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

STRATEGIC PLAN[1]

Building on a Solid Foundation

September 2024 – September 2029

Introduction:

This document outlines strategic objectives and relevant action items for the College of Chiropractors of Ontario (CCO) over the next five years. The Strategic Plan strengthens and supports the mission, vision, values and strategic objectives developed by Council in September 2017 and incorporates by reference the Council Effectiveness Workshop Report dated November 24, 2023 (attached as Appendix A). Grounded in CCO's mission to protect the public interest and ensure excellence in chiropractic regulation, the plan builds on CCO's existing strategic objectives from 2017 while addressing challenges and external changes within the regulatory and healthcare landscapes.

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 [2]

- Integrity
- Respect
- Collaboration
- Innovation
- Transparency
- Responsiveness

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[1] Approved by Council November 28, 2024, with minor amendments approved by the Executive Committee January 24, 2025 and May 23, 2025.

[2] Values are reflected throughout the strategic plan. Core values involved with each strategic objective are highlighted.

Key Themes:

- Our goal is to lead the collaborative development of regulation of the chiropractic profession to ensure the highest standards of care to protect the public interest.
- We regulate chiropractors in Ontario in a manner that protects and serves the public interest by ensuring competent and ethical practice.
- Building on CCO's strengths in regulatory and business operations, we benefit from a clear focus on the public interest, accomplished leadership, a collaborative relationship between staff and Council and a supportive culture.
- Everything we do is focused on protecting the public. This is what makes us strong as a regulator.

Strategic Objectives

1. Strengthen Governance and Leadership

Building on current strategic objective 5:

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

Goal: Ensure effective, transparent, and trusted governance that supports progressive and anticipatory regulation while continuing to maintain fiscal responsibility.

Values Reflected: **Integrity, Respect, Collaboration, Transparency.**

Actions:

I. Governance best practices:
   a. Continue compiling current best practices in health regulatory governance and identify what is relevant to CCO's approach to improving governance

II. Electoral reform: Continue moving towards a process for electing and selecting Council and committee members that facilitates competency-based elections and appointments, and reflects diverse attributes, skills and abilities, pending any necessary legislative amendments.
   a. Seek insights on why more members are not putting their name forward as potential candidates
      i. Tactics for doing so include asking members and highlighting opportunities at roadshows and/or through Presidents' messages
   b. Communicate on what being a council or committee member is like to potentially interested participants
   c. Research and implement best-practices for identifying and cultivating qualified candidates

   d. Onboard process when elected members start on council: ongoing training, email communications, etc. analogous to initial communication with public members

III. Public member recruitment: Collaborate with the Health Board Secretariat (HBS) to enhance recruitment, training, and remuneration for public members to aid in constituting a diverse and well-qualified board; address possible gaps including French speaking council members.

IV. Trust in committee work: Enhance effective communication between council and committees and affirm both the independence and accountability of committees in fulfilling their mandates and effective reporting to council
   a. Training: Role of committee (including executive) versus council
   b. Council and Committee evaluations: Begin phase 2 of approved council effectiveness plan
   c. Reporting: Include public interest rationale + alignment to CCO strategic plan in all committee recommendations.

→ *Demonstrate continuous fiscal responsibility*

Goal: Stay on budget subject to extenuating or unforeseen circumstances

I. Continue to remain fiscally responsible with an annual clean audit

II. Leverage our assets to protect the college now and into the future in a responsible manner

III. Be properly resourced to do the necessary work, hiring and retaining individuals where necessary to help execute the strategic plan (for example skilled help in technology enhancement, communications, training etc.)

IV. Digitize CCO business processes where appropriate to decrease physical space necessary to maintain important CCO documentation

2. Strengthen Understanding of CCO and the Profession's Role in the Healthcare System

Building on current strategic objective 1:

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

Goal: Increase the visibility and recognition of CCO's regulatory role in protecting the public interest.

Values Reflected: **Integrity, Respect, Collaboration, Transparency.**

Actions:

I. Education campaign: Enhance public communication to highlight the importance of maintaining high regulatory standards for the protection of the public interest.
   a. Update Partnership of Care document
   b. Obtain data driven insights from patients, public and members, measuring
      i. where is everyone now, in their understanding of the college's role in regulating the chiropractic profession
      ii. engage with patient advocacy groups
   c. ICRC: Making the complaints process easier for the public to navigate
      i. Pending changes to website will address this
   d. Communication strategy to clarify for the public:
      i. What do chiropractors do versus naturopaths, physiotherapists, kinesiologists, etc.?
      ii. Create a "Meet the college" public relations strategy (part of ongoing communications and website enhancement)
      iii. Continue to use clear and direct language and embrace fresh and creative visual communication strategies.
      iv. Address regional inequalities in access to care: how can CCO within its regulatory mandate support public access to care around the province in conjunction with efforts by stakeholders such as OCA/AFC [3]

II. Interprofessional collaboration: Work towards enhanced collaboration with other healthcare regulators to position chiropractic care as a key component in Ontario's healthcare system
   a. Work with system partners: such as HPRO[4] to identify and support CCO's role as part of an effective health regulatory system in Ontario
      i. Begin enhanced collaboration with other regulators

III. Government engagement: Strengthen relationships with government officials and support the government's goal of delivering effective and safe healthcare services to Ontarians
   a. Does CCO have a role in advocating for the public?
   b. Ensure readiness to address public interest protection for any scope enhancement or expansion
   c. Access to timely care
      i. How do we support this government priority?

