent one infection. Dr. Warren also testified that there is no relevance as to whether or not an individual works in a healthcare or non-healthcare setting, what is relevant is symptomatic people interacting with others. He also commented on the concept of "medical reversal" being a phenomenon where assumptions become entrenched and, once so entrenched, the practices based upon those assumptions do not change. Dr. Warren stated that this explains why universal masking has not been abandoned, even in the face of evidence that it is futile. Dr. Warren also alluded to political influence on mask policies.

Dr. Warren - Cross-Examination

During cross-examination Dr. Warren indicated that in April and May of 2020, during the first wave of COVID-19, the infection fatality rate was its highest. He also confirmed that COVID-19 is definitely a pandemic. He agreed that it was up to the government to make decisions and orders in response to the pandemic. He also indicated that even though he would disagree with the requirement of masking, if his regulator or a hospital required it he would mask.

Submissions of the College:

The College accepts that they have the onus of establishing the facts that underlie in the charges, and to prove that unprofessional conduct occurred. The College states that the facts are not in dispute; there is no question that Dr. Wall was acting contrary to the conditions of the Pandemic Directive. In determining whether or not the Complaints Director has established that unprofessional conduct occurred, reference is to be made to the *Health Professions Act,* the College's Standard of Practice and Code of Ethics, and the CMOH Orders requiring masking. The

College maintains that practicing is a privilege not a right, and that Dr. Wall committed unprofessional conduct when he decided not to comply with the Pandemic Directive. The College also emphasized that Section 80 of the *Health Profession Act* establishes the powers of the Tribunal, specifically that the Tribunal is to decide whether or not Dr. Wall's conduct is unprofessional.

The College maintains that the issue to be determined is whether a regulated professional is allowed to decide which professional responsibilities are applicable to him. They argue this hearing deals with the issue of compliance, and that, pursuant to Section 80(1) of the HPA, the Tribunal only has authority to make a determination as to whether or not Dr. Wall has committed unprofessional conduct. The Hearing Tribunal has no authority to strike down the Pandemic Directive, or to create and/or set any policy for the College.

The College noted that the various applicable CMOH orders did not provide any exemptions for masking until November 24, 2020. This was subsequent to Dr. Wall's decision in June of 2020 to self-diagnose and unilaterally determine that he ought to be exempt from masking on the basis of a medical condition.

The College stated that the City of Calgary Bylaw 26M2020, dated August 1, 2020 (Exhibit D-11) states that a masking requirement does not apply where the person has an underlying medical condition or disability which inhibits their ability to wear a face covering. That same Bylaw goes on to state that nothing in the Bylaw relieves a person from complying with any Federal or Provincial applicable law and/or regulation, or any requirement of any lawful permit order or license. The College argues that the CMOH Order 16-10, and the College's Pandemic Directive

supersede the Calgary bylaw, and the masking exemption contained within it. The College also made reference to the various Alberta Health Services' exhibits, and maintained that these do not set out an exemption for Alberta Health Services health care workers, and further note that no contrary evidence in this regard has been tendered by Dr. Wall.

The various Alberta Health Services exhibits repeatedly and consistently reference the requirement for continued masking, as well as the efficacy of that masking. The consistent theme throughout is that masking protects others and the wearer from the spread of COVID-19.

The AHS documents assist in establishing the context and contents of the Pandemic Directive issued by the College. CMOH Order 16-20 directed that the College's Pandemic Directive include mandatory masking, social-distancing and plexiglass barriers, CMOH Order 16-20 also required that every college was to provide the CMOH with a copy of their COVID-19 guidelines, and that those guidelines were to be substantially equivalent to the guidelines set out in the Workplace Guide for Community Healthcare Settings. The College maintains that they had a legal requirement to create a Pandemic Directive and this, among other things, required the wearing of a mask. The CMOH Order 16-20 contained no exemption for the face-masking requirement.

The College states that Dr. Wall had a responsibility to ensure that his clinic and staff complied with the Pandemic Directive. Dr. Wall expressly acknowledged that obligation in his testimony. It is very clear that Dr. Wall did not follow the College's Pandemic Directive. It is also very clear that Dr. Wall never asked the College for an exemption of any type when he stopped masking. Dr. Wall expressly acknowledged that he had an obligation to notify the College of his concerns in the Pandemic Directive. Dr. Wall indicated that he did not think it necessary to advise the College

of his failure to wear a mask and his self-diagnosed medical condition. As a result of his failure to communicate with the College, the College was unable to accommodate his claimed medical condition. The College maintains that Dr. Wall, as a member of a regulated professional organization, had an overriding obligation to advise them that he was no longer complying with the CMOH Directive.

On December 8, 2020, AHS closed Dr. Wall's clinic. There is no evidence that Dr. Wall made any effort to contest or appeal that closure order. A reopen notice was subsequently issued by AHS on January 5, 2021. As a result of the reopen notice, Dr. Wall's clinic was reopened on the following conditions:

> *(1.) the College's Pandemic Directive must be followed;*
>
> *(2.) the relaunch plan requirements must be implemented;*
>
> *(3.) explicit patient consent must be obtained to proceed with booking and services and patients must be advised that he would not be masked; and*
>
> *(4.) all patients being treated must continually wear a mask that covers their mouth and nose during their visits to his clinic (absent any legitimate exemptions).*

Dr. Wall's failure to comply with the terms of the reopening notice are not only a breach of Dr. Wall's legal obligations, but also his professional obligations. Dr. Wall's decision to ignore this legally binding requirement indicates his failure to satisfy his broader ethical responsibilities as a professional.

Dr. Wall also expressly acknowledged the factual basis for each of the charges as indicated by the following extracts of evidence:

MR. MAXSTON: Okay. I'm going to take you through each of the charges, and I want to be very clear. I'm not asking you to make admissions of unprofessional conduct; I'm more interested in the facts in the charges are the factual foundation. So Charge 1 says: (as read) Beginning on or about June of 2020 and at the Wall Chiropractic Clinic: (a), [you] failed to use PPE, specifically failed to wear a mask; (b), failed to observe the required 2 metres of social distancing when unmasked; (c), until on or about December 2020, failed to have a plexiglass barrier at the clinic reception and/or did not require patients to mask; [and then] when he interacted with patients, members of the public, or both. Do you dispute any of those facts?

DR. WALL: No, I do not.

MR. MAXSTON: And if we go to Charge Number 2: (as read) Beginning on or about June of 2020 in the clinic, one or more staff members of the clinic, the staff, failed to use PPE, specifically staff failed to wear masks; (b), failed to observe the required 2 metres of social distancing when unmasked and/or, (c), did not require patients to be masked when they interacted with patients, members of the public, or both. Again, I'm not asking you to make an admission of unprofessional conduct, but do you accept those facts?

MR. KITCHEN: Mr. Maxston, I don't mind the question, but, in general, I'm going to ask that you break it up for each one of these pieces.

MR. MAXSTON: Sure, I'm happy to do that.

MR. KITCHEN: Okay, thank you.

MR. MAXSTON: Yeah.

MR. MAXSTON: Let's go to 2(a), do you dispute those facts, Dr. Wall?

DR. WALL: No, I do not.

MR. MAXSTON: And similarly for 2(b)?

DR. WALL: No, I do not.

MR. MAXSTON: And similarly for 2(c)?

DR. WALL: No, I do not.

MR. MAXSTON: Okay, we go to Charge Number 3: (as read) Beginning on or about June 2020, Dr. Wall treated patients while not wearing a mask and/or did not require patients to be masked, and, (a), he did not advise patients of the increased risk of transmission of COVID-19 due to masks being worn. Do you agree with that factually?

DR. WALL: Like "masks not being worn" I believe is --

MR. MAXSTON: Yeah.

DR. WALL: what you meant?

MR. MAXSTON: Yeah, sorry, yeah.

DR. WALL: That's correct.

MR. MAXSTON: And (b): (as read) He advised patients that masks were not required. Is that factually accurate?

DR. WALL: Correct.

MR. MAXSTON: And (c): (as read) He advised patients that wearing masks had no effect concerning transmission of COVID-19. Is that accurate factually?

DR. WALL: Correct.

MR. MAXSTON: So if we go to Charge Number 4:· (as read) Beginning on or about June of 2020, Dr. Wall failed to chart and/or failed to properly chart communications with his patients about, (a), him not wearing a mask. Would you agree with that?

DR. WALL: Yes, I would.

MR. MAXSTON: (b):· (as read) His staff not wearing masks. Would you agree with that?

DR. WALL: Yes, I would.

MR. MAXSTON: And (c):· (as read) His patients not wearing masks?

DR. WALL: Yes, I would.

MR. MAXSTON: And then, finally, Charge Number 5:· (as read) Beginning on or about June of 2020, Dr. Wall and/or the staff, (a), failed to follow CMOH orders regarding masking and COVID-19. Do you accept that factually?

DR. WALL: Yes.

MR. MAXSTON: And (b): (as read) Failed to follow the ACAC Pandemic Practice Directive. Do you agree with that factually?

DR. WALL: Partially, but, yes, with respect to masking; is that what that (b) would be?

MR. MAXSTON: Yeah, I would -- yes, I think, in fairness to you, I'm thinking of masking, social distancing, and the plexiglass barrier.

DR. WALL: Correct, yeah.

The College maintained that the evidence of the three lay witnesses' testimony was not relevant and that despite whatever beliefs or opinions the lay witnesses may hold, their evidence bears no relevance to the question of whether or not Dr. Wall should be found guilty of the five charges before the Tribunal.

The College then reviewed the evidence of the experts called by Dr. Wall. Each of Mr. Schafer, Dr. Bridal, and Dr. Dang, agreed that there were differences of opinion with respect to their views and those of AHS, CMOH and the *Public Health Agency of Canada.* Each of them also indicated they either have complied or would have complied with their professional organization's masking requirements.

Following Alberta Health Services' closure of Dr. Wall's clinic on December 8, 2020 (Exhibit D-1), there is no evidence that Dr. Wall at any time contested the closure order in court. The clinic was reopened on January 5, 2021. The reopening was subject to the following Alberta Health Services requirements:

(1) Dr. Curtis Wall must follow the current reopening practice guidance as set out by the Alberta College and Association of Chiropractors, as well as all future iterations of this guidance.

(2) Dr. Curtis Wall must implement his revised COVID-19 Relaunch Plan that was submitted on December 24, 2020 into practice to reduce the risk of transmission of COVID-19 among the attendees of the Wall Chiropractic & Wellness.

(3) Prior to booking an appointment, Dr. Curtis Wall must inform the patient he will be unmasked while providing services and obtain the patient's explicit consent to proceed with booking and undertaking said services.

(4) Dr. Curtis Wall must ensure that all patients he treats continuously wear a mask that covers their mouth and nose for the duration of their time in the clinic, unless they are able to provide evidence that they have been granted a mask exemption.

Dr. Wall admitted that he is not complying with the College's masking and social-distancing requirements and was, for a period of time, not complying with the plexiglass barrier requirements, all three of which were set out in the Pandemic Directive issued by the College. In addition, Dr. Wall acknowledged that he was not in compliance with the January 5, 2021 AHS Rescind Notice.

Counsel for the College then reviewed Section 3 of the *Health Professions Act*, and maintained that Section 3, which references a college's public protection role, is mandatory. Section 3 states:

"3(1) A College

(a.) must carry out its activities and govern its regulated members in a manner that protects and serves the public interest,
(b.) must provide direction to and regulate the practice of the regulated profession by its regulated members,
(c.) must establish, maintain and enforce standards for registration and of continuing competence and standards of practice of the regulated profession,
(d.) must establish, maintain and enforce a code of ethics,
(e.) carry on the activities of the college and perform other duties and functions by the exercise of the powers conferred by this Act, and

(f.) may approve programs of study and education courses for the purposes of registration requirements."

Importantly, use of the term "must" establishes that these are mandatory duties to be carried out by the College.

They also referenced Section 6, which provides that:

"(6) A council manages and conducts the activities of the college, exercises the rights, powers and privileges and carries out the duties of the college in the name of and on behalf of the college and carries out the powers and duties of the council under this Act and the bylaws."

In support of their interpretation of Section 3, counsel for the College cited the decision in *Michael Yar Zuk v. Alberta Dental Association and College*[5]. In Zuk, the Alberta Court of Appeal found that Section 3 of the *Health Professions Act* creates a statutory mandate to govern a profession in a manner that protects and serves the public interest. The Court also adopted the ruling of an earlier Alberta Court of Appeal Decision, *Brown v. Alberta Dental Association*[6], which identified that the paramount objective is the protection of the public. The Court went on to state that, in order to protect the public, the honor and dignity of the profession must be maintained, and the legislative scheme must allow for controls on the businesses of professionals.

The College next referenced the Ontario Court of Appeal decision in *Mussani v. College of Physicians and Surgeons on Ontario*[7], where it was held that there was no constitutional right to practice in a profession unfettered by the applicable rules and standards which regulate that

[5] *Michael Yar Zuk v. Alberta Dental Association and College, et al 2018* ABCA 270
[6] *Brown v. Alberta Dental Assn., 2002 ABCA 24*
[7] *Mussani v. College of Physicians and Surgeons on Ontario (2004) Can 48654 (ON CA)*

profession. Further case law was cited in support of the proposition that there is no common law, proprietary or constitutional right to practice a profession free of regulation.

The College also reviewed the concept of ungovernability. They argued that while ungovernability typically is dealt with at the penalty stage, it is also relevant to this matter at the liability stage of the hearing. Reference was made to the *Ontario College of Physicians and Surgeons of Ontario v. Savic* [8]decision, where the Court commented on ungovernability, and stated that a pattern of conduct that demonstrates that the member is unprepared to recognize his or her professional obligations in their regulated role gives rise to ungovernability. The Court further stated that the privilege of professional regulation is dependent upon the profession's members willingness to be governed in the public interest, and to abide by the governing body's directions. It was argued that Dr. Wall's conduct demonstrated ungovernability, as he failed to engage with the College following the issuance of the Pandemic Directive, he self-diagnosed a medical condition, and he made a conscious decision to ignore the masking and social distance requirements that were required of his clinic without notifying the College. Particularly egregious is the fact that Dr. Wall made no effort whatsoever to contact the College, and the College was unaware of his conduct until a complaint was forwarded to the College by AHS in December, 2020, six months after Dr. Wall stopped masking. The College argues that Dr. Wall's conduct speaks to selective compliance, acting in secrecy, and failure to communicate with the College all of which is indicative of his ungovernability.

[8] *College of Physicians and Surgeons of Ontario v. Savic 2019 ONCPS D-40*

The College emphasized that the question to be considered by the Tribunal is whether or not the College acted reasonably when it issued the Pandemic Directive. They stated that the test that ought to be applied is whether or not there was a reasonable basis for the issuance of the Pandemic Directive. They emphasized that the issue of whether or not masking and social distancing and other elements of the Pandemic Directive are supported by science, or are ineffective in reducing the transmission of COVID-19, are not issues that the Tribunal is required to determine. Rather, the Hearing Tribunal must determine whether the College acted reasonably when issuing the pandemic directive.

The College then reviewed the test of reasonableness in such circumstances and noted that the Courts have repeatedly determined that the question that is to be asked is whether the decision is one that would fall within a range of reasonable outcomes. Further, the Tribunal should only interfere with the decision of the College if that decision is outside the range of possible outcomes that are defensible with respect to the facts and the law. The College also noted that case law has identified that professional associations are given a broad public interest mandate, and have broad regulatory powers in order to accomplish that mandate. As a result, the issue the Tribunal must determine is whether the College's decision to develop and impose a Pandemic Directive was reasonable. The issue is not whether the Pandemic Directive's masking and social distancing obligations are based in science, or are even valid.

The College argues that in determining whether or not the College's Pandemic Directive was reasonable, the College undertook considerable research and consultation, which included:

(1.) Reviewing documents that Alberta Health was publishing.

(2.) Consultation with the Federation of Chiropractic Colleges.

(3.) Consultation with other Alberta HPA regulators.

(4.) Consultation with other Canadian Chiropractic colleges.

(5.) Consultation with a microbiologist.

(6.) Consultation with the College's Competence Committee.

(7.) Consultation with the Alberta Federation of Regulated Health Professionals.

(8.) Review of the AHS Exhibits.

In addition to reviewing the above reference materials, the College also underwent a consultation process with its members. Less restrictive directives were considered, but were rejected given that chiropractors work in close proximity with the people they treat, and are not able to maintain a physical distance of two meters. Human rights and constitutional rights were also considered, and it ultimately was determined that patient safety was paramount.

In considering whether or not the Pandemic Directive was reasonable, the College asked the Tribunal to consider the unrefuted evidence that every profession and college adopted a masking requirement. In addition to other colleges adopting a masking requirement, health care institutions did so as well. These include:

(1.) The Alberta Chief Medical Officer of Health

(2.) The Government of Alberta

(3.) The Public Health Agency of Canada

(4.) Alberta Health Services

(5.) Alberta Hospitals

It was also established that there is no evidence the College at any time acted in bad faith, in either the preparation or dissemination of the Pandemic Directive.

The College next addressed the Charter issues raised, being the right to freedom of conscience and religion, as well as the right to freedom of expression, and the right to life, liberty and security of the person. The College maintained that none of these rights were properly demonstrated, or are applicable. In any event, Section 1 of the Charter is a complete answer to any Charter claim made by Dr. Wall.

The College argued that Section 1 of the Charter provides that the rights and freedoms set out in it are subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society. The case law interpreting Section 1 of the Charter has established that it is necessary to limit rights and freedoms where exercising them would be contrary to the collective goals of society. The College also made reference to the case law which states that the limitation on rights is not required to be perfectly calibrated, but only has to be reasonably and demonstrably justified. Further, courts are to take a differential position when performing a Section 1 analysis. Counsel for the College framed the question for the Tribunal as being one of determining whether the College had a rational foundation for relying on reasonable scientific research regarding masks. Overall, the College argues that if there is any infringement of any rights arising from the Pandemic Directive, that infringement is a reasonable limit that, while imposing limited rights infringements, operates to benefit public health. The College then reviewed the case law dealing with the COVID-19 pandemic restrictions and Charter challenges.

