

**COLLEGE OF CHIROPRACTORS OF ONTARIO**



**PUBLIC ELECTRONIC INFORMATION PACKAGE FOR  
COUNCIL (IN-PERSON) MEETING  
FRIDAY, FEBRUARY 24, 2023 – 8:30 A.M. – 1 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).



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

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### **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*

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# CCO CODE OF CONDUCT FOR CURRENT AND FORMER ELECTED AND PUBLIC MEMBERS OF COUNCIL AND NON-COUNCIL 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

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Current and former elected and public members of Council and non-Council 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<sup>1</sup>;
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;<sup>2</sup>

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<sup>1</sup> 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.

<sup>2</sup> This section does not preclude the use of professional biographies for professional involvement.

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<sup>3</sup> on behalf of CCO, including on social media, unless authorized by Council<sup>4</sup>;
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 non-Council committee member of the College of Chiropractors of Ontario undertake to comply with the CCO Code of Conduct for Current and Former Elected and Public Members of Council and Non-Council Committee Members, both during and following my term on CCO Council or a committee

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>3</sup> Stakeholders include professional associations, societies, and other organizations related to the regulation, education and practice of chiropractic.

<sup>4</sup> 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)
ASNFPPO	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
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
CMOH	Chief Medical Officer of Health
CNO	College of Nurses of Ontario
COVID-19	SARS – CoV- 2
<i>Code</i>	<i>Health Professions Procedural Code, Schedule 2 to the RHPA</i>
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
<i>HARP</i>	<i>Healing Arts Radiation Protection Act, 1990</i>
<i>HIA</i>	<i>Health Insurance Act, 1990</i>
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



<b>Acronym</b>	<b>Full Name</b>
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	<i>Personal Health Information Protection Act, 2004</i>
PPA	Peer and Practice Assessment
PIPEDA	<i>Personal Information and Protection of Electronic Documents Act</i>
PSA	Professional Standards Authority for Health and Social Care (U.K.)
PVO	Prosecutorial Viability Opinion
QA	Quality Assurance
RFP	Request for Proposal
RHPA	<i>Regulated Health Professions Act, 1991</i>
SCERP	Specified Continuing Education or Remediation Program
SOAR	Society of Ontario Adjudicators and Regulators
SPPA	<i>Statutory Powers Procedural Act, 1990</i>
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



## AGENDA (Public)

### COUNCIL MEETING Council Photo Day

Friday, February 24, 2023 (8:30 a.m. – 1:00 p.m.)<sup>1</sup>

In Person for CCO Council<sup>2 3</sup>

#### Attendees

Council members  
Mr. Joel Friedman, Deputy Registrar  
Ms Jo-Ann Willson, Registrar and General Counsel  
Ms Beth Ann Kenny, Recording Secretary  
Mr. Robert MacKay, Facilitator<sup>4</sup>

## AGENDA (Public)<sup>5</sup>

Page No.	ITEM	Action Required	Action By	Priority Level <sup>6</sup>
	<b>CALL TO ORDER<sup>7</sup> AND LAND ACKNOWLEDGEMENT<sup>8</sup></b>	Welcome	Mizel/ Gravelle	<b>High</b>

<sup>1</sup> Subject to Council's direction.

<sup>2</sup> Mr. Scott Stewart attending virtually. Please advise Rose Bustria if you will be attending virtually.

<sup>3</sup> Guests to attend virtually until further notice (please advise Rose Bustria if you would like to attend).

<sup>4</sup> To facilitate the President's chairing of this meeting (at the President's request and as directed by the Executive).

<sup>5</sup> If you would like the complete background documentation relating to any item on the agenda, please speak to Dr. Mizel, President and Ms Willson (information may be subject to confidentiality provisions).

<sup>6</sup> Subject to Council's direction.

<sup>7</sup> Council members to be familiar with and comply with the rules of order. If required, Dr. Mizel, President, to appoint a parliamentarian.

#### <sup>8</sup> Land acknowledgment

*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.*

Page No.	ITEM	Action Required	Action By	Priority Level <sup>6</sup>
	<b>1. Consent Agenda</b>	Approve	Council	<b>High</b>
<b>10</b>	1.1 Discipline Committee Report <i>CCO v Dr. Brian Moore</i>			
<b>11</b>	1.1.1 Decision and Reasons on Recusal Motion by Dr. Moore (received November 15, 2022)	FYI		
<b>22</b>	1.1.2 Endorsement of Mr. Justice H.K. O’Connell dated December 9, 2022 dismissing motion for interlocutory injunction by Dr. Moore			
<b>23</b>	1.2 Fitness to Practise Committee Report			
<b>24</b>	1.3 Inquiries, Complaints, and Reports Committee (ICRC) Report <i>Health Professions Appeal and Review Board (HPARB) Decisions</i>			
<b>25</b>	1.3.1 <i>Terry and Jessica Lemaire and Wade Rafaez</i> (received November 28, 2022) (ICRC decision returned)			
<b>44</b>	1.3.2 <i>Martin Gurvey and Ibrahim Asadullah</i> (received December 6, 2022) (ICRC decision upheld primarily)			
<b>64</b>	1.3.3 <i>Shannel Pearson and Chris Triantafilou</i> (received January 31, 2023) (ICRC decision upheld)			
<b>82</b>	1.3.4 Shannel Pearson and Guy Pelletier (received January 31, 2023) (ICRC decision upheld)			
<b>101</b>	1.4 Advertising Committee Report			
	<b>2. Main Agenda</b>	Adopt	Council	<b>High</b>
	2.1 Conflict of Interest	Review/ Declare any real or	Council	<b>High</b>

Page No.	ITEM	Action Required	Action By	Priority Level <sup>6</sup>
		perceived conflicts of interest as agenda item reached <sup>9</sup>		
	<b>3. Adoption of Minutes <sup>10</sup></b>			
	<b>4. Committee Reports</b>			
<b>190</b>	4.1 Executive Committee Report	Report/ Approve Recommendations	Mizel/ Council	<b>High</b>
	<i>Move in Camera <sup>11</sup></i>			
	<i>Move Out of Camera and Ratify Decisions made In Camera</i>			
	<i>College Performance Measurement Framework (CPMF) <sup>12</sup></i>	Status Update	Friedman	Medium
<b>399</b>	4.1.30 Thank you letter dated January 11, 2023 to Ms Willson from Dr. Karima Velji re: CPMF Working group	FYI		
<b>400</b>	4.1.31 CCO's CPMF Action Plan approved June 22, 2022 (version date October 11, 2022)	FYI		
<b>407</b>	4.1.32 Key Performance Indicators dated November 21, 2021	FYI		
<b>408</b>	4.1.33 DEI Plan (approved April 20, 2022)	FYI		

<sup>9</sup> Standing conflicts of interest do not need to be declared at every meeting.

<sup>10</sup> Only members present at the meeting should approve the minutes. Once Council minutes are approved, they are posted on CCO's website with the relevant Council information package.

<sup>11</sup> Council may go in camera to discuss items identified in Ss. 7 (2) of the Code, such as financial matters and legal advice.

<sup>12</sup> CCO's second CPMF Report was submitted on March 31, 2022 and is available on CCO's website. Mr. Friedman will prepare new report for the Executive Committee's review at the March 24, 2023 meeting (report to be filed March 31, 2023).

Page No.	ITEM	Action Required	Action By	Priority Level <sup>6</sup>
416	4.1.34 The Nursing and Midwifery Council edi objectives, priorities and actions 2022 - 2025	Review for best practices	Council/ Committ-ees	Medium
442	4.1.35 Communication exchange dated December 2022 between Ministry and HPRO re: CPMF <sup>13</sup>	Review	Council	Medium
447	4.1.36 Formal launch of the 3 <sup>rd</sup> iteration of the CPMF dated January 12, 2023 including reporting tool	Review for Com-mendable Practices	Council	Medium
	<i>Other Ministry Related Matters <sup>14</sup></i>	Primarily FYI		
585	4.1.37 News Release dated January 16, 2023 entitled “Ontario Reducing Wait Times for Surgeries and Procedures”			
592	4.1.38 Sample Media re: private clinics announcement			
595	4.1.39 News Release dated February 2, 2023 entitled “Your Health: A Plan for Connected and Convenient Care” including report			
	<i>Ministry of Health of British Columbia</i>			
659	4.1.40 Announcement dated October 2022 entitled “ <i>Patients the focus of new health legislation</i> ”			
662	4.1.41 Sample Media re: BC announcement			
	<i>Strategic Planning</i>			
	<i>Post Pandemic Planning</i>			
686	4.1.43 COVID-19 Protocols for In-Person/Hybrid Council and Committee Meetings (amended November 24, 2022) <sup>15</sup>	FYI		
	<i>Elections</i>	Verbal Report	Willson	<b>High</b>

<sup>13</sup> “Soft Launch” of CPMF distributed for feedback on October 18, 2022.

<sup>14</sup> Information reflects health regulatory context.

<sup>15</sup> Guests to be attending council meetings virtually pending safety and security audit and further recommendations.

Page No.	ITEM	Action Required	Action By	Priority Level <sup>6</sup>
687	4.1.44 Distribution of Election Documents January 26, 2023			
713	4.1.45 Information re: Election Review Sub-Committee including election checklists	Verbal Report	Friedman	Medium
	<i>Communications</i>			
722	4.1.47 Notation re: communications to CCO	FYI		
	<i>Other Chiropractic/Health Related Stakeholders</i>	Primarily FYI (subject to questions)	Council	Medium
	<i>Ontario Chiropractic Association (OCA)</i>			
785	4.1.51 E-mail dated November 24, 2022 re: Advocacy Day Documents			
798	4.1.52 Correspondence dated November 24, 2022, re: University of Guelph Partnership			
	<i>Canadian Chiropractic Examining Board (CCEB)</i>			
843	4.2 Patient Relations Committee Report	Report/ Approve Recommendations	Ausbeth-Ajagu	<b>High</b>
855	4.2.2 S-014: Prohibition of a Sexual Relationship with a Patient (current)	FYI		
865	4.3 Quality Assurance Committee Report	Report/ Approve Recommendations	Groulx	<b>High</b>
874	4.3.2 G-014: Delegation, Assignment and Referral of Care (current)	FYI		
882	4.3.4 Agenda and Photo of Peer and Practice Assessment Training Workshop – January 28,	FYI		

Page No.	ITEM	Action Required	Action By	Priority Level <sup>6</sup>
	2023			
887	4.4 Registration Committee Report	Report	De Domenico / Willson/ Friedman	<b>High</b>
889	4.4.1 Memo dated December 14, 2022 re: Registration Regulations from Dr. Karima Velji to Registrars and Executive Directors	Review		
919	4.4.4 P – 058: Policy on Considering Applications for Registration During the COVID-19 Pandemic	FYI		
928	4.4.5 News Release dated January 19, 2023 entitled “New “As of Right” Rules a First in Canada to Attract More Health Care Workers to Ontario” and input/questions from HPRO	FYI		
936	4.4.6 Notification dated November 24, 2022 re: Articles – OSCE cancellation - consequences	FYI		
952	4.4.7 OFC Newsletter dated January 2023	FYI		
	<b>5. New Business</b>			
	<i>Animal Chiropractic</i>	Consider regulatory role and possible participation in consultation	Council	Medium
959	5.1 Ontario Consultation: <i>Veterinarians Act of Ontario</i>	Review	Council	Medium
966	5.2 Various communications from the Ontario Chiropractic Association (September 7, 2022, December 23, 2022, January 19, 2022)	Review	Council	Medium
971	5.3 S-009: Chiropractic Care of Animals	FYI		

Page No.	ITEM	Action Required	Action By	Priority Level <sup>6</sup>
975	5.4 By-law 17: Public Register	FYI		
981	5.5 Information asked on CCO Registration Renewal (question 4 – animal chiropractic)	FYI		
982	5.6 Summary of Public Register Inclusion of chiropractic Care of Animals and Other Techniques and Modalities by Canadian Chiropractic Regulators and Selected Ontario Health Regulators	Verbal Report	Friedman	Medium
1032	5.7 Extract from <i>Veterinarians Act</i> re: Register	FYI		
	<b>6. FYI</b>	FYI		
1038	<i>College of Pharmacists of Ontario</i> 6.1 Various media re: expanded scope for pharmacists			
	<i>College of Psychologists of Ontario</i>			
1047	6.2 Correspondence dated October 24, 2022 re: ABA & Dual Registration from Dr. Rick Morris			
1048	6.3 Chiropractic & Manual Therapies (2023) 31:4 “A two-year follow-up: Twitter activity regarding misinformation about spinal manipulation, chiropractic care and boosting immunity during the COVID-19 pandemic”			
1060	6.4 Grey Areas (November 2022 and January 2023)			
1067	6.5 Council Members Terms (dated April 20, 2022)			
	DATE AND TIME OF MEETINGS <sup>16</sup>			
	ADJOURNMENT			

<sup>16</sup> Please mark your calendar and advise Rose Bustria ASAP if you are unable to attend any meetings.



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

**Executive Committee Meeting Dates to December 2023**

Year	Date	Time	Event	Location
<b>2023</b>	Friday, March 24	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Wednesday, May 17	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Friday, August 11	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Friday, October 20	8:30 a.m. – 1:00 p.m.	Meeting	CCO

**Council Meeting Dates to December 2023**

Year	Date	Time	Event	Location
<b>2023</b>	Friday, February 24	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Wednesday, April 19	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Thursday, April 20	8:30 a.m. – 1:00 p.m.	Meeting (Elections)	CCO
	Tuesday, June 20	6:00 p.m.	Presidents’ Dinner <sup>17</sup>	TBD
	Wednesday, June 21	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Wednesday, June 21	6:00 p.m. – 9:00 p.m.	AGM	TBD
	Friday, September 8	1:00 p.m. – 4:30 p.m.	Meeting	White Oaks Resort and Spa <sup>18</sup>
	Saturday, September 9	8:30 a.m. – 4:30 p.m.	Strategic Planning/Topic Specific Meeting	White Oaks

<sup>17</sup> For current and former BDC Chairs and CCO Presidents.

<sup>18</sup> White Oaks Resort and Spa: 253 Taylor Rd, Niagara-on-the-Lake, Ontario  
[www.whiteoaksresort.com](http://www.whiteoaksresort.com)

Council Meeting Agenda (Public): February 24, 2023 (in person for Council members)

Year	Date	Time	Event	Location
	Sunday, September 10	8:30 a.m. – 11:30 p.m.	Strategic Planning/Topic Specific Meeting	White Oaks
	Thursday, November 23	8:30 a.m. – 1:00 p.m.	Meeting (budget)	CCO
	Friday, November 24	8:30 a.m. – 11:30 a.m.	Training/Topic Specific Meeting	CCO
	Friday, November 24	6:00 p.m. – 9:00 p.m.	Holiday Party	TBD

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**College of Chiropractors of Ontario  
Discipline Committee Report to Council  
February 24, 2023**

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10

**Committee Members:** Mr. Shawn Southern, *Chair*  
Dr. Dennis Mizel  
Mr. Scott Stewart  
Dr. Julia Viscomi  
Mr. Robert Mackay, *Council Appointed member*  
Dr. Daniela Arciero, *non-Council member*  
Dr. Murray Townsend, *non-Council member*  
Dr. Matt Tribe, *non-Council 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 has been hearing dates with respect to Dr. Brian Moore as follows: December 12-16, December 19-20, 2022, January 25-26, 2023, and continuing on February 7, 13,14, 2023.

The Health Profession Regulators of Ontario (HPRO) held a Discipline Orientation on October 14, 2022 (Basic) and November 4, 2022 (Advanced). 2023 dates have not been announced. 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. The Discipline Committee continues to meet its mandate while conducting hearings as required to ensure compliance with CCO's public interest mandate.

Respectfully Submitted,

Mr. Shawn Southern,  
Chair

ITEM 1.1.1

Received  
Nov. 15, 2022

DISCIPLINE COMMITTEE OF THE COLLEGE  
OF CHIROPRACTORS OF ONTARIO

PANEL: Mr. Robert MacKay (Chair) Council Appointed Member

<b>BETWEEN:</b>	)	Counsel:
	)	
<b>COLLEGE OF CHIROPRACTORS</b>	)	Ms. Karen Jones for the College
	)	of Chiropractors of Ontario
<b>OF ONTARIO</b>	)	
	)	
<b>- and -</b>	)	
	)	
<b>DR. BRIAN MOORE</b>	)	Mr. James Kitchen
(Registration #1542)	)	for Dr. Moore
	)	
	)	
	)	Mr. Colin Stevenson
	)	Independent Legal Counsel
	)	
	)	
	)	Heard: November 4, 2022

**DECISION AND REASONS ON RECUSAL MOTION BY DR. MOORE**

Introduction

This recusal motion is brought in anticipation of a hearing scheduled for December 12 through 20, 2022 before a 5-person panel of the Discipline Committee to consider allegations that Dr. Moore (the "Member") engaged in professional misconduct. This motion is brought by the Member to disqualify Mr. Robert MacKay ("Mr. MacKay") from chairing or sitting on that hearing panel.

Mr. Kitchen, on behalf of the Member, raises four issues that he says demonstrate the lack of any legislative basis for Mr. MacKay having been properly appointed to the Discipline Committee. If he was not properly appointed the Member argues Mr. MacKay cannot sit on the hearing panel. Mr. Kitchen makes a fifth argument in support of recusal, which is based on alleged reasonable apprehension of bias on the part of Mr. MacKay.

## Summary of Submissions of the Member

### Was Mr. MacKay properly appointed to the Discipline Committee?

#### By-law 18

1. The Member submitted that College By-law 18 is the only way to appoint a non-member (i.e., someone who is not a chiropractor) and who is not a public appointee (i.e., by the Provincial Government) to a College committee and that By-law 18 was not in effect in the Fall of 2021 (November 25, 2021) when Mr. MacKay was purportedly appointed by CCO Council. The Member relies on the header of By-law 18 which indicates it “came into effect February 25, 2022”.<sup>1</sup> The Member says any purported appointment prior to February 25, 2022 was therefore unlawful.

The Member also filed a CCO Committee composition chart (Exhibit 2, tab J at p.413 of the record) which shows that the appointment of Mr. MacKay was subsequently confirmed or approved as of April 20, 2022, i.e., after By-law 18 was certainly in effect. However, the Member argued the defective nature of the original appointment in combination with what he says was an ineffective confirmation on April 20 or 21, 2022 taints the continued membership of Mr. MacKay on the Discipline Committee.

The Member also argued that on November 25, 2021, i.e., at the time of the purported appointment of Mr. MacKay as a non-chiropractic discipline committee member, Mr. MacKay was still a public (i.e., government appointed) member of Council and already on the Discipline Committee and he continued in that role for another 3 days. Mr. Kitchen argues that the November 25, 2021, appointment to the Discipline Committee pursuant to the by-law amendment (i.e., By-law 18) could not take effect because he could not be appointed by Council to the Discipline Committee at a time when he was still on that very committee.

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<sup>1</sup> Exhibit 2, Motion Record of the Member, page 19.

Disqualification

2. The Member points to By-law 18.1 (b) and (e) which he says must be read in conjunction with By-law 12: Appointment of Non-Council Members and By-law 11: Committee Composition. By-law 18.1(b) provides that an individual (non-member) is eligible for appointment if they have not been disqualified from serving on Council or a committee within the last six years.<sup>2</sup> By-law 18.1(e) provides that a non-member is eligible for appointment by Council if they would not be disqualified on the day of appointment *if they were a member*.<sup>3</sup> Both these provisions as well as the other three subparagraphs of By-law 18.1 must be met in order for a non-member to be eligible for appointment.

The Member then relies on By-law 12.10 which sets out a list of reasons why Council shall *disqualify* a member appointed to a committee. This is relevant because of the terms of By-law 18.1(e).

He also relies on By-law 12.9 which sets out the grounds for eligibility of members, as opposed to non-members who are covered by By-law 18 to be on committees. Essentially the Member argues that Mr. MacKay was not eligible to be appointed because he contravened the term limits in By-law 12.7 and 12.8 which apply to members appointed to committees or because, if he had been a member, Mr. MacKay would have been disqualified under By-law 12.10 (having previously been on another health profession committee). In summary Mr. Kitchen argued:

a. Participation on a Committee of Another Health Profession

Mr. MacKay had previously been on a committee of another health profession, which disqualifies him under By-law 12.10 (h).<sup>4</sup>

b. Term Limits

Mr. MacKay served 9 consecutive years on CCO committees from 2006 to 2014, and an appointment to the CCO discipline committee now is contrary to By-law 12.7 and 12.8.<sup>5</sup>

Committee Structure

3. Mr. Kitchen submits that at the time of CCO Council's appointment(s) of Mr. MacKay there were already three members of CCO (chiropractors) on the Discipline Committee who were not members of Council. If Mr. MacKay were a member of CCO he would be the fourth non-Council member of the Discipline

<sup>2</sup> By-law 18.1(b)

<sup>3</sup> By-law 18.1(e)

<sup>4</sup> Exhibit 1, Moore Factum, paragraph 12.

<sup>5</sup> Exhibit 1, Moore Factum, paragraphs 13 and 14.

Committee which the Member argues would be contrary to By-law 11.5 (b) because Mr. MacKay is not himself a member of the Council.<sup>6</sup>

#### Sub-Delegation of Authority

4. The Member argues that no-one can be validly appointed by the CCO Council to be a non-chiropractic member of a College Committee. He says that there are only two valid categories of candidate for appointment to a College Committee. One would be someone who has been appointed by the Provincial Government as a public member, who are accountable to the public interest and the Government. The second category would be someone who is a chiropractor and has been validly elected as a professional member of Council. The latter, the Member says, would be first and foremost accountable to their professional obligations and to the profession.

The Member objects to anyone other than someone appointed from one of those two categories sitting on a panel that hears the allegations in his case.<sup>7</sup> In the view of the Member, Mr. MacKay is not necessarily accountable to any of these". The submission of Mr. Kitchen was that Council's creation of and acting on By-law 18 amounts to what he initially referred to as Council fettering its discretion and later as an improper sub-delegation of its authority.

#### **Reasonable Apprehension of Bias**

5. Mr. Kitchen submitted that Mr. MacKay had created a reasonable apprehension of bias in two respects. First, after granting an adjournment request of Dr. Moore on September 12, 2022, he initially ordered costs against Dr. Moore and invited submissions from the parties on the amount of costs. In the current motion the Member objects to that earlier costs' decision based on section 53.1 of the *Health Professions Procedural Code* (which was not raised on September 12, 2022). This section requires a finding of professional misconduct before ordering costs against a member. Mr. Kitchen says: "It must be presumed Mr. MacKay was aware of section 53.1 of the code..."<sup>8</sup>

Secondly, in support of his argument that there is a reasonable apprehension of bias the Member relied on a three-day extension granted to the College by Mr. MacKay for the filing of reply motion materials. He argues that this extension improperly favoured the College over the Member.

<sup>6</sup> Exhibit 1, Moore Factum, paragraph 9.

<sup>7</sup> Exhibit 1, Moore Factum, paragraph 25.