[3] Ontario Chiropractic Association, Alliance for Chiropractic.
[4] Health Profession Regulators of Ontario.

3. Demonstrate a Proactive Approach to Regulatory Change

Building on current CCO strategic objectives 2 and 3:

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

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

Goals:

1. Stay ahead of the conversation on regulatory trends and health system changes rather than reacting to external pressures.
2. Build trust through compassionate regulation while exercising statutory mandate.

Values Involved: **Integrity, Respect, Collaboration, Innovation.**

Actions in support of Goal 1:

I Continuously monitor regulatory environment: Ensure CCO remains alert to the evolving regulatory landscape and is positioned to lead change.

II Demonstrate leadership on health system changes:

a. Identify CCO's successes in offering collaborative solutions to health system advancements and in proactively shaping the regulatory landscape
b. Continue training with experts on collaboration

Actions in support of Goal 2:

I. Integrate compassionate regulation practices that support chiropractors while maintaining public protection, encouraging positive engagement with CCO
   a. Research best practices: What does it mean to regulate with compassion?
   b. Where are members struggling the most? Tactics for doing so include roadshows, feedback from President's messages, member surveys, tracking ICRC decisions – what standards are we seeing deficiencies in the most?

II. Clear communications: Ensure CCO's communications are clear regarding regulation, complaints processes, and member obligations to ensure transparency and accessibility for the public and the profession
   a. Communication on practitioner health i.e., healthy chiropractors protect the public more effectively
   b. Apply analytics to CCO communications to confirm receipt, open rates, click-throughs etc.
   c. During registration process – consider including update on all reviewed standards from prior year with member's declaration of review

III. Trauma-informed care: Consider the integration of trauma-informed care into chiropractic practice in relevant standards.
    a. Investigate the integration of trauma-informed care into chiropractic practice.
    b. Educational workshops for members about relevant considerations for patient safety – proactively look for professionals to facilitate this
    c. Integrate into the ICRC and Discipline committees' training
IV. QA + Peer assessment program
    a. Continue PPA 1.0 + 2.0 program while integrating compassionate regulation practices into the program
    b. Track issues seen in PPA 1.0 to see if they have been dealt with by PPA 2.0

4. Enhance Member Engagement and Communication (internal and external)

Building on current CCO strategic objective 4:

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

Goal:

Strengthen engagement and transparency between CCO and its members while ensuring public trust and continuing to recognize the privacy and confidentiality of some matters, consistent with legislative requirements.

Values Reflected: **Integrity, Respect, Transparency.**

Actions:

I. Continually review and improve council and committee packages: Consider ways to ensure council and committees have information packages that are concise and identify clear public interest recommendations for effective discussion and decision-making; provide regular feedback
    a. Continue to post Council information packages and minutes on the CCO website for review by public and stakeholders
    b. Work on making packages as effective as possible
II. Enhance member engagement:
    a. Identify barriers to, and opportunities for, participation in CCO regulatory activity including Council and committee membership
    b. Explore ways to increase participation while maintaining high levels of enthusiasm for participation in peer and practice assessment program and non-council committee positions

III. New technologies: Consider impacts on both CCO as an organization and the regulatory implications of new technology-based forms of healthcare delivery such as
   a. Virtual care
   b. Role of artificial intelligence

IV. Communications: Continue to enhance CCO's communications including new forms while ensuring compliance with CCO statutory requirements.
   a. Incorporate video communication and graphics – aim to be less text heavy in communications
   b. Launch updated Website – scheduled for early 2025
   c. Continue to make progress on the communications goals and strategies identified by Council in the report dated November 24, 2023.

Conclusion:

CCO's strategic plan will guide the organization in adapting to regulatory changes, enhance its leadership in healthcare, and continue to protect the public interest through effective governance and regulation. Each CCO committee will review this strategic plan on its next agenda to determine what actions the committee will take to move the strategic plan forward. Committee Reports to Council will include identifying applicable KPIs [5] and action steps. Council and all committees will demonstrate a commitment to the Strategic Plan including ongoing review and evaluation to meet deadlines and implementation by September 2029.

By leveraging its strengths and addressing health system challenges, CCO will remain a trusted and proactive leader in chiropractic regulation

[5] Key Performance Indicators.