In both *Taylor v. Newfoundland and Labrador*[9] and *Beaudoin v. British Columbia*[10], the Court held that any interference with Charter rights was justified under Section 1 of the Charter. The Court in these cases held that the restrictions at issue were based upon available scientific evidence, and fell within the range of reasonable outcomes.

The College next addressed the human rights matters arising from Dr. Wall's medical condition, and his religious views. The College states that any alleged discrimination is justified on the basis of there being a bona fide occupational requirement (BFOR). In support, the College's counsel reviewed several recent Alberta Human Rights Commission Cases that found that the implementation of a masking mandate satisfied a bona fide occupational requirement. In those cases, the Alberta Human Rights Commission found that the masking policies at issue were rationally connected to a legitimate business purpose, were adopted in good faith, and that it was not possible to accommodate the complainants without there being undue hardship.

The College then argued that for Dr. Wall to successfully maintain that he had been discriminated against, he would have to prove that (1) he had a characteristic that is protected from discrimination under the Alberta Human Rights Act (2) he experienced an adverse impact with respect to an area protected by the Code and (3) the protected characteristic was a factor in the adverse impact. With respect to the first component of the test, the College argued that Dr. Wall failed to comply with the Pandemic Directive, on the basis of his self-diagnosis of a medical condition. The subsequent medical letters that were provided by his physician, Dr. Salem were

[9] *Taylor v. Newfoundland and Labrador 2020 NLSC 125*
[10] *Beaudoin v British Columbia, 2021 BCSC 512*

brief, and they contained no formal diagnosis, no treatment plan, and no prognosis. The College also stated that Dr. Wall has failed to satisfy the onus of establishing his having experienced an adverse impact, or that any protected ground was a factor in that adverse impact.

The College further states that the Pandemic Directive was clearly and unequivocally adopted for a purpose rationally connected to job performance, and that the Pandemic Directive was adopted in good faith and for legitimate purpose. When accommodating any alleged disability, the accommodation must be balanced with other legal obligations to coworkers and other customers.

Dr. Wall should also have made attempts to request accommodation. He failed to do so. The College noted that at no time did Dr. Wall make any request to receive accommodation, it was therefore impossible for the College to provide any accommodation to Dr. Wall.

The College further noted that the CMOH Orders that permitted exemptions for masking were issued on November 24, 2020 and December 11, 2020, well after June 2020, when Dr. Wall stopped wearing a mask due to his self-diagnosed medical condition.

Submissions of Dr. Wall:

Dr. Wall argues that the Tribunal ought to find the Pandemic Directive issued by the College to be a violation of the Alberta Human Rights Act, and that Dr. Wall suffered unlawful discrimination on the basis of both his mental disability and his religious beliefs. As a result, all charges related to him refusing to wear a mask must fail.

With respect to the remaining charges, Dr. Wall takes the position that he lawfully exercised his freedom of expression rights pursuant to Section 2(b) of the Charter, that he acted professionally by protecting his patients from the harms arising from masking, and that he did not breach any CMOH orders.

Dr. Wall maintains that he has two protected characteristics, mental disability and religious beliefs. He states that the actions of the College resulted in him experiencing an adverse impact, and that his mental disability and religious beliefs are protected characteristics.

With respect to establishing his mental disability, Dr. Wall described the symptoms he experienced when he wore a mask while treating patients, and that his description of his symptoms were verified by his physician, Dr. Salem. Dr. Wall notes that there has been no evidence produced to the contrary, and that Dr. Salem's medical notes identifying the medical basis for his exemption were not contested by the College. Dr. Wall further relies upon the expert opinion evidence from the respirologist, Dr. Bao Dang, and from the occupational health and safety witness Chris Schaefer, who stated that some individuals who wear a mask do experience symptoms similar to those experienced by Dr. Wall.

Dr. Wall also claims a protected religious belief. He explained his Christian beliefs regarding masking. He argues that his religious beliefs are sincere, have a basis in Christianity, and would be substantially interfered with, should he be required to wear a mask. He stated that he is a Christian, and follows the requirements of the Holy Bible. He referred to quotes from Genesis 1:27; "God created mankind in his own image. In the image of God, he created them. Male and female, he created them." Dr. Wall then stated that he believes his face is sacred to him and also

sacred to God, as it is a manifestation of his image. Dr. Wall believes that to cover up his face would be a barrier between him and Jesus Christ. He further stated that complying with an order to wear a mask is essentially fearing man and not God. He then cited other quotes from the Bible, and stated that the requirement to wear a mask violates his life of faith. Dr. Wall argues that there is no question that his belief was sincere.

Dr. Wall maintains that he suffered two adverse impacts as a result of being required to wear a mask. The first adverse impact arose when the College applied to suspend his practice permit. The second adverse impact is the charges brought against him and the ongoing prosecution of them.

In response to the College taking the position that Dr. Wall never requested an accommodation of his alleged disabilities, Dr. Wall maintains that he did in fact request an accommodation when he spoke to Dr. Halowski and Mr. Lawrence via telephone on or around December 5, 2020. He further states that in a subsequent call with Mr. Lawrence, the issue of accommodation of his mental disabilities was discussed. Dr. Wall states that where there is inconsistency between his evidence and that of Dr. Halowski and Mr. Lawrence, Dr. Wall's evidence ought to be preferred. In addition, on approximately December 14, 2020, Dr. Wall provided a doctor's note from his physician stating that he was unable to wear a mask. Dr. Wall maintains that the provision of that doctor's note resulted in the College being obligated to work towards an accommodation. The religious exemption was also brought to the College's attention in the submissions made by Dr. Wall's counsel when responding to the Complaint Director's permit suspension application.

Dr. Wall relied upon the *Telus v. T.W.U.* [11] decision, where the Court of Appeal of Alberta stated that it was unnecessary for an employer to demonstrate knowledge of an employee's disability in cases involving adverse effect discrimination. In that case the Court found that the three part test is sufficient to accommodate cases where an employer's knowledge is relevant to a prima facie case, and thus knowledge should not be added as a fourth element of the prima facie case test. Dr. Wall maintains that he has established a prima facie case of discrimination as a result of his mental disability and religious beliefs. As a result, the duty to accommodate was triggered without the College needing to become aware of it.

When determining whether or not the discrimination may be seen to be justified as a bona fide occupational requirement the onus is to be shifted to the College. In support, Dr. Wall refers to the three part test set out in the Supreme Court of Canada's *Meiorin*[12] decision; the first is that the standard adopted is rationally connected to the activity within the issue; the second is that the standard was adopted in the good faith belief that it was necessary; the third is to show that the standard was reasonably necessary.

Dr. Wall concedes the first two components of the test; that universal mandatory masking is rationally connected to a practicing chiropractic, and that the mandatory masking was adopted in good faith. However, Dr. Wall maintains that the College has the onus of demonstrating the third part of the test; that it could not accommodate Dr. Wall without experiencing undue hardship.

[11] *Telus Communications Inc. v. Telecommunications Workers Union, 2005 FCA 262*
[12] *British Columbia (Public Service Employee Relations Commission) v. BCGSEU [1999] 3 SCR 3*

The *Meiorin* decision in turn cites the earlier Supreme Court of Canada decision in *Central Okanagan School District v. Renaud*[13], which held that undue hardship infers that some hardship is acceptable, and that in order to justify a rule or requirement it must accommodate factors relating to the unique capabilities and inherent worth and dignity of every individual, up to the point of undue hardship. Dr. Wall maintains that the College has not produced any evidence of any attempts to accommodate Dr. Wall in December of 2020. Dr. Wall maintains that it is no answer for the College to state that it was required to adhere to the CMOH order, as the *Alberta Human Rights Act* is quasi-constitutional legislation that supersedes the provisions set out in the *Public Health Act.* Dr. Wall further argues that this supremacy was accepted by the CMOH and AHS, who expressly permitted exemptions for masking based upon mental concerns and limitations. He states an accommodation was clearly possible, and was demonstrated when AHS permitted Dr. Wall to reopen his clinic in 2021, and treat patients without Dr. Wall being required to wear a mask.

With respect to masking being a bona fide occupational requirement, Dr. Wall states that it is not. He stated that there is abundant evidence to establish that masks are ineffective. He maintains that masks do not have any impact on transmission, and there is no increase to the risk of transmission in failing to wear a mask.

Dr. Wall then critiqued the evidence of Dr. Hu, and challenged both his credibility and reliability. He pointed out that Dr. Hu maintains that asymptomatic transmission of COVID-19 is high, but

[13] *Central Okanagan School District No. 23 v. Renaud, 1992 CanLII 81 (SCC), [1992] 2 SCR 970*

that both Dr. Bridal and Dr. Warren testified that asymptomatic transmission of COVID-19 is very low or negligible.

Dr. Dang also disagreed with the evidence of Dr. Hu, and referenced a study that showed masks have no impact on viral transmission. He also challenged Dr. Hu's claim that viral transmission was reduced in all countries that implemented mandatory masking, stating there was no report or study that would support Dr. Hu's claim. He also challenged Dr. Hu's comment with respect to the number of health workers who contracted COVID-19 while being masked. Dr. Dang stated that he observed hundreds of healthcare workers becoming infected with COVID-19 in Medicine Hat alone, contrary to Dr. Hu's comment that there were less than a hundred transmissions as identified by AHS arising between a healthcare worker and a COVID-19 positive individual in the entire province. He then stated that mask mandates are not based on science, but were politically influenced.

Dr. Bridal's evidence is that aerosol transmission of COVID-19 is significant, and that masks do not prevent aerosol transmission by symptomatic individuals. He stated that aerosols are able to escape the mask in areas where it does not seal directly to the face and as a result of the large pore size of the mask. This is contrary to the evidence of Dr. Hu, who testified that healthy individuals were able to regularly transmit the virus to others. Where their evidence conflicts, Dr. Wall states that Dr. Bridal's evidence is to be preferred over Dr. Hu's.

Dr. Wall maintains that the College has the onus to establish that masks are a bona fide occupational requirement, and that they are only able to do so if they establish the effectiveness of masking. Dr. Wall maintains that the College failed to meet that onus.

Dr. Wall also commented on the minimal cross-examination of Dr. Wall's witnesses, and stated that much of their evidence was unchallenged.

Dr. Wall argued that as a result of the College's wrongful discrimination against him, charges 1(a), 1(b), 1(c), 2(a), 2(b), 4(a), 4(b) and 5(b) have not been established. He states that all of these charges effectively are a violation of his human rights, and that the Pandemic Directive requirements are discriminatory and unlawful. He maintains that he did not commit unprofessional conduct by refusing to obey them.

On the issue of reasonable accommodation, Dr. Wall argues that Telehealth is not a viable accommodation. Chiropractors must be able to provide physical manipulation to their patients, and are only able to perform their services by physically touching their patients. He stated it is also not a reasonable accommodation to close the office. Dr. Wall states that it is very apparent that he could have been accommodated as proven by the conditions subsequently imposed on him. In the particular circumstances of Dr. Wall's practice, where he was the only chiropractor in the office and only saw one patient at a time, these restrictions were viable.

Dr. Wall also maintains that he did not breach any CMOH order. He states that CMOH Order 16-2020 was inapplicable, as the Pandemic Directive superseded it. The masking orders (being CMOH 38-2020 and CMOH 42-2020) also contained exemptions which Dr. Wall claims he has qualified for. Dr. Wall also states that those CMOH orders allowed individuals to self-diagnose any medical conditions, and that this did not require any medical evidence. The CMOH orders only required medical evidence after May, 2021. This postdates the relevant dates, being June-December 2020.

Dr. Wall also maintains that charges 3-b and 3-c violate Dr. Wall's right to freedom of expression as protected by Section 2(b) of the Charter. Dr. Wall states that telling the truth about masking to patients cannot be unprofessional conduct, as charges 3(a) and 3(c) amount to compelled speech which is a violation of the Charter. Charge 3(c) attempts to penalize Dr. Wall for telling his patients information that the College does not want him to say. The only possible justification for this compelled speech and censorship is if the College is able to establish that the comments they wanted Dr. Wall to make were true, and that the comments Dr. Wall made were untrue. Dr. Wall maintains that the College has not been unable to demonstrate either.

With respect to the patient masking charges, being 1(d), 2(c) and 3(b), Dr. Wall states that these charges have no basis. He relies upon the Pandemic Directive, which makes no mention of patients masking. He also relies on CMOH Order 16-2020, which does not instruct chiropractors to have patients mask. Similarly, neither the Pandemic Directive nor AHS have any requirements with respect to charting, or with respect to patients being required to mask. Dr. Wall states that the only possible grounds for any charges with respect to patient masking, is paragraph 4 of the Reopen Notice. That paragraph requires Dr. Wall to ensure that the patients he treats continue to wear a mask. Dr. Wall questions the lawfulness of that notice, on the basis that neither the CMOH or the *Public Health Act* is made reference to. He also points out the contradiction in the Reopen Notice issued by AHS with respect to the mask exemptions contained in CMOH Orders 38-2020 and 42-2020. He states that the CMOH Order supersedes the Reopen Notice, and that if the Reopen Notice contains anything contrary to the CMOH orders it ought not to be considered. He also states that paragraph 4 is unenforceable, as he has no way of knowing what might constitute a mask exemption, or what evidence of that exemption might be sufficient. Finally, he

states that the charges against him make no mention of the AHS Reopen Notice, nor has the College ever charged Dr. Wall with being in contravention of any AHS order. He maintains that he has never been properly charged, and as a result all the patient masking charges must fail.

Dr. Wall further argues that he could not have committed professional misconduct by requiring his patients to wear a mask in his clinic, as masks are harmful. He maintains that he acted in accordance with his professional obligations by protecting his patients from harm. Dr. Wall maintains that the evidence that was provided to the Tribunal makes it clear that masks are harmful. He argues that politics and power sometimes supersede reason and science, and that by allowing his patients to determine whether or not they wear masks in his clinic he upheld his professional requirements of the Code of Ethics and Standard of Practice, and that doing whatever the Government says, or whatever the College says, is not to be prioritized over the interest of patients. He maintains that he at all times acted with the utmost professionalism, by speaking the truth and protecting his patients.

Hearing Tribunal Analysis:

The facts in this case are not in dispute. Dr. Wall has candidly admitted to all of the facts underlying each of the five charges the College has brought against him.

Dr. Wall is also not challenging the authority of the College to create policies in order to satisfy the requirements set out in the *Health Professions Act,* and he has acknowledged that he is bound by the College's Rules and Standards of Practice.

Dr. Wall has also acknowledged the authority of the College to create the Pandemic Directive in satisfaction of the requirements set out in the Health Professions Act. Dr. Wall is not challenging the College's motivation and reasonableness when it created and established that directive.

Dr. Wall has agreed that practicing as a chiropractor is a privilege, not a right. He has also acknowledged that he is bound by the College's rules. He has previously always abided by the College's rules and requirements since he started practicing in Alberta in 1987. The only time that Dr. Wall operated offside the College's requirements began in June of 2020 when he unilaterally determined that he would no longer wear a mask, contrary to the College's Pandemic Directive, and chose not to notify the College of his decision.

Dr. Wall has further expressly acknowledged that practicing chiropractic is a privilege, not a right. This is an appropriate point on which to commence our analysis.

In *Mussani v. College of Physicians and Surgeons of Ontario,* the Ontario Court of Appeal clearly stated that:

> *"the weight of authority is that there is no constitutional right to practice a profession unfettered by the applicable rules and standards which regulate that profession".*

This principle was accepted and reinforced in *Tanase v. College of Dental Hygienists of Ontario,* 2021 ONCA482 where the Ontario Court of Appeal stated:

> *"Nor is there a common law right to practice a profession free of regulation... the right to practice a profession... is a statutory right – an important right, to be sure, but a right that is subject to adherence to the governing legislation and rules made under it. There is no common law, proprietary or constitutional right to practice medicine, as this court reiterated in Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario..."*

It has been made very clear by the Courts that regulated professionals have an obligation to follow the rules and regulations instituted by their governing bodies. Failure to do so will result in punishment and sanctions.

Dr. Wall admitted that he initially complied with the Pandemic Directive and did wear a mask when treating his patients. Dr. Wall found that the mask became problematic, as he had feelings of claustrophobia and anxiety, and an inability to concentrate. He then attempted to wear a face shield, but experienced similar symptoms. He then self-diagnosed a mental disability and stopped wearing either a mask or face shield. His failure to wear a mask was directly contrary to the Pandemic Directive issued by the College, and also directly contrary to the then current CMOH Order, as neither the Pandemic Directive nor the CMOH Order provided for any exemptions for mask wearing. Dr. Wall's defense to the charges against him is that the College has unlawfully discriminated against him on the basis of his mental disability and his religious beliefs, and has refused to accommodate him.

Dr. Wall failed to advise the College that he was not complying with the requirements of the College's Pandemic Directive. He also did not provide any explanation as to why he did not immediately obtain a Doctor's note confirming his self-diagnosed mental condition. He stated that he did not believe a doctor-confirmed medical exemption was necessary, and claimed that he did not understand that the Pandemic Directive required him to contact the College. When Dr. Wall initially spoke to Dr. Halowski on December 2, 2020, he did not indicate that he had any medical disability, nor did he request any accommodation. Rather, that conversation involved

him commenting that he believed COVID-19 wasn't serious, and that he did not like how he felt when he wore the mask.

It is evident that Dr. Wall made a unilateral decision to stop wearing a mask contrary to the express requirements of both the Pandemic Directive and the CMOH Order. This is very concerning. We can come to no other conclusion but that Dr. Wall had unilaterally decided to practice contrary to the express requirements of both the Pandemic Directive and the CMOH Order. He did so deliberately, and was either willfully blind or deliberately ignorant of his obligations. It is also concerning that the first medical note provided was only obtained after the College contacted him and requested one. That first medical note from Dr. Salem was deemed unsatisfactory by the College, and a further medical note was requested. The second medical note from Dr. Salem contained no diagnosis, no prognosis and no treatment plan. Nevertheless, the College allowed Dr. Wall to continue to practice under certain conditions. These conditions included requiring him to inform the patients that he had a public exemption for masking, and to obtain a signed, written confirmation from each patient to agree to be seen and treated by Dr. Wall without him being required to wear a mask or face shield.