<sup>8</sup> Exhibit 1, Moore Factum, paragraph 21.

Dr. Moore submitted that those two acts amount to "cogent evidence" that rebut the presumption of impartiality of Mr. MacKay.

### **Costs**

Finally, Mr. Kitchen sought an order that no costs be awarded against the Member on this motion because it was necessary as the College breached its by-laws. In oral submissions Mr. Kitchen sought an award of costs against the College because the College by-laws are confusing and unduly complicated.

### **Summary of Submissions of the College**

#### **Was Mr. MacKay properly appointed to the Discipline Committee?**

##### By-law 18

Ms. Jones on behalf of the College submitted that By-law 18 was effective when it was approved on November 25, 2021 and she points to the "CCO In Camera Council Meeting Minutes"<sup>9</sup> of that date which indicate By-law 18 was adopted that day and then acted on by appointing Mr. MacKay to the Discipline Committee. (I do note that this document also says, approved-February 25, 2022), further Ms. Jones asserts the validity or invalidity of this initial appointment does not matter because Mr. MacKay was again appointed by Council to the Discipline Committee on April 21, 2022. (Exhibit 3, p.18). (I note that the latter document says, approved-June 22, 2022). Ms. Jones says the reference to "approved" on both occasions is a reference to the subsequent approval of the minutes.

##### Disqualification

It was Ms. Jones submission, on behalf of the College that there is no evidence that Mr. MacKay was ever disqualified<sup>10</sup> by Council. She says one must distinguish between the disqualification grounds in By-law 12.10 which are relevant by virtue of By-law 18.1(e) and the eligibility standards for chiropractors in By-law 12.9 which are not relevant.

##### a. Participation on a Committee of Another Health Profession

The College submitted that Mr. MacKay never concurrently sat on a CCO committee and a committee of another health profession regulatory body.<sup>11</sup> Therefore By-law 12.10(h) does not apply.

<sup>9</sup> Exhibit 2, CCO Responding Motion Record, page 13.

<sup>10</sup> Exhibit 3, CCO Factum and Authorities, paragraph 21.

<sup>11</sup> Exhibit 3, CCO Factum and Authorities, paragraphs 23, 24, and 25.



*b. Term Limits*

It was the submission of the College that subsection 5(2) of the *Code* allows for more than nine years on committees, provided they are not consecutive.<sup>12</sup> The College adds that there is nothing in the by-laws that limits terms as long as they are not more than nine consecutive years. The College notes that because Mr. MacKay is not a chiropractor By-laws 12.7 and 12.8 are not relevant because they don't deal with disqualification issues (relevant because of By-law 18.1 (b) and (e)) although they do deal with term limits for a non-council *member* (chiropractor).

*Committee Structure*

Ms. Jones submitted that the Member fails to consider By-law 11.14 which allows for Council to appoint "one or more" Non-Chiropractic Committee Members to the Discipline Committee despite any other provision of By-law 11.<sup>13</sup> Thus, it is argued, By-law 11.14 expressly permits this appointment even though there are 3 non-council appointed chiropractors on the Discipline Committee.

*Sub Delegation of Authority*

Ms. Jones, on behalf of the College, submitted that s. 94 of the *Code* gives Council the authority to make by-laws and that subsections (h2) and (h3) provides authority for Council to pass by-laws with respect to the composition of committees. This, she says, is express statutory authority for Council to pass By-law 18. Furthermore, the College ensured accountability by means of By-law 18.2 which gives Council the authority to remove Non-Chiropractic Committee members without cause. Therefore, the making of, and use of, By-law 18 was proper and done pursuant to the express powers given to Council.

**Reasonable Apprehension of Bias**

Ms. Jones submitted that a reasonable person would not accept the submission of the Member that there was a reasonable apprehension of bias on the part of Mr. MacKay because he initially made an order to pay costs on a prior motion which the Member now submits was contrary to section 53.1 of the *Code*. Ms. Jones noted that Mr. MacKay had asked his independent legal counsel for advice before making that order and was told he could order costs. After subsequently receiving written submissions on costs from the parties, Mr. MacKay determined the issue of costs should be left to the

<sup>12</sup> Exhibit 3, CCO Factum and Authorities, paragraphs 19 and 22

<sup>13</sup> Exhibit 3, CCO Factum and Authorities, paragraphs 9 and 10

conclusion of the hearing on the merits. The College submitted that this demonstrated Mr. MacKay was open to persuasion on the presentation of new facts or new arguments. It demonstrated an open mind, not the possibility of bias.

On the second point of the Member in support of his appearance of bias argument, the College submitted that irrespective of whether Mr. MacKay had granted a three-day or a one-day extension for filing motion material for this motion, at the time no date had been set to hear the motion and this short extension has no effect on Dr. Moore at all. Again, it was argued, this provided no reasonable basis for establishing a reasonable apprehension of bias.

### Decision and Reasons

Having heard the parties' oral submissions, sought and received advice from independent legal counsel, reviewed the written submissions, the relevant by-laws, the *Code*, and the other documents referred to by the parties, I make the following findings and draw the conclusions which follow.

- By-law 18 was approved and came into effect on November 25, 2021.
- Mr. MacKay has never been disqualified from serving on Council or a Committee (By-law 18.1(b)).
- At the time of both appointments of Mr. MacKay (November 2021 and April 2022), there was no reason to suggest he would have been disqualified if he were a member (By-law 18.1(e)).
  - Mr. MacKay never concurrently served on CCO Council or a committee while on another health regulatory committee (By-law 12.10(h)).
  - At the time of both appointments (November 2021 and April 2022) more than three years had passed since Mr. MacKay had served nine consecutive years on CCO committees (By-law 12.8).
  - The limit on the number of non-council members on the Discipline Committee set out in By-law 11.5(b) does not apply to the appointment of Mr. MacKay in these circumstances by virtue of By-law 11.14.
- At the September 12, 2022, hearing of the adjournment motion of the Member, at the point where costs were discussed, neither of the parties nor independent

legal counsel mentioned section 53.1 of the *Code* for Mr. MacKay to consider. Indeed, counsel for the College did not make any submissions at that time about costs. In the course of this motion counsel for the College has submitted that Mr. MacKay could award costs on motions by virtue of s.16.1(1) and (2) of the *Statutory Powers Procedure Act*. As of this date the issue of jurisdiction to award costs on such a motion has neither been fully argued nor finally decided.

- The issue is moot at this juncture because of the subsequent decision of Mr. MacKay to leave the costs of the adjournment motion to be dealt with by the panel after a decision on the merits of the allegations.
- In respect of the motion material of the Member, which led to the College's request for extra time to respond, I note there were some differences between the two versions filed.
- The change in the motion submission dates for the College was an extension of 3 nonbusiness days (it was the Thanksgiving weekend) and zero business days.

### **Was Mr. MacKay properly appointed to the Discipline Committee?**

#### By-law 18

When the CCO Council approved the amendment to the by-laws<sup>14</sup> on November 25, 2021 and specifically By-law 18 "to permit Council to appoint non-council members and non-registrants to serve on CCO committees" and as their next action appointed Mr. MacKay to the Discipline Committee, I find that was sufficient to bring By-law 18 into force with immediate effect. By-law 18.1 is also clear in that eligibility is to be determined "on the date of the appointment".

Notwithstanding that, an "effective date" was later added to the header of By-law 18, that is not determinative. The Council was acting in good faith under their authority to enact By-law 18 when it did so on November 25, 2021. The heading suggesting that the by-law did not come into effect until February 2022 is not part of the by-law and no-one has identified any other by-law or provision which would support the statement that By-law 18 was only effective in February 2022.

In any event, Mr. MacKay was appointed again in April 2022. The issues surrounding the validity of the November 2021 appointment (both the issue of the effective date or

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<sup>14</sup> November 25, 2021.

the overlap by three days of his prior public appointment with the November 2021 appointment) do not impact the validity of the April 2022 appointment.

At the November 25, 2021 Council meeting a motion was passed appointing Mr. MacKay to the Discipline Committee until the terms of all the members of the committees' expire in April 2022. It can be inferred that Council was aware the prior term of Mr. MacKay on Council was ending on November 27, 2021 and that he was currently on the Discipline Committee. There are no rules that prohibit this nor was there any evidence that this overlap of 3 days created a failed or unlawful appointment.

#### Disqualification

18.1(b) sets out a condition of eligibility: "The individual has not been disqualified from serving on Council or a committee within the six years immediately preceding the appointment". Mr. MacKay has never been disqualified. This provision is not applicable.

18.1(e) sets out a separate condition of eligibility: "The individual would not be disqualified from serving as a Non-Council Member if the individual were a Member". By-law 12.10 specifies where Council can disqualify its members. On the date of the appointments and indeed to this date Mr. MacKay would not be disqualified even if he were a member. This provision is not applicable.

#### Committee Structure

By-law 12.2 requires the CCO Council to appoint members to committees as prescribed by By-Law 11. As pointed out by Mr. Kitchen, By-law 11.5(b) limits the number of non-Council CCO members to 3 on the Discipline Committee. This rule does not prevent Council from appointing Mr. MacKay because of By-law 11.14. By-law 11.14 allows Council to appoint one or more non-Chiropractic committee members to the Discipline Committee notwithstanding earlier provisions in By-law 11.

#### Sub Delegation of Authority

On review of the relevant sections of the Code namely ss.10(2), 94 (h.2) and 94 (h.3) I find the Council was not sub delegating its authority when it made and acted on By-law 18. It was acting pursuant to its express statutory authority. The Member's argument in this regard has no merit.

#### **Reasonable Apprehension of Bias**

The parties were in agreement that the threshold for determining reasonable apprehension of bias is a high one and that mere suspicion is not enough.

Administrative decision-makers are presumed to be impartial. The mover has the burden of establishing a reasonable apprehension of bias.

The Member acknowledged that the test is whether an adjudicator has an open mind, is willing to listen, and could be swayed by reasonable evidence and argument as opposed to being resistant to persuasion, having a closed mind, or having pre-judged the issues. The Member has not met this test.

The first point of the Member (the initial costs' award) used to demonstrate a reasonable apprehension of bias is based on a false assumption. Mr. MacKay was not aware that a finding against the Member on the merits was needed before making an order on costs, if indeed that is the case. Therefore, it does not demonstrate pre-judging of the Member. No reasonable person would think there was bias where the costs issue has not yet been properly argued and where the issue is now moot given Mr. MacKay ultimately did not award costs against the Member and has left the costs question to the full panel after a decision on the merits.

The Member has asked for costs of this motion and he did not argue the jurisdictional issues on this motion either.

The second point of the Member is that a reasonable apprehension of bias arises because Mr. MacKay gave an extension of the time for the College to file responding motion materials. The fact is that after filing his Factum and Reference to Authorities on time, about 5 days later he refiled<sup>15</sup> with some changes, he said to hyperlinks (on page 5). On a quick review, page 3 of the first Factum ends with paragraph 11, while page 3 of the second filing ends with paragraph 12. Mr. MacKay decided, that at the very least the College should have some time to review the document for changes. The extension was minor, from end of day Friday October 7, to end of day Monday October 10, which was a holiday. The Member provided no clear explanation of how this might have significantly helped the College or harmed the Member. A minor indulgence granted to one party does not provide a basis for a reasonable person to allege bias.

The evidence offered by the Member to support a claim of reasonable apprehension of bias is flawed; it is neither substantial nor reasonable. The grounds submitted by the

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<sup>15</sup> Exhibit 1

Member are not logical or convincing. The burden of proof for reasonable apprehension of bias has not been met.

Decision

The motion of the Member is dismissed.

The issue of costs is reserved to the panel dealing with the merits.

A handwritten signature in blue ink, appearing to read "Rob MacKay", is written over a horizontal line. The signature is fluid and cursive.

Mr. Robert MacKay, Chair

Date: November 15, 2022

**CITATION:** Moore v. College of Chiropractor of Ontario, 2022 ONSC 6981  
**COURT FILE NO.:** DC-22-00001343-00JR  
**DATE:** 20221209

**SUPERIOR COURT OF JUSTICE - ONTARIO**

**RE:** DR. BRIAN MOORE, Applicant

**AND:**

COLLEGE OF CHIROPRACTORS OF ONTARIO, Respondent

**BEFORE:** H.K. O'CONNELL J.

**COUNSEL:** Antoine d'Ailly, for the Applicant (via email :[antoine@ajdlaw.ca](mailto:antoine@ajdlaw.ca))

Andrew Lokan and Karen Jones, for the Respondent (via email:  
[andrew.lokan@paliareroland.com](mailto:andrew.lokan@paliareroland.com); [karen.jones@paliareroland.com](mailto:karen.jones@paliareroland.com))

**HEARD:** December 9, 2022 via Zoom

**ENDORSEMENT**

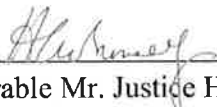
[1] This matter was assigned to me On December 7, 2022. It is a motion for an interim injunction, which was winnowed down when I heard it, to be a motion for an interim injunction to prohibit the Chair of the Panel, Mr. Mackay, from participating as a panelist for the Tribunal on a disciplinary hearing that is to commence December 12, 2022.

[2] Mr. Mackay heard a motion to recuse himself in November 2022 and rejected that remedy. I heard oral submissions of counsel and had the motion materials inclusive of the factums of the parties.

[3] I dismissed the motion for an interlocutory injunction at the conclusion of oral argument. I provided oral reasons for so doing.

[4] On consent, costs are awarded to the College in the amount of \$3,500.00 all inclusive.

[5] This matter will proceed before the Discipline Committee on December 12, 2022 as currently scheduled.

  
The Honourable Mr. Justice H.K. O'Connell

**Date:** December 9, 2022

## ITEM 1.2

*Generated Internally*

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**College of Chiropractors of Ontario  
Fitness to Practise Committee Report to Council  
February 24, 2023**

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**Members:** Dr. Dennis Mizel, *Chair*  
Ms Robyn Gravelle  
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**

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

Since the last council meeting the committee has not held a meeting or hearing.



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**College of Chiropractors of Ontario  
Inquiries, Complaints and Reports Committee Report to Council  
February 24, 2023**

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**Members:** Mr. Markus de Domenico, *Chair*,  
Mr. Gagandeep Dhanda,  
Dr. Michael Gauthier,  
Dr. Sarah Green,  
Dr. Ian Quist, *non-Council Member*

**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 report to Council, the Inquiries, Complaints and Reports Committee (ICRC) met on two occasions by zoom, as follows:

#### **December reviewed 13 cases**

Made decisions on 5 cases  
Appointed 75(1)(c) investigators on 6 cases  
Completed 2 oral cautions

#### **January reviewed 13 cases**

Made decisions on 10 cases  
Appointed 75(1)(c) investigators on 2 cases

The Health Professions Appeal and Review Board (HPARB) upheld 3 Committee decisions, (attached) and returned 1 decision for further consideration.

The Committee continues to work diligently to meet time lines with a high volume of matters to consider. Virtual meetings have been effective to date.



ITEM 1.3.1

In reply please quote: File # 21-CRV-0239) (20-  
MY-11

**CONFIDENTIAL**

November 25, 2022

**RECEIVED**

**25**

Peter Denton

NOV 28 2022

Counsel for Applicant

Heather J. Vaughan

COLLEGE OF CHIROPRACTORS  
OF ONTARIO

Counsel for Respondent

Dear Mr. Denton and Ms. Vaughan

**RE: COMPLAINT REVIEW - CHIROPRACTIC  
TERRY AND JESSICA LEMAIRE AND WADE RAFAEZ, 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<sup>1</sup>. 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**



Alpha Aberra  
Case Officer

Encl: Decision dated November 25, 2022

c. College of Chiropractors of Ontario (CCOPRA File # 20-MY-11)

<sup>1</sup> Section 5 of the *Judicial Review Procedure Act*

**HEALTH PROFESSIONS APPEAL AND REVIEW BOARD****PRESENT:**

Anna-Marie Castrodale, Designated Vice-Chair, Presiding  
 Sonia Gaal, Board Member  
 Mitchell Toker, Vice-Chair

Review held on April 7, 2022 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:**

**TERRY LEMAIRE**

Applicant

and

**WADE RAFACZ, DC**

Respondent

**Appearances:**

The Applicant:	Terry Lemaire
Support for the Applicant:	Jessica Lemaire
For the Applicant	Peter Denton, Counsel
For the Respondent:	Heather J. Vaughan, Counsel
For the College of Chiropractors of Ontario:	Tina Perryman, Representative

**DECISION AND REASONS****I. DECISION**

1. The Health Professions Appeal and Review Board returns the decision to the Inquiries, Complaints and Reports Committee of the College of Chiropractors of Ontario and requires it to reconsider this matter and to issue a further decision.

2. This decision arises from a request made to the Health Professions Appeal and Review Board (the Board) by Terry Lemaire (the Applicant) to review a decision of the Inquiries, Complaints and Reports Committee (the Committee or the ICRC) of the College of Chiropractors of Ontario (the College). The decision concerned a complaint regarding the conduct and actions of Wade Rafacz, DC (the Respondent). The Committee investigated the complaint and decided to issue advice to the Respondent to adhere to: Standard S-001: *Chiropractic Scope of Practice*; Standard S-002: *Record Keeping*, and Guideline G-001: *Communication with Patients*.

## **II. BACKGROUND**

3. The Applicant's spouse (the patient) suffers from type 1 diabetes.
4. In October 2018, the patient sought treatment from the Respondent, a chiropractor, "to help understand diabetes." The Respondent treated the patient until November 2019.
5. During this period the patient and the Respondent exchanged numerous text messages, including messages regarding blood sugar, insulin, and the patient's insulin pump.
6. On November 10, 2019, the patient was feeling unwell and sought treatment from the Respondent.
7. The Respondent treated the patient who vomited several times and still did not feel well. The Respondent did not advise the patient to seek further medical treatment.
8. On the morning of November 11, 2019, the patient was unresponsive in a diabetic coma and was hospitalized at the Timmins District Hospital (the hospital) for ketoacidosis.

## **The Complaint and the Response**

### ***The Complaint***

9. The Applicant complained to the College as follows:

[The Respondent] was telling [the patient] that he could cure her type 1 Diabetes. And that her synthetic insulin was enabling her pancreas to secrete its own insulin. After hearing these statement [sic] [the patient] was asking if she should lower her insulin levels and [the Respondent] responded “if you feel comfortable doing so,” without telling her to talk to her physician. She began to lower in insulin [intake] on a daily basis because of statements and claims [the Respondent] had made. On November 10<sup>th</sup> 2019 she was not feeling well and I drove her to get treated, she began vomiting and [the Respondent] assured her this was normal it was the acidity leaving her body. On the morning of November 11<sup>th</sup> 2019 [the patient] was unresponsive and was hospitalized for severe ketoacidosis due to high blood sugar levels due to lack of insulin intake. This was not within his scope of practice to be encouraging this without seeking medical advise [sic] from a physician to lower prescribed insulin amounts which almost [cost] her life.

### ***The Response***

10. The Respondent provided a written response to the complaint in which he stated:

- There was never any mention of type 1 diabetes.
- It is against his professional conduct to make any statements with this regard.
- Any decision for medication is up to the patient.
- This was made clear at the first meeting as he does not treat medical conditions.
- He supports and encourages people in their own decisions based on their health goals.
- As far as providing services on November 10, he made himself available. After care, he requested an update in the patient’s condition as she had to drive home an hour and he received no response.
- The complaint was a malicious attack.

11. The Respondent provided an additional response in which he indicated:

- On November 10, 2019, (Sunday) the clinic was not open as they were officially on holidays.
- The patient texted him as she and the Applicant arrived at the Cochrane office at his house.
- As soon as the patient entered and took off her boots, she had to vomit.
- The Respondent found her pulses were very fast and proceeded to correct Subluxation. Dysponesis was Compensation phase 4 Indican.
- The patient was not feeling well and the Respondent corrected the spinal dysfunction as indicated by leg length tests.
- Any supplements and/or water was provided.
- The patient proceeded to vomit again.
- When discussing why this had occurred, the patient stated that she once again had pickles and four meat patties to eat on the Friday.
- This had caused her stress before.
- After the Respondent had corrected subluxation, the patient still did not “feel well”.
- The Respondent told them that was all he could do, that he had not seen anything like this before and that doing more was making him feel uncomfortable.
- The Respondent still adjusted what could be found and the patient was still not feeling well.
- The patient stated that she would contact him when she got home, “if she was not feeling well, would recommend going to hospital.”

*Additional information from the Applicant*

12. The Committee investigator shared the Respondent's response with the Applicant. The Applicant replied and included the following information:
- The statements made by the Respondent were false and he did in fact say that he would cure the patient's type 1 diabetes by resetting her pancreas so it could secrete insulin again.
  - They referred to the "dump the pump" goal set out in the Respondent's notes.
  - The Respondent told the patient that "Dump the Pump" would be the title of his book when he cured her type 1 diabetes.
  - They were at the Respondent's Cochrane office at his house approximately an hour and a half to two hours on November 10 and not once during this time did the Respondent say he felt uncomfortable treating the patient.
  - The Respondent just continued to try things like supplements, different chiropractic techniques and told the patient to keep drinking lots of water.
  - Not once did the Respondent recommend going to see another medical professional or to go to the hospital. He just said to call him back and follow up with him on Monday (November 11).
  - That night and going into the next morning, the patient went into ketoacidosis.
13. The Applicant and the patient included text messages exchanged between the patient and the Respondent from September 17, 2019 to November 12, 2019 as well as an image of the Respondent making a "rude" gesture towards the patient's insulin pump from July 26, 2019.

**The Committee's Decision**

14. The Committee investigated the complaint and decided to issue advice as noted above.

**III. REQUEST FOR REVIEW**

15. In a letter dated April 29, 2021, the Applicant requested that the Board review the Committee's decision.

#### IV. POWERS OF THE BOARD

16. 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.
17. 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. THE PARTIES' POSITIONS

18. Counsel for the Applicant made extensive submissions in advance of the review, and both parties' Counsel made oral submissions at the Review, all of which have been considered by the Board.

##### *Applicant's written submissions prior to the Review*

19. In the request for review, Applicant's Counsel submitted that the Respondent breached the duty set out in section 30 of the *Regulated Health Professions Act (RHPA)* regarding members being restricted from treating or advising outside the scope of chiropractic practice, in that he treated the patient for diabetes, encouraging her to "dump the [Insulin] pump," and he attempted to treat the patient with chiropractic techniques when she required emergency medical care for diabetic ketoacidosis.
20. Counsel referred to the Record in support of his submissions, including the text messages, photographs and information in the Respondent's chiropractic records identified by the Committee, which he submitted relate to the Respondent's treatment of the patient's diabetes and insulin use, and getting the patient to discontinue the use of insulin, and are outside the scope of his practice.