STRATEGIC PLAN
APPENDIX A

Council Effectiveness Workshop + September Planning Session *Addendum*

November 24, 2023 – Final Version (Approved – February 23, 2024)
CCO Head Office
Boyd Neil | Chris Winsor



Council effectiveness workshop report

November 24, 2023

CCO Head Office

Boyd Neil | Social Reach Consulting

Process

Focus on addressing:

- How Council currently measure its effectiveness
- What indicators should be used to evaluate 'performance' of individual Council members
- What indicators should be used to evaluate 'performance of Council as a whole

Three groups established to discuss/debate

- 'The Gold Finches (chaired by Dr. Sarah Green)
- 'The Blue Jays' (chaired by Dr. Michael Gauthier)
- 'The Cardinals' (chaired by Ms Zoe Kariunas)

Dotocracy exercise to coalesce central themes

Facilitators

- Boyd Neil and Chris Winsor



Dotocracy Exercise

Four questions tabled out of group discussion and debate, ranked as per the following tables

Image Credit

#1—Indicators of effectiveness

Ranked into three categories based on perceived Priority:

1. LOW
2. MEDIUM
3. HIGH

LOW-MEDIUM priority as indicator of effectiveness

1. Moving forward on specific DEI goals



MEDIUM priority as indicator of effectiveness

1. ICRC decisions: timeliness and trends
2. Fulfilling strategic objectives
3. Communicating with other regulators
4. Meeting management skills
5. Training sub-committee chairs
6. Knowledge of mission | vision | values
7. Clear understanding of Council | individual role



HIGH priority as indicator of effectiveness

1. Public interest evident as Council's 'North Star'
2. Adherence to CPMF benchmarks
3. Timely and transparent communications
4. Budget consistency
5. 3rd party evaluation of Council
6. Council member:
    - Participation
    - Preparation
    - Attendance
    - Soft skills



#2—Data to collect for benchmarking against which changes can be measured

Ranking Criteria

Phase 1 (< 1 year)

Phase 2 (1-3 years)

Phase 3 (3-5 years)

Phase 1 (< 1 year)

1. ICRC decisions: and Discipline Committee timelines & summaries (# hearings, # joint submissions)
2. Trends within patient complaints
3. QA aggregate data from peer assessments + post assessment follow-up data
4. Registration statistics (# individuals, schools, decisions)
5. Budget metrics/adherence

Phase 2 (1-3 years)

1. Google analytics re: assessment of communications products

Phase 3 (3-5 years)

1. Turnover of CCO staff/Committees/Council

#3—Information re: results of Council + Council member evaluation to be released internally/ externally

Ranking Criteria

Phase 1 (< 1 year)

Phase 2 (1-3 years)

Phase 3 (3-5 years)

Externally

Phase 1 (<1 year)

1. Executive summary of council effectiveness results (leverage annual report ? CPMF)

Phase 3 (3-5 years)

1. Third-party evaluation of Council effectiveness

Internally

Phase 1 (< 1 year)

1. Anonymized Council member + peer effectiveness results

Phase 2 (1-3 years)

1. Consider exit interview results of departing Council members (possibly conducted by third party)

#4—Steps to be taken to ensure processes for individual/Council evaluations are simple, easy to implement, not overly demanding on human or financial resources and result in good quality individuals wanting to participate in Council work

Ranking Criteria

Phase 1 (< 1 year)

Phase 2 (1-3 years)

Phase 3 (3-5 years)

Phase 1 (< 1 year)

1. Digital survey with simple quantitative scale (either numbered 1-10 or Likert scale) for evaluating *meeting effectiveness* (should include qualitative "why" option for low score under 7 or 'disagree' responses)
2. Timely evaluations – immediately post-meeting/within 24 hours — meeting effectiveness
3. Digital survey with scales as per above and 'why' options etc. for *annual personal evaluations of self and peers*

Phase 2 (1-3 years)

1. Digital survey containing simple quantitative scale (either numbered 1-10 or Likert scale) for Annual Council Member evaluations of Council Effectiveness. (should include qualitative "why" option for low score under 7 or 'disagree' responses.)

Phase 3 (3-5 years)

1. Third-party evaluation of Council effectiveness



ADDENDUM
Executive committee consensus on go-forward communications

Post strategic planning weekend (September 9-10, 2023)

Go-forward communications actions

Parse President's Message into different vehicles as "memos" or "news/updates" to allow single-subject messaging
Continue President's Message in a shorter, personal/friendly manner
Initiate regular newsletters featuring different content types, e.g., infographics, Q&As, feature articles, quizzes, explainer videos) with President's Message as lead
Update website as noted earlier in the meeting
Review metrics of communications tools, e.g., opening and reading of emails
Restart "road shows", i.e., hosted events for CCO to provide updates/"meet and greet/Q&A sessions
Provide for "opt-in" option for members to receive printed annual report + continue to provide to system partners (e.g., MPPs) as hard copies