Dr. Wall also made a claim for a religious exemption for not wearing a mask. Dr. Wall stated that he was a very religious person, and that he had deeply held beliefs that he should not wear a mask. However, he made no requests for religious exemption during the period of June 2020 to early December 2020. He also made no mention of any religious beliefs when he first spoke to the College in December of 2020. Based upon his evidence of his deep faith, one would have expected that Dr. Wall would have made such a claim at that time, if not earlier. Instead, the

religious exemption claim was only made via his legal counsel in response to the College's request for an interim suspension, and after his offices were shut down by AHS. Based on Dr. Wall's claim of deep and devout faith, one would have expected him to raise his religious exemption claim earlier.

We find that Dr. Wall knowingly and continually disobeyed the Pandemic Directive based on his own personal beliefs that COVID-19 was not as harmful as the authorities said it was. He has provided no explanation as to why he failed to contact the College once he self-diagnosed his medical disability. We also have serious doubt about his claimed religious exemption. Although he testified that he is devoutly religious, and initially had intentions of making his life career that of a youth pastor, he failed to invoke any religious exemption request until after his clinic was shut down and did so only when his counsel responded to the College in mid-December, 2020. He admits that he made no mention of any religious exemption in either of the discussions he had with Dr. Halowski or Mr. Lawrence.

Following the close of arguments, counsel for Dr. Wall forwarded two further decisions that he asked the Tribunal to consider. The first of these decisions was *CM v Alberta, 2022 ABKB 716.* That decision dealt with parents who opposed the removal of masks at schools based upon their children's heightened health risks. In particular, the parents sought to challenge CMOH Order 08-22, stating that the Order was unreasonable, and violated Sections 7 and 15 of the Charter. The Court in that case concluded that the Order of the Chief Medical Officer of Health was unreasonable, as it was based on an interpretation of the Public Health Act as giving final authority over public health orders to public officials. The Court further dismissed the application

for Charter relief. This case dealt primarily with the issue of political impact on public health orders and, in particular, political involvement in CMOH Order 08-2022.

The second case, *R v Stephens, 2022 ABPC 220* involved a pastor who was charged with failing to comply with an order of a Medical Officer of Health. The pastor was charged with failing to ensure his congregation maintained a minimum 2 meter distance from another person. After a thorough review of the facts, the Court concluded that while the pastor may not have taken the steps necessary to ensure that his congregation complied with the 2 meter requirement, there was no evidence that the pastor himself had failed to comply with the 2 meter requirement. As a result, the pastor was found not guilty.

Neither of these cases are helpful, as they fail to address the fundamental issues in this matter. The pastor was not a regulated professional governed by the HPA.

When the College did become aware of the request for the exemptions they accommodated him by permitting him to practice pursuant to the terms of the January 25, 2021 AHS rescind notice. That rescind notice was issued in conjunction with a letter from Dr. Linford of the College dated December 18, 2020 where the following express conditions were placed upon Dr. Wall:

> *(1.) Dr. Wall shall inform each client he sees that Dr. Wall has a medical exemption from the public health order that all persons in a public place must wear a face mask, and Dr. Wall shall obtain the written confirmation signed by each patient that the patient agrees to be seen and treated by Dr. Wall without him wearing a face mask or face shield. Dr. Wall shall provide copies of the written confirmation from each to the Complaints Director by 5 p.m. on Friday of each week in which Dr. Wall sees any patients. This requirement will remain in effect as long as the public health order for physical barriers, social distancing and face masks are in effect.*
>
> *(2.) Dr. Wall shall direct any staff person assisting in his office, whether that person is paid or unpaid, to comply with the current public health order requiring*

use of physical barriers, social distancing and face masks. If any staff person claims an exemption from the wearing of a face mask, Dr. Wall shall consult with Alberta Health Services as to whether the claim of an exemption is supported by objective proof.

(3.) Dr. Wall shall maintain a log of screening questions asked and answered by all patients and daily screening of his staff and himself, regarding any symptoms or events that would require isolation and/or testing for Covid 19. The list of screening questions is set out on page 10 of the ACAC (now CCOA) Pandemic Practice Directive issued May 3 and revised May 25, 2020. Dr. Wall shall provide a copy of the log to the Complaints Director by 5 p.m. on Friday of each week that the public health orders for physical barriers, social distancing and face masks are in effect.

(4.) In the event that Dr. wall shows any symptoms or answers positive to the screening questions, he shall not see or treat any patients until he has been tested for Covid 19 by Alberta Services and received confirmation of a negative test result. Dr. Wall shall provide proof, satisfactory to the Complaints Director, of the negative test result on the same date that Dr. Wall receives the test result. Dr. Wall shall not see any patient until he has received confirmation from the Complaints Director that he can return to seeing and treating patients.

Dr. Wall at no time challenged the closure order, and at no time appealed any of these conditions.

Dr. Wall's defense to the charges is that the Pandemic Directive is a violation of his Human Rights and that his Charter Rights have been violated. He argues that The Human Rights legislation is quasi-constitutional, and that all Provincial statutes, including the *Public Health Act* and the *Health Professions Act,* are subject to it. We agree that this is a correct statement of the law. However, the *Alberta Human Rights Act* is limited in its application where a bona fide occupational requirement can be established.

It is well-established that a requirement may be imposed on an individual even if, on the face of it, the requirement appears to be discriminatory. This is known as a bona fide occupational requirement. In order for the College to be successful in arguing that the Pandemic Directive is a

bona fide occupational requirement, they must satisfy the three part test that is set out in the Supreme Court of Canada Meiorin decision.

It is also difficult to conceive that the College ought to be responsible for accommodating Dr. Wall for the period of June-December, 2020, when he at no time requested any accommodation. During that period of time Dr. Wall practiced in contravention of the Pandemic Directive, and only stopped doing so when a patient complaint was made to AHS, and ultimately was forwarded to the College. Dr. Wall's comments about his personal beliefs regarding the spread of COVID-19 and the health impacts of contracting COVID-19 support the conclusion that Dr. Wall operated in open defiance of the Pandemic Directive.

While we have difficulty with Dr. Wall's conduct in the manner of defying the Pandemic Directive, and his failure to claim his medical and religious exemptions until after a complaint was received by the College, it is not necessary for us to delve deeply in to the validity of these exemption claims given the conclusion arising from our analysis of the *Meiorin* decision.

Meiorin established a three part test when determining whether or not an imposed standard is a bona fide occupational requirement (BFOR). In *Meiorin* the court stated:

> *2. Steps One and Two*
>
> *71 The first two elements of the proposed BFOR analysis, that is (1) that the employer adopted the standard for a purpose rationally connected to the performance of the job; and (2) that the employer adopted the particular standard in an honest and good faith belief that it was necessary to the fulfillment of that legitimate work-related purpose, have been fulfilled.*
>
> *3. Step Three*
>
> *72 Under the third element of the unified approach, the employer must*

> *establish that the standard is reasonably necessary to the accomplishment of that legitimate work-related purpose. To show that the standard is reasonably necessary, it must be demonstrated that it is impossible to accommodate individual employees sharing the characteristics of the claimant without imposing undue hardship upon the employer. As noted, the burden is on the government to demonstrate that, in the course of accomplishing this purpose, it cannot accommodate individual or group differences without experiencing undue hardship.*

Dr. Wall has expressly conceded steps one and two of the analysis. What is at issue is whether the College is able to establish that the pandemic directive was reasonably necessary to accomplish a legitimate work related purpose, and that it was impossible to accommodate Dr. Wall without experiencing undue hardship. *Meiorin* has established that the concept of undue hardship means that some hardship is acceptable. In order to satisfy the test the College must show that the hardship is "undue". Undue hardship is an amorphous concept, and must be considered in the context of each individual case it is applied to.

The Supreme Court in *Meiorin* provides useful commentary with respect to the application of this third step:

> *63. When determining whether an existing standard is reasonably necessary for the employer to accomplish its purpose, it may be helpful to refer to the jurisprudence of this Court dealing both with the justification of direct discrimination and the concept of accommodation within the adverse effect discrimination analysis. For example, dealing with adverse effect discrimination in Central Alberta Dairy Pool, supra, at pp. 520-21, Wilson J. addressed the factors that may be considered when assessing an employer's duty to accommodate an employee to the point of undue hardship. Among the relevant factors are the financial cost of the possible method of accommodation, the relative interchangeability of the workforce and facilities, and the prospect of substantial interference with the rights of other employees. See also Renaud, supra, at p. 984, per Sopinka J.* ***The various factors are not entrenched, except to the extent that they are expressly included or excluded by statute. In all cases, as Cory J. noted in Chambly, supra, at p. 546, such considerations "should be applied with common sense and flexibility in the context of the factual situation presented in each case".***

> *64. Courts and tribunals should be sensitive to the various ways in which individual capabilities may be accommodated. Apart from individual testing to determine whether the person has the aptitude or qualification that is necessary to perform the work, the possibility that there may be different ways to perform the job while still accomplishing the employer's legitimate work-related purpose should be considered in appropriate cases. The skills, capabilities and potential contributions of the individual claimant and others like him or her must be respected as much as possible.* ***Employers, courts and tribunals should be innovative yet practical when considering how this may best be done in particular circumstances.***
>
> *66 Notwithstanding the overlap between the two inquiries, it may often be useful as a practical matter to consider separately, first, the procedure, if any, which was adopted to assess the issue of accommodation and, second, the substantive content of either a more accommodating standard which was offered* ***or alternatively the employer's reasons for not offering any such standard****: see generally Lepofsky, supra.*
>
> *67 If the prima facie discriminatory standard is not reasonably necessary for the employer to accomplish its legitimate purpose or, to put it another way, if individual differences may be accommodated without imposing undue hardship on the employer, then the standard is not a BFOR. The employer has failed to establish a defense to the charge of discrimination. Although not at issue in this case, as it arose as a grievance before a labour arbitrator, when the standard is not a BFOR, the appropriate remedy will be chosen with reference to the remedies provided in the applicable human rights legislation.* ***Conversely, if the general purpose of the standard is rationally connected to the performance of the particular job, the particular standard was imposed with an honest, good faith belief in its necessity, and its application in its existing form is reasonably necessary for the employer to accomplish its legitimate purpose without experiencing undue hardship, the standard is a BFOR. If all of these criteria are established, the employer has brought itself within an exception to the general prohibition of discrimination.***
>
> ("emphasis added")

The situation facing the College in the spring of 2020 was entirely unprecedented. A worldwide pandemic was under way. In this case, in order to assess the existence of undue hardship we must consider the particular facts at play at that time. In the Spring of 2020 the SARS COVID-2 virus and COVID-19 had been declared a pandemic. Countries around the world were wrestling

with how to contain its spread. There was uncertainty as to the manner and nature of its spread, and as to its infection fatality rate. The Province of Alberta, along with many other jurisdictions, imposed various lockdowns. Entire industries were shuttered, and Governments around the world issued trillions of dollars of relief and subsidizing payments. It was a chaotic and unpredictable time. One of the many professions impacted by the lockdowns involved the practice of chiropractic. That practice was completely shut down, throwing all Alberta Chiropractors into a period of uncertainty. It was only following the issuance of CMOH Order 16-2020 that chiropractors were able to practice. That CMOH Order required that as a condition of reopening the College was required to publish COVID-19 guidelines applicable to their profession. CMOH Order 16-2020 required guidelines for masking, social distancing and the installation of plexiglass barriers. The objective was to prevent transmission of infection. The College had a positive obligation to either support or create mandatory mask wearing by its members. This was a legal obligation, and one which must be carefully considered in counterbalance to Dr. Wall's individual rights. CMOH Order 16-2020 stated that:

> *2. Effective May 4, 2020, and subject to section 6 of this Order, a regulated member of a College established under the Health Professions Act practicing in the community must comply with the attached Workplace Guidance For Community Health Care Settings to the extent possible when providing a professional service.*
>
> *3. Subject to section 5 of this Order, each College established under the Health Professions Act must, as soon as possible, publish COVID-19 guidelines applicable to the regulated members of the College that are substantially equivalent to the guidance set out in the Workplace Guidance For Community Health Care Settings developed by Alberta Health, along with any additional guidelines specific to the usual practice of the regulated profession.*
>
> *6. Section 2 of this order does not apply in respect to the regulated member under the Health Professions Act whose College has published covid 19 guidelines as required under section 3 of this order.*

The Workplace Guidance For Community Health Care Settings document specifically required that:

> *"All staff providing client/patient care or working in client/patient care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct client/patient contact or cannot maintain adequate physical distancing (2m) from clients/patients and coworkers."*

There is no question that the College was obligated to follow the Workplace Guidance For Community Health Care Settings or implement equivalent requirements. In the circumstances it is very clear that the College acted reasonably in invoking the mandatory masking requirement. There is also no question that the pandemic directive was rationally connected to the practice of chiropractic and imposed with honest and good faith belief in its necessity. It was also reasonably necessary in order to have the College have its members return to work. If the College refused to implement the mandatory Workplace Guidance For Community Health Care Settings its members would have been unable to return to work. The College clearly had a legal obligation to comply with CMOH Order 16-20. That is a significant consideration in this matter. Had the College not complied and allowed Dr. Wall to practice without wearing a mask they would have been in breach of that Order.

The only issue to be addressed is whether Dr. Wall is able to successfully argue that there would not be undue hardship to the College if it accommodated his claimed medical and religious disabilities. Fortunately, the issue of reasonable accommodation for people claiming exemption from masking has been directly addressed by the *Human Rights Commission,* both on their website and in a number of decisions of the Chief Commissioner.

The *Alberta Human Rights Commission* website expressly states that: 880

> *"when accommodating a relevant, protected ground, consideration will be given to the need to balance accommodation obligations with other legal obligations to coworkers and/or customers."*

The Alberta Human Rights Commission has also recently considered five complaints involving individuals who claimed discrimination as a result of their being required to wear a mask. These cases have all addressed circumstances where the claimant alleged discrimination on the basis of provision of goods, services, accommodations or facilities on the ground of a physical or mental disability. All of the claims were dismissed by the Director in the first instance, with that dismissal then being upheld by the Chief of the Commission and Tribunals of the Alberta Human Rights Commission. In all instances the Commission found that the masking requirement was rationally connected to a legitimate business purpose, adopted in good faith, and that it was not possible to accommodate the complainant without incurring undue hardship.

While each of the above cases involve fact scenarios that differ from the one before this Tribunal, they are illustrative of the approach and considerations of the Alberta Human Rights Commission, and establish that organizations are able to establish and maintain mandatory masking requirements without running afoul of the Alberta Human Rights Act.

Dr. Wall argues that masks cannot be a BFOR as the evidence establishes that masks are ineffective and do little or nothing to protect the public from transmission of COVID-19.

There is much evidence provided in this case by medical experts. They addressed at great lengths the efficacy of masking, and the manner by which COVID-19 is spread, as well as the infection fatality rate of those who contracted COVID-19. Dr. Wall argues that masking is ineffective, and that COVID-19 is not as serious of a concern as those in authority made it out to be. All of this evidence is inconsequential as he has, in argument, expressly conceded that universal mandatory masking was rationally connected to practicing chiropractic, and that universal masking was adopted in the good faith belief that it was necessary.

In reviewing that evidence, the Hearing Tribunal agrees with the College's submission that we should be focused on regulatory compliance and not the efficacy of masking. It is very telling that, notwithstanding whatever beliefs or positions Dr. Wall's experts have on the efficacy of masking, each and every one of the experts called by Dr. Wall acknowledged in cross examination that they either have, or would have, complied with a mandatory masking requirement. By doing so, they have demonstrated that they recognized the obligation to be bound by mandated requirements notwithstanding their beliefs on masking efficacy.

Dr. Wall maintains that even if the College is able to successfully establish undue hardship, the supremacy of the Alberta Human Rights legislation supersedes any requirements of the Public Health Act or Health Professions Act.

While courts have established both the paramountcy of the Alberta Human Rights legislation, as well as its quasi-constitutional nature, they are also prepared to enforce mandatory masking policies. As indicated above, the five recent decisions of the Chief of the Commission and Tribunals of the Alberta Human Rights Commission upheld the Directors' decisions to dismiss

masking discrimination complaints in the first instance. This is a powerful statement from the Alberta Human Rights Commission. It indicates that such complaints have no merit and are not even worthy of a hearing.

In this context, Dr. Wall cannot successfully argue that the College's mandated masking requirement would be found to be offside the Alberta Human Rights legislation.

Dr. Wall further argues that there cannot be a bona fide occupational requirement for masking, as the evidence produced at the hearing establishes that masks are entirely ineffective.

While there was conflicting evidence as to the efficacy of masking there is no doubt that masks have some ability to reduce or minimize transmission and do prevent droplet transmission from symptomatic people. While the evidence is admittedly contradictory, we find Dr. Hu's evidence compelling. Not only was he directly involved with the Government of Alberta's COVID response as a Medical Officer of Health with Alberta Health Services in the Calgary Zone, he also had significant exposure to the specific issue of masking in a health care setting. He also identified that it is not easy to determine when an individual is symptomatic or asymptomatic as there are many low grade symptoms that are difficult to identify. Of particular importance is that Dr. Hu provided evidence with respect to the relevant period, being May 2020 to December 2020. The expert evidence produced by Dr. Wall was provided much later, i.e., between one to one and a half years following the relevant events. It is apparent from the evidence before us that there were many twists and turns in the development of responses by scientists and governments to the COVID-19 pandemic over that period of time. COVID-19 did

not remain static. Dr. Hu's evidence is most temporally relevant. Dr. Hu also presented his evidence reasonably and fairly throughout.

While we do not dispute that there are differences of opinion amongst the experts as to the nature of the spread of the virus and the effectiveness of masks in controlling that speed, where there are contradictions in the evidence we prefer the evidence of Dr. Hu. As a result, we find that to the extent that the Pandemic Directive may have conflicted with any applicable Human Rights Legislation, that conflict is justified as a bona fide occupational requirement.