21. Counsel submitted that during the interview with the investigator, the Respondent's memory was self-serving and unreliable. For example, the Respondent could not recall if he advised the patient that adjusting her spine could improve her diabetes, he stated that chiropractic care could co-manage her diabetes and he stated that he may have told the patient that adjustments would lower her blood sugar, as he had seen this in other people.
22. Counsel noted that there are no notes to say that the Respondent was not treating the patient for diabetes or that he encouraged her to address her diabetes insulin use with a medical doctor as this was outside the scope of his practice.
23. Counsel argued that it was difficult to understand the Respondent's "level of ignorance" regarding diabetes and in particular ketoacidosis, from a chiropractor who stated that chiropractic treatments can co-manage diabetes and used adjustments to lower blood sugars.
24. With respect to the visit of November 10, 2019, Counsel argued that the Respondent failed to appreciate that the patient was in an emergency situation, failed to appreciate that her care was beyond his level of skill, failed to plan for the worst-case scenario, failed to make use of a differential diagnosis when coming to the diagnosis of "dysponesis", did not explain why he preferred that over more severe possibilities, failed to consider alternate diagnoses and rule out the most dangerous, did not recognize the signs and symptoms of diabetic ketoacidosis, which needed to be addressed by a medical doctor, and admitted that he did not advise the patient to seek medical care.
25. Counsel argued that the Respondent's advice and reassurances allowed a dangerous and life-threatening situation, diabetic ketoacidosis, to progress leading to the patient going into a diabetic coma and that as a health professional he was required to tell the patient that she needed immediate medical attention.
26. Counsel submitted that the Committee's decision not to refer this matter to the Discipline Committee, because it found there was no information that the ketoacidosis was caused by the Respondent's advice, demonstrated a poor understanding of the progressive nature of diabetic ketoacidosis.

27. Counsel submitted that the investigation erred in finding that the patient's insulin pump was defective and that this absolved the Respondent. He argued that the investigation was inadequate as there was no evidence of a literature review regarding diabetic ketoacidosis or the treatment of diabetes through chiropractic means, and no expert evidence from a chiropractor or medical doctor on the signs and risks of diabetic ketoacidosis. Finally, he argued that the patient and the Applicant were also not given an opportunity to respond to the arguments of the Respondent's Counsel concerning the insulin pump.
28. Counsel concluded that the Committee's decision not to refer the matter for discipline was not reasonable. The seriousness of the consequences of a chiropractor attempting to treat diabetes, discouraging the use of insulin pumps, and, in particular, failure to recognize an emergency situation like diabetic ketoacidosis warranted a more appropriate disposition beyond advice. He requested that the decision of the Committee be reviewed, and it be recommended that the matter be referred to the discipline committee.

#### *Submissions at the Review*

29. At the Review, Counsel for the Applicant re-iterated and expanded on his written submissions. He further submitted that:
- The Committee failed to appreciate the significance of the Respondent's misconduct.
  - The Applicant was not afforded the opportunity to respond to information which the Respondent's Counsel gave to the Committee regarding the pump, in violation of the rule in *Browne v Dunn*<sup>1</sup> which renders the whole decision unreasonable and the investigation inadequate.

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<sup>1</sup> 6 R. 67, H.L.

30. The Respondent's Counsel submitted that the investigation was adequate and the decision reasonable and referred the Board to the Record in support of her submissions. Counsel's submissions included the following:

- The Board's powers are limited to reviewing adequacy and reasonableness.
- The Committee is not required to leave no stone unturned, nor is it required to retain experts. The Committee obtained sufficient information to decide this matter including hiring an independent investigator who conducted interviews of the patient, the Applicant and the Respondent, and secured hospital records, chiropractic records and text messages.
- Additional information was adduced and new issues have been raised which were not before the Committee. The Board must review the Record of Investigation (the Record) and consider the information in the Record rather than new information which is not relevant.
- The rule in *Browne v Dunn* has no application in this case.
- The Committee reviewed the information in the Record and noted that the patient and the Respondent provided consistent evidence that the Respondent never told the patient he could cure her type 1 diabetes.
- The references in the Record to blood sugar do not mean that the Respondent was treating her diabetes or that he told her he could treat her diabetes. Based on the text messages, it is illogical to believe that the Respondent was purportedly treating the patient's type 1 diabetes, nor does it mean that the Respondent told the patient that she could come off her insulin. The Respondent thought that the patient wanted to get off the pump but not necessarily the insulin.
- Regarding the pump, information about the pump is not evidence that is before anyone and the hospital records indicated that they looked at the pump, that the patient was inputting carbohydrates and that it had no blood glucose information.
- The Respondent did indicate that he could co-manage her diabetes from a chiropractic standpoint but that does not mean curing diabetes.

- A review of the Record confirms that there were some communication issues and it was reasonable for the Committee to determine that the remedy was advice regarding clearer communications and clearer documentation.
- This decision will remain on the Respondent's file.

## VI. ANALYSIS AND REASONS

31. Pursuant to section 33(1) of the *Health Professions Procedural Code* (the *Code*), being Schedule 2 to the *RHPA*, 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.
32. The Board has considered the submissions of the parties, examined the Record of Investigation, and reviewed the Committee's decision.

### Adequacy of the Investigation

33. 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.
34. The Board finds the Committee's investigation to be adequate.
35. The Committee obtained the following documents:
- the complaint and subsequent communications from the patient and the Applicant;
  - the Respondent's written responses;
  - the Respondent's chiropractic records regarding the patient;
  - text messages between the patient and the Respondent;
  - the patient's records from the hospital; and
  - summaries of interviews of the patient, the Applicant and the Respondent.

36. The Board finds the Committee's investigation covered the events in question and that it obtained relevant information to make an informed decision regarding the issues raised in the complaint. The parties were offered opportunities to submit information to the Committee. Both parties did so. The Applicant and the patient had the opportunity clarify their concerns in writing and in telephone conversation with the Committee investigator. The Applicant and the patient provided copies of text messages exchanged between the patient and the Respondent. The Respondent provided his response and his records. The Committee obtained hospital records and interview summaries from the patient, the Applicant and the Respondent.
37. The Applicant submitted that the Committee ought to have obtained information from the patient and the Applicant about the patient's insulin pump. The Board observes that while the Committee could have obtained more information about the patient's insulin pump, the Record reflects that the investigation obtained the essential information for the Committee to make an informed decision. The Board finds that the condition of the patient's pump is not essential information to a determination of the Applicant's complaint. Accordingly, the Board does not find that it was necessary for the Committee to obtain information regarding the insulin pump from the Applicant or the patient.
38. The Board finds the Committee's investigation covered the events in question, and that it obtained relevant information to make an informed decision regarding the issues raised in the complaint. There is no indication of additional information that, if obtained, might reasonably be expected to have affected the Committee's decision.

#### **Reasonableness of the Decision**

39. 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.

40. The Board finds the Committee's decision to be unreasonable.
41. The Committee determined to issue advice to the Respondent on chiropractic scope of practice, record keeping and communications with patients.
42. The Committee summarized the patient's concerns as follows:
- the Respondent purported to treat the patient's type 1 diabetes;
  - the Respondent encouraged her to lower her insulin dosages; and
  - the Respondent failed to address the patient's symptoms of emerging ketoacidosis by referring her to a more appropriate provider of health care.
43. The Board notes that the Committee reviewed the complaint, responses and reply from the parties, including text messages and the interview summaries of the parties, and set out much of this information in its decision.
44. The Committee noted that the Respondent treated the patient within the chiropractic scope of practice in that he performed conventional tests for musculoskeletal complaints, diagnosed vertical subluxation complex and used conventional chiropractic techniques, including adjustments. The Committee further noted that chiropractors are allowed to provide adjunctive services such as nutritional counselling so long as it is related to the chiropractic scope of practice. The Committee reviewed Standard S-001: *Chiropractic Scope of Practice* and quoted sections from it, including the following:

A member is restricted from treating or advising outside the chiropractic scope of practice by s.30 of the *RHPA*...

In responding to general health related questions by patients or the public that relate to controlled acts outside the chiropractic scope of practice ... a member must:

- Advise the patient ... that the performance of the act is outside the chiropractic scope of practice and the patient requires the care or would be more appropriately treated by a health care professional who has the act within their scope of practice.

45. The Committee specifically noted as follows:

- the text messages and photographs could suggest that the Respondent encouraged the patient in her hopes that she could “dump the pump” but do not explicitly say that the Respondent was treating her diabetes.
- There is some information suggesting that the patient thought the Respondent was treating her diabetes.
- There is no clear documentation from the Respondent that he was not treating her diabetes.
- The patient’s intake form notes that she was there to “Help understand Diabetes”.
- The Respondent’s notes contain references to understanding her sugar control, the “DAWN Phenomenon”, “WD insulin”, “Dump the Pump”, “insulin=blow torch”, “Think outside the pump” and “Sugar Demon”.
- The Respondent’s records do not tell the story of this patient as required by Standard S-002: *Record Keeping*.

46. The Committee noted that it would have been helpful if there were clear written information that the Respondent was not purporting to treat type 1 diabetes, that he should have been clearer with this patient about the scope of practice of chiropractic and the limits of his care and that they would have expected the Respondent to keep thorough notes about the events of November 10 and 11, 2019. The Committee noted that the Respondent’s texts conveyed clinical information in an informal way. The Committee concluded on these issues as follows:

Therefore the ICRC advises [the Respondent] to adhere to Standard S-001: *Chiropractic Scope of Practice*, Standard S-002: *Recording Keeping* and Guideline G-001: *Communication with Patients*

47. The Board finds that it is not apparent from the Committee's decision whether it determined that some of the Respondent's actions amounted to acting outside the chiropractic scope of practice. For example, the Committee set out the circumstances in which chiropractors are allowed to provide adjunctive services but did not consider or address whether the actions complained of by the Applicant amounted to adjunctive services or were outside the chiropractic scope of practice.
48. Accordingly, the Board finds that it is not clear whether the Committee's decision to advise the Respondent to adhere to the College's standard on scope of practice was based in part on a determination that he acted outside the scope of practice, or whether it was based solely on a determination that his communications and record keeping did not specifically say that he was not treating the patient for diabetes and did not set out the scope of chiropractic treatment and the limits of his care.
49. The Board finds that the issue of whether the Respondent acted outside the chiropractic scope of practice is central to a consideration of the Applicant's complaint. The Board notes that there is information in the Record which the Committee thought could support a determination that the Respondent was encouraging the patient in her hopes to discontinue use of her insulin pump. The Board notes that there is also information that the patient thought the Respondent was treating her diabetes, repeated references to diabetes, insulin, sugar control and the patient's insulin pump in the chiropractic records, as well as references to sugar control and the patient's insulin pump in the text messages. The Board finds that it was unreasonable for the Committee to arrive at a disposition in this matter without specifically and clearly addressing this scope of practice issue. The Board does not find that there is a logical and rational line of analysis from the information contained in the Record to the Committee's disposition.



50. Regarding the concern that the Respondent failed to address the patient's emerging ketoacidosis by failing to refer her to a more appropriate health care provider, the Committee quoted in detail from the consultation report of a physician at the hospital dated November 11, 2019 which included the following information.
- [The patient] has not been very adherent to her insulin pumps.
  - She never enters any blood glucose for correction in her pump.
  - She .... since Saturday has been using the pump to input her carbohydrates.
  - on Saturday around 10, her blood sugars went up to 20.
  - She had not been wearing her pump for the week prior to Saturday.
  - It seems that, to me, she had been wearing her old infusion set on Saturday that had been changed the week before but had not been worn.
  - The pump looks to be in poor condition and apparently there was water that got to the pump.
51. The Committee noted that the diagnosis in hospital was “diabetic ketoacidosis, poorly controlled type 1 diabetes secondary to non-compliance.”
52. The Committee further noted that the ambulance report stated that the patient was wearing an insulin pump that should be delivering a dose every hour.
53. The Committee considered information from the Respondent's Counsel, given during the Respondent's interview, that there was evidence online that the patient was posting about a pump malfunction with respect to her hospitalization.
54. The Committee considered that the patient may not have inputted data that would allow the pump to monitor her condition.
55. The Committee decided “not to refer this matter to discipline because there is no information that the ketoacidosis was caused by [the Respondent's] advice. It appears the device was defective. There is no information that [the Respondent] told [the patient] not to program the pump.”

56. The Board notes the following information in the Record:

- Before the patient's attendance with the Respondent on November 10, she sent him a text containing the following:

... I have been feeling so horrible! My body went into extreme acidity since Friday and I've ... drinking O much Alka powder I can't take a step away without bending over and regurgitating it. Another words I feel like you need to adjust to me and I feel so helpless. Do you have any suggestions? I have formula G here at the house door do you think that'll help? I'm so desperate right now for help Bedridden for 2 ...heart is beating out of my body, body is overheating ... I just take a few steps and my heart is ready to explode...

- The patient provided information that during the November 10 visit, she was at the Respondent's house for approximately one hour during which time he gave her vitamins, water and treated her with the activator. She stated that the Respondent indicated he was thrown off by her symptoms as they were new to him and he did not seem concerned. She vomited three times during her visit. She noted that he sent her home with advice to follow up with him in his clinic the following day if symptoms persisted and he did not recommend she go to the emergency department or follow up with a physician.
- The Applicant provided information that during the November 10 visit the Respondent assured the patient when she began vomiting that this was normal, advised that the vomiting was a good thing as it meant that the acidity was leaving the patient's body, told the patient to continue drinking water and did not seem concerned. The morning of November 11 the patient was unresponsive and hospitalized for severe ketoacidosis due to high blood sugar levels due to lack of insulin intake.
- The Respondent made no notes of the November 10 visit.

- During his interview with the investigator, the Respondent stated in part as follows:
  - He did not advise the patient to go to a hospital or follow up with a physician.
  - He believed she would follow up with him following her car ride home, at which point further decisions could be made.
  - Ketoacidosis is not something that he is familiar with as a chiropractor, and as such he would not have been able to pick up on this from her symptoms.
  - Regarding whether her vomiting is a good thing, he would have believed that the body was getting rid of toxicity.
  - It was the patient's decision to eat pickles which led to her dysponesis.
  - People who do not follow his advice can and have ended up in the hospital.
  - During treatment he noted that the patient's dysponesis was "indicant" which means she was experiencing neurological distress from undigested protein because she had eaten four hamburgers and pickles and that he had told her not to eat red meat and had to correct her nervous dysfunction from this in the past.
  
- The hospital records include a consultation report dated November 11, 2019, which noted that the patient was brought to hospital in a diabetic coma and that she was in a very critical condition in the intensive care unit. The history of her present illness indicated that the previous day the patient was feeling achy and had some flu-like symptoms and some nausea, she had been to see her "chiropractor and naturopath" and had a multivitamin shot and drank lots of Alka Powder. The day of her admission, the Applicant was unable to wake the patient and brought her to the emergency room.

57. The Board notes that the Committee considered whether the Respondent caused the patient's ketoacidosis, but there is no analysis in the decision regarding whether the Respondent met the standard of care required of a chiropractor in failing to advise the patient to seek further medical attention on November 10.

58. The Board finds that the information in the Record supports that the patient informed the Respondent that she was feeling very unwell on November 10 before the visit, she continued to feel unwell during the visit vomiting several times, she was likely suffering from the early stages of ketoacidosis given her condition and hospitalization the following day, and the Respondent did not advise the patient to seek medical attention. In this regard, the Board notes the information from the Respondent that he was co-managing the patient's diabetes, and that he was not familiar with ketoacidosis. The Committee did not address whether the Respondent met the chiropractic standard of care in failing to recognize the severity of the patient's condition and in failing to advise her to seek medical care. The Board finds that it was unreasonable for the Committee to fail to address the appropriate standard of care in this situation and whether the Respondent met it.
59. The Board finds the Committee's decision unreasonable for the reasons set out above. The Board returns the matter to the Committee and requires it to reconsider this matter, including conducting any further investigation it deems necessary for such reconsideration.

## VII. DECISION

60. Pursuant to section 35(1) of the *Code*, the Board returns the decision to the Committee and requires it to reconsider this matter and issue a further decision.

ISSUED November 25, 2022

***"Anna-Marie Castrodale"***

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Anna-Marie Castrodale

***"Sonia Gaal"***

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Sonia Gaal

***"Mitchell Toker"***

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Mitchell Toker

Cette décision est aussi disponible en français. Pour obtenir la version de la décision en français, veuillez contacter [hparb@ontario.ca](mailto:hparb@ontario.ca)



Ontario

ITEM 1.3.2

In reply please quote: File # 21-CRV-0384

CONFIDENTIAL

December 5, 2022

RECEIVED

44

Dr. Martin Gurvey

DEC 06 2022

Applicant Member

Mr. Ibrahim Asadullah

Respondent

COLLEGE OF CHIROPRACTORS  
OF ONTARIO

Dear Dr. Gurvey and Mr. Asadullah

**RE: COMPLAINT REVIEW - CHIROPRACTIC  
MARTIN GURVEY, D.C. AND IBRAHIM ASADULLAH**

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<sup>1</sup>. 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**

Margaret Bolinas  
Case Officer

Encl: Decision dated December 5, 2022

c. College of Chiropractors of Ontario (CCOPRA File # 19-MY-09)

<sup>1</sup> Section 5 of the *Judicial Review Procedure Act*

**HEALTH PROFESSIONS APPEAL AND REVIEW BOARD**

## PRESENT:

Beth Downing, Vice-Chair, Presiding  
Cathy Loik, Board Member  
James Minns, Vice-Chair Member

Review held on July 19, 2022 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:

**MARTIN GURVEY, DC**

Applicant

and

**IBRAHIM ASADULLAH**

Respondent

## Appearances:

The Applicant: Martin Gurvey, DC  
For the College of Chiropractors of Ontario: Christine McKeown

**DECISION AND REASONS****I. DECISION**

1. The Health Professions Appeal and Review Board confirms, in part, the decision of the Inquiries, Complaints and Reports Committee of the College of Chiropractors of Ontario to require Martin Gurvey, DC to attend before the Inquiries, Complaints and Reports Committee to be cautioned about adhering to the following:

- Standard of Practice S-001: Chiropractic Scope of Practice which requires members to perform the following, which is to be clearly and legibly reflected in the patient health record:
  - a consultation related to patient's presenting condition and/or goals;
  - an assessment of chiropractic conditions related to the spine, nervous system and joints;
  - a diagnosis or clinical impression related to the chiropractic scope of practice, consistent with Standard of Practice S-008: Communicating a Diagnosis;
  - recommendations for care, including possible referral to an appropriate health care provider if necessary; and
  - obtaining of informed consent, consistent with Standard of Practice S-013: Consent;
- Standard of Practice S-002: Record Keeping, because [Martin Gurvey, DC] did not maintain confidentiality with regard to the boxes of orthotics with names visible, and it appears that he did not maintain accurate records in that he allowed the form to be completed as though he had performed the March 2, 2019 assessment;
- Standard of Practice S-012: Orthotics, because [Martin Gurvey DC] dispensed the orthotics without personally following the protocol set out in the standard;
- Guidelines G-008: Business Practices: billing practices as they relate to patient care must be disclosed to patients in advance of any care. This includes, but is not limited to:
  - the nature of the consultation, examination, care or plan of care or other services to be provided;
  - who is delivering the care;
  - if any care is to be delegated, assigned or referred;
  - the use of any adjunctive therapies and/or services;
  - the sale of any products, and/or

- practices relating to billing third-party payors (see section on “Billing Third Party Payors”); [...]

Billing Third-Party Payors: A member may not bill any third-party payor in excess of his/her regular fee billed to an uninsured patient for similar services.

The practice of having one fee for a patient and a different fee for a third-party payor, or various fees for different third-party payors (e.g., dependent on the amount of coverage), is not permitted.

- Guidelines G-014: Delegation, Assignment and Referral of Care because diagnosis is a controlled act that cannot be delegated to non-professional staff and,
  - any assignment of care is properly communicated by the member to the patient, and consented to by the patient before beginning the examination, care or a course of care. This should include a discussion of the roles and responsibilities of the staff person performing the assigned care;
  - any assignment of care is recorded in the record of personal health information by the member, including: the nature of care that is to be assigned; who will be performing the assigned care; informed consent to any assigned care, consistent with the Standard of Practice S-013: Consent; and what services will be billed as part of the assigned care.
  - any assignment of care is based on chiropractic examination, diagnosis or clinical impression, and plan of care performed by the member;
  - the member is on-site or ensures that another member of [the College of Chiropractors of Ontario] is on site, to provide any direction or supervision for the performance of the assigned procedure. The level of supervision required depends of the complexity of the assigned procedure, the abilities of the assistant, the patient’s condition, the clinical environment and other determining factors; and
  - any assignment of a procedure and performance of an assigned procedure is within the chiropractic scope of practice and complies with all



legislation, including privacy legislation, and [the College of Chiropractors of Ontario] standards of practice, policies and guidelines.

2. The Board requires the Committee to remove the following italicized part of the caution:

*Standard of Practice S-002: Record Keeping, because [the Applicant] did not maintain confidentiality with regard to the boxes of orthotics with names visible,*

3. This decision arises from a request made to the Health Professions Appeal and Review Board (the Board) by Martin Gurvey, DC (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 by Ibrahim Asadullah (the Respondent) regarding the conduct and actions of the Applicant. The Committee investigated the complaint and decided to require the Applicant to attend before the Committee to be cautioned, as set out above.

## **II. BACKGROUND**

4. The Respondent attended the Mississauga Orthotics Clinic (the clinic) on March 2, 2019 to obtain orthotics.
5. Although the Respondent had made an appointment for March 2, 2019, there was no chiropractor present when he attended due to snow that day.
6. The clinic manager, who is not a health professional, conducted an initial assessment, casted for the orthotics, and ordered orthotics for the Respondent.
7. On April 13, 2019, the Respondent returned to the clinic to pick up his orthotics and met the Applicant for the first time.
8. The Applicant dispensed the orthotics to the Respondent on April 13, 2019.

## The Complaint and the Response

### *The Complaint*

9. The Respondent complained that:

- He had his initial visit to the clinic on March 2, 2019. During this visit, the clinic manager made him pay \$250 for a deposit. She did not provide him with an invoice.
- The clinic manager then proceeded to take his foot impressions as the doctor was absent due to snow that day. She assured him that she was qualified despite her telling him numerous times that she was not a health professional or any other related foot specialist. She deceitfully posed as the doctor and gave him misleading advice acting like the expert.
- She told him his orthotics would be ready for pickup in a few weeks and he would receive a phone call from her. He never received any phone call and had to call in himself.
- When he asked her how much the orthotics cost, she replied that it depends on your coverage limit. She said that if his coverage limit was \$350 then she would claim \$350, and if it was \$500 then she would claim \$500.
- He went to the clinic again on April 13, 2019 to pick up his orthotic inserts. Before letting him see the Applicant, the clinic manager ordered him to pay another \$275 to cover the remaining balance. He asked for a breakdown of the payments and she was rude in response. She explained that \$150 would be claimed as a chiropractor expense, and \$500 would be claimed as an orthotic expense.
- The Applicant simply cut his orthotics insoles in place and inserted them into his shoe. There was no gait analysis or assessment.
- The claim was submitted to Manulife, his insurance company, by the clinic manager by mail. When he received the claim payment back from Manulife, he could see that \$150 was submitted for a chiropodist instead of a chiropractor, of which \$150 was paid out. Secondly, the clinic manager

submitted a claim for \$500 for orthotics of which Manulife paid out only \$350 (despite him having a \$500 limit).