The College has also raised the principle of ungovernability that arises when members fail to respect their regulatory body. The College cites *College of Physicians and Surgeons of Ontario v. Savic*:

> *"Ungovernability speaks to a pattern of conduct that demonstrates that the member is unprepared to recognize his or her professional obligations and the regulator's role. The privilege of professional regulation depends on members' willingness to be governed in the public interest and to abide by the directions of the College."*

There is no doubt that Dr. Wall failed to contact the College when he decided to unilaterally stop wearing a mask. It is also apparent from the facts that Dr. Wall showed no intention of ever contacting the College; he stated that he viewed his claimed medical disability as an issue between him and his physician. The only reason the College became aware that Dr. Wall was not following the Pandemic Directive was a result of a patient complaining to AHS, who then contacted the College. Dr. Wall did not provide any independent medical evidence of any disability until after the complaint was filed and after he had been contacted by the College.

Similarly his claim for religious exemption only arose after his counsel became involved in response to the College's attempt to obtain an order suspending his practice.

It is clear to the Hearing Tribunal that it was Dr. Wall who was required to contact the College. He failed to make any effort to advise the College that he was operating offside the Pandemic Directive. As a member of the College he had a fiduciary responsibility to the College to advise them of his actions. He failed or neglected to do so. This is unacceptable. These actions speak loudly to his ungovernability.

There is also an overarching theme to the submissions of Dr. Wall that speak to his questioning of authority and his refusal to follow government directives based upon his personal beliefs. Throughout his submissions, Dr. Wall made reference to bowing to the authority of the government and questioning the legitimate orders made by the government and its various health agencies. We are satisfied that Dr. Wall intended to defy the Pandemic Directive requirements issued by the College. In doing so, he has clearly demonstrated ungovernability.

The College has also asked us to place no weight on the evidence of Dr. Wall's patients. We agree. Their opinions and perspectives have no bearing whatsoever on this matter and their evidence is of little or no use to this Tribunal.

Decisions Re: The Allegations:

Dr. Wall attempts to avoid charge 5(a) by arguing that his admission to the factual basis was somehow retracted or rescinded by him subsequently stating that he did not believe that he failed to follow any CMOH orders. The standard that we must consider is an objective one. Dr.

Wall's subjective belief as to what he did or did not believe constituted a failure to follow CMOH orders is irrelevant. We find that he has admitted to this charge.

Dr. Wall argues that charges 1(a), 1(b), 1(c), 2(a), 2(b), 4(a), 4 (b) and 5(b) cannot stand as they arise from the alleged unlawful discrimination against him contrary to the Alberta Human Rights Act. As we had previously indicated, we are fully satisfied that the College has established the required bona fide occupational requirement for its actions. This, combined with Dr. Wall's admission to the factual underpinnings of these charges fully satisfies, both in fact and in law, that they have been breached.

Dr. Wall argues that charges 3(a) and 3(c) are an unjustified limitation of his right to freedom of expression. He maintains that he was telling his patients the truth about masks and that as a result he could not have contravened the College's Standards of Practice or the *Health Professions Act*.

In support, Dr. Wall references *Strom v. Saskatchewan Registered Nurses Association*[14]. In that case, the Saskatchewan Court of Appeal found that a nurse's unfavorable comments about a nursing home were protected by her freedom of expression. That case was very different factually; Strom had made several negative comments in relation to the care her grandfather was receiving in a nursing home. She was not employed at that nursing home and her comments were made when she was off duty. The Court found in that case that her comments presented a balanced view and were a matter of common sense. The facts before us are very different. As

[14] *Strom v. Saskatchewan Registered Nurses' Association, 2020 SKCA 112*

evidenced by the testimony of the various experts produced by the parties, there is no common ground as to the efficacy of masking. While we have no doubt that Dr. Wall does not believe that masks are effective, and while he is certainly entitled to that view and is free to not wear a mask in his personal life, he remains a regulated professional and must comply with the College's requirements. When the College makes a reasonably grounded requirement, based on sound scientific evidence it is not for Dr. Wall to unilaterally determine they are incorrect. His failure to advise patients of the increased risk of transmission when masks are not worn and his advising patients that masks have no effect on the transmission of COVID-19 was improper. Dr. Wall was also not presenting a balanced view on masking.

There is also another basis on which to deny Dr. Wall's Charter defense to charges 3(a) and 3(c). The Courts have firmly established that "the right to freedom of expression is not absolute and limitations of expression may be justified under section 1" *(Saskatchewan v. Whatcott)*[15]. Section 1 of the Charter states that:

> *"The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."*

Dr. Wall is not alone in attempting to invoke the protection of the Charter when taking issue with the constitutional validity of public health orders. To date there have been a number of cases where people have attempted to utilize the Charter to have the Courts void the COVID-19 restrictions.

[15] *Saskatchewan (Human Rights Commission) v. Whatcott, 2013 SCC11*

In *Taylor v Newfoundland [TAB 21]* the Supreme Court of Newfoundland and Labrador found that the provincial government's travel restrictions into the province violated the Charter's s.6 mobility rights (the Court also rejected a claim to the same travel restriction based on s.7). The Court found that the restriction on mobility rights was to be upheld as a reasonable limit under Section 1 of the Charter, as it was to be considered in the context of the global pandemic. The opening line of the case conveys the context important to the judicial determination:

> *"145. It is difficult to overstate the global impact of the SARS-CoV-2 virus, known more commonly by the infectious and potentially fatal disease it causes, COVID-19.*
>
> *147. Accordingly, [i]n the context of such a public health emergency, with emergent and rapidly evolving developments, the time for seeking out and analyzing evidence shrinks. Where the goal is to avert serious injury or death, the margin for error may be narrow. In such a circumstance, the response does not admit of surgical precision. Rather, in public health decision making the 'precautionary principle' supports the case for action before confirmatory evidence is available." (paragraph 411).*
>
> *148. In finding the travel restrictions proportionate to the rights infringement of being denied entry to the province to attend her mother's funeral the Court concluded that "the collective benefit to the population as a whole must prevail. COVID-19 is a virulent and potentially fatal disease. In the circumstances of this case Ms. Taylor's Charter right to mobility must give way to the common good. (see paragraph 492)"*

A similar challenge to Public Health Orders occurred in *Beaudoin v. British Columbia.* In that case the Court found:

> *150. Viruses can be spread by people who do not have symptoms. As long as the reproduction rate (the average number of people to whom an infected person is likely to transmit the Virus) is greater than 1, the Virus will spread exponentially, with the capacity to overwhelm the health system." (paragraph 10). The government conceded that its restrictions on gatherings infringed a number of the fundamental freedoms under s. 2, and the Court having accepted the concession of rights infringements under s. 2 of the Charter, did not assess the claims advanced under ss. 7 and 15.*
>
> *151. The Court held that any interference with s.2 Charter Rights was justified under s.1 of the Charter. The public health orders, the Court held, were premised upon "available scientific evidence ... including epidemiological data regarding transmission of the Virus." (paragraph 239). The restrictions on gatherings, the Court found, were "attempting to address ... the risk of accelerated transmission of the Virus, protecting the vulnerable, and maintaining the integrity of the healthcare system." Accordingly, the restrictions "fell within a range of reasonable outcomes. There is a reasonable basis to conclude that there were no other reasonable possibilities that would give effect to the s. 2 Charter protections more fully, in light of the objectives of protecting health, and in light of the uncertainty presented by the Virus. (paragraph 246).*

As a result, the alleged violations of the Charter were found to be justified under Section 1 of the Charter.

To the extent that there were any violations of Dr. Wall's Charter Rights, those rights are subject to the provision of Section 1 of the Charter. In the circumstances of the pandemic it was reasonable for the College to implement the restriction that it did.

Dr. Wall next maintains that charges 1(d), 2 (c), 3 (b), and 4(c), relating to Dr. Wall and his son failing to require patients to wear masks and failing to chart patient masking, have no basis in law.

Dr. Wall argues that nothing in the Pandemic Directive requires patients to mask, and that subsequent CMOH orders did not require masking or allowed individuals to be mask exempt.

We find that the amendments made at the commencement of proceedings and in particular the directions of Alberta Health Services Reopen Order are directly applicable. There is no doubt that the Reopen Order required Dr. Wall to have his patients wear a mask. Dr. Wall has expressly admitted that he was not in compliance with paragraph 4 of the AHS January 5, 2021 Reopen Order. As a result, he was operating contrary to Alberta Health Services directions and requirements as charged. We find that these charges have been met.

Having determined that all of the allegations are factually proven, and that the conduct of Dr. Wall does rise to the level of unprofessional conduct as defined in s.1(1)(pp)(i), (ii), (iii) and (xii) of the HPA, we will now await further submissions from the parties as to the appropriate sanction.

Dated this 27th day of January, 2023 in Edmonton, AB

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James Lees, Public Member and Chair

COLLEGE OF
CHIROPRACTORS
OF ALBERTA

Hearing Tribunal Written Decision on Penalties for the Hearing of:

Dr. Curtis Wall

Date of Decision: August 10, 2023
Date Posted: July 17, 2024

Posting expiration date:

July 16, 2034

IN THE MATTER OF A HEARING OF THE HEARING TRIBUNAL OF THE COLLEGE OF CHIROPRACTORS OF ALBERTA (FORMERLY KNOWN AS THE ALBERTA COLLEGE AND ASSOCIATION OF CHIROPRACTORS) ("THE COLLEGE") INTO THE CONDUCT OF DR. CURTIS WALL, A REGULATED MEMBER OF THE COLLEGE

Pursuant to THE HEALTH PROFESSIONS ACT,

R.S.A. 2000 c.P-14 being Chapter H-7 of the

Revised Statutes of Alberta

Regarding the conduct of Dr. Curtis Wall ("Dr. Wall")

DECISION OF THE HEARING TRIBUNAL REGARDING PENALTIES AND COSTS OF THE COLLEGE OF CHIROPRACTORS OF ALBERTA

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I. INTRODUCTION

1. This matter was heard virtually on September 1, 2, 7 and 8, 2021, November 16 and 20, 2021, January 28 and 29, 2022, February 25, 2022, April 12, 2022 and June 16 and 17, 2022. Following the consideration of the evidence, the Hearing Tribunal found Dr. Wall guilty of each of the five charges brought by the College. The charges are as follows:

    1. *Beginning on or about June of 2020 and at the "Wall Chiropractic Clinic" (the "Clinic") Dr. Wall:*

a. *Failed to use Personal Protective Equipment, specifically he failed to wear a mask;*

b. *Failed to observe the required two metres of social distancing when unmasked;*

c. *Until on or about December of 2020, failed to have a plexiglass barrier at the Clinic reception; and/or*

d. *Did not require patients to be masked;*

when interacting with patients, members of the public or both.

2. *Beginning on or about June of 2020 and at the Clinic, one or more staff members of the Clinic (the "Staff"):*

    a. *Failed to use Personal Protective Equipment, specifically Staff failed to wear masks;*

    b. *Failed to observe the required two metres of social distancing when unmasked; and;*

    c. *Did not require patients to be masked*

    when they interacted with patients, members of the public or both.

3. *Beginning on or about June of 2020, Dr. Wall treated patients while not wearing a mask and/or did not require patients to be masked and:*

    a. *He did not advise patients of the increased risk of transmission of COVID-19 due to masks not being worn;*

    b. *He advised patients that masks were not required; and/or*

    c. *He advised patients that wearing masks had no effect concerning transmission of COVID-19.*

4. *Beginning on or about June of 2020, Dr. Wall failed to chart and/or failed to properly chart communications with his patients about:*

    a. *Him not wearing a mask;*

    b. *His Staff not wearing masks; and/or*

    c. *His patients not wearing masks.*

5. *Beginning on or about June of 2020, Dr. Wall and/or the Staff:*

a. *Failed to follow the Chief Medical Officer of Health Orders regarding masking and COVID-19; and/or*

b. *Failed to follow the ACAC "Pandemic Practice Directive".*

IT IS FURTHER ALLEGED that the conduct described above constitutes unprofessional conduct as defined in s. 1(1)(pp) of the Health Professions Act, and/or constitutes a contravention of one or more of the following (in force at the relevant time): Chief Medical Officer of Health Orders, ACAC "Pandemic Practice Directive", Alberta Health Services directions and requirements, ACAC Standards of Practice 1.2(a), (i), (j), and/or (k), 4.3, 5.1, and ACAC Code of Ethics Principle #2, Principle #4, A-1, B-1, C-1, and D-1.

II. THE PARTIES POSITION ON PENALTIES

Following the issuance of the Tribunal decision on January 27, 2023, the parties were asked to speak to the sanctions. A sanctions hearing was held on June7 and June 8. At that time, the College sought the following penalties:

"*1. Dr. Wall shall pay fines as follows:*

(a) Fine for Charge 1- $5,000.00
(b) Fine for Charge 2- $5,000.00
(c) Fine for Charge 3- $5,000.00
(d) Fine for Charge 4- $1,000.00
(e) Fine for Charge 5- $10,000.00

Total amount of fines: $26,000.00 (collectively the "Fines").

2. *The Fines are payable in equal monthly installments over a period of five (5) years from the date of the Hearing Tribunal's written penalty decision provided that if Dr Wall fails to make an installment payment then the Registrar of the College shall immediately and without the necessity of any further steps suspend Dr. Wall's practice permit until the balance of the Fines are paid in full.*

3. *Dr. Wall shall pay thirty (30%) percent of the costs of the investigation and hearing (the "Costs"). The Costs are payable in equal monthly installments over a period from five (5) years of the date of the Hearing Tribunal's written penalty decision provided that if Dr. Wall fails to make an installment payment then the Registrar of the College shall immediately and without the necessity of any further steps suspend Dr. Wall's practice permit until the balance of the Costs are paid in full.*

4. *Dr. Wall's practice permit will be suspended for a period of three (3) months provided that the commencement date for the suspension shall occur at the discretion of the Complaints Director after reasonable consultation with Dr. Wall regarding patient continuity matters.*

In any event the three (3) month suspension shall occur within six (6) months of the date of the Hearing Tribunal's written penalty decision.

5. *The Findings Decision and the Hearing Tribunal's decision regarding penalties will be published with Dr. Wall's name. Publication will be by posting both decisions on the College website for ten (10) years from the date of the Hearing Tribunal's written penalty decision."*[1]

Dr. Wall responded by stating that the appropriate penalty should be:

"...a reprimand, publication of the Tribunal's decisions, and a fine of $1,000 for each of the five charges."[2]

a) **The Jaswal Factors:**

The College made reference to the Jaswal v. Newfoundland Medical Board[3] decision, and its well-known, non-exhaustive list of factors to be taken into consideration when determining an appropriate penalty. Their submissions are as follows:

"30. The factors that the Complaints Director submits are relevant with respect to the proposed penalty orders are outlined in the following paragraphs.

31. There are different considerations that apply when considering whether to order costs, and if so, in what amount. Accordingly, the orders sought for costs are addressed separately in Parts VII and VIII of these written submissions.

(a) The Nature and Gravity of the Proven Allegations: Charges

32. The deliberate, secretive and prolonged nature of Dr. Wall's unprofessional conduct is a paramount consideration. Dr. Wall is guilty of a pattern of extremely troubling conduct which is a clear departure from the core principles of the chiropractic profession and each chiropractor's professional obligations to patients, their regulatory body, the Alberta Government (including the CMOH) and the public.

33. The nature and gravity factor for each of the proven charges will be discussed separately in these written submissions and is a decidedly aggravating factor in terms of penalty orders.

(b) The Age and Experience of Dr. Wall

34. Dr. Wall has been a regulated member of the College since 1996. This is not a case where the allegations have been made against a new member of the profession. With his level of experience, Dr. Wall should have been well aware of his fiduciary obligation to communicate with the College about his religious objections, his self-diagnosis, a request for an exemption and, in general, his

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[1] *Written Submissions of the College p. 6-7*

[2] *Written Submissions of Dr. Wall p. 4*

[3] *Jaswal v. Medical Board (Nfld.), 1996 CanLII 11630 (NL SC)*

non-compliance with the Pandemic Directive. The conduct that Dr. Wall engaged in was inappropriate for any chiropractor of any age or experience. This is an aggravating factor.

(c) The Presence or Absence of any Prior Complaints or Convictions

35. Dr. Wall had no discipline history with the College before these proceedings. That is a mitigating factor.

(d) The Age and Mental Condition of the Affected Individuals

36. See the comments below regarding the "Impact of the Incident on Patients".

(e) The Number of Times the Offence Occurred

37. Dr. Wall's actions of unprofessional conduct by deliberately and secretly failing to comply with the CMOH Orders, the Pandemic Directive and the Government of Alberta's Relaunch Document occurred repeatedly and over an extended period of time. This is an aggravating factor justifying more serious penalties.

(f) The Role of Dr. Wall in Acknowledging what Occurred

38. Dr. Wall has provided no acknowledgement of responsibility and has shown no remorse for his actions. Dr. Wall raised various defences to the allegations (including scientific principles, religious principles, Charter arguments and Human Rights Act arguments) but all of his defences were rejected by the Hearing Tribunal. Collectively, this is an aggravating factor.

(g) Whether Dr. Wall has Suffered Other Serious Financial or Other Penalties

39. There was no specific evidence before the Hearing Tribunal in this regard. However, as the result of Dr. Wall defying the Pandemic Directive and the CMOH Orders, Dr. Wall was able to continue to practice chiropractic and earn a livelihood in that regard. As well, even though Dr. Wall's clinic was subject to a closure order issued by the CMOH, he complied with the CMOH's orders for reopening his clinic and was also able to continue to earn a living as a chiropractor.

40. Also, the section 65 interim orders set out conditions on Dr. Wall's continued practice and there was no evidence before the Hearing Tribunal that Dr. Wall failed to comply with the section 65 conditions or closed his clinic.

41. In summary, Dr. Wall was able to continue to practice chiropractic with the exception of a very brief point in time where the CMOH mandated a closure of his clinic. Consequently, this is an aggravating factor but not a significant one.

(h) The Impact of the Incident on Patients

42. The precise effect on Dr. Wall's patients generally and on his staff for the failure to comply with the Pandemic Directive cannot be determined. However, there was compelling evidence from Dr. Hu (which was accepted by the Hearing Tribunal) of a clear increased risk of

transmission of Covid-19 due to failure by healthcare providers to utilize masking and social distancing.

43. This is a significant aggravating factor.

(i) The Presence or Absence of any Mitigating Circumstances

44. There was no evidence before the Hearing Tribunal in this regard. This is neither an aggravating or mitigating factor.

(j) The Need to Promote Specific and General Deterrence

45. The penalty orders must make it abundantly clear to both Dr. Wall and other members of the chiropractic profession that his conduct was unacceptable. As the Hearing Tribunal expressly stated, practicing in a profession is a privilege and not a right and Dr. Wall openly defied his regulatory and legal obligations and breached his fiduciary duty as a professional.

(k) The Need to Maintain the Public's Confidence in the Chiropractic Profession

46. The penalty orders made by the Hearing Tribunal must clearly demonstrate to the public that the College takes these matters seriously. The penalties must convey a message to the public that the College is committed to carrying out its mandate under the HPA and to following the legally valid directions of the CMOH and the Government of Alberta.

(l) The Degree to which the Unprofessional Conduct Falls Outside the Range of Permitted Conduct

47. Consistent with the Findings Decision, Dr. Wall's conduct clearly falls outside the range of permitted conduct for members of this profession. The Complaints Director strongly submits that this is not a situation involving a "grey area" but is instead one that involves conduct which is unequivocally wrong, is inconsistent with the fundamental principles of self-regulation and was --- in terms of the CMOH Orders and the relaunch document --- illegal.

(m) The Range of Sentences in Similar Cases

48. There are no sufficiently similar cases to provide to the Hearing Tribunal.

(n) Concluding Comments Regarding Penalty Orders

49. The Complaints Director submits that the findings of unprofessional conduct and a determination of ungovernability justify imposition of very serious sanctions and penalties against Dr. Wall."[4]

Dr. Wall countered by arguing that the Jaswal factors do not provide useful guidance, and proposed an alternate set of factors. These submissions are as follows:

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[4] *Written Submissions of the College p. 13-20*

"8. Dr. Wall suggests the following factors are the most relevant to this case:

a. Whether any patients were harmed by or at least complained about the conduct of Dr. Wall;

b. Whether the public's confidence in the profession will be improved or harmed by the imposition of a significant penalty;

c. Whether chiropractic patients will, specifically and generally, benefit from or be harmed by a penalty involving a suspension of care;

d. Whether the circumstances giving rise to the case are reasonably likely to occur again such that deterrence is logically relevant;

e. Whether a deterrent effect is reasonably likely to be realized because Dr. Wall or other chiropractors are likely to act differently than Dr. Wall did in similar future circumstances;

f. The degree to which penalty will be the result of vengeance, not merely denunciation; and

g. Dr. Wall's ability to financially and occupationally survive a lengthy suspension, large fines, or a combination of both.

9. Application of these factors indicate the appropriate penalty is a reprimand, publication of the Tribunal's decisions, and a fine of $1,000 for each of the five charges."[5]

Dr. Wall called four witnesses at the sanctions hearing. The first three are lay-witnesses who were patients of Dr. Wall's. Their evidence was intended to establish that they would suffer some form of hardship if Dr. Wall was suspended. They also provided their opinion on the College's conduct. They all stated that if required, they could locate another chiropractor. They provided no meaningful evidence of any negative financial impact arising as a result of being required to find another chiropractor, other than to say that they might have to pay an additional consultation fee.

The sanctions hearing next heard from Dr. Kurt Deutscher, a chiropractor who provided his opinions as to his experience in practicing chiropractic over the years. He stated that in the past chiropractors have fought against medical tyranny, and that today chiropractors are diminished with regard to their medical know-how. He also stated that the College had pressure placed upon it by Alberta Health Services, but that only the intelligent people stopped wearing a mask. He stated that masking was a façade, and that chiropractors should stand for the truth and stand against tyranny. He then provided his opinion with respect to the motivations of the College for proceeding with the hearing, the costs of the hearing, and theoretical notions with respect to Dr. Wall being required to sell his home.

[5] *Written Submissions of Dr. Wall p. 3-4*

Dr. Wall testified. He stated that if he were to be suspended he would suffer undue financial hardship as a result of being required to pay overhead while not having an income. He also stated that he had a very real concern that being suspended for three months would result in a loss of patients. He also stated that masking was a very big issue, and that he would do the same thing again in the future. He maintained that the College violated his health freedom, and as a result he "took a stand". He also stated that he would not change his behaviour, regardless of what the penalty would be.

Dr. Wall also testified that he earned a gross income of $8,000.00 per month, and took home approximately $6,000.00 a month. He stated that he is married with eight children with six of them living at home. He is the main breadwinner. He stated that he has a mortgage and that if he was unable to earn income he would have difficulty making his mortgage payments. He also stated that he has no "nest egg" to rely upon.

After reviewing and considering the submissions of the College and Dr. Wall, we agree with and adopt the comments contained in these submissions prepared by the College. However we believe that the Colleges' proposed fines are excessive in these circumstances and propose that Dr. Wall shall pay fines as follows:

i. **Charge One**

It is clear that Dr. Wall operated outside of the expressed terms of the directive issued by the College. His actions deserve a serious penalty. In all the circumstances we find that the appropriate penalty for charge one is $4,000.00.

ii. **Charge Two**

Similarly to charge one, Dr. Wall operated in defiance of an express directive of the College. We find that his actions in doing so were comparable to his action in charge one and accordingly determine $4,000.00 is an appropriate fine.

iii. **Charge Three**

While we take issue with Dr. Wall's conduct in relation to charge three, his actions were not in express defiance of any express directive issued by the College and a less severe sanction is appropriate. We find that the appropriate fine for charge three is $1,000.00.

iv. **Charge Four**

We find that Dr. Wall's conduct with respect to charge four are similar to charge three and accordingly find that a $1,000.00 fine appropriate.

v. **Charge Five**

This is the most serious of the charges. There is no doubt that Dr. Wall operated in defiance of the Chief Medical Officer of Health's orders as well as operating in defiance of the CCOA pandemic practice directive. In these circumstances a greater fine is warranted and we find that $5,000.00 is the appropriate fine.

The total of the above fines is $15,000.00.

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b) **Suspension:**

In addition to the fines and costs award, the College also sought suspension of Dr. Wall's practice permit for a period of three months. Dr. Wall's permit was previously suspended for one month not by the College, but as a result of the complaint made to AHS. Following that complaint, the College negotiated terms and conditions with Dr. Wall setting out protocols for practice. He has since complied with the terms and conditions. There is no evidence that any harm came to any of Dr. Wall's patients. While the evidence provided by Dr. Wall with respect to financial hardship was lacking in both detail and documents, we do appreciate that a three month suspension from practice would result in a reduction of revenue and would be difficult for Dr. Wall. We find that there should be no suspension of Dr. Wall's practice permit.

III. COSTS

The Alberta Court of Appeal, in its recent Jinnah[6] decision, provides guidance with respect to when a disciplined member is to assume some of the costs of the Hearing.

The Jinnah case determined that, as a general rule, costs, or a significant portion of them, are to be borne by the profession, as the profession's members benefit from self-regulation. The Court of Appeal also found that the privilege of self-regulation necessarily results in the profession being responsible for absorbing the costs of that self-regulation.

The Court of Appeal expressly stated that the commission of unprofessional conduct in and of itself "does not convince us that it is appropriate, as a general principle, to impose a significant portion of costs of an investigation into the hearing of a complaint on a disciplined dentist unless a compelling reason to do so exists". They then identify four scenarios when a compelling reason will exist:

1. Where a professional engages in serious professional misconduct. In order for there to be a finding of serious professional misconduct, a professional "must have known that such behaviour is completely unacceptable, and constitutes unprofessional conduct". In these circumstances the Court stated that it is fair for a professional to pay a substantial portion, or even all, of the costs that the regulator incurs in prosecuting a complaint.

2. Secondly, when the professional is a serial offender. (We read the Court of Appeal's decision to state that a serial offender is one who repeatedly acts unprofessionally, and who has been taken to task by a College, and previously ordered to pay costs). In these circumstances, subsequent serious breaches would warrant payment of all, or a substantial portion of, the costs.

3. Where a professional "fails to cooperate with the College's investigators and forces the College to expend more resources than necessary to ascertain the facts related to the complaint".

4. Where a professional "who engages in hearing misconduct/behaviour that unnecessarily prolongs the hearing or otherwise results in increased costs to the prosecution that are not

[6] *Jinnah v Alberta Dental Association and College, 2022 ABCA 336 (CanLII)*

justifiable". In those circumstances, the Court found that the professional would be expected to pay costs that either completely or largely indemnify the College for the hearing expenditures.

Upon a review of the facts and the findings of this Tribunal, we find that Dr. Wall's behaviour results in there being a compelling reason to impose a costs award. We find that Dr. Wall has satisfied both the first and the fourth components of the scenarios set out above.

With respect to the first component, we find that Dr. Wall's actions constitute serious, unprofessional conduct. While not equivalent to the examples provided by the Court of Appeal, which included "sexual assault, fraud, or incompetence", we find that Dr. Wall knew that his blatant disregard for CMOH 16-2020 and the College's COVID-19 Pandemic Directive would result in him engaging in unprofessional conduct. It has often been said that practicing as a professional is a privilege and not a right. Dr. Wall himself agreed with and acknowledged that statement. By brazenly ignoring the College's Pandemic Directive, Dr. Wall clearly and repeatedly abused his professional privilege.

We have found that Dr. Wall was guilty of all of the five charges brought before the Hearing Tribunal. Dr. Wall's readily admitted that he operated in open defiance of the Pandemic Directive issued by the College, and as required by CMOH Order 16-2020. It is clear that he was fully aware that the only reason that he was able to return to work following the initial Pandemic shut down was as a result of the terms and conditions of the Pandemic Directive. Instead of following those terms and conditions or seeking an exemption from them, Dr. Wall practiced in defiance of them from June 2020 to December 2020. It was only as a result of a patient complaint to Alberta Health Services that the College became aware that Dr. Wall was non-compliant. It is inconceivable that Dr. Wall could have thought that his behaviour was acceptable or professional. In these circumstances we find his conduct constitutes serious professional misconduct.

With respect to the fourth factor, we find that Dr. Wall's defence strategy, in these circumstances, constitutes hearing misconduct. While we have no difficulty with a member mounting a vigorous defence, we do have concerns with Dr. Wall's conduct at the hearing. Specifically, Dr. Wall, through his counsel, repeatedly stated that the College should not have "bowed" to the rule of Alberta Health Services and the Chief Medical Officer of Health. Dr. Wall maintained that the College should have resisted the creation of a Pandemic Directive, and fought back against the Chief Medical Officer of Health and Alberta Health Services on issues of masking and social distancing. In making this argument, Dr. Wall is effectively stating that the College should have refused the opportunity to return the entirety of the chiropractic community to their practice in Alberta and instead should have debated the efficacy of masking with the CMOH. Dr. Wall, through his counsel, submitted that Dr. Wall is a man of integrity and principle, and that he was unafraid to speak truth to power. He stated the College lacked courage to stand up to the CMOH on issues of masking and social distancing. Dr. Wall attempted to make the Hearing a forum for the debate of the College's pandemic response Dr. Wall also sought to publicize the transcripts of the Hearing, and to name the witnesses during the Hearing, likely in order to advance a greater political purpose outside the scope of the hearing. In advancing his perceived greater public cause, Dr. Wall required the Tribunal to make interim rulings with respect to the publication of transcripts. Dr. Wall also called lay-witnesses that provided no useful information, as well as numerous expert witnesses, for the sole purpose of challenging the legitimacy of the CMOH Order. This approach dramatically increased the amount of hearing time required.

The expert witnesses called by Dr. Wall, being Mr. Schaefer, Dr. Dang, Dr. Bridle and Dr. Warren all provided evidence relating to the transmission of COVID-19, the efficacy of masking, as well as the harm caused by masking. These witness's evidence was based upon their perspective of COVID-19 as of January 2022. Notably, the evidence was not focused on the facts and circumstances in existence at the time that the Pandemic Directive was implemented. In addition, each of the expert witnesses stated that they either did, or would, wear a mask as required by their Regulator, making it clear that even though they disagreed with mandatory masking, they would still wear a mask in order to comply with their professional associations' requirements. Dr. Wall's calling of these witnesses extended the course of the hearing unnecessarily. The evidence of these medical experts was ultimately irrelevant, as during closing arguments Dr. Wall conceded that universal mandatory masking was rationally connected to the practice in chiropractic, and that universal masking was adopted in the good faith belief that it was necessary. The days spent dealing with the various experts' evidence was unnecessary.

Three patient witnesses were called by Dr. Wall; Jarvis Kostelen, Charles Russell and David Warren Hilseback. These witnesses provided their opinion on the efficacy of masking, survival rates of COVID-19, and legitimacy of the masking mandates. They also stated that they did not feel threatened as a result of Dr. Wall's failure to wear a mask. We are of the opinion that none of that evidence was necessary or useful.

Dr. Wall maintains that the College acted unreasonably by proceeding to a hearing, as opposed to achieving a pre-hearing resolution. We disagree with this statement. At the hearing, Dr. Wall readily acknowledged the factual basis for each of the charges brought before him. One would have expected that once these admissions were made, Dr. Wall would have tendered no further evidence, and the matter would proceed directly to submissions on sanctions. However, Dr. Wall, whether motivated by principle or politics, decided to consume many hearing days with evidence challenging the efficacy of masking.

We want to be clear that we are not being critical of Dr. Wall's personal beliefs. He may take whatever position he wants on masking in his private life. However, for him to attempt to impose his views on the College in the face of the College's overall obligations to its membership is not justifiable and resulted in the College incurring unnecessary costs.

Though we have determined that costs should be payable by Dr. Wall, we are mindful of the comments made by the Court of Appeal in their Jinnah decision. In particular, the Court stated that the burdens and cost order may pressure a health care professional to plead guilty to avoid the payment of costs. They stated that "a dentist's right to provide full answer and defence should not be undermined by a potentially large costs order".

The College sought a costs order in the estimated amount of $158,000.00, representing 30% of the hearing costs incurred, payable by way of equal monthly installments over a period of 5 years. We find in these circumstances those costs are outside of what was contemplated in Jinnah. Instead, we find that the appropriate costs award is $50,000.00, payable over 5 years. This works out to $833.33 per month. This award is measured, appropriate, and consistent with the rationale set out in the Jinnah decision and represents 10 percent of the total costs incurred by the College. In all the circumstances, we find this to be a just and appropriate amount.

We agree that the findings, decision and this decision regarding sanctions, should be published in Dr. Wall's name on the College's website for a period of ten years from the date of this decision.

Finally, if Dr. Wall fails to make an installment payment, then the Registrar of the College shall immediately and without the necessity of any further steps suspend Dr. Wall's practice permit until the balance of the costs are paid in full.

DATED this 10th day of August, 2023 in Edmonton, AB.

James Lees, Public Member and Chair

ERRATUM WITH RESPECT TO DECISION DATED AUGUST 10, 2023:

1. In the last paragraph on page 12 of the Decision of the Hearing Tribunal Regarding Penalties and Costs of the College of Chiropractors of Alberta, we stated:

> Finally, if Dr. Wall fails to make an installment payment, then the Registrar of the College shall immediately and without the necessity of any further steps suspend Dr. Wall's practice permit until the balance of the fines are paid in full.

2. We intended to state:

> Finally, if Dr. Wall fails to make an installment payment, then the Registrar of the College shall immediately and without the necessity of any further steps suspend Dr. Wall's practice permit until the balance of the costs are paid in full.

DATED this 21st day of August, 2023 in Edmonton, AB.

James Lees, Public Member and Chair

Doug Dawson, Public Member

Dianna Martens, Regulated Member

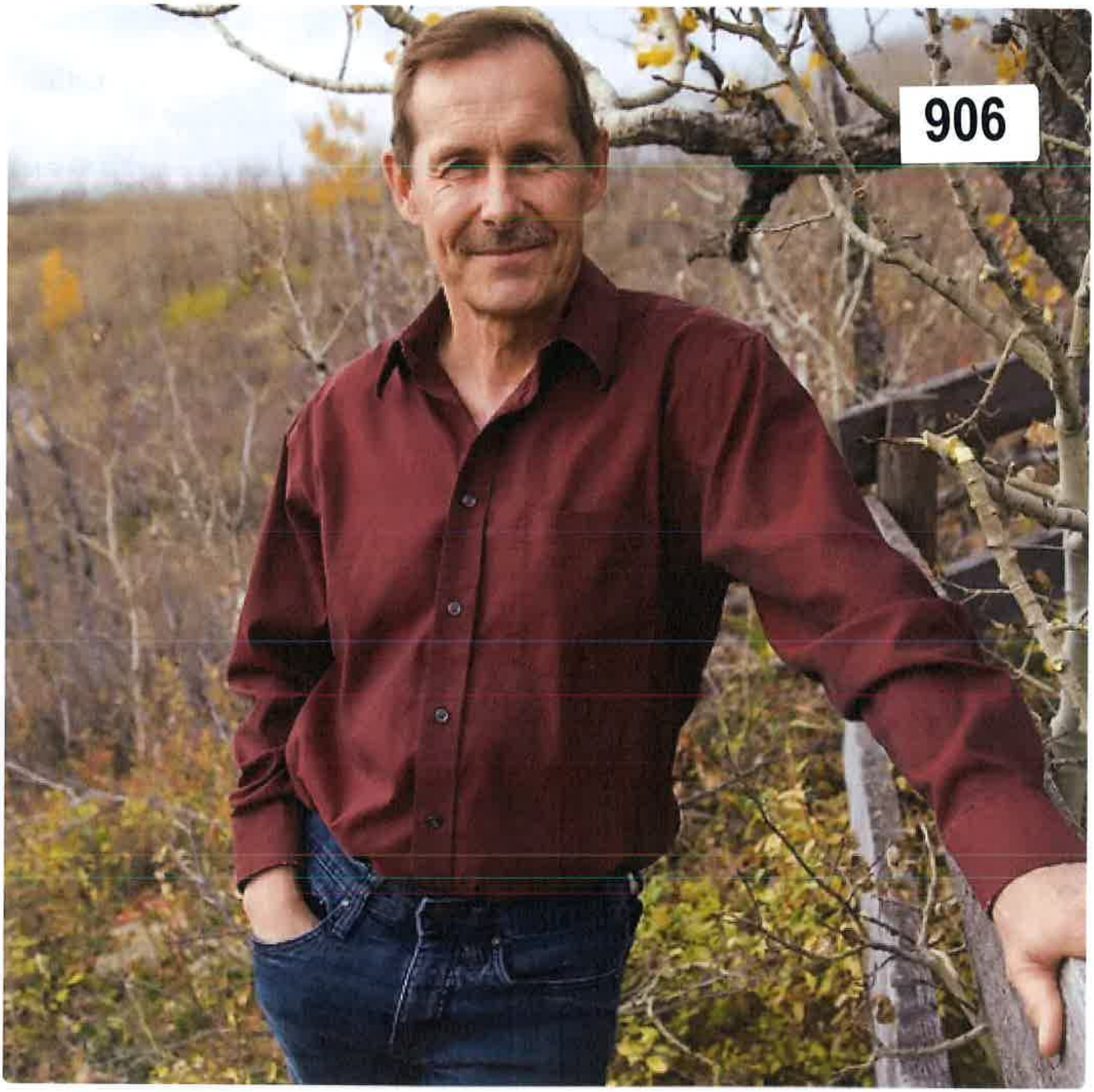
Dr. Leslie Aldcorn, Regulated Member

ITEM 6.4

905

MENU

College of Chiropractors of Alberta v Dr. Curtis Wall (Concluded)



LIBERTY
DEFENSE FUND

Updated July 16, 2024

907

Case Description

Dr. Curtis Wall is a Christian and a chiropractor in Calgary. He has been providing quality care to his patients for over 20 years.