- When he called back to the clinic, he spoke with the clinic manager and tried to ask for clarification of the payment breakdown and she was rude again.
- He paid \$525 (\$250 + \$275) of which only \$500 was paid to him by insurance. He should not be expected to pay the remaining \$25 if he has coverage for the entire procedure.
- The clinic manager would speak in a very loud voice making it very easy for others in the clinic to hear about his sensitive information being discussed.
- His privacy was breached because the boxes containing the foam foot molds labelled with patients' names were in plain sight to other patients attending the clinic.

10. Following receipt of the complaint, the Registrar of the College appointed an investigator, pursuant to section 75 (1) (C) of the *Health Professional Procedural Code*, under Schedule 2 to the *Regulated Health Professions Act, 1991*, to investigate the Applicant's conduct and actions.

11. The investigator summarized the Respondent's concerns as follows:

- The Applicant failed to perform a biomechanical assessment and gait analysis prior to dispensing orthotics; and
- The Applicant failed to protect confidential patient information.

### ***The Response***

12. The Applicant provided information in response to the complaint including the following:

- He is a contractor once a week at the clinic and is paid an hourly fee, mostly to do gait analyses and biomechanical assessments as well as casting, ordering and dispensing orthotics.
- Most of the complaint expresses the Respondent's displeasure with the interaction the Respondent had with the clinic manager, who is not a chiropractor. He will limit his response to the portion that involved him directly.
- He first met the Respondent on April 13, 2019 when he presented with pain and cramping in both feet. Apparently, a gait analysis had been performed on March 2, 2019 when he was not at the clinic and the Respondent was there to pick up his orthotics.
- As this was highly unusual, the Applicant asked the clinic manager who had done the assessment and she said that she had. Apparently, the Respondent was upset that the chiropractor was not there on March 2, 2019, stated that he was in a lot of pain and did not want to wait for another day. The clinic manager reluctantly accommodated his request and put in the orthotic order.
- The Applicant did a regional history, gait analysis and biomechanical exam. The Respondent was diagnosed with bilateral pes planus with subtalar overpronation. As they had been made and delivered, the Applicant dispensed the orthotics and explained how to use and care for them. He has not seen or spoken with the Respondent since April 13, 2019.

### **The Committee's Decision**

13. The Committee investigated the complaint and decided to require the Applicant to attend to be cautioned before the Committee, as set out above.

### **III. REQUEST FOR REVIEW**

14. In a letter dated July 7, 2021, the Applicant requested that the Board review the Committee's decision.

#### IV. POWERS OF THE BOARD

15. 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.
16. 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

17. 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.
18. The Respondent did not participate in the Review. The Board notes that there is no legislative requirement to attend the Review and the Board draws no inference from the Respondent's non-attendance.
19. The Board has considered the Applicant's submissions, examined the Record of Investigation (the Record), and reviewed the Committee's decision.

#### **Adequacy of the Investigation**

20. 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.
  
21. The Committee obtained the following documents:
  - the Respondent's letter of complaint;
  - the Applicant's response and the patient record, including financial records, for the Respondent;
  - the Investigation Report including witness statements from the parties and the clinic manager;
  - additional information from the investigator in response to the Committee's inquiries about who submitted the claim to Manulife (the Respondent or the clinic) and to obtain the work order that Atlas Orthotic Labs received from the clinic, which was used to manufacture the orthotics;
  - Standard of Practice S-001: Chiropractic Scope of Practice;
  - Standard of Practice S-002: Record Keeping;
  - Standard of Practice S-012: Orthotics;
  - Guideline G-008: Business Practices; and
  - Guideline G-014: Delegation, Assignment and Referral of Care.
  
22. The Applicant did not identify any information that the Committee failed to obtain.
  
23. The Board finds the Committee's investigation covered the events in question and that it obtained relevant information to make an informed decision regarding the issues raised in the complaint. The Respondent provided his letter of complaint and the Applicant provided his response and clinical and financial records. The investigator obtained witness statements from relevant witnesses, which were included in the report prepared for the Committee.

24. The Committee asked the investigator to gather additional information, to find out who submitted the claim to insurance (the Respondent or the clinic) by contacting Manulife. The investigator contacted Manulife, although Manulife was not able to provide conclusive information. The Committee also asked the investigator to obtain the work order that Atlas Orthotic Labs received from the clinic. Atlas provided the work order and the corresponding invoice it sent the clinic.
25. The Committee also had before it relevant standards of practice as listed above.
26. 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**

27. 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.
28. The Applicant submitted that the decision was unreasonable. He submitted that the complaint was primarily about the actions of the clinic manager and the decision wrongly implicated him for her actions. In support, he noted that the Committee stated, "The significant issues in the complaint are related to the conduct of the Clinic manager...in assessing and diagnosing [the Respondent] and ordering the orthotics and failing to

provide him with accurate billing information.” He submitted that this statement implies that the issues related to his actions and conduct are not significant.

29. He submitted that the Committee’s decision is “based on flawed reasoning in interpretation of the legislation”. Regarding S-001: Chiropractic Scope of Practice, he submitted he complied with the requirements and obtained informed consent the first opportunity he had. Regarding S-002: Record Keeping, he said he would be more careful about his record keeping. Regarding S-012: Orthotics, he maintained he complied with the requirements. Regarding G-008: Business Practices, he submitted that as a contractor he had nothing to do with billing. Regarding G-014: Delegation, Assignment and Referral of Care, he did not delegate as the clinic manager acted on her own and so this standard is not relevant.
30. In light of this, he is upset that the oral caution is on his permanent public record, especially given that he has had no other complaints.
31. The Board finds that the Committee’s decision to require the Applicant to attend for an oral caution as set out above is reasonable, except as set out in paragraphs 52 and 53 below, for the following reasons.

*Failed to perform a biomechanical assessment and gait analysis prior to dispensing orthotics*

32. The Committee noted that the parties had divergent accounts about whether the Applicant provided any services to the Respondent on April 13, 2019 other than giving him orthotics that had been previously ordered by someone else, and modifying the orthotics to fit the Respondent’s shoes. In an attempt to resolve the divergent accounts, the Committee referred to the contemporaneous notes by the Applicant on April 13, 2019, which the Committee observed were minimal but appeared to confirm that he did assess, diagnose and counsel the Respondent on April 13, 2019.



33. The Board notes that contemporaneous records are presumptively reliable. The Board notes that the Applicant's record of April 13, 2019 included:
- pt. presents with flat feet – gait analysis – dispense orthotics – discuss use and care – Dx – B/L pes planus subtalar overpronation – arches cramp in cold – try Ca and H2O
34. Therefore, the Board finds it reasonable that the Committee relied on the clinical record to conclude that the Applicant did appear to assess, diagnose and counsel the Respondent on April 13, 2019, as supported by the information in the clinical record.
35. However, the Committee was concerned that the assessment/diagnosis and casting for the orthotics were all done by the clinic manager some six weeks before the Respondent saw the Applicant and that the invoice from the clinic and the bill sent to Manulife did not reflect this.
36. In support of this conclusion, the Committee noted that: the Biomechanical Assessment and Gait Analysis form has the Applicant's name at the top with the date, March 2, 2019; the handwriting of the Applicant's name at the top is different than the handwriting for the rest of the assessment information including the diagnosis; and that the Applicant's signature appears at the bottom beside date dispensed listed as April 13, 2019. In the Committee's view, this form gives the impression that both the intake assessment in March and the dispensing of the orthotics in April were done by the Applicant. The Committee added that this form appears to be something that may be provided to an insurance company as it lists a number of things about the patient's assessment/exam as well as details about the casting technique and raw materials used in the fabrication of the orthotics at the bottom of the page.
37. In further support of the Committee's conclusion, it referred to the itemized invoice from the clinic of April 13, 2019. The Committee was concerned that the Applicant is listed as the provider for all three services on the invoice - initial chiro visit (\$90), Orthotics (\$500), and subsequent chiro visit (\$60) for a total of \$650 – when the Applicant was not

- in the clinic for the initial assessment/analysis and did not cast the patient. The Committee noted that the invoice has the insurance company, the "ID cert" number and the P/group number included.
38. The Committee was concerned that the Applicant dispensed the orthotics apparently with the knowledge that the casting/assessment and orthotic order form (which was not included in the record) were completed not by a regulated health professional, but by the clinic manager.
  39. The Committee was also concerned that the clinic invoice and the invoice sent to Manulife appear to be an inflated monetary value of what the Respondent actually paid. The Committee referred to information in the Record in support of this conclusion. The Board notes that the clinic manager admitted to falsifying the invoice in her statement to the investigator. She admitted to making the clinic invoice \$125 more than the Respondent paid.
  40. The Committee decided not to refer this case to the Discipline Committee because the Applicant had no involvement in billing/invoicing or payment but stated that members are responsible for records in their names. In the Committee's view, the Applicant must have learned that a non-professional had done the casting and paperwork and he appeared to have gone along with this.
  41. The Board notes that the Committee applied its knowledge and expertise related to the expected standards of the profession in considering the Applicant's conduct and actions. Regarding the Applicant's submission that the Committee's significant concerns related to the conduct and actions of the clinic manager and not himself, the Board notes that the Committee's decision makes clear that it understood the respective conduct and actions of the clinic manager and the Applicant.
  42. The Committee acknowledged that the Applicant was an hourly contractor who came in once a week and that he had no managing or ownership role in the clinic, and no

authority over clinic staff. The Committee also noted that there was no information that this was a normal practice at the clinic and it may have been an isolated incident related to the snowstorm.

43. In spite of this, the Committee maintained that members are responsible for records in their names. As set out above, the Committee was concerned that the forms in the Applicant's name, which were to be provided to Manulife, were misleading because he allowed them to be completed as though he had performed the March 2, 2019 assessment.
44. The Committee decided to issue an oral caution to address its concerns. The Board observes that there is an array of remedial dispositions available to the Committee and the Committee has the discretion to choose the appropriate outcome, provided that there is a logical line of analysis flowing from the information in the Record to the disposition.
45. The Board notes that in assessing the appropriate disposition in a complaint, the Committee considers many factors including the seriousness and context for the concerns raised, the member's insight into their practice, their capacity for remediation, and their relevant College history. The Committee seeks to protect patients and, where possible, to enhance the quality of member's care or conduct through education and remediation.
46. The Committee's decision to orally caution the Applicant is one of the remedial dispositions available to it. The Committee based its disposition on its professional conclusions regarding the Applicant's care. The Board notes that the Committee's decision makes frequent and specific references to the information in the Record to support its conclusions. For example, the Committee relied upon, and described the relevance of, the forms and invoices in the Record, in concluding that the paperwork was misleading and that he should not have allowed it to be completed as though he performed the March 2, 2019 assessments.
47. The Board notes that in the oral caution, the Committee provided detailed references to the relevant standards and how they related to the Applicant's conduct and actions. As set

out above, the Applicant submitted that the Committee misinterpreted some of these standards. The Board is not persuaded by the Applicant's arguments for the reasons that follow.

48. Regardless of whether the Applicant obtained the Respondent's informed consent at the earliest opportunity, the Board finds it was appropriate for the Committee to refer to Standard S-001: Chiropractic Scope of Practice setting out the requirements for an initial assessment, including informed consent. It was appropriate to refer to Standard S-002 on Record Keeping because, as set out by the Committee, it appears that the Applicant did not maintain accurate records in that he allowed the form to be completed as though he had performed the March 2, 2019 assessment. It was appropriate to refer to Standard S-012 on Orthotics because, as set out by the Committee, the Applicant dispensed the orthotics without personally following the protocol set out in the Standard. It was appropriate to refer to Standard G-008 on Business Practices because the Committee found that even though the Applicant was not responsible for billing, he was responsible for records in his name, such as the March 2, 2019 record and the invoices set out above. Finally, it was appropriate to refer to Standard G-014 on Delegation because, as set out by the Committee, diagnosis is a controlled act that cannot be delegated to non-professional staff.
49. In conclusion, the Board finds that the standards referred to above flow logically from the concerns raised by the Committee in the decision. The Board notes that the oral caution will serve to improve the Applicant's practice in the areas of concern identified by the Committee and will thereby protect the public. Therefore, the Board finds that the decision to issue an oral caution, except as set out below in paragraphs 52 and 53, is supported by the information in the Record and is reasonable.

*Failed to protect confidential patient information*

50. The Committee stated that there is no dispute that confidential patient information was visible on the boxes containing form molds. The Committee noted that the Respondent

said this is a breach of patient privacy and the Applicant said he would take steps to ensure patient privacy in the future. The Committee stated, as a result, it will take no further action on this issue as it appears that the Applicant will address this issue.

51. The Board finds that the Committee's decision to take no further action on this aspect of the complaint is reasonable because it is supported by the undisputed information in the Record that there was a privacy breach but that the Applicant showed insight in acknowledging to the investigator that he understood this concern and would take steps to ensure patient privacy in future.
52. The Board notes that although the Committee said it would take no further action on this issue, the Committee did take action as the caution included a reference to the confidentiality issue, as noted in italics:

*Standard of Practice S-002: Record Keeping, because [the Applicant] did not maintain confidentiality with regard to the boxes of orthotics with names visible, and it appears that he did not maintain accurate records in that he allowed the form to be completed as though he had performed the March 2, 2019 assessment. [emphasis added]*

53. As the italicized part of the caution is inconsistent with the above decision of the Committee to take no action on the confidentiality issue, the Board finds this unreasonable and requires the Committee to remove the italicized part of the caution.

### *Conclusion*

54. In conclusion, the Board finds that the Committee's decision makes it clear that it considered the Respondent's concerns, addressed them, and except as set out above, provided coherent reasons for its conclusions. Having considered the information in the Record and the Committee's decision, the Board finds that, except as set out above, the Committee 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 that its decision as a whole is transparent, intelligible and justified.

55. The Board finds that the Committee conducted an adequate investigation and reached a reasonable decision except as set out above.

## VI. DECISION

56. Pursuant to section 35(1) of the *Code*, the Board confirms, in part, the decision to require the Applicant to attend before the Committee to be cautioned about adhering to the following:

- Standard of Practice S-001: Chiropractic Scope of Practice which requires members to perform the following, which is to be clearly and legibly reflected in the patient health record:
  - a consultation related to patient's presenting condition and/or goals;
  - an assessment of chiropractic conditions related to the spine, nervous system and joints;
  - a diagnosis or clinical impression related to the chiropractic scope of practice, consistent with Standard of Practice S-008: Communicating a Diagnosis;
  - recommendations for care, including possible referral to an appropriate health care provider if necessary; and
  - obtaining of informed consent, consistent with Standard of Practice S-013: Consent;
- Standard of Practice S-002: Record Keeping, because [the Applicant] did not maintain confidentiality with regard to the boxes of orthotics with names visible, and it appears that he did not maintain accurate records in that he allowed the form to be completed as though he had performed the March 2, 2019 assessment;
- Standard of Practice S-012: Orthotics, because [the Applicant] dispensed the orthotics without personally following the protocol set out in the standard;

- Guidelines G-008: Business Practices: billing practices as they relate to patient care must be disclosed to patients in advance of any care. This includes, but is not limited to:
  - the nature of the consultation, examination, care or plan of care or other services to be provided;
  - who is delivering the care;
  - if any care is to be delegated, assigned or referred;
  - the use of any adjunctive therapies and/or services;
  - the sale of any products, and/or
  - practices relating to billing third-party payors (see section on “Billing Third Party Payors”); [...]

Billing Third-Party Payors: A member may not bill any third-party payor in excess of his/her regular fee billed to an uninsured patient for similar services.

The practice of having one fee for a patient and a different fee for a third-party payor, or various fees for different third-party payors (e.g. dependent on the amount of coverage), is not permitted.
- Guidelines G-014: Delegation, Assignment and Referral of Care because diagnosis is a controlled act that cannot be delegated to non-professional staff and,
  - any assignment of care is properly communicated by the member to the patient, and consented to by the patient before beginning the examination, care or a course of care. This should include a discussion of the roles and responsibilities of the staff person performing the assigned care;
  - any assignment of care is recorded in the record of personal health information by the member, including: the nature of care that is to be assigned; who will be performing the assigned care; informed consent to any assigned care, consistent with the Standard of Practice S-013: Consent; and what services will be billed as part of the assigned care.
  - any assignment of care is based on chiropractic examination, diagnosis or clinical impression, and plan of care performed by the member;

- the member is on-site or ensures that another member of [the College of Chiropractors of Ontario] is on site, to provide any direction or supervision for the performance of the assigned procedure. The level of supervision required depends of the complexity of the assigned procedure, the abilities of the assistant, the patient's condition, the clinical environment and other determining factors; and
- any assignment of a procedure and performance of an assigned procedure is within the chiropractic scope of practice and complies with all legislation, including privacy legislation, and [the College of Chiropractors of Ontario] standards of practice, policies and guidelines.

57. The Board requires the Committee to remove the following italicized part of the caution:

*Standard of Practice S-002: Record Keeping, because [the Applicant] did not maintain confidentiality with regard to the boxes of orthotics with names visible,*

ISSUED December 5, 2022

Beth Downing  
Beth Downing

Cathy Loik  
Cathy Loik

James Minns  
James Minns

Cette décision est aussi disponible en français. Pour obtenir la version de la décision en français, veuillez contacter [hparb@ontario.ca](mailto:hparb@ontario.ca)





*LCAC Decision upheld*

In reply please quote: File # 22-CRV-0021

ITEM 1.3.3

CONFIDENTIAL

January 30, 2023

64

Shannel Pearson

Applicant Complainant

Dr. Chris Triantafilou, D.C.

Respondent

RECEIVED

JAN 31 2023

COLLEGE OF CHIROPRACTORS  
OF ONTARIO

**RE: COMPLAINT REVIEW - CHIROPRACTIC  
SHANNEL PEARSON AND CHRIS TRIANTAFILOU, D.C.**

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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<sup>1</sup>. 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**

*Natalie Moskowitz*

Natalie Moskowitz  
Case Officer

Encl: Decision dated January 30, 2023

c. College of Chiropractors of Ontario (CCOPRA File # TRIANTAFILOU21-JA-20)

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<sup>1</sup> Section 5 of the *Judicial Review Procedure Act*

**HEALTH PROFESSIONS APPEAL AND REVIEW BOARD**

PRESENT:

Trina Morissette, Vice-Chair, Presiding  
Greg Kanargelidis, Board Member  
Yasmeen Siddiqui, Board Member

Review held on September 27, 2022 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:**

**SHANNEL PEARSON**

Applicant

and

**CHRIS TRIANTAFILOU, DC**

Respondent

Appearances:

The Applicant:	Shannel Pearson
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 take no further action.

2. This decision arises from a request made to the Health Professions Appeal and Review Board (the Board) by Shannel Pearson (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 Chris Triantafilou, DC (the Respondent). The Committee investigated the complaint and decided to take no further action.

## **II. BACKGROUND**

3. The Respondent is a chiropractor at the Back in Motion Clinic (the Clinic).
4. The Applicant slipped and fell on ice in December 2018, developing lower back pain.
5. The Respondent treated the Applicant in the spring of 2019.
6. In July 2019, the Respondent referred the Applicant to another chiropractor.
7. The Applicant also raised concerns about another chiropractor, which are addressed in a separate decision.

### **The Complaint and the Response**

#### ***The Complaint***

8. The Applicant complained against the Respondent for incompetent practice causing harm.
9. The Applicant also complained that the Respondent released the Applicant's file to another individual, without the Applicant's consent, which was then used to attack the Applicant on social media.

10. The Applicant provided context to her complaint which included the following information.
11. The Applicant explained that she went to see the Respondent, an Advanced Biostructural Correction (ABC) chiropractor, for lower back pain after a fall. She showed improvement in the first three weeks but then developed a severe discomfort consisting of no range of motion (back/hips) and a pulling sensation like “someone has a death grip on my spine”. She stated that the original lower back pain subsided while the extreme discomfort and “death grip” escalated. At the same time, she added that it also affected her mental clarity and put her in severe emotional distress. The Applicant explained that she had symptoms virtually 24/7 with little relief, even during bed rest. She felt worse after every appointment subsequent to her initial improvement.
12. The Applicant stated that part of the ABC treatment included stretches called meningeal stretches and added that she received 15 of these stretches (one visit per week) from March 2019 to June 2019. She added that she had explained to the Respondent several times that something was seriously wrong and that “I want to crawl out of my skin”. She was told by the Respondent that this was part of the “unwinding” process and that she could feel worse before she felt better.
13. The Applicant stated that, in addition to the original symptoms, by the beginning of June 2019, her neck was completely “jammed” and extremely painful. She had never had any cervical issues prior to seeing the Respondent. At the end of June 2019, the Respondent told her he did not know what to do. The Applicant discontinued treatment.
14. The Applicant noted that upon reading more about the ABC protocol, she learned that the meningeal stretches are supposed to relieve tension and there are two different sides a person can be stretched. The Applicant had a strong suspicion that the Respondent was going the wrong way and instead was increasing the tension on her spine and nervous system.

15. Needing answers, the Applicant explained that on July 24, 2019, she saw another chiropractor who confirmed the Respondent was going the wrong way. One week later, the Applicant learned that the Respondent had started lessons with her new chiropractor.

### *The Response*

16. The Respondent provided a written response to the complaint, which included the following information.
17. The Respondent advised that the Applicant initially reported buttock and hip pain as well as lower back pain. The Applicant also reported soreness in her neck and shoulders during her new patient exam history. He explained that her fall was not a simple one; the Applicant stated that she had fallen out of a moving car at an approximate speed of 10 km/h that her father was driving.
18. The Respondent stated that throughout the Applicant's treatments, she reported improvements in her health before and after treatments. His notes have no reference to and he has no recollection of "death grip on my spine." In fact, on March 27, 2019, the Applicant specifically said that she felt light and pain free for the first time in a long time.
19. The Respondent explained that during the Applicant's initial visit, she was very anxious, nervous and described her body as hypersensitive. This emotional stress was reported to him several times during her new patient examination. The Applicant had seen health care professionals with the hope that they would help her condition. The treatments before attending the Clinic were ineffective according to the Applicant, which amplified her frustration and emotional state.
20. The Respondent noted that at most visits the Applicant reported feeling relief and overall improvements to her health. The Respondent stated that the Applicant's complaint stated "I showed improvements in the first 3 weeks" but later she writes, "I am into [the

Respondent's] Clinic every week complaining how horrible I felt. The Respondent submitted that this was clearly inconsistent and inaccurate.

**69**

21. The Respondent's treatment notes show 13 visits where meningeal releases were performed. The "skin crawling" feeling that the Applicant described was mentioned twice.
22. Based on the Respondent's notes, the reason that the Applicant did not come back for her re-evaluation appointment was due to radiation burns she was convinced she sustained by the x-ray machine. June was her best month of treatment; she was at her peak of feeling good. He never told her father that he did not know what to do. The Respondent's notes indicate that on several occasions there were positive outcomes and on more than one occasion indicate how pleased the Applicant was with her overall progress.
23. In mid-July, the Respondent closed his office and relocated to Waterloo. The Respondent stated that he gave the Applicant and her father two options for an ABC provider and also gave her the option of using the College's doctor's search on their website.
24. In a subsequent response to the Committee, the Respondent clarified that he did not receive lessons from another chiropractor in ABC. He stated that chiropractors exchange treatments.