In May 2020, the College of Chiropractors of Alberta implemented a no-exceptions mask mandate for all Alberta chiropractors through its Pandemic Practice Directive. The College required chiropractors to wear a face mask while treating patients. Dr. Wall attempted to wear a mask for several weeks, but found he was unable to due to severe anxiety and claustrophobia he experienced when wearing a mask. Given the harm wearing a mask caused him, and understanding the ineffectiveness of masks, Dr. Wall did not wear a mask while treating patients from June 2020 onward. His patients were understanding, and some were thankful because they appreciated being treated by someone not wearing a mask.

In early December 2020, the College of Chiropractors of Alberta received a complaint from Alberta Health Services that Dr. Wall was not wearing a mask. The College initially attempted to suspend Dr. Wall's permit to practice chiropractic on the absurd basis that he posed an imminent threat to the public by practicing without a mask. That attempt failed and Dr. Wall continued to treat his patients throughout 2021 and 2022 without wearing a mask. Unsurprisingly, there is no evidence any of Dr. Wall's patients were ever harmed in any way by Dr. Wall's decision not to wear a mask.

The College then issued a long list of charges of unprofessional conduct against Dr. Wall, most of which related to Dr. Wall not wearing a mask while treating patients and permitting his patients to not wear a mask. A disciplinary hearing before a Tribunal was scheduled to commence in July 2021.

In April 2021, as part of his defence against the charges, Dr. Wall provided the College with three expert opinion reports from Respirologist Dr. Bao Dang, Viral Immunologist Dr. Byram Bridle, and Infectious Diseases consultant, Dr. Thomas Warren.

The College sought an adjournment of the July 2021 hearing dates because it had not yet secured an expert witness. The College eventually obtained an expert witness, a public health physician by the name of Dr. Jia Hu, and submitted an expert opinion report. The hearing commenced on September 1, 2021. Prior to the hearing, Dr. Wall submitted a fourth expert opinion report from Occupational Health and Safety consultant, Chris Schaefer.

On cross-examination, the expert witness for the College twice retracted portions of his report and was repeatedly rebutted by Dr. Wall's expert witnesses. Dr. Wall's expert witnesses established that within minutes of wearing a mask the wearer begins suffering the toxic effects of oxygen

deprivation and overexposure to carbon dioxide, and that the wearing of masks by asymptomatic people has no meaningful impact on the rate of transmission of SARS-CoV-2. **908**

Eight days of evidence was heard by the Tribunal between September 1, 2021 and January 29, 2022. Transcripts of all eight days were produced.

In February 2022, shortly before final transcripts were produced, Mr. Kitchen notified the College that Dr. Wall would be exercising his constitutional rights to freedom of expression and a fair and public hearing by publicly sharing the transcripts of the testimony of all the expert witnesses. The College objected to any form of publication and applied to the Tribunal to make the entire record secret. Dr. Wall contested the application. The Tribunal decided the transcripts of testimony could be shared with the public, but that the identities of all witnesses, even Dr. Wall's expert witnesses, must be kept secret.

The law is clear that all proceedings before courts and tribunals are presumptively open and accessible by the public and the media, including the evidentiary record and the identities of individuals involved in the proceeding. Publication bans cover professional disciplinary proceedings in secrecy, which prevents the public scrutiny necessary to ensure professional disciplinary tribunals remain in the business of conducting fair trials, not mere show trials or proceedings in which conviction is a foregone conclusion. The supervision of the public discourages state actors like the College or the Tribunal from abusing the right to be presumed innocent or ignoring evidence the College has acted unlawfully.

In August 2022, Mr. Kitchen provided the College with a court application to strike down the Tribunal's publication ban orders. Implicitly acknowledging the unlawfulness of the publication bans and wishing to avoid likely defeat before the courts, the College agreed to the rescission of the publication bans. As a result, the identities of Dr. Wall's expert witnesses were no longer secret and the identities of the College's witnesses and of the tribunal members would cease to be secret once the tribunal rendered a decision regarding the College's allegations of unprofessional conduct against Dr. Wall.

The Tribunal heard closing arguments from the College and Dr. Wall on June 16-17, 2022.

On January 30, 2023 the Tribunal issued their decision. Disappointingly, but predictably, the tribunal ruled entirely against Dr. Wall and in favour of the College. The decision is riddled with errors of fact and law and is so poorly decided it is an embarrassment to the chiropractic profession.

Although Mr. Kitchen and Dr. Wall hoped for an unbiased decision from the tribunal, they knew it was more likely the tribunal members would lack the courage to oppose the government's COVID narrative by accepting the scientific evidence masks are utterly ineffective at preventing the

transmission of COVID and harmful to wearers. Nonetheless, it is shocking the lengths the tribunal went to dismiss the evidence of Dr. Wall, three of his patients, and his four expert witnesses while blithely accepting all the evidence of the College. In what would appear to be an attempt to avoid scrutiny, the tribunal did not once cite to the 1,300-page transcribed record of testimony to support its summaries of the evidence of each witness. These summaries often leave out important evidence that favors Dr. Wall and conflicts with the tribunal's conclusions. The decision is an egregious manifestation of the type of reverse-engineered decision-making the Supreme Court of Canada has prohibited.

The tribunal members who decided to accept and rely upon the evidence of Dr. Hu, despite that evidence having been repeatedly refuted by Dr. Wall's four experts, are:

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Mr. James Lees, member of the public

Mr. Doug Dawson, member of the public

Dr. Dianna Martens, a chiropractor in Red Deer; and

Dr. Leslie Aldcorn, a chiropractor in Lethbridge.

On July 31, 2023, the Court of King's Bench of Alberta issued a rare and now famous decision ***in favour*** of those challenging COVID-related public health orders by striking down ***all*** of the CMOH Orders in Alberta. This case, *Ingram v Alberta (Chief Medical Officer of Health)*, 2023 ABKB 453 [*Ingram*], was not appealed and is therefore binding law in Alberta. All government bodies such as the College of Chiropractors are required to abide by it.

That, however, did not stop the tribunal from deciding—***after*** the release of *Ingram*—to ignore the law by ordering Dr. Wall to pay the College a total of $15,000 in fines and $50,000 in costs. The College spent over $600,000 on prosecuting Dr. Wall's case and the Tribunal decided Dr. Wall should have to pay a portion of that amount even though the Alberta Court of Appeal ruled in *Jinnah v Alberta Dental Association and College*, 2022 ABCA 336 that professional regulators like the College should bear all their own costs when they choose to spend funds on prosecuting non-serious cases like Dr. Wall's.

As a result of the CMOH Orders being invalidated by the Court in *Ingram*, many charges were dropped by Alberta Crown prosecutors, such as the charges against Alberta pastor James Coates, and fines reversed, like the $80,000 in fines to Church in the Vine for not letting a public health inspector into the sanctuary during Sunday worship. The College of Physicians and Surgeons of Alberta also dropped charges of unprofessional conduct it brought against Dr. Michal Princ for issuing COVID vaccine medical exemptions to patients.

After the College's Complaints Director informed Dr. Wall she would enforce the hearing tribunal's court-defying order that Dr. Wall pay $65,000 or lose his license, Mr. Kitchen submitted an application to the College that the order was unenforceable and must be "varied". **910**

Dr. Wall and the Complaints Director subsequently agreed to a resolution of Dr. Wall's case. A joint submission from the parties was provided to the Council of the College at a hearing on July 9, 2024 and a decision issued by Council on July 15. Anyone wanting to view the decision is encouraged to request a copy of it from the College.

As a result of the resolution, Dr. Wall's case is concluded. The parties agreed to provide this statement to the public:

The College of Chiropractors of Alberta and Dr. Curtis Wall have reached an agreement that settles all aspects of the unprofessional conduct matters involving Dr. Wall. Dr. Wall is no longer challenging the findings of unprofessional conduct.

Dr. Wall, his lawyer James Kitchen, and Liberty Coalition Canada sincerely thank those who have donated to the Legal Defense Fund for Dr. Wall's defence.

Documents Related Articles Related Videos

Dr. Walls Submissions opposing the inclusion of a proposed Committee member on the basis of bias

College of Chiropractors of Alberta Hearing Tribunal Penalties Decision in the Matter of Dr. Curtis Wall_August 2024

S. 93 Application to Vary_April 18 2024_Wall v CCOA_Filed

Written-Submissions-Regarding-Penalty-Final-SIGNED-correct-summary-of-costs-May-30-2023

2023-06-05-Written-Submissions-of-Dr.-Curtis-Wall-Regarding-Penalty-and-Costs

REBELNEWS

ITEM 6.5

911

Alberta chiropractor cleared from regulatory overreach

- By Tamara Ugolini August 04, 2024

After nearly four years of investigation and disciplinary proceedings for refusing to wear a mask due to anxiety and claustrophobia, Dr. Curtis Wall has retained his chiropractic license and can continue treating patients.



After nearly four years, Alberta chiropractor Curtis Wall has had his misconduct allegations secretly settled by his regulator, the College of Chiropractors of Alberta (CCOA).

"I'm pleased about it," said Wall's lawyer James Kitchen from Liberty Coalition Canada, who has been representing the tyrannized chiropractor since December 2020.

He's still practicing. He likes his practice, he likes his patients. His patients like him. A lot of his new patients come to him because of this. It's nice because he gets to help like-minded people that are looking for freedom-oriented chiropractors. People deserve to have good chiropractors that are freedom-oriented and love the truth.

Wall's trials and tribulations began in 2020, after the CCOA implemented a no-exceptions mask mandate through a pandemic practice directive. After attempting to mask for several weeks, but struggling with anxiety and claustrophobia, Wall stopped wearing a mask from June 2020 onward.

912

The CCOA sought a full suspension of Wall's license and wanted to fine him tens of thousands of dollars for his noncompliance. Despite mask science getting its day in court, with virologist and vaccinologist Dr. Byram Bridle showing how even five masks with a seal around the mouth do not stop the spread of aerosols, the college found Wall guilty of professional misconduct based on lone expert testimony by public health physician Jia Hu.

Hu is the CEO and CO-FOUNDER of 19 to Zero, a conflict-of-interest-riddled vaccine uptake group that focuses on behaviour change to coerce vaccine confidence while receiving funding from pharmaceutical companies.

In April of this year, Kitchen filed a Section 93 application to vary the charges against Wall, based on the Ingram Decision in Alberta. The decision found that certain pandemic-related public health orders breached the Public Health Act when politicians, instead of the chief medical officer of health, signed off on them.

This application highlighted that Wall was being penalized based on invalidated regulations, and sought to have the penalties placed on Dr. Wall varied or removed altogether, including an order of him to pay $65,000 in fines or risk losing his license.

When inquiring with the CCOA about the decision and requesting a copy, they stated that "Pursuant to a settlement agreement the parties entered into, CCOA will not be providing a copy of the decision. The College of Chiropractors of Alberta and Dr. Curtis Wall have reached an agreement that settles all aspects of the unprofessional conduct matters involving Dr. Wall. Dr. Wall is no longer challenging the findings of unprofessional conduct."

Although the decision may not be posted publicly due to the settlement agreement, there's a clear distinction between public posting and providing a copy upon request, especially given that the CCOA is supposed to serve as a public interest body.

The College has since updated the verbiage on their website from what they sent via email, to read:

"The College of Chiropractors of Alberta and Dr. Curtis Wall have reached an agreement that settles all aspects of the unprofessional conduct matters involving Dr. Wall. Dr. Wall is no longer challenging the findings of unprofessional conduct."

While the public remains in the dark about the decision, this outcome seems favourable for Dr. Wall. However, the lack of transparency from regulatory bodies raises serious concerns about potential abuse of power, regulatory overreach, and the undermining of effective legal precedent.

Talk Truth 
@TalkTruthca

We know how we feel about masks. How about you?!

In this episode of Talk Truth, we delve into the compelling story of Dr. Curtis Wall, a chiropractor in Alberta, and his legal battle with the College of Chiropractors. Joined by lawyer James Kitchen, the discussion uncovers the challenges Dr. Wall faced during the COVID-19 pandemic, where his refusal to wear a mask led to a tumultuous journey of professional misconduct allegations. As they navigate the complexities of the case and the role of mainstream media, the conversation highlights the power struggles, legal intricacies, and the fight for truth and justice in the face of adversity. #TalkTruth #CurtisWall #JamesKitchen #MedicalFreedom #Pandemic #Chiropractor #Alberta #Healthcare #Mandates #Covid19 #Masks #CorruptionExposed #FreedomFighters #ChallengeTheSystem
Watch Talk Truth daily on Daystar Television Network - Mon-Fri 7:30PM EST!

From: Chris.Paliare@paliareroland.com <Chris.Paliare@paliareroland.com>
Sent: Thursday, August 8, 2024 10:56 AM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: Karen Jones <karen.jones@paliareroland.com>
Subject: jordan peterson

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Just FYI ---leave to SCC denied today

Professions: Discipline

Jordan Peterson v. College of Psychologists of Ontario, 2023 ONSC 4685 **(41168)**
The Applicant, Dr. Jordan Peterson has been a registered clinical psychologist since 1999. Dr. Peterson is active on diverse social media platforms where he refers to himself as a clinical psychologist and provides commentaries on various social and political issues. Although he has not had an active clinical practice since 2017, he maintains his membership in the Respondent, College of Psychologists of Ontario ("College"). After receiving several reports between January and June 2022 regarding Dr. Peterson's conduct on social media and on his public appearances raising concerns about his professionalism and whether his statements comply with the standards of professional conduct, the College appointed an investigator to provide a report to a panel of the Inquiries, Complaints and Reports Committee ("ICRC"). The ICRC found, *inter alia*, that the comments made by Dr. Peterson appeared to be degrading, demeaning and unprofessional. Mainly, the ICRC expressed concerned that Dr. Peterson's public statements may be inconsistent with the professional standards, policies and ethics currently adopted by the College and therefore pose moderate risks of harm to the public. As a result, the ICRC directed that Dr. Peterson enter a coaching program with one of two individuals identified by the panel to review, reflect on and ameliorate his professionalism when making public statements. The ICRC stated that the failure to comply with the remedial program may result in an allegation of professional misconduct. The Ontario Superior Court of Justice, Divisional Court, dismissed the application for judicial review filed by Dr. Peterson and the Ont. C.A. dismissed the motion for leave to appeal. "The application for leave to appeal...is dismissed with costs."

FINANCIAL POST

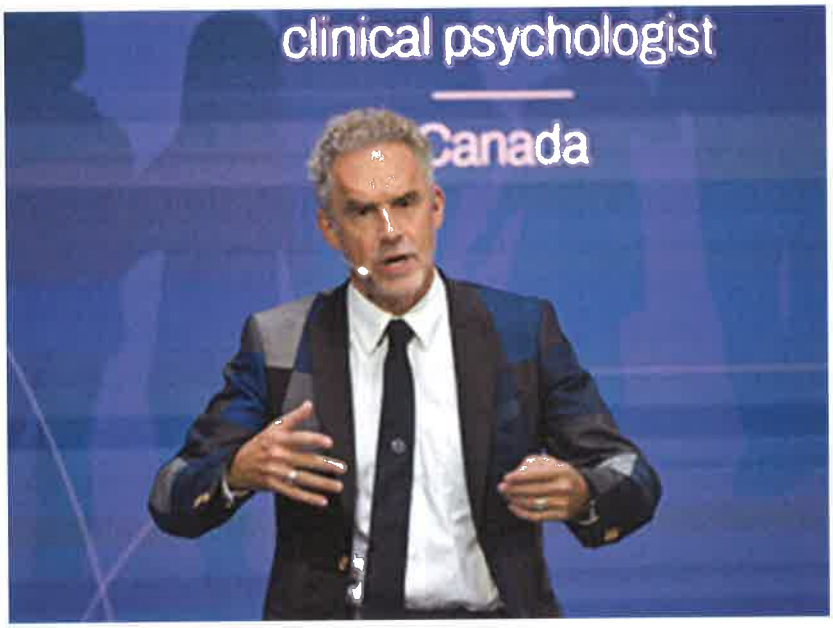
Howard Levitt: Jordan Peterson decision leaves professionals at mercy of regulatory overlords

Opinion: Regulated Canadians will not risk being offside the ever changing sensibilities of their regulators

Author of the article:

Howard Levitt

Published Aug 09, 2024 • 3 minute read



Canadian clinical psychologist Jordan B. Peterson addresses the 5th Demographic Summit in the Fine Arts Museum in Budapest on Sept. 14, 2023. Photo by ATTILA KISBENEDEK /AFP via Getty Images

Jordan Peterson lost his application to the Supreme Court of Canada this week for leave to appeal against the decision of the College of Psychologists of Ontario requiring him to undergo compulsory reeducation for various views expressed on social media, all of which were unrelated to the practice of psychology.