### ***The Applicant's Reply***

25. The Applicant was provided a copy of the Respondent's response for reply. In her reply, the Applicant raised her second concern that the Respondent released her records to Dr. J without her consent. The Applicant explained that Dr. J had been attacking her online and posting private information from her records which only the Respondent would know. The Applicant stated that this proved the Respondent broke doctor-patient confidentiality.

26. The Applicant also advised that she wished to withdraw certain information from the record in this matter, namely Dr. M's report. The Applicant explained that this information was mistakenly attached to this complaint when its reference should have been limited to the second complaint she filed against another chiropractor.
27. The Applicant also stated that the fall from her father's vehicle was greatly exaggerated. She explained that as she was getting out of the car at her apartment, her father edged forward unexpectedly and she slipped on a patch of ice. She sustained a bruise on the side of her thigh but did not seek medical help until a few weeks later when the lower back pain started.
28. The Applicant also disputed the references to being "anxious and nervous" and "hypersensitive". She stated that she never conveyed to the Respondent her mental state at any appointment until May and June 2019 when the symptoms later attributed to him started.
29. The Applicant also stated that the Respondent's notes were mostly fabricated and provided examples where, she believed, there are concerns surrounding these notes.

### ***The Respondent's Additional Response***

30. In response to the Applicant's reply, the Respondent provided additional information which included the following.
31. The Respondent stated that he stands behind his notes and noted that it was clear that the Applicant recalled events very differently than what his notes state.
32. The Respondent added that he always has been and will continue to be very thorough. He takes his job and his responsibilities associated with it seriously. Every time the Applicant presented at his office he went above and beyond providing the best care to the best of his ability in a safe and supportive environment.

*Questions from the Committee*

33. On October 28, 2021, the Committee requested additional information from the Respondent. Questions it posed included:
- background information on ABC as well as the main determining factors for implementing ABC and whether there were any known contraindications to ABC; and
  - an explanation of the Respondent's typical patient care assessment and treatment protocols.
34. On or about November 8, 2021, the Respondent provided responses to the Committee's questions.

**The Committee's Decision**

35. The Committee investigated the complaint and decided to take no further action.

*Incompetent practice causing harm / sequelae*

36. In its decision, the Committee summarized the background of the interactions between the parties. It noted that the Respondent treated the Applicant in the spring of 2019. The Applicant alleged that her condition did not improve and even deteriorated under the Respondent's care. The Applicant alleged that the Respondent was incompetent, and that his incompetent treatment caused her harm.
37. The Committee decided to take no further action on this concern because there was no information to support the allegation. The Committee explained that when it is assessing whether chiropractic care leads to a deterioration in a patient's condition, the first question is whether the person was an appropriate candidate for the treatment that was



rendered. In this regard, the Committee reviewed the Applicant's patient records and noted that they were reasonably thorough. It noted that the Applicant initially presented at the Respondent's office as follows:

March 6, 2019

[The Applicant] came in with her father today because of back, buttock and his pains. During the history she stated that she had been feeling very anxious and nervous. She also stated her whole body felt hypersensitive. During the history exam [the Applicant] also complained of neck and shoulder pains.

[...]

[the Applicant] also complained of her 4<sup>th</sup> digit (Right Hand) soreness/numbness. This complaint has occurred mostly for the last 10 years and moving her head around especially in extension decreases the soreness/numbness.

[...]

The pain does not radiate anywhere in her body and stays localized.

[The Applicant] indicated "Aching" bilaterally around her SI Joints, Glutes and hip regions.

She indicated almost extreme symptoms and disability on her Visual Analog Scale.

38. The Committee also noted that the Applicant stated she "felt worse after every appointment after my initial improvement." However, according to the progress notes, the Committee found that the Applicant reported subjective improvement in her symptoms. For example, the progress notes said:

June 5, 2019

[The Applicant came into my office today over the moon with happiness and joy; Her mood changed from her usual negative disposition to a more positive one. Her "pain went down (sic) from 1000/10 to a 4/10." She stated she is feeling hopeful again even though today her pain went up to a 10/10. I adjusted her (...) in that hour lapse she felt the sitting was a bit uncomfortable. I treated her again. Everyone left my office very happy as [the Applicant] started to feel the same kind of relief we were getting I the first month of care.

June 12, 2019

[The Applicant] stated that she had 1 day of good relief and no change in her SI's. She stated she is feeling a decrease in mobility and discomfort but, not pain. I assessed her SI joints again. I adjusted her. She again states that she feeling better post-treatment.

June 19, 2019

[The Applicant] came into the office today again over the moon with happiness and more excitement as she felt incredible since her last adjustment. She also

stated that she feels that she is a 2/10 and that this was the “first time ever” [the Applicant] states that last night she started to feel a bit stiff but, today she states “almost full mobility” and “no pain” and “no feeling of wanting to get out of her skin especially in the low back and pelvis.” I adjusted her. Again she felt amazing leaving my office and was in a very positive mood.

Unfortunately, these improvements were not sustained.

39. The Committee empathized with the Applicant with regard to her condition. However, it noted that it was important to understand that it acts as a screening body to determine whether a complaint should be referred to the Discipline Committee. The presence of ongoing symptoms does not necessarily mean that the Respondent failed to maintain the standards of the profession. Rather, “[t]he test for whether a health care professional fell below the standard of care is not based on the subjective viewpoint of the patient as to outcomes, but rather is based upon whether [the professional’s] actions met objective standards.” In this case, the Committee found that the standards were maintained even though unfortunately the results were not what everyone would have hoped for.
40. The Committee also found that there was no information that the Respondent was “forced to take lessons” with another chiropractor.
41. The Committee opined that, even if the Respondent’s treatments were a factor in the Applicant’s symptoms, this would not mean that the Respondent’s treatments were inappropriate. Unfortunately, patients receiving chiropractic, or any other form of health care, may not respond to treatment as they would anticipate. There are many variables, both within and outside the body, which can affect one’s response to treatment in either a positive or a negative way, and therefore definitive results can be hard to predict.
42. The Committee decided to take no further action because, from an objective standpoint, it did not appear that the Respondent failed to maintain the standards of the profession. The Committee commented that it appeared she sought treatment from the Respondent while suffering from a number of complex and hard-to-treat symptoms. Although the Applicant alleged the Respondent “caused harm”, the Committee was not in a position to determine

the exact cause(s) of her condition, which was likely multifactorial. The Committee added that the information from other professionals did not indicate that the Respondent harmed the Applicant or failed to maintain the standards of the profession.

*Releasing file without consent*

43. The Committee noted that the Applicant said that the Respondent released her file to Dr. J, who is described as the founder of the ABC technique. She said that Dr. J criticized her on social media.
44. The Committee found that there was no information to support further action on the allegation of breaching confidentiality.
45. In addition to the above, the Committee noted that it was required to consider the Respondent's prior history, if any. The Committee noted that in this case, the Respondent had no relevant history with the College.

**III. REQUEST FOR REVIEW**

46. In an email dated January 12, 2022, the Applicant requested that the Board review the Committee's decision.

**IV. POWERS OF THE BOARD**

47. 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.

48. 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

49. 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.
50. The Committee is to act in relation to the College's objectives under section 3 of the *Code*, which include, in part, to maintain programs and standards of practice to assure the quality of the practice of the profession, to maintain standards of knowledge and skill and programs to promote continuing improvement among the members, and to serve and protect the public interest.
51. The Committee's mandate is to screen complaints about its members. The Committee considers the information it obtains to determine whether, in all of the circumstances, a referral of specified allegations of professional misconduct to the College's Discipline Committee is warranted or if some other remedial action should be taken. Dispositions available to the Committee upon considering a complaint include taking no action with regard to a member's practice, issuing a caution or directing other remedial measures intended to improve an aspect of a member's practice, or referring specified allegations of professional misconduct or incompetence to the Discipline Committee if the allegations are related to the complaint.
52. The Respondent did not attend the Review. The Board notes that there is no legislative requirement for parties to attend the Review and the Board draws no inference from the Respondent's non-attendance.

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

### **Adequacy of the Investigation**

54. 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.
55. The Committee obtained the following documents:
- the Applicant's complaint and subsequent communications with the Committee investigator;
  - the Applicant's reply to the Respondent's response;
  - various links to online information regarding the ABC technique;
  - x-rays from Universal Health & Rehabilitation, including a report from Dr. M dated October 3, 2020;
  - a statement from the Applicant's father dated April 19, 2021;
  - the Respondent's initial response and subsequent responses;
  - the Applicant's patient file from the Clinic;
  - additional information from the Respondent in response to Committee questions;
  - a written statement from the chiropractor who treated the Applicant after the Respondent moved his practice;
  - a written statement from another chiropractor, Dr. A, accompanied by the Applicant's patient records; and
  - the Respondent's conduct history with the College.
56. At the Review and in her written submissions to the Board, the Applicant submitted that the Record in this matter inappropriately included information from unrelated practitioners (Dr. A and Dr. M). The Record, however, is missing the patient files from

the chiropractor who treated the Applicant after the Respondent moved his practice. The Applicant also submitted that there were several errors stemming from a copy and paste of the complaints the Applicant filed against two chiropractors, including the Respondent. The Applicant submitted that the file was tainted because the Respondent was responding to allegations she had not made against him and he received information he should not have had access to. As an example, the Applicant stated that she did not accuse the Respondent of neck trauma.

57. The Applicant submitted that there was no investigation whatsoever. She stated that a proper investigation would have asked an outside ABC source if there was such a thing as a wrong-way meningeal stretch and what the consequences could be to the patient. She stated that ABC meningeal stretches are not taught at any chiropractic college in North America.
58. The Board notes that the *Code* provides the Committee a wide discretion in conducting its investigation.
59. In this case, the Applicant's concerns were summarized, and she provided information to the Committee as well as had an opportunity to reply to the Respondent's responses. Although the Applicant raised an issue with a specific concern that, she submitted, was more appropriately addressed by another chiropractor in a separate matter, the Board notes that the patient records in this matter also refer to pains in the neck area and as such, despite the specific concern might have been addressed to another chiropractor, this does not invalidate the Committee's investigation in this matter. The Board further notes that the Committee's decision reviewed the Respondent's overall care and treatment provided to the Applicant. The Respondent provided information regarding his overall care, which included, based on his contemporaneous notes, reference to neck pain.
60. Regarding the Committee's receipt and review of information obtained from other health care practitioners, as noted above, the Committee had the legislative discretion to choose to request this information. The Board notes that the Applicant complained that the

Respondent caused irreparable harm to her. As such, it was not unreasonable that the Committee obtain, and provide the Respondent in its Record, information from practitioners who saw and/or treated the Applicant following the Respondent's care.

61. In response to the Applicant's issue that the Committee should have obtained the full patient records from the chiropractor who treated the Applicant after the Respondent, the Board acknowledges that the Applicant bases her conclusion on the fact that the subsequent chiropractor stretched her in the opposite direction. The Board notes again that the Committee reviewed the overall care provided by the Respondent. In addition, the Board further notes that the Committee obtained a written statement from the subsequent chiropractor which it reviewed and considered.
62. The Board finds that there is no basis on which to conclude that the Committee did not have the expertise to assess the complaint, or more specifically, the ABC technique. The Board is not persuaded that the Committee required additional expertise to understand the Applicant's concerns, consider the Respondent's response, and evaluate the patient records.
63. Prior to the Review, the Applicant provided to the Board additional links to online information regarding the ABC technique. The Board notes that the Applicant had initially sent information regarding this technique to the Committee. Considering the expertise of the Committee and its review of the Record in this matter, the Board is not persuaded that this additional information might reasonably have affected the Committee's decision.
64. In addition to the above, the Committee had the perspectives of both parties, a written statement from the Applicant's father, online-available information submitted by the Applicant regarding the ABC technique as well as the Respondent's conduct history with the College.

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

### **Reasonableness of the Decision**

67. 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.
68. At the Review and in her written submissions, the Applicant submitted that the Committee failed to address her concern that the Respondent incorrectly used the ABC technique (i.e., he stretched her in the wrong direction).
69. As previously noted, the Board finds that the Committee reviewed the Respondent's care and treatment provided to the Applicant in its entirety, including the direction the meningeal stretches were performed. The Board also notes that additional questions were posed to the Respondent by the Committee to obtain more information on the Respondent's knowledge of this technique.
70. The Applicant reiterated her issues with the care and treatment she obtained from the Respondent and submitted that the Committee's decision was unreasonable.



71. The Board acknowledges that the Applicant's recollection and perception of her visits with the Respondent differ from the Respondent's explanation provided in his responses.
72. The Board notes that the Committee reviewed and relied on the patient records obtained through the investigation process. Patient 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, medical records are a reliable source of information as to what occurred during patient encounters.
73. In her written submissions, the Applicant submitted that the Respondent was provided with details of her complaint prior to the Respondent forwarding her patient file to the Committee. In doing so, the Committee allowed the Respondent additional time to amend and/or delete the information in her patient records to substantiate his response.
74. The Board is not persuaded that the Respondent amended or deleted any information in the patient records nor is there any information in the Record to substantiate this allegation. The Board has considered the patient records – specifically the Respondent's contemporaneous notes – and finds that it supports the Respondent's response as relied on and detailed by the Committee.
75. The Board further notes that the circumstances of this complaint required the Committee, which included three professional members, to rely on its chiropractic knowledge and expertise related to the expected standards of the profession in assessing the Respondent's conduct and actions. The Committee expressed its conclusion that the Applicant's concerns were not supported by the information and the Committee makes frequent and specific references to the information in the Record.
76. The Committee's decision makes it clear that it considered the Applicant's concerns, addressed them, and provided coherent reasons for its conclusions. Having considered the

information in the Record and the Committee's decision, the Board finds that 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 that its decision as a whole is transparent, intelligible and justified.

77. The Board therefore finds that the Committee's decision to take no further action is reasonable.

## VI. DECISION

78. Pursuant to section 35(1) of the *Code*, the Board confirms the Committee's decision to take no further action.

ISSUED January 30, 2023

*Trina Morissette*

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Trina Morissette

*Greg Kanargelidis*

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Greg Kanargelidis

*Yasmeen Siddiqui*

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Yasmeen Siddiqui

Cette décision est aussi disponible en français. Pour obtenir la version de la décision en français, veuillez contacter [hparb@ontario.ca](mailto:hparb@ontario.ca)



*JCA Decision Upheld*

In reply please quote: File # 22-CRV-0020

**CONFIDENTIAL**

January 30, 2023

RECEIVED

82

ITEM 1.3.4

Shannel Pearson

JAN 31 2023

Applicant Complainant

Dr. Guy Pelletier, D.C.

COLLEGE OF CHIROPRACTORS  
OF ONTARIO

Respondent

**RE: COMPLAINT REVIEW - CHIROPRACTIC  
SHANNEL PEARSON AND GUY PELLETIER, D.C.**

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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<sup>1</sup>. 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**

*Natalie Moskowitz*

Natalie Moskowitz  
Case Officer

Encl: Decision dated January 30, 2023

c. College of Chiropractors of Ontario (CCOPRA File # PELLETIER21-JA-20)

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<sup>1</sup> Section 5 of the *Judicial Review Procedure Act*

**HEALTH PROFESSIONS APPEAL AND REVIEW BOARD****PRESENT:**

Trina Morissette, Vice-Chair, Presiding  
Greg Kanargelidis, Board Member  
Yasmeen Siddiqui, Board Member

Review held on September 27, 2022 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:**

**SHANNEL PEARSON**

Applicant

and

**GUY PELLETIER, DC**

Respondent

**Appearances:**

The Applicant:	Shannel Pearson
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 take no further action.

2. This decision arises from a request made to the Health Professions Appeal and Review Board (the Board) by Shannel Pearson (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 Guy Pelletier, DC (the Respondent). The Committee investigated the complaint and decided to take no further action.

## **II. BACKGROUND**

3. The Respondent is a chiropractor at the Brant Pain Relief Clinic (the Clinic).
4. The Applicant was referred to the Respondent and began regular sessions starting on July 24, 2019.
5. On June 4, 2020, the Applicant was discharged as a patient.
6. The Applicant also raised concerns about another chiropractor, which are addressed in a separate decision.

### **The Complaint and the Response**

#### ***The Complaint***

7. The Applicant complained about:
  - psychological/emotional abuse;
  - excessive treatment causing harm;
  - discontinuing needed care and failing to refer the Applicant to another health care professional; and
  - record keeping.

8. The Applicant provided context to her complaint which included the following information.
9. The Applicant stated that at the first appointment, the Respondent confirmed to her that another chiropractor she had been seeing for lower back pain had stretched her in the wrong direction, resulting in severe pain in the spine. The Applicant was told by the Respondent that he could set up a conference call with Dr. J [the founder of Advanced Biostructural Correction (ABC)] which never happened. The Respondent told the Applicant that stretching in the wrong direction even one time can cause a multitude of issues including fuzziness and depression.
10. The Applicant added that at that first appointment, after a stretch in the proper direction, she received what felt like a complete release of tension, both physical and emotional. However, the relief was short lived and on the next several appointments, the Respondent would ask the Applicant to return in twenty minutes as she would completely lose the adjustment.
11. Over the next several weeks, the Applicant stated that she was making little improvement but that one aspect that drastically improved was her mental clarity and vision. She was thinking and seeing clearly for the first time in months. By mid-September, after rigorous treatments three times per week, most of the Applicant's symptoms had subsided except for her neck which locked up for two weeks straight. The only symptom that remained was the intermittent difficulty straightening her lower back (sacrum) from a seated position. The Applicant explained that she continued treatment once per week starting in November 2019 and assumed her back issue would eventually work itself out. She stated that it never went away and she eventually "relapsed" which made her believe the tension was never fully reversed. She noted however, that the Respondent has gotten her to a threshold where she could function.
12. By mid-February 2020, the Applicant stated that she started feeling as though something was not right and after a particularly uncomfortable anterior stretch, the back of her head

- started “clicking” continuously. She also experienced temporomandibular joint (TMJ)-like symptoms for the first time.
13. At the end of March 2020, the Applicant had a complete relapse with virtually all of her original symptoms returning.
  14. On April 7, 2020, the Applicant received treatment from the Respondent three times a week with only hours of relief either immediately following the appointment or shortly after returning home.
  15. In May 2020, the Applicant stated that she was feeling worse and stated that the Respondent had given her 106 meningeal stretches in two months. As awful as she said the meningeal stretches were, the Applicant would come in for her appointment each time dying for relief to try to get through the day. After several weeks, the Applicant stated that the Respondent told her “I don’t know what to do”. The Applicant asked the Respondent to consult Dr. J on how to proceed with her treatment since he had originally offered to do so that past July, but the Respondent ignored her request.
  16. On June 4, 2020, the Applicant once more asked the Respondent to consult with Dr. J. She stated that the Respondent seemed upset and told her that he did not know what more he could do. The Respondent advised the Applicant that a tumour might be causing her problems.
  17. The next morning, on June 5, 2020, the Applicant stated that she attended the Clinic for her appointment and was told by the receptionist that the appointment had been cancelled. The Applicant was asked to leave the building. The Respondent would not speak to her or explain the reason for the cancellation.
  18. In addition to her original symptoms, the Applicant stated that by June 2020, her neck was completely “jammed” and extremely painful.

19. The Applicant added that she has attended two emergency departments (ERs) of two Toronto hospitals and was referred to orthopaedic and neurology departments. The Applicant later saw another specialist, Dr. M, for an assessment of whiplash-like symptoms. The Applicant advised that it was determined that her C1 and C2 vertebrae were misaligned.

### *The Response*

20. The Respondent provided a written response to the complaint which included the following information.
21. The Respondent stated that he never told the Applicant that the chiropractor she saw before him stretched her in the wrong direction and he did not say that he would arrange a conference call with Dr. J. The Respondent commented that patients do not lose adjustments. Depending on the condition and the severity of discomfort, a practitioner of the ABC method will adjust the body until it is stable. Sometimes the patient is revisited the same day to help accelerate their progress. The Applicant was in severe distress and he was trying to alleviate her suffering.
22. The Respondent noted that there were no severe structural issues reported that could justify the Applicant's sentiment that "the next several weeks were extremely scary as I was making little improvement." The Respondent stated that nothing seemed out of the ordinary in the first several weeks of treatment and the only thing he observed was how emotional the Applicant was before each visit.
23. The Respondent stated that his notes coincide with the Applicant's claims that "by mid-September, after rigorous treatment 3 times per week, most of the symptoms subsided, however, my neck locked up for 2 weeks straight." The Respondent added that by September 6, 2019, the Applicant was returning to work and on September 20, 2019, her neck tension was subsiding.



24. The Respondent noted that on October 18, 2019, the Applicant reported low back stiffness and difficulty straightening after a seated position. He added that, in her statement where the Applicant states: “which makes me believe the tension was never fully reversed”, she was implying that no amount of treatment could undo her initial complaints. The Respondent observed that the Applicant always straightened up when she stood up during treatment with no grimacing or difficulty.
25. On March 11, 2020, the Respondent noted that the Applicant had a good week except for one day, she reported feeling a click in her upper cervical. TMJ was never reported or documented and as such, the Respondent stated that this claim was false.
26. The Respondent stated that at the end of March 2020, the Applicant was only seeing him once every two weeks. When he left for vacation, she would have only missed two visits and in terms of connecting the lapse in time of seeing the Respondent with her relapse, the Respondent added that he left two very competent ABC physicians at his office who were covering his patients while he was away.
27. The Respondent stated that treatment frequency resumed to three times per week on April 7, 2020, and the Applicant received short-term relief after treatment where tension would release and then would return fairly quickly. On April 27, 2020, the Respondent recommended MRI imaging but the Applicant was reluctant. He added that in April 2020, the Applicant’s level of emotional distress and lack of progress were becoming increasingly concerning. Also concerning was her and her father’s unwillingness to seek advanced imaging or medical consultation to rule out other potentially non-structural causes.
28. The Respondent noted that in May 2020, the Applicant did not report that she was feeling worse after treatment. His notes indicate short-term relief after treatments.
29. The Applicant’s statement that she received 106 meningeal releases in two months is another fabrication.

30. The Respondent denied he ever said “I don’t know what to do”. Due to the Applicant’s level of distress, the Respondent insisted she seek a medical consult to rule out medical or psychological pathology. He added that when he conferred with Dr. J, Dr. J supported his decision. The Respondent stated that the Applicant’s claim that she requested he consult with Dr. J for an additional time was a lie. The Respondent noted that he was very concerned with her presentation that day. He observed the Applicant leaning against the wall sobbing. She made the following statements: “the pain is unbearable”, “I can’t live like this”. The Respondent documented another discussion he had with the Applicant and her father recommending a medical consultation. The Applicant’s father insisted she did not need any further testing. The Respondent restated that he felt a medical consult would be best and the only way to make them comply was to discontinue treatment until she received one.
31. The Respondent stated that the Applicant’s father continued to argue and seemed to ignore anything he was saying. The Applicant’s father demanded that he treat her. The Respondent asked them to leave the Clinic. The Applicant’s father then threatened saying he would not leave, and he would “burn the house down” if she was not treated. Once the Applicant and her father left, the Respondent drafted a letter stating he would be withdrawing his services until the Applicant was medically cleared. The Respondent’s receptionist emailed and called both the Applicant and her father to inform them of the letter and to cancel her appointment scheduled for the next day. The Respondent added that he did not feel that the Applicant’s condition was life-threatening and in his opinion, there would be no adverse effect to discontinuing treatment. The decision to discontinue treatment was due to lack of progress and he felt the best course was a medical consult, which the Applicant refused to seek.
32. The Respondent also added that in June 2020, his notes do not show any report of cervical complaints. They do show a complaint of feeling locked with severe tension in the lumbar spine and in June 2020, the Respondent repeatedly referred the Applicant to get more testing but she refused his advice.

33. The Respondent noted that nowhere in Dr. M's report is there reference to trauma or excessive treatment. Dr. M states: "I find [the Applicant's] claims inconsistent as she continues to seek and receive cervical adjustment after she states having had trauma and excessive treatment in the past."

### **The Applicant's Reply**

34. The Applicant was provided with a copy of the Respondent's response to which she replied. This reply included the following information.
35. The Applicant questioned that if it is "absurd" that the Respondent's treatments caused her whiplash-like symptoms, why is the Respondent not admitting that he gave her 106 meningeal stretches in two months? She alleged that these stretches were deleted from the treatment notes.
36. The Applicant stated that she never "said" that the Respondent had told her that her previous chiropractor was stretching her in the wrong direction. She concluded that the previous chiropractor had stretched her in the wrong position because the Respondent stretched her in the opposite direction.
37. The Applicant added that after her turnaround, she had asked the Respondent on two separate occasions if there was a possibility that she could relapse. The Respondent assured her that it was never coming back. The Respondent had assured her that the ABC treatment would fix her posture starting with the very first treatment. The Applicant stated that her posture never changed in a year and if anything, it was worse than ever.

### **The Committee's Decision**

38. The Committee investigated the complaint and decided to take no further action.

39. In its decision, the Committee recognized that the Applicant's health challenges would be very distressing. However, it found that there was no information that the Respondent abused her psychologically or emotionally.

*Excessive treatment causing harm*

40. The Committee explained that when assessing whether chiropractic care led to a deterioration in a patient's condition, its first question is whether the person was an appropriate candidate for the treatment that was rendered. In this regard, the Committee reviewed the Applicant's patient records and noted that the records were reasonably thorough. It found that there were no contraindications to the care that was rendered. Although the Applicant said the meningeal stretches caused trauma, the Committee noted that Dr. M's report did not mention trauma or excessive treatment but rather, as the Respondent pointed out, it states that the Applicant "continues to seek and receive cervical adjustment after she states having had trauma and excessive treatment in the past." The information from other professionals did not indicate that the Respondent treated the Applicant excessively, harmed her, or failed to maintain the standards of the profession.
41. The Committee observed that although the Applicant's complaint said she was making little improvement under the Respondent's care, it appeared that she reported some subjective improvements. As the Applicant noted: "[t]wo or three times, I received TOTAL relief on the table (mental and physical), as if a tightly wound elastic were cut with scissors." Unfortunately, these improvements did not last. The Applicant said she had a complete relapse at the end of March 2020. This coincided with the emergence of the COVID-19 pandemic. As the Respondent pointed out, the Applicant only missed two appointments due to his self-isolation, and other providers were available. There is no information that the Respondent caused the relapse.

42. The Committee empathized with the Applicant with regard to her symptoms. However, it stated that it was important to understand that the Committee acts as a screening body to determine whether a complaint should be referred to the Discipline Committee. The presence of negative sequelae did not necessarily mean that the Respondent failed to maintain the standards of the profession. Rather, “[t]he test for whether a health care professional fell below the standard of care is not based on the subjective viewpoint of the patient as to outcomes, but rather is based upon whether [the professional’s] actions met objective standards.” In this case, the standards were maintained even though unfortunately the results were not what everyone would have hoped for. Although the Committee empathized with the Applicant, it appeared she sought treatment from the Respondent while suffering from a number of complex and hard-to-treat symptoms. Although the Applicant alleged the Respondent “caused harm”, the Committee was not in a position to determine the exact cause(s) of her condition, which was likely multi-factorial.
43. The Committee opined that, even if the Respondent’s treatments were a factor in the Applicant’s symptoms, this would not mean that the Respondent’s treatments were inappropriate. Unfortunately, patients receiving chiropractic, or any other form of health care, may not respond to treatment as they would anticipate. There are many variables, both within and outside the body, which can affect one’s response to treatment in either a positive or a negative way, and therefore definitive results can be hard to predict. The Committee took no further action because, from an objective standpoint, it did not appear that the Respondent failed to maintain the standards of the profession.

*Discontinuing needed care and failing to refer to another health care professional*

44. The Committee noted that the Applicant stated that when the Respondent said “I don’t know what to do”, she suggested he contact Dr. J but the Respondent ignored her. The Committee commented that chiropractors must refer to another professional when it is appropriate. In doing so, they use professional judgement about the individual(s) or

profession(s) to whom the referral is made; they are not required to refer to any specific person named by the patient. In this case, the progress notes showed the following:

Mon Apr 7, 2020 [...] recommended MRI imaging but reluctant

Thu May 14, 2020 discussed with patient and father about lack of progress, level of distress and concerns [sic] of possible non-structural causes – they said they have already done that and wanted to continue tx for 2 weeks then reassess

45. The Committee also noted the Respondent’s letter dated June 4, 2020, withdrawing his services which read as follows:

Through the course of your treatments there have been signs and symptoms where I feel may be related to other possible causes, and not from the nerves, muscles, bone or spine. Due to my concerns, I have recommended on several occasions that you follow up with your medical Doctor to rule out the possibility that your health problem does not fall within the scope of Chiropractic. It is my duty as a doctor of Chiropractic to make you aware of my concerns and refer you appropriately. To this date you have not followed my recommendation. In good conscience I now need to withdraw my services from you until you have been cleared medically.

46. The Committee empathized with the Applicant however, it decided to take no further action because it is not in the patient’s interest to continue the doctor-patient relationship where there is a lack of rapport.

#### *Record keeping*

47. The Committee noted the Applicant’s concern that there were gaps in her patient records. For example, she said that on April 9, 2020, she and her father returned to the office after her appointment to report good results she experienced on her way home. She observed that this was not recorded.
48. The Committee noted that there was a noticeable white space in the April 9, 2020 SOAP note. However, it did not appear that the Respondent ignored the Applicant’s report of relief on April 9, 2020, because the next entry, dated April 13, 2020, states: “felt a release

after last visit, but the tension returned fairly quickly.” Overall, the Committee found that no further action was warranted with regards to the Respondent’s records.

49. In addition to the above, the Committee noted that it was required to consider the Respondent’s prior history, if any. The Committee noted that in this case, the Respondent had no relevant history with the College.

### **III. REQUEST FOR REVIEW**

50. In an email dated January 12, 2022, the Applicant requested that the Board review the Committee’s decision.

### **IV. POWERS OF THE BOARD**

51. 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.

52. 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**

53. 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.

54. The Committee is to act in relation to the College's objectives under section 3 of the *Code*, which include, in part, to maintain programs and standards of practice to assure the quality of the practice of the profession, to maintain standards of knowledge and skill and programs to promote continuing improvement among the members, and to serve and protect the public interest.
55. The Committee's mandate is to screen complaints about its members. The Committee considers the information it obtains to determine whether, in all of the circumstances, a referral of specified allegations of professional misconduct to the College's Discipline Committee is warranted or if some other remedial action should be taken. Dispositions available to the Committee upon considering a complaint include taking no action with regard to a member's practice, issuing a caution or directing other remedial measures intended to improve an aspect of a member's practice, or referring specified allegations of professional misconduct or incompetence to the Discipline Committee if the allegations are related to the complaint.
56. The Respondent did not attend the Review. The Board notes that there is no legislative requirement for parties to attend the Review and the Board draws no inference from the Respondent's non-attendance.
57. The Board has considered the Applicant's submissions, examined the Record of Investigation (the Record), and reviewed the Committee's decision.

### **Adequacy of the Investigation**

58. 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.



59. The Committee obtained the following documents:

- the Applicant's complaint and subsequent communications with the Committee investigator;
- the Applicant's reply to the Respondent's response;
- various links to online information regarding the ABC technique;
- a chart prepared by the Applicant noting the meningeal stretches she received;
- a statement from the Applicant's father dated April 19, 2021;
- email exchanges between the Applicant's father and Dr. J;
- a statement from the Applicant's father's girlfriend dated April 17, 2021;
- the Respondent's initial response and subsequent responses;
- the Applicant's patient file from the Clinic;
- the Applicant's patient files from other health professionals who treated her including Dr. A and Dr. N;
- x-rays from Universal Health & Rehabilitation, including a report from Dr. M dated October 3, 2020;
- additional information from the Respondent in response to Committee questions;
- a statement from another patient of the Clinic who witnessed the incident of June 5, 2020;
- a statement from the administrator of the Clinic dated March 16, 2021; and
- the Respondent's conduct history with the College.

60. At the Review and in her written submissions, the Applicant questioned the expertise of the Committee and submitted that a proper investigation would have asked an outside ABC source if there was such a thing as a wrong-way meningeal stretch and what the consequences could be to the patient. She stated that ABC meningeal stretches are not taught at any chiropractic college in North America. She submitted that the only investigation undertaken in this matter was conducted by herself and her father.

61. The Board notes that the *Code* provides the Committee with a wide discretion in conducting its investigation.
62. The Board finds that there is no basis on which to conclude that the Committee did not have the expertise to assess the complaint, or more specifically, the ABC technique. The Board is not persuaded that the Committee required additional expertise to understand the Applicant's concerns, consider the Respondent's response, and evaluate the patient records.
63. Prior to the Review, the Applicant provided to the Board additional links to online information regarding the ABC technique. The Board notes that the Applicant had initially sent information regarding this technique to the Committee. Considering the expertise of the Committee and its review of the Record in this matter, the Board is not persuaded that this additional information might have reasonably affected the Committee's decision.
64. In addition to the above, the Committee had the perspectives of both parties, a written statement from the Applicant's father and his girlfriend as well as other witnesses, online-available information submitted by the Applicant regarding the ABC technique, patient records from other health professionals who treated the Applicant, as well as the Respondent's conduct history with the College.
65. There is no indication of further information that might reasonably be expected to have affected the decision, should the Committee have acquired it.
66. Accordingly, the Board finds that the Committee's investigation was adequate.

### **Reasonableness of the Decision**

67. 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.

68. At the Review and in her written submissions to the Board, the Applicant reiterated her concerns. She specifically questioned the certification of the Respondent to perform the ABC technique and the Committee's expertise in determining whether the Respondent's treatment caused her permanent damage. The Applicant submitted that the Committee did not act in the public's best interest. She submitted that even if the information confirmed that the Respondent harmed her, the Committee chose to do nothing. She did not receive quality care from the Respondent; he left her damaged. The Applicant added that she was seeking help from the Committee and that its decision was unreasonable.
69. The Board acknowledges that the Applicant's recollection and perception of her visits with the Respondent differ from the Respondent's explanation provided in his responses.
70. The Board notes that the Committee reviewed and relied on the patient records obtained through the investigation process. Patient 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, patient records are a reliable source of information as to what occurred during patient encounters. The Board also notes that additional questions were posed to the Respondent by the Committee to obtain more information on the Respondent's knowledge of the ABC technique.

71. The Board further notes that the circumstances of this complaint required the Committee, which included three professional members, to rely on its chiropractic knowledge and expertise related to the expected standards of the profession in assessing the Respondent's conduct and actions. The Committee expressed its conclusion that:
- there was no information that the Respondent abused the Applicant psychologically or emotionally;
  - there was no information that the Respondent did not maintain the standards of the profession or caused harm to the Applicant; and
  - the Respondent's decision and actions regarding the termination of the physician-patient relationship were appropriate in the circumstances.
72. The Board has reviewed the information in the Record and finds that the Committee's decision regarding these aspects of the complaint is reasonable.
73. Regarding the concern surrounding the Respondent's record keeping, the Board observes that the Committee considered the Applicant's allegation that there were gaps in her patient records and specifically the Respondent's contemporaneous notes of April 9, 2020, where the Respondent failed to record the good results she experienced on her way home. The Committee decided to take no further action on this concern as it noted a reference to this information in the following visit with the Respondent on April 13, 2020.
74. The Board has reviewed the information in the Record and finds that the Committee's decision on this aspect of the complaint, is supported by the information in the Record and is reasonable.
75. In conclusion, the Board finds that the Committee's decision makes it clear that it considered the Applicant's concerns, addressed them, and provided coherent reasons for its conclusions. Having considered the information in the Record and the Committee's decision, the Board finds that 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 that its decision as a whole is transparent, intelligible and justified.

76. The Board therefore finds that the Committee's decision to take no further action is reasonable.

## VI. DECISION

77. Pursuant to section 35(1) of the *Code*, the Board confirms the Committee's decision to take no further action.

ISSUED January 30, 2023

*Trina Morissette*

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Trina Morissette

*Greg Kanargelidis*

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Greg Kanargelidis

*Yasmeen Siddiqui*

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Yasmeen Siddiqui

Cette décision est aussi disponible en français. Pour obtenir la version de la décision en français, veuillez contacter [hparb@ontario.ca](mailto:hparb@ontario.ca)

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**College of Chiropractors of Ontario  
Advertising Committee Report to Council  
February 24, 2023**

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**Members:** Dr. Jarrod Goldin, *Chair*  
Mr. Gagandeep Dhanda  
Dr. Angelo Santin  
Dr. Colleen Pattrick, *non-Council member*

**Staff Support:** Mr. Joel Friedman, *Deputy Registrar*

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**Committee Mandate**

- To review proposed advertisements by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising.

**Report**

The Advertising Committee has not met since the last meeting of Council.

The Committee continues to review proposed advertisements submitted by members for review, which include websites and electronic media.

*Generated Internally*

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**College of Chiropractors of Ontario  
Executive Committee Report to Council  
February 24, 2023**

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**Members:** Dr. Dennis Mizel, *Chair*  
Dr. Sarah Green, *Vice-Chair*  
Mr. Markus de Domenico, *Treasurer*  
Dr. Jarrod Goldin  
Ms Robyn Gravelle  
Dr. Paul Groulx  
Mr. Shawn Southern

**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 two occasions, namely January 23, 2023, and January 20, 2023. The confidential minutes for January 23, 2023 and January 20, 2023 (draft) are included in the Council information packages (the January 23, 2023 minutes are subject to approval at the next meeting, scheduled for March 23, 2023).

### **III Strategic Planning/Topic Specific Meetings (Item 4.1.30 and following, page 399 Main Agenda)**

- Ms Willson's term as a member of the Ministry's College Performance Measurement Framework (CPMF) Working Group has now concluded. Mr. Friedman continues to participate in the work of the Health Profession Regulators of Ontario (HPRO) CPMF Working Group at which colleges share their experiences and best practices, and strategies for filing their CPMF reports with the Ministry. Mr. Friedman is working with staff to prepare for the Committee's review CCO's CPMF Report which is due March 31, 2023. Every Committee, if it has not already done so, should review CCO's 2022 CPMF Report and action plan, along with the CCO 2022 Strategic Planning Sessions Report dated October 6, 2022 to ensure steps have been taken to achieve the identified objectives.
- The Ministry has a new version of the CPMF reporting tool which reflects areas of focus for the next reporting cycle including diversity, equity and inclusion and cyber security, both of which were topics considered at the September 2022 Strategic Planning/topic specific meetings.
- CCO's CPMF Report and Action Plan will also be reviewed at the next Strategic planning/topic specific meetings scheduled for September 2023 at the White Oaks. Please forward any suggested topics for these sessions to Ms Willson and I as the Committee develops a plan and agenda for the meetings and training sessions. To date suggestions have included an in depth review and consideration of effective council evaluation, as well as a consideration of ensuring a safe and healthy workplace for Council and staff. All suggestions should relate to CCO's public interest mandate, core responsibilities, and mission, vision and strategic objectives.



**IV Ministry of Health (Item 4.1.36 and following, page 511 Main Agenda)**

- Various news releases are included in the Council information package so we remain mindful of government's pressures, priorities, and action plans. For example, in a news release dated January 16, 2023, the Ontario government announced its strategies for reducing wait times for surgeries and procedures. In a news release dated February 2, 2023, government released a document and report entitled "*Your Health: A Plan for Connected and Convenient Care.*" There have been other announcements as well, relating to health practitioners in Canada being able to practise "as of right" in Ontario (i.e. without being immediately registered with a health regulatory college), as well as the need for the development of an emergency class of registration regulation, and these matters are included with the Registration Committee Report later in the Council agenda.

**V Elections (Item 4.1.44 and following, page 687 Main Agenda)**

- On January 26, 2023, CCO distributed the election documents, including the Notice of Election, Nomination Paper, Candidate Undertaking and Competencies for Council and Committee members. All candidates are required to attend an orientation session on February 21, 2023 to review the roles and responsibilities of CCO Council members, focusing on CCO's public interest mandate. An Election Review Committee will be reviewing campaign material and overseeing the elections in districts 5, 6 and 7. I am encouraged by the high level of interest in the CCO elections, and remain hopeful that the enhanced professional, respectful communications reflected in the most recent elections will continue. Ms Willson will provide a verbal report at the February 24, 2023 Council meeting.

**VI Consideration of Changes to Meeting Processes/Information Packages (Item 4.1.46 and following, page 720 Main Agenda)**

- The Committee is continuing to review meeting processes and information packages with the aim to enhance meeting effectiveness. Included in the Council information package are a draft Guideline for new Committee Chairs, as well as sample agendas from other regulators. Please forward any feedback about these documents to Ms Willson and I. We also plan to have a demonstration of different ways of distributing meeting packages at the upcoming Committee meeting. I continue to find it helpful to have Mr. MacKay help facilitate my chairing of Council and Committee meetings as it allows me to focus on my role as Chair while delegating other meeting tasks which are more clerical in nature.

**VII Other Chiropractic/Health Related Stakeholders (Item 4.1.50 and following, page 761 Main Agenda)**

- Information concerning CCO's involvement with other chiropractic/health related stakeholders is included in the Council information package primarily as FYI. Council members will note that:
  - Ms Willson and I attended the FCC meetings in Toronto on November 26, 2022 at which we reviewed the FCC 2022 – 2024 Strategic Plan;
  - We have had ongoing communications with the OCA relating to some of their recent initiatives, and ongoing work relating to advanced diagnostics for chiropractors. Under new business, there is information concerning animal chiropractic which will require a discussion by Council about CCO's role and mandate, and the advisability of participating in the current legislative review;
  - Mr. Friedman attended the CCEB AGM on November 24, 2022, and time permitting, will provide a verbal update on the CCEB initiatives, including their return to in person examinations;
  - The CCA leadership has reached out to Ms Willson and I to discuss various strategies to move forward collaboratively and in a manner consistent with our differing roles and mandates. A meeting is being scheduled in March 2023;

- CCO staff continue to participate in various HPRO working groups, including the CPMF working group;
- As a member of HPRO, CCO receives regular Legislative Updates outlining changes in legislative, prepared by Richard Steinecke and his colleagues. These updates are important to understanding the changes government has passed into law as part of their legislative agenda, and I encourage all Council members to review these updates.

### **VIII Conclusion**

Thank you to all Council members and staff for your ongoing support and commitment. I would be remiss if I did not extend a special thank you to those Council members whose terms are concluding, namely Drs. Green, Goldin and Goudreau. I trust and hope you have enjoyed your time at CCO, and I thank you for your contributions to both council and the various committees on which you have served. I look forward to working with you again in the future, at CCO or elsewhere!

To all Council members – thank you for contributing in a thoughtful, respectful way to many discussions over the past several months, some of which have been challenging, while maintaining focus on ensuring CCO’s decision making is always made through a public interest lens.

I would be pleased to answer any questions arising from my report.

Respectfully submitted by,

Dr. Dennis Mizel,  
President

**Ministry of Health**

Office of the Chief of Nursing  
and Professional Practice and  
Assistant Deputy Minister  
777 Bay Street, 19<sup>th</sup> Floor  
Toronto ON M7A 2J3

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, 19<sup>e</sup> étage  
Toronto ON M7A 2J3

Téléphone : 416 212-5494



**399**

**ITEM 4.1.30**

Jo-Ann Wilson

Registrar and General Counsel, College Of Chiropractors Of Ontario  
59 Hayden Street, Suite 800  
Toronto, Ontario, M4Y 0E7

January 11, 2023

Dear Jo-Ann,

I am writing to thank you for your contributions to the refinement of the College Performance Measurement Framework (CPMF). The significant amount of time and effort that you invested in this Working Group has been greatly appreciated.

The ministry is committed to building a connected and sustainable health care system centered around the needs of patients. Strengthening transparency and accountability of regulated health care professions plays a key role in maintaining trust between Ontario's regulated health Colleges (the "Colleges") and the public.

Your commitment has helped facilitate a unique collaboration between Ontario's health regulators, experts in performance measurement, and the ministry. I am pleased to learn that this year's Working Group has identified eight benchmarks that will provide the Colleges with additional information on the best practices of effective regulators.

I would be remiss not to also acknowledge your collective work in selecting the Commendable Practices that will be included in the 2021 Summary Report. The Summary Report will be beneficial to Colleges and the public, showing areas of strength in Ontario's health regulatory system as well as areas for improvement. As has been the case in previous years, the Summary Report will be posted on the ministry's website in the coming weeks.

I would like to recognize and thank you again for your input and support in refining the CPMF. The ministry looks forward to continuing to receive your valuable advice and feedback on this very important work.

Sincerely,

A handwritten signature in black ink, appearing to read "Karima Velji", written over a horizontal line.

Dr. Karima Velji

Chief of Nursing & Professional Practice; Assistant Deputy Minister

c: Allison Henry, Director, Health Workforce Regulatory Oversight Branch  
Jason Maurier, Manager, Regulatory Oversight and Performance Unit, Health Workforce  
Regulatory Oversight Branch



ITEM 4.1.31

400

**COLLEGE OF CHIROPRACTORS OF ONTARIO**

**MEMORANDUM**

**To:** Ms Jo-Ann Willson, Registrar and General Counsel

**From:** Mr. Joel Friedman, Deputy Registrar

**Date:** Approved by Council: June 22, 2022

**Re:** CCO's College Performance Measurement Framework  
(CPMF) Action Plan - 2022

The chart in this document summarizes the measures and required evidence from CCO's 2021 CPMF where CCO reported on partially fulfilling the listed measures. For each measure that was partially fulfilled, is summarized proposed objectives, relevant committees and target dates for addressing each measure, with a goal to having these areas identified as fulfilled for the 2022 CPMF Report.