The complaints which resulted in the college's order were made by people who had never been his patients, and indeed, who had never met him. They were also mostly American and clearly politically motivated. I was honoured to act on Dr. Peterson's appeal, but was not involved in the original decision that led to the appeal.

This decision is a tragic loss both for the 25 per cent of Canadians who are regulated by professional and trade associations and for Canadians generally. It is an invitation to extortion and the pursuit of personal vendettas, as anyone can now threaten a practitioner with loss of their professional licence by filing complaints against them to their professional associations.

If Canadians must trust those appointed, or elected by their members, to our professional associations to monitor our free speech, we will be in a sorry state indeed, subject to whatever faddish peccadillo or personal bias which might seize those then in power.

And of course, the standards of acceptability will constantly change, based upon who is appointed and will vary between different trade and professional associations so that there will be different standards of acceptable speech over time and between groups.

Certainly, and I can speak to this personally as a member of a regulated professional association, when provinces endowed professional associations with the authority to ensure protection of the public from their members' professional conduct, they did not envisage disciplining their members for their political commentary.

Rather than take the risk of unpredictable discipline where no guidelines for what is acceptable even exist, most members of professional trade organizations, such as doctors, nurses, lawyers, and so on will simply remain quiet rather than take the risk of losing their ability to practise their livelihood. Most do not have the resources of Dr. Peterson to appeal to our highest court or risk losing their professional licence. It will chill both debate and speech as regulated Canadians will not risk being offside the ever changing sensibilities of their regulators.

The initial Peterson decision, even before the Supreme of Canada's dismissal Thursday of his application for leave to appeal, was already apparently being seized upon with alacrity by regulatory bodies across the country who imposed charges and discipline which had never been pursued before.

For example, British Columbia nurse Amy Hamm, who also writes columns for the National Post, is facing a disciplinary hearing over her support for the views of author J.K. Rowling, which includes sponsoring a billboard on Hastings Street in Vancouver reading "I love J.K. Rowling." Rowling has made public comments that have been criticized as anti-trans by LGBTQ groups and other advocates.

Hamm is facing discipline despite the fact that she said she only expresses such views in her personal life and in her professional life uses the pronouns which patients wish her to use.

In Quebec, meanwhile, a doctor was suspended for three months for arguing with a transgender patient about the use of pronouns and whether or not the patient was a man responding that the patient was genetically female, and that, at least until that point, the patient remained a woman biologically.

As for the punishment assigned to Dr. Peterson, he will attend the reeducation sessions and undoubtedly run intellectual circles around his "educators."

The very idea that Dr. Peterson, one of the masters of social media, requires social media training by comparative incompetents, is both risible and ludicrous.

Howard Levitt is senior partner of Levitt LLP, employment and labour lawyers with offices in Ontario, Alberta and British Columbia. He practices employment law in eight provinces and is the author of six books, including the Law of Dismissal in Canada.

NATIONAL POST

Jordan Peterson: I will see this contemptible 're-education' process through to its absurd end

Having failed to persuade the Supreme Court, I am going to see what constraints are put on my speech, and I am going to make it as public as possible

Author of the article:

Jordan Peterson

Published Aug 09, 2024 • 11 minute read

1616 Comments



Jordan Peterson Photo by Dave Abel/Toronto Sun/Postmedia Network

On Thursday, my attempt to defend myself against the ideologues and petty tyrants that now occupy so many positions of authority in Canada came to an end — or I finally got what I deserve, due to my incautious verbal utterances, depending on your stance. I am (still) a licensed psychologist in Ontario, and was once a full professor of psychology at the University of Toronto. Back in 2016, both of those occupations basically came to an end, when I had the temerity to object to the idiot legislation passed by our jackanapes prime minister, Justin Trudeau, the worst leader Canada has ever had, and a contender for the worst in the western world. His moralizing compatriots decided at the time that it was a good idea to rejig the very definition of sex — what could go wrong with that? — and to simultaneously compel everyone to accept that redesignation, on pain of law.

Bill C-16 made it illegal to discriminate on the basis of the made-up neo-Marxist/postmodernist/queer theory categories of gender identity, which do not exist, and of gender expression, which is literally nothing other than fashion (from the Ontario Human Rights Commission: "Gender expression is how a person publicly expresses or presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person's chosen name and pronoun are also common ways of expressing gender"). This is legislation for ideologically addled three-year-olds. Bill C-16 is, in a phrase, unutterably stupid, as only a damned fool would assume that criticizing the fashion choice, say, of an autogynephilic 40-year-old with children who decides, despite his family, that he is really a woman — and now wears a dress and nylons for sexual kicks — has anything to do with the racism that doomed the Blacks in the southern United States to their fate, or the murderous anti-Jewish pogroms of eastern Europe.

But we have become such fools in Canada, moralizing blindly and pridefully while inverting our traditions and perverting our legal system. Who cares? Why die on that hill? People asked me such things when I said very publicly that I would rather rot in jail than use the bloody pronouns demanded of me by people too stupid to understand what they were doing — the outright metastatic communists of the progressive liberals and the minor moralizing tyrants of the elite liberal bureaucracy. I care. Why? Because I could see where all this idiocy was headed, as clear as day. I told the arrogant fools in the Canadian Senate (and a hostile and dismissive bunch they were) that confusing young people about their sexual identity would lead to an epidemic of gender dysphoria among young women, and that is precisely what has happened.

In my wildest dreams, however, I did not have the imagination for evil to predict what else was going to happen. I really had no idea that a horde of surgeons would arise to mutilate and sterilize children, often autistic, gay or otherwise "marginalized" (in the appalling parlance of the so-called progressive left). Such things are likely, apparently, when you mess with the very conception of sex, which is in all likelihood the most fundamental of all perceptual and conceptual categories. If you can mandate acceptance of the fact that a

man can be woman merely by saying so, then all manner of lies now become not only acceptable but required.

I use social media regularly — and well. I have literally tens of millions of people who subscribe to my various channels, and hundreds of millions who listen to and watch my YouTube videos and their derivatives. I have used those channels to voice my thoughts about such affairs of sex and gender, criticizing the ideologues who are practising their evil craft on the most vulnerable members of society. I believe that the "transing" of minors is: first, a crime against humanity (as the involuntary sterilization of human beings is so defined by the United Nations); and second, the worst moral crime that the medical community has ever committed.

I have made such views known not least on X, the world's premier free speech platform, where I have objected, since 2016, to the trans "gender-affirming" butchers and the artists and actresses who have aided and abetted them. I also used that platform to spew some derisive words toward Trudeau, who — as the most scandal-ridden, incompetent, moralizing and economically illiterate prime minister in the history of this now rather sad little country — richly deserved it. I said some rather rude things about his former chief of staff, and about some councillor in Ottawa who could not refrain (like so many politicians) from spreading outright lies about the Freedom Convoy.

I talked to Joe Rogan — who is arguably the world's most influential journalist, by a large margin — about the lies of the power-mad climate apocalypse-mongers and doomsayers who, abiding by a Malthusian view of human economy and planetary biology, insist that there are too many people on the planet and that degrowth and deindustrialization — which will be undertaken on the backs of the poor — are the only acceptable solutions to the depredation of mankind. I do not believe any of that. I believe it is a pack of contemptible lies, told by those who hate humanity and will stop at nothing to regulate absolutely everything. I ask you, Canadians: has the planet been served well by the fact that you can no longer put your groceries in bags? Or is that just another bit of evidence that there is nothing too petty for the demented moralizers of the progressive green left to regulate and control under the guise of planetary salvation?

There were some people, out there in the wide world, who objected to my tweets. The College of Psychologists of Ontario has a convenient complaint portal on its website that anyone, anywhere can use to inform and carp about my behaviour (and that of other psychologists) for any reason at any time. This is true whether they were one of my clients or not — or even knew anyone who had been one of my clients. Such complaint processes regarding professional conduct have been weaponized by the Machiavellian left, experts as they are at the kind of covert warfare that characterizes those with so-called Cluster B psychopathology: the histrionic, borderline, narcissistic antisocial types who use gossip and reputation destruction to carve their destructive swath through their own lives, the lives of others and the general social world.

So they submitted their complaints, electronically, at no cost to themselves, with no risk of public exposure, and to my detriment. The College of Psychologists of Ontario is duty-bound to investigate every complaint, no matter how trivial or falsely motivated, and then to decide what to pursue.

Unfortunately, that body has also been taken over by the same ideological types, and at least a small coterie of them (and it is so often now exactly that small coterie) have decided that holding my clinical license hostage, attempting to destroy my reputation and subjecting me to tremendous legal expenses (I have already spent more than $1 million defending myself against this lawfare), insanity-making stress and interference with my livelihood is something well worth doing, given that I have had the constant temerity to inform the public — as is my duty — about just what the hell is transpiring on the psychological front. Hence the series of complaints that have been upheld by this delightful board, even after my insistence that all of this is politically motivated, as it is, culminating in the college's decision to subject me to indefinite "re-education," at my own expense, at the hands of one of their so-called social media experts (a professional designation that in no way even exists), until I have learned whatever lesson I am supposed to learn, which I suppose is to hold my bloody tongue.

I objected to such cavalier and ideologically motivated treatment at the hands of an ideologically captured and essentially anonymous accusatory mob, and pushed my objections through the provincial court of appeal, which rejected them, to the Supreme Court itself, which did the same thing as its provincial counterpart on Aug. 8. I am now subject to the re-education process, and have no further appeal. I have no idea how this charade is going to play itself out.

Who is going to teach me? What am I supposed to learn? Do not fool yourself into thinking that there is any precedent to this, or any plan. It is all being made up by the subterranean prosecutors who are pushing their ideological agenda. Where will it end? I cannot say, but I can tell you this:

Canadians once again have a very hard choice in front of them. The Supreme Court has essentially decided (or, more accurately, failed to take responsibility and therefore decided by default) that the much-vaunted Charter of Rights and Freedoms can be completely ignored by the regulatory bodies that license professionals in Canada. There are two conclusions that must be drawn in the aftermath of this decision. The first is that the Charter itself is not worth the paper it is written on. If comparatively low-level bureaucrats can suspend its most important provisions, more or less at will, it is a document with no real force whatsoever. I suspected as much when it was implemented back in the 1980s, and it is certainly the case that my worst suspicions have been justified.

Worse, however, is the clear consequence for professionals and those they serve in Canada. My fellow citizens: it is now a legal requirement in your sad state for the lawyers,

engineers, teachers, physicians, psychologists and social workers who serve you — often in your hours of most desperate need — to lie to you, in order to ensure they are not transgressing against the ideological assumptions of those who fly the flag of the radical left. This means that if you have a child in psychological trouble, for example, you will not get the truth from the professionals whose counsel you may be driven to seek. The same applies to lawyers — and even more so to the physicians who will now be more likely to castrate and slice off breasts and sterilize when children present themselves with the typical confusion of adolescence.

Why believe me? If I was in the position of the average Canadian, I would be unlikely to do so. Here is the terrible conundrum such individuals now find themselves in: either Jordan B. Peterson is an unreliable purveyor of paranoid fantasies, and rude to boot, or the entire Liberal party, Justin Trudeau, the higher education system itself (and let us not forget about the appalling K-12 leftist teacher-led propaganda venture) has become unreliable to the point of inviable corruption.

It is much easier to believe the former. Unfortunately, the former is not true. I am merely saying publicly, however badly, what all my cowardly, craven, lying colleagues know full well to be true: that all this "gender-affirming" nonsense is not only a lie, but a foul, dangerous lie; that the overwhelming majority of children with so-called gender dysphoria will grow out of it by the time they are adults; and that the course of action with the least possible damage is the right response to such confusion. The right response is anything but the identity transformation, puberty blockers, hormonal interventions and grotesque and brutal surgical procedures that are far too often recommended by those who should, and likely do, know better.

Why are all the professionals — psychological, legal and medical — going along with this madness? Because they do not want to suffer the same fate — loss of employment, loss of practice, complex legal entanglement, severe stress, unsustainable financial expense — that has come to visit my family and me. So they lie through their teeth, to ensure the demented propositions of the radicals can remain unchallenged, and their destructive and increasingly deadly ideology can continue its propagation through our once-great institutions.

Here's where we are, Canucks. To reiterate: on Aug. 8, your Supreme Court determined that professionals practising in your country cannot rely on the most fundamental document of our polity — the Charter of Rights and Freedoms — to protect them against the nonsense-purveyors of the idiot left. If your professionals cannot speak their minds, not only can they not do their jobs, but their fate indicates yours. If lawyers, physicians, psychologists, engineers and other highly skilled, licensed people have to lie in order to maintain their standing — to ensure their livelihoods, to maintain their reputations, to stay free of the long and increasingly corrupt hand of the law — what makes you think you have any chance whatsoever to maintain a relationship with the truth?

I really do not have an iron in this fire, practically speaking. I could escape to the United States (an increasingly tempting alternative), or tell the college to go to perdition and renounce the professional license that I am more and more embarrassed to have, given the stunning cowardice of my compatriots, and which I really do not use in any case, because working as a practising psychologist has become something untenable for me. But I am instead going to see this contemptible process through to what will almost certainly be its absurd end. I am going to find out just what sort of person will step forward to "re-educate" me. I am going to see what constraints are put on my movement, and the sound of my tongue, while all that unfolds, and I am going to make it as public as possible.

But in the meantime, my fellow citizens, you might consider awakening from your slumber. The Canada of today is not what it was 20 years ago — even 10 — and its new configuration is not one that will bring you the benefits to which you have become accustomed. We now live in a land — not least courtesy of Bill C-16, which I warned you about, to my great peril — where it is potentially illegal to insist that a man is a man and a woman is a woman, or to object to the castration and mutilation of children. We now live in a land where the federal government is essentially in opposition to the economic engine of the land (dependent as we are, for better or worse, on the resource economy). We are poorer than our American cousins. Our real estate costs have spiralled out of control. Our borders are open. Our leader is a juvenile narcissist. Our finances are a mess. And our Charter of Rights is not worth the ink that was spilled in its production.

National Post

From: Jo-Ann Willson
Sent: July 10, 2024 7:53 PM
To: Rose Bustria
Subject: FW: For Information: College of Complementary Health Professionals of BC

Exec and Council.

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In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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From: Kate Parisotto <Kate.Parisotto@CCHPBC.CA>
Sent: Wednesday, July 10, 2024 7:29 PM
To: Kate Parisotto <Kate.Parisotto@CCHPBC.CA>
Cc: Carin Plischke <Carin.Plischke@CCHPBC.CA>
Subject: For Information: College of Complementary Health Professionals of BC

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Dear regulatory colleagues,

I am reaching out to confirm that the College of Complementary Health Professionals of BC (CCHPBC) was formed on June 28, 2024 through the amalgamation of the College of Chiropractors of BC, College of Massage Therapists of BC, College of Naturopathic Physicians of BC, and College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC.

I also wanted to ask that any references to the four legacy colleges on your websites or in your public materials be updated to the College of Complementary Health Professionals of BC.

This amalgamation is part of the BC Ministry of Health's multi-year initiative to modernize BC's health profession regulatory framework.

The College of Complementary Health Professionals of BC regulates the following health professionals:

- acupuncturists
- chiropractors
- massage therapists
- naturopathic physicians
- traditional Chinese medicine practitioners

925

Carin Plischke, formerly the Registrar and CEO of the College of Occupational Therapists of BC, is the Registrar and CEO of the College of Complementary Health Professionals of BC.

Contact details for the College
Main number: 604-742-6670
Toll-free: 1-888-742-6670
General email: info@cchpbc.ca
Address: 900-200 Granville Street, Vancouver, BC V6C 1S4

New website
On June 28, 2024, we launched the website for the College of Complementary Health Professionals of BC: www.cchpbc.ca. I encourage you to bookmark this site and take a moment to look through it when you have time.

Request: Please update references to colleges on your websites and in your materials
Please update any references to the four legacy colleges on your websites or in your public materials to reference the new college.

I look forward to working with you. Please reach out if you have any questions about how this amalgamation impacts work that was underway with any of the four amalgamating colleges prior to amalgamation.

Kind regards,

Kate Parisotto
Chief Regulatory Officer
(she/her)
604.742.6670 (phone)
604.742.6685 (direct)

College of
COMPLEMENTARY HEALTH
PROFESSIONALS OF BC

cchpbc.ca
900-200 Granville Street
Vancouver, BC V6C 1S4

ITEM 6.11

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Whistleblowers and Regulators
Part 1

by Anastasia-Maria Hountalas

July 2024 - No. 292

Whistleblowers are insiders within an organization who disclose apparent wrongdoing to outsiders because the organization is unable or unwilling to address the issue. The motivation of the whistleblower can be altruistic, for personal advantage, or to be disruptive (or a combination thereof). Often, but not always, whistleblowers want to keep their identities confidential.

The relationship between whistleblowers and regulators is often ambiguous. Conceptually the three most common contexts are:

1. Whistleblowers who make disclosure to regulators about a regulated person or entity.
2. Regulated entities who report whistleblowers to the regulator for improper whistleblowing activities.
3. Insiders within a regulator who blow the whistle about the actions of the regulator.

This article contains reflections on the first context, disclosure to regulators. A subsequent *Grey Areas* will discuss the other two contexts.

Whistleblower Disclosure to Regulators

Regulators have a strong interest in receiving reports of unprofessional behaviour by registrants. Such information enables the regulator to investigate and address concerns that might harm the public.

In fact, many regulators have provisions requiring registrants to report some or all instances of professional misconduct coming to their attention. Some regulators even have provisions requiring certain non-registrants (e.g., employers in cases of sexual abuse) to report misconduct to the regulator. Indeed, some registrants have a duty to report

themselves in certain circumstances (e.g., criminal charges or findings), although self-reports are beyond the scope of this article.

While this article focuses on voluntary reports by whistleblowers, some of the points also apply to mandatory reports.