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council</li> </ul> <p>b. The framework includes a third-party assessment of Council effectiveness at a minimum ever three years.</p> <p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> <li>i. the outcome of relevant evaluation(s);</li> <li>ii. the needs identified by Council and Committee members; and/or</li> <li>iii. evolving public expectations including risk management and Diversity, Equity and Inclusion</li> </ul>	<p>CCO is planning strategic planning/topic focus meetings for September 2022 on these topics.</p>	<p>Executive Committee/ Council</p>	<p>Fall 2022</p>	<ul style="list-style-type: none"> <li>• Training for Council members on assessing effectiveness during September 2022 Strategic Planning weekend</li> </ul>

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>The College has a Diversity, Equity and Inclusion (DEI) Plan</p>	<p>a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p> <p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p>	<p>CCO approved a DEI plan in April 2022 and will be working to implement the action items in this plan in the coming year.</p>	<p>All committees and Council</p>	<p>Fall 2022</p>	<ul style="list-style-type: none"> <li>• DEI plan approved by Council in April 2022</li> <li>• Committees have reviewed DEI plan with respect to review of standards, policies and guidelines</li> <li>• Approval of change to gender neutral pronouns for Registration policies</li> <li>• Approval of amendments asking for gender to Registration Forms</li> <li>• Staff training and lunch and learns</li> <li>• Land acknowledgement at beginning of Council meetings</li> <li>• Training for Council, committee members and staff during September 2022 Strategic Planning weekend</li> </ul>

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>The College demonstrates how it protects against and addresses unauthorized disclosure of information.</p>	<p>a. The College demonstrates how it:</p> <ul style="list-style-type: none"> <li>i. uses policies and processes to govern the disclosure of, and requests for information</li> <li>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and;</li> <li>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</li> </ul>	<p>In 2021, CCO prioritized identifying, assessing and managing risk associated with IT functions and cyber security, including requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements, obtaining additional cyber security insurance protection, and conducting an independent assessment on cyber security. CCO will continue with these reviews in 2022.</p>	<p>Executive Committee</p>	<p>Fall 2022</p>	<ul style="list-style-type: none"> <li>• CCO has implemented many of these security features (e.g., dual factor identification for login, independent cyber security assessment).</li> <li>• Cyber security training during September 2022 Strategic Planning weekend</li> </ul>



CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>CCO's DEI plan, approved in April 2022 includes the review of CCO by-laws, standards of practice, policies and guidelines to reflect DEI values.</p>	<p>All committee and Council</p>	<p>Fall 2022</p>	<ul style="list-style-type: none"> <li>• DEI plan approved by Council in April 2022.</li> <li>• Committees have reviewed DEI plan with respect to review of standards, policies and guidelines</li> <li>• Approval of change to gender neutral pronouns for Registration policies</li> <li>• Approval of amendments asking for gender to Registration Forms</li> <li>• Staff training and lunch and learns</li> <li>• Land acknowledgement at beginning of Council meetings</li> <li>• Training for Council, committee members and staff during September 2022 Strategic Planning weekend</li> </ul>

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</p>	<p>The College regularly reports to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> <li>i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);</li> <li>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</li> <li>iii. its risk management approach.</li> </ul>	<p>CCO is planning strategic planning/topic focus meetings for September 2022 on these topics.</p>	<p>Council</p>	<p>Fall 2022</p>	<ul style="list-style-type: none"> <li>• Educational sessions and training on Council effectiveness during September 2022 Strategic Planning weekend</li> </ul>

CCO's College Performance Measurement Framework (CPMF) Action Plan – 2022

Approved by Council: June 22, 2022

Version Date: October 11, 2022

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
Council directs action in response to College performance on its KPIs and risk reviews.	Council uses performance and risk review findings to identify where improvement activities are needed.	CCO is planning strategic planning/topic focus meetings for September 2022 on these topics.	Council	Fall 2022	<ul style="list-style-type: none"> <li>• Educational sessions and training on Council effectiveness during September 2022 Strategic Planning weekend</li> </ul>

**Key Performance Indicators**

Approved by Council: November 25, 2021

**Registration**

- Applications for registration that do not require a referral to the Registration Committee are processed within 10 business days of receipt of a completed application
- Applications for registration that require a referral to the Registration Committee are responded to within 60 days. Often, application to the Registration Committee will require review by the Committee and further requirements from the applicant

**Inquiries, Complaints and Reports**

- The Inquiries, Complaints and Reports (ICR) Committee's review of inquiries, complaints and reports meets or exceeds the timeline requirements of the *Regulated Health Professions Act, 1991*
- The majority of the ICR Committee decisions are upheld by the Health Professions Appeal and review Board (HPARB)

**Quality Assurance**

- 5 – 10% of members registered in the General class of registration undergo a peer and practice assessment every year
- Close to 100% of members registered in the General class of registration for the entire CE cycle complete the self assessment and continuing education requirements every two years

**Review of Standards of Practice, Policies and Guidelines**

- All CCO standards of practice, policies and guidelines are reviewed by their respective committee on an annual basis, or as required by emerging regulatory issues

## ITEM 4.1.33

**College of Chiropractors of Ontario's DEI Audit and Recommendations  
APPROVED BY COUNCIL – APRIL 20, 2022**

The College Performance Measurement Framework (CPMF) has included areas of reporting that reference Diversity, Equity and Inclusion (DEI). As a result, CCO has undertaken an audit of current DEI practices to identify gaps and make recommendations for short- and long-term goals for DEI.

### BACKGROUND

There are three areas of CPMF reporting that relate to DEI:

1. Ongoing training provided to Council and committee members informed by evolving public expectations including Diversity, Equity and Inclusion.
2. Council code of conduct and conflict of interest policies that reflects emerging initiatives (e.g. Diversity, Equity and Inclusion).
3. The College has a Diversity, Equity and Inclusion Plan (DEI) plan. The DEI plan is reflected in Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff). The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.

As a result of the new reporting requirements, CCO is in the process of developing a DEI plan. To do that, we have examined the policies, procedures, and practices of CCO currently, to determine where we have strengths, where we have weaknesses and areas that are on the right track yet require further development.

In the section below, we have identified some ways in which DEI has been incorporated. We believe it is important to highlight some of the initiatives and efforts that CCO has already undertaken, and which reflect the commitment of CCO towards diversity, equity and inclusion.

### IMPLEMENTATION OF DEI TO DATE

**Guideline G-001: Communication with Patients (February 6, 2018)**

- Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary
- Members are to talk directly to a patient when working with an interpreter or any support staff

**Guideline G-009: Code of Ethics (February 26, 2020 - came into effect April 15, 2020)**

- Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability

**Guideline G-011: Accommodation of Human Rights and Disabilities (September 15, 2016)**

- To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected;
- To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to:
  - provide health care services without discrimination; and
  - accommodate patients who may face barriers to accessing care

**Policy P-057: Accessibility Policy (November 30, 2017)**

- The College of Chiropractors of Ontario (CCO) is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services.

**Competencies for Council and Committee Members (November 25, 2021)**

- The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.
- Council and committee members should demonstrate a commitment to diversity and inclusion.

**Committee Specific DEI Efforts**

- The newly developed Risk Assessment Framework for the ICRC is based on the principle of transparency, fairness, accountability.
- As part of the Return to Practice, following a discipline suspension, members can select a mentor of their choosing.

**Partnership of Care - Patient's Charter of Rights and Responsibilities (April 26, 2017)**

- Available in nine (9) languages.

**Peer Assessor Workshop, 2022**

- Each year, CCO hosts a Peer Assessor Workshop whereby assessors are briefed on new and/or updated standards, policies, and guidelines, as well as learn about current CCO initiatives.
- During the last workshop, which was held on January 29, 2022, assessors were briefly introduced to DEI in relation to white privilege and race. Also, assessors were notified of the requirements made during a recent discipline hearing. As soon as the member is to return to practice, they are to enter a mentoring program approved of by the Registrar with a CCO member in good standing who has been approved of in advance by the Registrar. The mentor will review and evaluate the member's practice and billings and provide written reports to the Registrar at a frequency determined by the Registrar.

**Self-Assessment 2.0**

- The Quality Assurance Committee is currently working on a new self-assessment tool for its professional members, set to be launched at the beginning of the next CE cycle. With this tool, members will be asked to reflect on what steps they have taken and plan to take to incorporate DEI training as part of their continued education.

**Training/Consultations**

- CCO's staff have attended DEI workshops hosted by CNAR, HPRO and CCA.

- Staff also attended in-house fire training to ensure that in the event of a fire, staff understood their fire plan obligations to those with various accessibility/mobility issues.

**Office Design**


- CCO consulted with a third-party to ensure its current premises is physically accessible to those requiring barrier free environments.

**RECOMMENDATIONS FOR FUTURE DEVELOPMENT**

After completing an audit of CCO’s current DEI efforts, and conducted interviews, we have created a plan inclusive of Short-term and Longer-term recommendations.

**Short-term (0-6 months)**

STANDARDS, POLICIES, AND GUIDELINES	Language	<ul style="list-style-type: none"> <li>• Use language that is “people first” (e.g. instead of using the term “an autistic person”, use the term “person with autism”)</li> <li>• Use language that is strengths-based and focuses on one’s ability rather than their disability</li> <li>• Remove cisgender pronouns (e.g. “he/she”) and replace with nonbinary pronouns (e.g. “they/them”)</li> </ul>
	Handouts/printouts	<p>Those with low vision:</p> <ul style="list-style-type: none"> <li>• Option for larger font documents</li> <li>• Option to have documents available in formats that are conducive to audio conversion</li> <li>• Option for high contrast slides for committee meeting packages</li> </ul>
	Committees	<ul style="list-style-type: none"> <li>• Conduct a yearly review of standards, policies, and guidelines and ensure they are adhering to aspects pertaining to DEI</li> </ul>
TRAINING		<ul style="list-style-type: none"> <li>• Ask Council, Committee Members, and staff what they would like to receive with respect to DEI training.</li> <li>• Provide ongoing training for Council, Committee Members, and staff on various topics related to DEI.</li> </ul>
DEI COMMITTEE		<ul style="list-style-type: none"> <li>• Establish a committee of well-informed individuals to guide Council and members regarding issues related to DEI.</li> <li>• Include on this committee, external parties with lived experience, specifically an Indigenous consultant.</li> </ul>
AWARENESS		<ul style="list-style-type: none"> <li>• Start all council meetings with a land acknowledgement.</li> <li>• Post a land acknowledgement on the CCO website.</li> <li>• Post an annual DEI Calendar in the CCO Offices.</li> <li>• Acknowledge diversity in our workplace by celebrating international days of recognition during staff meetings.</li> </ul>

		<ul style="list-style-type: none"> <li>• Include the Canadian Native Flag and LGBTQ+ Flag alongside the Canadian or Ontario Flag, if/when they are used.</li> </ul> 
WRITTEN COMMUNICATION		<ul style="list-style-type: none"> <li>• Review the Conflict of Interest and Code of Conduct with a DEI lens.</li> <li>• Remove cisgender pronouns (e.g. “he/she”) and replace with nonbinary pronouns (e.g. “they/them”)</li> <li>• Remove traditional marriage titles (Ms./ Mr./ Miss) when referring to Public Council Member.</li> <li>• Expand Partnership of Care document to reference expectation of DEI.</li> </ul>
COUNCIL and COMMITTEE MEMBER		<ul style="list-style-type: none"> <li>• Provide a recommendation to the public appointments office to consider appointing a French speaking public member to Council.</li> <li>• Include the following general direction to the Discipline Committee Chair:             <ul style="list-style-type: none"> <li>• When selecting panels for discipline hearings, the Discipline Committee Chair is encouraged to consider the skills and abilities of all potential panel members and to reflect CCO’s commitment to Diversity, Equity and Inclusion wherever practicable. All adjudicators must continue to meet the core requirements of impartiality, independence and integrity.</li> </ul> </li> <li>• Include an optional, open ended question on applications, for non-council committee members to answer:             <ul style="list-style-type: none"> <li>• “CCO is committed to Diversity, Equity and Inclusion – please include any information you feel comfortable disclosing that would be relevant to CCO’s consideration of your application”.</li> </ul> </li> <li>• Include a mandatory question on applications for non-council committee members to answer:             <ul style="list-style-type: none"> <li>• “Are you bilingual in both of Canada’s Official Languages (English and French)?”</li> </ul> </li> </ul>



**Long-term (6-12 months)**

MEETINGS/ HEARINGS	Those with low hearing: <ul style="list-style-type: none"> <li>• Provide closed captioning during meetings</li> <li>• Option for hearings to be held in French</li> <li>• Option for interpretation (e.g. another language, ASL)</li> </ul>
WEBSITE	Those with low vision: <ul style="list-style-type: none"> <li>• Option to view the website in high contrast</li> <li>• Option to convert text into audio</li> </ul> Those with cognitive disabilities: <ul style="list-style-type: none"> <li>• Use language that can be understood by all members of the public</li> </ul>
AWARENESS	<ul style="list-style-type: none"> <li>• Create a reporting mechanism so CCO is aware of DEI initiatives undertaken by Members within their community.</li> </ul>

## Other DEI suggestions to consider:

- Provide one paid working day per year for each staff member to spend volunteering at a charity of their choice.
- Organize a staff outing to prepare and serve a meal at Covenant House, sort food at Daily Bread Food Bank, etc.<sup>1</sup>

**INTERVIEWS****Anuli Ausbeth-Ajagu, CCO Public Council Member, Chair of Patient Relations, and Member of the ICRC**

Anuli Ausbeth-Ajagu has a varied and fascinating career – she is a certified Human Resource Leader, Professor and Author, an Ordained Minister, among many other things. She founded the organization, Youth and Gender Network (YGN), that serves as a platform for empowerment, inspiration, advocacy and development of womenfolk and youths in Nigeria. YGN has organized several national youth summits as part of its effort to developing the capacity of the future leaders and promoting peaceful coexistence and nation building. YGN has consistently made remarkable changes in the Nigerian nation as bridge builders, positive change agents, and development advocates. As an author, Anuli promotes the rights of African woman, and highlights the oppression and discrimination that exists in Nigeria. Since its publication, Anuli’s book continues to be a resource in numerous schools. Anuli is starting her Doctorate of Business Administration at Royal Roads University, where she hopes to research black-owned business to determine whether there are systemic challenges for racial minorities to own a successful business in Canada. The focus of her doctorate is on the gaps to success and the cause of those gaps and her goal is to create qualitative Canadian research that can be leveraged in the future by a variety of users.

**Markus de Domenico - CCO Public Council Member and Member of the Discipline Committee**

Markus de Domenico has been a Trustee with the Toronto Catholic District School Board (TCDSB) since 2018. During his time as Trustee, the Board implemented the raising of the Pride flag and Pride Month, for the first time in June 2021. As one of the largest publicly funded Catholic school boards, TCDSB asked themselves, “What is in the best interest of the students?” when it comes to LGBTQ2S+ issues.

<sup>1</sup> In some instances, there is an associated cost to an event like this.

Their answer was to be welcoming and accepting of *all* its members, as well as providing education about the LGBTQ2S+ community. For this reason, the Board of Trustees agreed that it was ethically and morally necessary for the Board to accept the human rights of all people, while still acknowledging everyone's personal experience with God.

**Jarrold Goldin - CCO Council Member and Chair of the Advertising Committee**

Dr. Jarrod Goldin spearheaded CMCC's satellite clinic at Anishnawbe Health Toronto (AHT). Although chiropractic services are no longer available at AHT, the teachings and practices experienced by Dr. Goldin are still of great meaning to him today. He has developed an appreciation for different kinds of medicine and embraces the integration of one's cultural needs with respect to chiropractic care. Through AHT and his personal experiences as a South African of Jewish descent, Dr. Goldin believes that cultural awareness is important for any member of the profession. He urges each member to be aware that one's history may have played a role in their current circumstance. He also asks members to consider familiarizing themselves with marginalized groups within their community and look for ways to serve them better. One of his key messages to members is for them to go out into the community and SERVE – to hold outreaches, consider their fee structure for those who would otherwise not be able to afford chiropractic care, etc.

**Robyn Gravelle – CCO Council Treasurer, and Chair of both the Fitness to Practise Committee and the Quality Assurance Committee.**

Robyn Gravelle's background academically is in Health Policy where she studied social determinants of health, and healthcare inequality and inequities related to access to perinatal care for refugee women. A large part of her career has been in social services (public housing specifically) where she has worked with a diverse group of individuals from visible minority communities. Additionally, she has been involved in employer-led initiatives for women in leadership programs, Indigenous engagement strategies and inclusive spaces through a DEI employer group. Robyn believes that there must be meaningful engagement in order to develop a successful DEI program and she feels that involving individuals with lived experience is one of the ways to do that.

**Zoe Kariunas - CCO Public Council Member and Member of the Quality Assurance Committee**

As a professional in developmental services currently with Developmental Services Ontario Toronto Region as a Housing Navigator supporting individuals and families to access services and resources, Zoe Kariunas shared with us insights regarding diversity, equity and inclusion for people with varying abilities. She brought to light the intersectionality of socioeconomic, race, and gender identity of people with invisible disabilities which often results in marginalization. When discussing accessibility, Zoe Kariunas highlighted that many people are able to create accommodations for those with visible disabilities, yet accommodations those with invisible disabilities are often missed. She encourages one to embrace all levels of ability and think to oneself how all people can be accommodated in order to meaningfully contribute from lived experiences.

**Robert MacKay - Former CCO Council President and Current Member of the Discipline Committee**

Robert MacKay spent years advocating for people living with HIV during his time with HIV & AIDS Legal Clinic Ontario (HALCO), a charitable non-profit community-based legal clinic that provides free legal assistance to people living with HIV/AIDS. Here, he provided support to numerous people who found themselves in discriminatory situations because of their medical diagnosis. As a guest lecturer with HALCO, Robert's role was to provide information sessions to various groups where he was able to educate people on what he has coined, the Trilogy of Long-Term Survival with HIV. His lectures were so well received that he was invited to be a guest lecturer for most of Ontario AIDS Network's (OAN) 30+ member agencies, and for CATIE, a national health information organization.

**Dennis Mizel – CCO Council President and Member of the Discipline and Fitness to Practise Committees.**

Quest Community Health Centre's Volunteer Chiropractic Program was developed in 2013, which was when Dr. Mizel began volunteering for this initiative. The program provides access to a range of health care providers which patients could otherwise not afford while waiting for access to OHIP coverage. This program has proven especially helpful for people with active pain, who have experienced trauma or addiction, and/or who have specialized mental health needs. Through this service, the volunteer chiropractic team members complete an assessment and develop individualized care plans. Quest CHC normalizes free services for clients. Dr. Mizel believes that his time working with Quest CHC's clients has taught him the importance of communication and trust, and compassion, empathy and understanding, between a patient and a practitioner.

**Kelly Malcolm – Staff Member and Investigator**

In the fall of 2021, Kelly Malcolm launched the Toronto Chapter of The Fresh Start Project (TFSP). TFSP partners with local shelters to identify families that need support and works mostly with single women and their children. The purpose of TFSP is to help families make an easier transition from a shelter to their own apartment, feeling supported by their community, by providing basic household and personal items, to create a place that feels like home. Each client requests items that would help give them the foundation to make their day-to-day living (and the first couple months in their new home) easier, helping ease the financial burden and stress levels. This is only possible with a large team of volunteers who donate items and/or their time each month. Kelly feels this work enables the team to appreciate the strength, determination, and persistence of these women who, despite adversity and barriers, work to make a better life for themselves and their children.

### ADDITIONAL INFORMATION

Below is a list of potential organizations that may provide training to Council, committee members and Staff to further their knowledge of specific DEI issues.

<b>Indigenous awareness and cultural sensitivity</b>	<p><b>Bear Standing Tall and Association</b>  <a href="https://www.bearstandingtall.com/">https://www.bearstandingtall.com/</a></p> <ul style="list-style-type: none"> <li>• Toronto-based company dedicated to “creating bridge between Indigenous and Non-Indigenous nations”</li> </ul>
	<p><b>Native Canadian Centre of Toronto</b>  <a href="https://ncct.on.ca/">https://ncct.on.ca/</a></p> <ul style="list-style-type: none"> <li>• Toronto-based organization that hosts a variety of workshops and activities based on Indigenous teachings and traditions</li> </ul>
<b>LGBTQ2S+ awareness and educational</b>	<p><b>Sherbourne Health</b>  <a href="https://sherbourne.on.ca/">https://sherbourne.on.ca/</a></p> <ul style="list-style-type: none"> <li>• Toronto-based health care clinic that serves many groups, including LGBTQ2S+ community</li> </ul>
	<p><b>Mr. Robert MacKay</b></p> <ul style="list-style-type: none"> <li>• With further guidance from CCO regarding its needs, Mr. MacKay has offered to provide CCO with contacts of those may be able to conduct seminars based on LGBTQ2S+ issues, as well as other topics surrounding DEI</li> </ul>
<b>Abilities Awareness</b>	<p><b>Abilities Centre</b>  <a href="#">LEAD Canada™   Abilities Centre Whitby</a></p> <ul style="list-style-type: none"> <li>• An internationally renowned, innovative community hub that offers a program, LEAD (Leading Equitable and Accessible Delivery) to help organizations understand and embrace inclusion and accessibility into strategic planning, daily operations, programming, and organizational culture</li> </ul>

It might also be worth reaching out to other Colleges who are further along in their DEI journey (i.e. College of Nurses of Ontario) and who may be able to provide recommendations for DEI Consultants who are familiar with the world of Health Regulators.



# Our Equality, Diversity and Inclusion (EDI) Plan

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The Nursing and Midwifery Council  
EDI objectives, priorities and actions  
2022–2025

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# Contents

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<u>Foreword</u>	3
<u>Introduction</u>	4
<u>Our strategic landscape</u>	6
<u>How we developed these actions</u>	8
<u>Our EDI objectives, priorities and actions</u>	15
<u>The impact we hope this work will have</u>	20
<u>How we'll monitor and report progress</u>	22
<u>Conclusion</u>	25

# A foreword from our Chief Executive



**Everyone deserves safe, effective, and kind nursing and midwifery care, and every professional on our register, and colleague working with us, should be able to do their important work free from bias and discrimination.**

To make this vision a reality we will need to be open about the devastating impact of discrimination, and how its presence in structures and individual actions across the health and social care sector and beyond inhibits professionals from providing the kind of effective, person-centred care that everyone has a right to expect and receive.

Unpicking the issues which have led to systemic inequalities requires focus, commitment and a sustained approach, which is why we have developed a three year plan driven by our data and evidence from those we regulate, employ and support. We will continue to listen to our professionals, colleagues, customers and partners and use our position to advocate for equality and inclusion for all groups.