Confidentiality Expectations

Issues arise when a whistleblower, who has no duty to make a report voluntarily, discloses misconduct to the regulator. Many whistleblowers have a high expectation that their identity will be protected to avoid repercussions or retaliation. Regulators are often unable to provide assurances of complete confidentiality because of their disclosure obligations to registrants who are the subject of regulatory action. It is important for regulators, in their initial communications, to clearly and accurately convey the limits of the confidentiality they can provide. In fact, it might be prudent to present this information on the regulator's website in an easily located place for potential whistleblowers.

Regulators who anticipate frequent whistleblower reports might seek legislative amendments or other mechanisms (e.g., a confidential informant program) to enhance the degree of confidentiality that can be offered.

Alternatively, regulators could develop processes to receive whistleblower reports anonymously. Anonymous reports are much more challenging to rely on. However, if there is sufficient detail contained in the report, it could form reasonable and probable grounds to appoint an investigator. In addition, the information could remain available in case new concerns arise in the future.

Managing Retaliation Against Whistleblowers

Another issue is where the whistleblower experiences repercussions or retaliation. This can take many forms including terminating the whistleblower's employment, making a formal complaint against them, issuing statements attacking their credibility or character, or commencing civil proceedings against them (e.g., for defamation).

It is important that regulators do not provide assurances to the whistleblower that they might ultimately be unable or unwilling to fulfil. For example, advising a whistleblower that they will pay to defend them in civil court is expensive and may, with the discovery of additional information, be imprudent. Regulators might develop, in advance, the wording of any assurances that they will offer.

However, regulators do have some options that they may wish to pursue where there is retaliation. Many regulators consider it to be professional misconduct for registrants to threaten or implement retaliatory measures. Some regulators proactively inform registrants of the duty not to retaliate. Regulators might even publish this obligation to the profession. In exceptional circumstances a regulator can act as an intervenor in any proceedings brought by the registrant or might even provide or fund legal counsel for the whistleblower.

Payment to Whistleblowers

A few regulators pay a reward to whistleblowers. This is most common where misconduct occurs in secret, especially if the misconduct might never otherwise become known. For example, some securities regulators offer such rewards.

Where the whistleblower is paid, their value as a witness may diminish in light of their non-altruistic motivation. Thus, such rewards are more common where the whistleblower can point the regulator to other evidence, such as documents, that can establish the misconduct.

Needless to say, some registrants can develop a less collaborative attitude towards their regulator when it pays whistleblowers for information.

Transparency

There is value in regulators collecting and publishing aggregate data on their whistleblower activities. In the United Kingdom, such reports are mandated for health and care regulators. The purpose of such a report, as stated in their 2023 joint report, is described as follows:

> The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.

For example, the report from the dental regulator stated in part:

> Of the 82 whistleblowing concerns we received:
>
> - 31 cases were closed with no further action. Of these 31 cases, nine were merged with other live cases, and 22 were closed with no further action as there was not enough information provided to progress further.
> - 9 cases have been referred to the Case Examiners.
> - 42 cases are still at Assessment stage.
>
> Of the 82 cases received, 47 were received from dental professionals, 16 were from non-registrants (who were employed in dentistry) and 19 were anonymous.

Conclusion

There are advantages to regulators formalizing their process for receiving and acting on whistleblower reports. Such policies and procedures can assist whistleblowers in coming forward, foster fewer unexpected repercussions for whistleblowers, and enable better use of the information obtained.

FOR MORE INFORMATION
This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please visit our website to subscribe: https://sml-law.com/resources/grey-areas/

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Whistleblowers and Regulators Part 2

by Anastasia-Maria Hountalas

August 2024 - No. 293

As discussed in the July edition of *Grey Areas*, whistleblowers are insiders within an organization who disclose apparent wrongdoing to outsiders because the organization is unable or unwilling to address the issue.

In the July article, we looked at the topic of whistleblowers who make disclosure to regulators about a regulated person or entity. In this article we discuss two other contexts in which regulators may deal with whistleblower reports:

1. Regulated entities who report whistleblowers to the regulator for improper whistleblowing activities.
2. Insiders within a regulator who blow the whistle about the actions of the regulator.

Using Regulators to Stifle Whistleblowers

Some organizations operate under the principle that the best defence is a good offence. Thus, where a whistleblower has made disclosure to the regulator, or to a third party, the organization may complain to the regulator about the conduct of the whistleblower.

Typically, the concern of the organization is about one of the following:

1. The whistleblower breached confidentiality.
2. The whistleblower was an active participant in the misconduct on which they reported.
3. The whistleblower's report was dishonest and/or made for a collateral, self-interested purpose.

Regulators must be cautious that their processes are not used to retaliate

against the whistleblower. Recently the physician regulator in the UK commented on this phenomenon in the context of the public inquiry into tainted blood:

> Over the last few days we have also seen investigative media reports alleging that a number of NHS [National Health Service] managers have taken actions to silence whistleblowers, including threatening referral to the GMC [General Medical Council].
>
> We are of course aware that referrals to us are sometimes used to intimidate. This is completely unacceptable, has significant consequences for doctors' wellbeing and puts the safety of patients at risk.
>
> We've put a number of safeguards in place to help make sure that the referrals that come to us are fair, appropriate, and proportionate.

Concerns raised with the regulator are occasionally overblown. Confidentiality provisions often do not apply or are unenforceable when a whistleblower reports misconduct, particularly illegal misconduct or misconduct that affects the health and safety of individuals. It is not uncommon for whistleblowers to have had some involvement in the misconduct until they realize its significance or the moral injury to the whistleblower reaches the point where they can no longer tolerate the behaviour. Also, the motivation or accuracy of the whistleblower's report does not nullify the need for investigation and evaluation.

This is not to say that a complaint against a self-styled whistleblower is never valid. For example, in *Mulligan v Ontario Civilian Police Commission*, 2020 ONSC 2031, an OPP police Sergeant submitted a letter to the editor of the Sudbury Star criticizing the move of an OPP helicopter from Sudbury to Orillia saying it would jeopardize public safety. He was disciplined for breach of confidence and discreditable conduct. On judicial review the Divisional Court upheld the finding that the "whistleblower defence" was not available to Sergeant Mulligan because he had not first raised his concerns within his chain of command. The Court said:

> There may be a situation where the issues raised are so pressing and urgent and the chain of command so obviously dysfunctional or corrupt that going public first is the only reasonable option. However, Sergeant Mulligan never argued that the urgency of the situation made it impractical for him to raise the matter internally first. Furthermore, the evidence he presented did not meet the threshold required to demonstrate the type of dysfunctionality or corruption that would be required for this type of exception to the usual rule.

Further, it is also not inconceivable that the major player in a scheme of misconduct might pre-emptively report against a less involved participant in order to wrap themselves in the mantle of a whistleblower.

Regulators need to be cautious about their processes being used to inappropriately intimidate or retaliate against legitimate whistleblowers. Regulators should consider the

possibility that organizations are using them to avoid or mitigate the actions of whistleblowers. For example, exercising the authority to take no action on frivolous and vexatious complaints might be suitable in some cases.

Whistleblowers About Regulators

Regulators themselves might be the subject of a whistleblower report by a staff, committee or Council member. Such an occurrence can be dismaying and disruptive.

For example, in the UK a whistleblower received extensive media coverage when alleging that the attempts of the Nursing and Midwifery Council to address its backlog of complaints have placed unwarranted pressures on staff and have resulted in hasty decisions that do not adequately protect the public interest. The oversight body for the regulator, the Professional Standards Authority, has become involved, publishing the following statement:

> We are grateful to the whistleblower for raising concerns about the Nursing and Midwifery Council with us. It took courage to raise these concerns and we know the toll that whistleblowing can take on individuals.
>
> We met with the whistleblower in October 2023 and discussed how we will take forward the information shared with us. Since then we have been copied in to further communications about the concerns raised. We have also responded directly to the whistleblower following their communication to the PSA this week.
>
> We agree that their concerns are serious and have the potential to impact public protection. As part of our role, we assess regulators, including the NMC, against our **Standards of Good Regulation**. These Standards are designed to assess whether regulators are performing their role in a manner that protects the public, upholds professional standards and maintains confidence in the profession. We undertake our assessments on an annual basis, reviewing evidence throughout the year in order to form judgements at the end of each review period as to whether our Standards are met. The whistleblower's concerns form an important part of the evidence base for our current review of the NMC, which runs from July 2023 to June 2024.
>
> We are aware that the NMC has commissioned independent external investigations into the matters raised by the whistleblower. The Charity Commission has also initiated an investigation. We have been engaging with both the NMC and the Charity Commission in relation to these and will be monitoring their progress carefully. The outcomes of these investigations and how the NMC responds to them will be important evidence for us, informing any additional work we may undertake. We retain the right to launch our own investigation, in addition and separate to our performance

review process, at any time. We are keeping the Department of Health and Social Care informed about the situation and our work relating to the issues raised.

Apart from good governance and good management, ensuring adequate resources for regulatory tasks, and a culture of openness to feedback, regulators can proactively address the risk of being the subject of a report by establishing a credible whistleblower program within the organization. Such a program could address concerns before they become bigger issues and enhance the regulator's effectiveness. These advantages need to be balanced against common disadvantages, including the resources required for a good whistleblower program and the possibility that the program will be overused for less serious or inappropriate types of concerns.

Conclusion

Whistleblowers are a reality for regulators. With proper planning and good processes in place, whistleblowing can enhance the ability of regulators to achieve their mission. Inappropriate responses can create undesirable consequences for the public interest and the regulators themselves.

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A New Criterion for Evaluating Regulators

July 24, 2024(https://sml-law.com/2024/07/24/) "
Anastasia-Maria Hountalas(https://sml-law.com/author/anastasia-maria-hountalas/)

There is an increasing tendency to evaluate the performance of regulators of professions. Most of these evaluations are conducted by oversight bodies, such as the various Superintendents in British Columbia, or by third party consultants retained by the regulators themselves. Most evaluations have focussed on the regulatory effectiveness of the body or the functionality of their governance. A new criterion for evaluation is emerging relating to their internal culture, particularly related to staff.

In the UK, the Nursing and Midwifery Council (NMC) has been the subject of negative media reports based on information provided by a whistleblower. The reports said that the regulator has a toxic internal culture where bullying, racism, and ableism have rendered the NMC dysfunctional. Significantly, it was alleged that the pressure on staff to reduce the enormous backlog in the investigation of complaints has resulted in the inappropriate closure of files related to serious misconduct by nurses and midwives.

The NMC retained external consultants, Rise Associates (Rise), to conduct an Independent Culture Review. Rise reviewed various types of internal NMC files and data, administered an online survey (85% responded), conducted over 200 hours of interviews with current and former staff, held focus groups, and received written submissions. The participation rate was high.

The recently released **Rise Report (https://www.nmc.org.uk/globalassets/sitedocuments/independent-reviews/2024/nmc-independent-culture-review-july-2024.pdf)** (July 2024) contains disturbing findings. While more than half the staff said they were positively managed, an almost equal proportion reported serious concerns. Their work was emotionally draining. Almost half of all staff had witnessed micro-aggressions in the last 12-months. The whistleblower's report of bullying, racism, and ableism was widely corroborated. The rate at which staff took medical leave for stress-related reasons or left their employment was alarmingly high. Many felt that reported concerns were not taken seriously and sometimes resulted in retaliation. Multiple concerns were also expressed about cronyism in hiring and promotion decisions. The report says: "We spoke to hundreds of people who were deeply unhappy in their jobs and this is also borne out by key facts and admissions in the HR data and the many staff surveys."

Perhaps more concerning, from a policy perspective, were the observations about the impact of the internal culture on the "safeguarding" function of the NMC to protect people from harm. Several examples were identified where sexual abuse and child pornography concerns were not acted upon because the acts occurred in non-clinical settings. Another example was the very slow progress made on high profile concerns of physical and mental abuse of vulnerable patients. In addition, the report says:

> We also heard of other cases relating to alcohol dependency, racism, inappropriate behaviour with patients and sexual assault that were not acted upon. We have also seen multiple letters and documents where concerns around the handling of these cases have been shared with senior leadership.

Further, there were concerns about the screening of both serious cases and minor issues. Such screening could help prevent nurses and midwives from being left "in limbo" for years. One investigation had been ongoing for nearly ten years and there have been several instances of registrants dying by suicide while undergoing investigation.

The Rise Report makes thirty-six recommendations, several of which dealt with human resource issues that are particularly relevant for large organizations. For example, all managers "should have 360 feedback to inform appraisals, together with feedback from the annual staff survey and other relevant data sources." Similarly, "Senior leadership [should] engage in reverse mentoring to understand colleagues different lived experiences." There were also detailed recommendations on developing an Anti-racist Action Plan including a target of appointing "30% of Black and ethnic minority managers so they can better regulate the communities they serve..."

The Report recommends that the NMC create a safe and effective whistleblower mechanism to better identify and address concerns.

Recommendations to address the backlog of complaints included adding more resources such as technology and external assistance. In addition, the NMC should publish timelines for the various stages of their process with public reports on the level of achievement.

In terms of the NMC's role to safeguard people from harm: "Complex and serious cases should be managed by a specialist team who understand all of the risks involved in not processing these cases appropriately in a timely fashion." Further, the NMC should ensure "that in all regulatory functions, at every stage, employees have the right knowledge and skills to enable the NMC's public protection role to be discharged."

The Rise Report also called for the oversight body, the Professional Standards Authority (PSA), to conduct more rigorous reviews of the NMC. In the post on its website entitled: ***PSA responds to publication of Independent Culture Review of the NMC*** **(https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2024/07/09/psa-responds-to-publication-of-independent-culture-review-of-the-nmc)**, the PSA committed to doing so:

> We agree that enhanced monitoring will be required of the NMC in the coming months and years to ensure improvements are implemented and sustained. We will provide an update on how we will achieve this shortly, once we have considered the findings of the review in full. We will also be considering the evidence we look at as part of our performance reviews, and our process overall, to see if these can be further improved to help us identify the sorts of issues raised in the Rise review at an earlier stage.

More generally, the PSA is also considering whether to add an additional standard about the "internal culture, leadership and governance as part of how we assess how well a regulator is delivering on its statutory responsibilities." This change, if made, would apply to all the regulators that the PSA oversees.

The internal culture of an organization is notoriously difficult to measure or manage but regulators should read the Rise Report for insight and guidance. The external review of a regulator's internal culture might just become part of their oversight process.

This article was originally published by Law360 Canada, part of LexisNexis Canada Inc, at ***Law360 Canada*** **(https://www.law360.ca/ca/)**.

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Council Member Terms as of August 26, 2024 [1]

Name	District	Date First Elected/Appointed	Date Re-elected/ Reappointed	Date of Expiry of Current Term
Elected Members				
Dr. Michael Gauthier	3 (Central East)	April 2022	NA	April 2025
Dr. Kyle Grice	4 (Central)	April 2021	April 2022	April 2025
Dr. Jarrod Goldin	7 (Academic)	April 2021	April 2023	April 2026
Dr. Colin Goudreau	6 (Western)	April 2020	April 2023	April 2026
Dr. Sarah Green	5 (Central West)	April 2020	April 2023	April 2026
Dr. Paul Groulx	2 (Eastern)	April 2019	April 2022	April 2025
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021 April 2024	April 2027
Dr. Angelo Santin	1 (Northern)	April 2021	April 2024	April 2027
Dr. Julia Viscomi	4 (Central)	April 2021	April 2024	April 2027
Appointed Members [2]				
Ms Anuli Ausbeth-Ajagu	Mississauga	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Robert Chopowick	Ajax	September 7, 2023	September 7, 2024	September 7, 2027
Mr. Gagandeep Dhanda	Mississauga	April 9, 2020	April 9, 2021 April 9, 2024	April 8, 2027
Ms Zoe Kariunas	Toronto	October 14, 2021	October 14, 2024	October 13, 2025
Mr. Scott Stewart	Cavan Monaghan	March 4, 2022	NA	March 4, 2025
Mr. Shawn Southern	Carunna	October 8, 2020	October 8, 2021 October 8, 2024	October 8, 2027
Vacant				

[1] Please advise Ms Rose Bustria a.s.a.p. if you aware of aware of any discrepancies.
[2] CCO requires at least 6 public members to be properly constituted.

Ontario

940

Executive Council of Ontario
Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario
Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Chiropractic Act, 1991*, **Gagandeep Dhanda** of Mississauga be reappointed as a part-time member of the Council of the College of Chiropractors of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective April 9, 2024 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les chiropraticiens*, **Gagandeep Dhanda** de Mississauga est reconduit au poste de membre à temps partiel du Conseil de l'Ordre des chiropraticiens de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 9 avril 2024 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: FEB 2 2 2024
Approuvé et décrété le :

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 301 / 2024

941

Ontario

Executive Council of Ontario
Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario
Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Chiropractic Act, 1991*, **Robert Chopowick** of Ajax be reappointed as a part-time member of the Council of the College of Chiropractors of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective September 7, 2024 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les chiropraticiens*, **Robert Chopowick** d'Ajax est reconduit au poste de membre à temps partiel du Conseil de l'Ordre des chiropraticiens de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 7 septembre 2024 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: JUL 25 2024
Approuvé et décrété le :

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 997/2024

Ontario

942

Executive Council of Ontario
Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario
Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Chiropractic Act, 1991*, **Shawn Southern** of St. Clair Township be reappointed as a part-time member of the Council of the College of Chiropractors of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective October 8, 2024 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les chiropraticiens*, **Shawn Southern** de St. Clair Township est reconduit au poste de membre à temps partiel du Conseil de l'Ordre des chiropraticiens de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 8 octobre 2024 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: JUL 25 2024
Approuvé et décrété le :

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 998/2024

Ontario

944

Executive Council of Ontario
Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario
Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Chiropractic Act, 1991*, **Zoe Kariunas** of Toronto, be reappointed as a part-time member of the Council of the College of Chiropractors of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective October 14, 2024 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les chiropraticiens*, **Zoe Kariunas** de Toronto, est reconduite au poste de membre à temps partiel du Conseil de l'Ordre des chiropraticiens de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an, à compter du dernier en date du 14 octobre 2024 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : Le présidence du Conseil des ministres

Approved and Ordered: JUN 0 6 2024
Approuvé et décrété le :

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 743 / 2024