We rightly set high standards for the professionals we regulate, and we're

clear that to remain on our register they must practise in a way which is person-centred, respectful, recognises diversity and upholds human rights. Our **Code** sets out our expectations that professionals should act as advocates, challenge discriminatory attitudes and behaviours, consider cultural sensitivities and treat people fairly. Our EDI plan sets out the ways we are holding ourselves accountable for achieving the same aspirations.

Regulation without a robust approach to upholding equality and tackling discrimination can never be truly effective for everyone, which is why you have our commitment that this is an utmost priority for me and everyone at the NMC.

We've made progress on our EDI work, but we still have a long way to go until it's embedded within the NMC. We're clear about our responsibility to promote equality, diversity and inclusion in everything we do as a regulator and as an employer. We're ambitious about what we can achieve to promote best practice in equality, working with our partners and the wider sector.

**Andrea Sutcliffe**  
Chief Executive and Registrar

# Introduction

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**Tackling discrimination and inequality, celebrating diversity and promoting inclusion, including making sure that our processes are fair for our registered professionals and colleagues, is a priority in our 2022–2025 corporate plan.**

The EDI plan includes actions aimed at better meeting the needs of nursing and midwifery professionals and students through our regulatory processes, and specific actions on improvements to our internal processes for our colleagues. The plan mostly keeps these actions separate, but it also contains joint actions to reflect that progress in one area can't be achieved without the other.

Our plan sets out how we'll scrutinise our processes and decision-making for both nursing and midwifery professionals and those we employ, as well as the work we'll do with partners, especially where our position as the sole regulator of the UK's nursing and midwifery professionals provides us with unique insight into issues which need to be tackled together.

It will put us in a much stronger position to attract, retain and develop a diverse workforce while also supporting our professions and the public. We'll also be better placed to respond to external challenges, such as the impact of the Covid-19 pandemic, and sector developments, including the recent inquiries on the poorer experiences of women and people from ethnic minority backgrounds using maternity services.

This document explores how we'll approach this work, how we'll measure our impact, and when people can expect to hear about our progress.

The work we're planning to do over the next three years will enable us to explore the different ways discrimination manifests. We'll support our people to consider how issues can occur on an interpersonal level. We'll analyse the impact of our organisational policies and processes — acting on evidence that there are unjustifiable disparities. And, we'll work with partners where we can make inroads together on dismantling structural barriers and systemic inequalities.





To make this a reality we'll take a phased, planned approach to the improvements we want to make. We'll need to start with implementing a more sophisticated approach to the way we collect and use our diversity data, building a solid foundation of evidence from which we can clearly identify equality issues and work with partners to design effective solutions.

To implement our evidence-led EDI interventions, we'll need colleagues at all levels of the NMC who are confident and competent on EDI issues. Colleagues will see this work as an enabler for all our strategic and corporate priorities, and our leaders will play a significant role in ensuring we hold ourselves and others accountable for our progress. We want to harness people's enthusiasm for making a difference and ensure this translates into tangible action.

We'll need everyone to contribute to a culture where we learn from mistakes without being defensive, consistently scrutinise decisions for evidence of unfairness, and take active steps to address disparities in outcomes where there is evidence certain groups face disadvantages. We'll need to be clear about the barriers facing professionals, our colleagues and people accessing health and care services, and work with partners across the sector to tackle these issues together.

This work will require cultural change and dedication, but it will also need clear structures in place to embed these new ways of working. To help achieve this, we'll strengthen our approach to the governance of our EDI work, and we'll review the policies, processes and rules which guide the way we operate, in particular through our regulatory reform programme. This will ensure equality is embedded into the fabric of the organisation as we explore how we can be the best regulator for our current and our future registered nursing and midwifery professionals.

# Our strategic landscape

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**We believe in being person-centred - it's the way we expect our professionals to deliver care, and how we want to act as a regulator and employer.**

Our EDI plan will ensure we are closer to achieving this consistently by being better able to understand and meet people's needs. This work underpins all our activity within the three core pillars of our strategy: regulate, support and influence. It enables us to champion our values by being fair, kind, collaborative and ambitious.



## Equality is the thread running through all six of our strategic themes:



### Improvement and innovation

We will need to stay open-minded and consider new ways of working if we want to break cycles of inequality and see different outcomes and experiences for people. We'll measure the impact of any changes we make to ensure everyone benefits.



### Proactive support for our professions

We will need to be adaptable in responding to the needs of the professionals on the register and those they care for, and be ready to remove unnecessary barriers in our processes - especially in light of global events which may deepen existing inequalities.



### Visible and better informed

We will ensure we're evidence led, using internal and external EDI insight so that we are in a strong position to make effective decisions, improve our own processes and advocate for people experiencing disparities when we work with partners.



### Engaging and empowering

We will monitor and increase the diversity of the people we engage with who help shape our regulatory work, and we will strengthen people's understanding of our role as a regulator, as well as how equality underpins the care they can expect to receive via our Code and professional Standards.



### Insight and influence

We will improve our approach to collecting, analysing and reporting on our diversity data for professionals and colleagues, and we will work with partners to influence fairer and more inclusive ways of working collaboratively across the health and care sector.



### Fit for the future workplace

We will improve our recruitment and people management processes so that everyone we employ can thrive without barriers.

# How we developed these actions

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## The priorities and actions set out in this plan have been shaped by:

- our legal responsibilities
- our data and evidence
- information from our professionals, partners and NMC colleagues
- wider issues across the health and care sector.

## Our legal responsibilities

The Equality Act 2010, including the Public Sector Equality Duty, contains measures which have a direct impact on our functions. Our approach to EDI is underpinned by these legal duties in all our work as a regulator and employer. This includes thoroughly considering how best we can eliminate discrimination, advance equality of opportunity and foster good relations between different groups in everything that we do.

In order to give proper consideration to our Public Sector Equality Duty we take steps to understand the potential and actual impact our policies and practices are having on people from the groups protected by the Equality Act 2010. We continuously collect and analyse evidence from a range of sources to make sure we have adequate and accurate information to shape our actions.



Our plan is intersectional, which means that we have considered people's experiences of overlapping and interconnected inequalities and discrimination and how these interact to shape people's lived experience, rather than only looking at each of the protected characteristics separately. This helps us better identify, understand and address the inequalities experienced by our colleagues, our professionals and the public.

Where we have identified a specific issue experienced by a particular protected group, we have committed to activities to address it, for example, where we see particular career progression issues being experienced by colleagues who are Black, Asian or from another ethnic minority background. However, the majority of our actions have been designed to facilitate wider change for a range of groups within the work that we do and the ways that we operate.

As a four country regulator, we are also mindful of the need to be compliant with the relevant equalities legislation in Northern Ireland where this applies to us. We actively consider our Northern Irish equality duties alongside our Public Sector Equality Duty.

Our EDI plan also helps us to consider how we meet our responsibilities under the Human Rights Act 1998, which protects people's human rights and enshrines the articles of the European Convention on Human Rights in UK law. It's particularly important that as a public body we regulate in a way which is compatible with people's fundamental rights — examples of relevant articles the Plan is designed to uphold include:

- Article 6 – the right to a fair trial in how we run our fitness to practise processes
- Article 8 – the right to respect for private and family life
- Article 14 – freedom from discrimination in how people observe these rights.

## Our data and evidence

### Our regulatory data

We publish **EDI data tables** annually, in order to keep the public and our stakeholders informed about the diversity of the professionals on our register, and of our Council and our fitness to practise committees.

### The information about professionals on our register from our EDI data tables for 2021–2022 includes:

Of those professionals on our register

 **89.1%** are **women**  
- similar to previous years

 **10%** are **Black**  
- compared to 9% last year

 **12.5%** are **Asian**  
- compared to 10.3% last year

 **3.2%** told us they **have a disability** - compared to 3.6% last year

 **0.8%** told us their **gender doesn't match** their sex at birth - compared to 0.7% last year

 **57.7%** told us they're **Christian** - similar to previous years

 **30.3%** told us they **have no religion** - compared to 28.9% last year

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We know that some professionals on our register receive different outcomes from our processes based on who they are. We have undertaken a long-term, two part research programme, Ambitious for Change, to help us to understand this better.

Our **phase one** research, published in 2020, examined the impact of our regulatory processes on professionals with different diversity characteristics. It found that sometimes people receive different outcomes from our education, overseas registration, revalidation and fitness to practise processes based on who they are.

We found that male or disabled professionals were more likely to receive disproportionate outcomes from all of the processes we looked at. Other groups, such as Black, older and bisexual professionals were found to have worse outcomes in some but not all of our processes. For example, people in these groups were less likely to register successfully through our overseas registration process but while older groups were also less likely to revalidate successfully, Black or bisexual professionals were more likely to be referred to us and progress through the stages of our fitness to practise process.

In our **phase two** research — published in 2022 — when we compared our fitness to practise referral rates with workforce diversity data, we found concerning results. For example, some employers refer more men and Black professionals to fitness to practise compared to the make-up of our register and their own workforce.

Most of the professionals we spoke to told us that they felt one or more of their diversity characteristics played a part in their referral from their employer and said an ‘insider/outsider’ culture left them feeling unsupported.

We also found that the work setting and the type of work someone does can influence a person’s experience of revalidation or fitness to practise. Those working in care homes, GP practices or providers which employ a lot of bank and agency staff are particularly affected. We know that certain groups, such as Black professionals, are over-represented in these settings. This indicates longstanding, systemic inequalities across health and social care that perpetuate the disparities we’re seeing.

### Our workforce data

We have more than 1,200 colleagues who work in a wide range of roles across the NMC. We collect diversity data to understand the demographic makeup of our workforce and to ensure we identify any trends or barriers that may be faced by different groups of employees. This helps us to create targeted interventions that will have the biggest impact.

### In 2022, our workforce data showed that:

Of our colleagues



**68%**  
are **women**



**5.5%**  
are **lesbian, gay or bi**



**37%**  
have a **Black or ethnic minority** ethnicity



**49.2%**  
**have a religion,**  
with the majority of those identifying as Christian



**8%**  
told us they **have a disability**



**53.2%**  
are **aged under 39**



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We know we have gaps in our data. For example we don't know the ethnicity of 19 percent of our workforce, and 20 percent of colleagues have not told us whether they have a disability or not. We know we have work to do to improve people's trust and confidence to share their diversity data with us, so that we can fully meet their needs and understand any barriers they may face.

In 2022 we **reported our pay gaps**, across ethnicity, disability and gender. We have a mean ethnicity pay gap of 27.1 percent, a mean gender pay gap of 6.7 percent and an inverse disability pay gap of -4 percent. We know that we have an underrepresentation of Black and ethnic minority colleagues in our senior leadership roles and that women and Black colleagues are overrepresented in our junior roles which is driving our pay gaps.

Our EDI plan aims to tackle the causes of our pay gaps and increase the representation of women and Black and ethnic minority colleagues across all grades in the organisation.

We collect regular feedback from our colleagues, through our internal 'Your Voice' survey and participation in external benchmarking surveys such as the NHS Workforce Race Equality Standard. We disaggregate this by diversity data to help us understand how to target our EDI initiatives to have the most impact.



### **Information from our professionals, partners and NMC colleagues**

Our work with stakeholders has informed and helped shape our plan. This includes engagement with other regulators, data sharing with partners and work with employers carried out by our Employer Link Service.

We have also engaged with colleagues across the NMC around the direction and future delivery of our EDI plan. Our Executive Board endorsed our plan in April 2022 and our Council formally approved the plan in May 2022.

### **Wider issues across the health and care sector**

We know that we can't carry out our actions in isolation and expect to see widescale change without reflecting and responding to developments, challenges and inequalities which exist across the health and social care sector.

Recent reports have shone a light on the disparities facing people using care, as well as those providing it, and we are still learning about the ongoing and long-term public health issues from the Covid-19 pandemic and the climate crisis.

In order to be an effective and proactive regulator and employer our EDI plan includes commitments to support us in monitoring and contributing to these existing and emerging issues, adapting our work to ensure avoidable inequalities can be minimised.

# Our EDI objectives, priorities and actions

---

## Overarching objectives

In September 2021 our Council agreed four overarching EDI objectives. These are:

- A** Reflect our values as a regulator that prioritises the needs and wellbeing of the nursing and midwifery professions and the public.
- B** Make sure we show good equality practice as an employer.
- C** Use EDI data in a strategic and coordinated way, both internally and with partners across the health and care sector.
- D** Tackle health inequalities by using our platform to advocate for better care for everyone accessing services.



## Our 10 priority EDI themes for 2022–2025

In order to deliver the aims set out in our strategy, corporate plan and our overarching EDI objectives, we have developed clear plans which we and our stakeholders can follow and track our progress against.

Our Executive team and Council have now agreed the steps we need to take to make sustainable progress over the next three years. Below we have set out ten priority themes for our EDI work, and shared examples of what this will look like in practice.

### Over the next three years we will:

1

#### Take a more sophisticated approach to collecting and using EDI data

- Address diversity data gaps for employees.
- Review all categories in our diversity data monitoring guidance, and undertake work to consider the inclusion of socioeconomic status data monitoring.
- Collect and report on our insight into EDI issues across all four UK countries.
- Make our evidence and data more accessible.

2

#### Learn from EDI evidence to create targeted interventions

- Develop actions to monitor and address evidence of different regulatory outcomes from our EDI research, data and intelligence.
- Learn from our in-house research and external research and evidence.
- Learn from external feedback on our processes (i.e. benchmarks and complaints) by implementing recommendations and continuing to submit to external benchmarks.
- Learn from activity such as exit interviews and implement actions to improve colleagues' experiences.



## 3

### Co-produce EDI solutions through collaboration with informed, diverse external partners

- Identify and address gaps in our external stakeholder relationships with those representing EDI issues in order to ensure diverse, informed engagement on our work.
- Collaborate with partners on race and progression issues for colleagues.
- Collaborate with employers and other partners on shared challenges around differential regulatory outcomes for professionals.
- Work with suppliers on their EDI responsibilities.
- Identify and take up opportunities for joint work on tackling health inequalities.

## 4

### Enhance the EDI competency and accountability of our leaders

- Review the purpose and structure of our internal EDI Leadership Group.
- Create targeted EDI initiatives and development opportunities for senior leaders.
- Build and support a pipeline of diverse, talented colleagues.
- Build EDI into the introduction of the new Unitary Board.
- Set leadership EDI objectives for senior leaders.

## 5

### Enhance the EDI capability of all colleagues

- Carry out an EDI learning and development gap analysis across the organisation and fill learning gaps.
- Deliver targeted training and capability-building where there are areas of concern such as learning from cases involving discrimination.
- Produce tools and guidance to support colleagues to feel confident to tackle key equality issues.

## 6

### Map and improve EDI-informed decision-making

- Map regulatory decision-making points to assess whether appropriate mitigations against risk of bias are in place.
- Upskill colleagues to apply context and scrutinise evidence effectively.
- Improve diversity of decision makers including at Council, Executive Board and panels.

## 7

### Address evidence of discrimination or barriers in our processes

- Improve our approach to recruiting, promoting and supporting colleagues' career progression.
- Tighten mechanisms around internal discrimination, bullying and harassment.
- Create a disability working group to act on the Business Disability Forum's feedback.
- Improve accessibility in our communications.
- Evaluate new guidance and training following review of handling discrimination cases.
- Influence and reduce disproportionate fitness to practise referrals.
- Keep the impact of Covid-19 changes under review.
- Review and strengthen organisational competence on minimising the negative impact of our actions on the mental health of colleagues, professionals and customers.
- Review our English Language requirements.
- Support internal employee networks and forums to identify and raise EDI concerns.



8

### Use our influence to support the prevention and reduction of health inequalities

- Respond to consultations and develop guidance on our regulatory role where relevant such as our policy on conversion therapy.
- Sponsor and support external programmes and research which address health inequalities.
- Map the evidence on health inequalities we come into contact with through our regulatory processes with partners.
- Continue our commitment to embed EDI within our standards, quality assurance and revalidation.
- Strengthen our support to Approved Education Institutions (AEIs) to embed EDI within their curriculum and practices.
- Carry out preparatory work to ensure EDI considerations are a core part of the 2025–2026 Code review.

9

### Strengthen our EDI governance

- Implement a refreshed approach to our equality impact assessments.
- Embed EDI into business planning, corporate performance reporting and how we understand and report corporate risk.
- Support the new Change and Continuous Improvement function to embed EDI.
- Review and strengthen internal and external EDI policies.
- Establish clear governance processes for monitoring issues across all four UK countries.

10

### Use regulatory reform as a vehicle to embed EDI in our structures and ways of working

- Develop and publish thorough, informed equality impact assessments on the different elements of the regulatory reform programme.
- Work with partners, stakeholders and the public to understand the potential EDI implications and opportunities of proposed changes under regulatory reform.
- Identify opportunities to better embed EDI in our regulatory functions as part of regulatory reform.

# The impact we hope this work will have

---

## **We have a three year EDI plan. By the end of year one we will have:**

- shared our learning on the impact of Covid-19 on different equality groups and how we can monitor the long-term implications of the pandemic
- reviewed and updated the mechanisms currently in place for colleagues to report bullying, harassment and discrimination and to support people
- follow the publication of the second stage of our Ambitious for Change research by implementing a targeted action plan to improve our processes
- reviewed our recruitment processes and implemented inclusive new ways of attracting, recruiting and promoting diverse groups.
- completed a mapping exercise of our equality stakeholder engagement and built new relationships with diverse groups
- undertaken a detailed analysis of the equality impacts of our regulatory reform activities, informed by stakeholder views
- updated guidance on the diversity data monitoring categories we use
- senior leaders who have shared, and are working towards, their EDI objectives
- implemented our new Applicant Tracking System, and begun to use this to capture more comprehensive, EDI data from our recruitment and promotion processes

## **By the end of year two we will have:**

- the ability to produce nuanced data sets which inform our interventions for colleagues and professionals
- a better grasp on the differences in outcomes for professionals across the four UK countries, with localised data available to more clearly identify where inequalities exist
- undertaken a detailed review into our regulatory decision-making and the robustness of our safeguards against bias to identify opportunities to strengthen our approach



- a cross-organisational approach to improving disability equality through our working group and its activity
- a solid understanding of the gaps in our organisational learning on EDI and have begun to fill them by developing and delivering a comprehensive EDI learning and development programme tailored for specific roles.
- ensured the creation of our new Unitary Board is underpinned by our EDI commitments and is more reflective of the diversity of the professionals we regulate
- a bank of EDI representatives to ensure a trained EDI lead is on every recruitment panel, and begun to map the impact of changes to our recruitment processes

**By the end of year three we will have:**

- strong relationships with diverse people and groups to enable us to consult with confidence on our work and know we are receiving feedback which represents a range of communities
- consistency in the way we consider, monitor and learn from equality concerns raised in the contextual information provided in fitness to practise cases
- a firmer grasp on what data and evidence we hold on the experiences and outcomes of people receiving poorer care in health services, and a process for sharing our insight and data with partners to tackle sector-wide issues
- built an accurate dataset and insight into equality issues in health provision which will inform the review of the Code in the next strategic period
- comprehensive EDI data to inform our business planning processes
- a new set of ambitious goals for our equality work for 2025 onwards.



# How we'll monitor and report progress

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## Roles and responsibilities

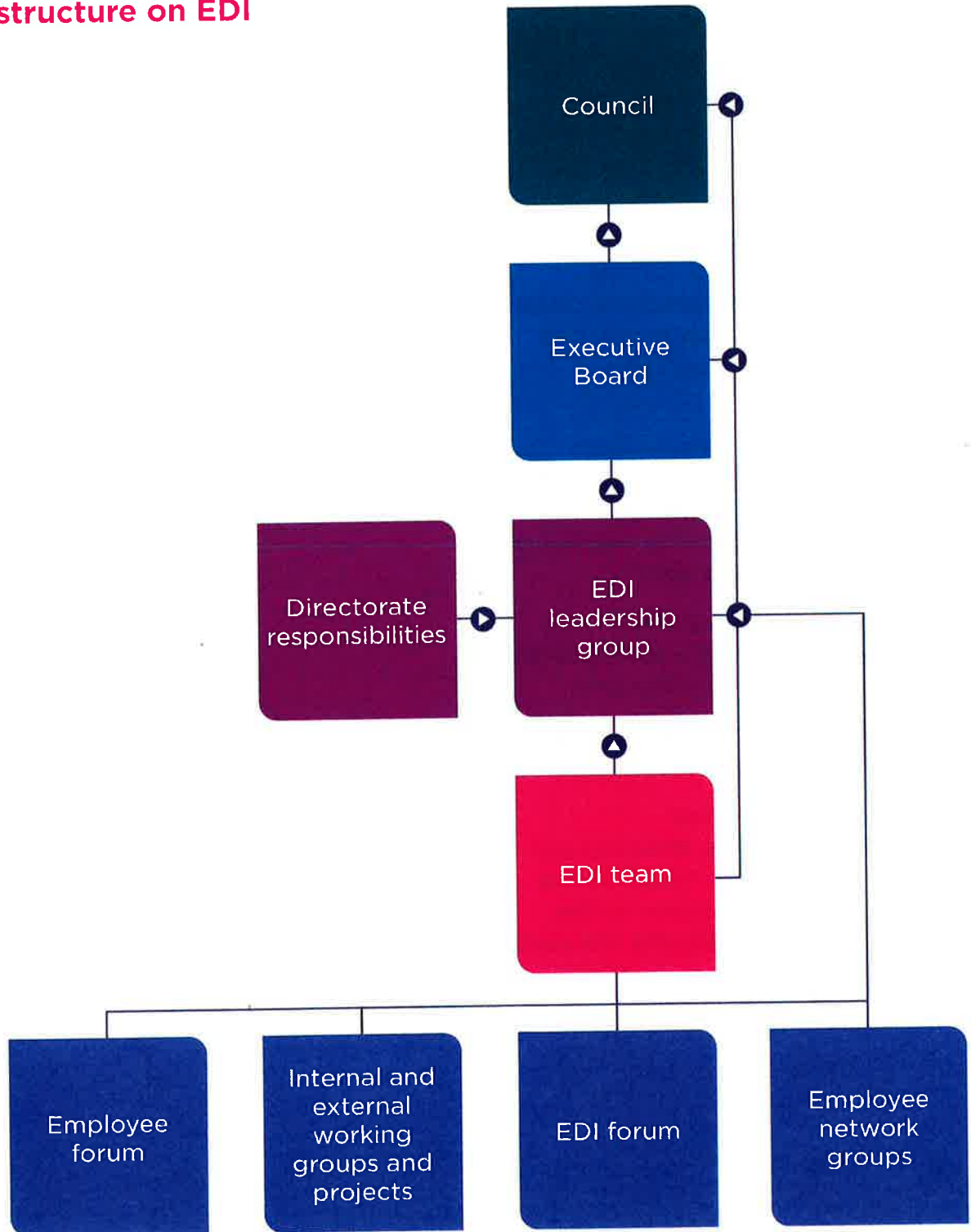
Our Council has an important leadership role in holding the NMC to account for placing EDI at the heart of all it does.

The Chief Executive and Registrar is responsible for agreeing the direction for EDI with support from our Executive Board. The senior sponsor for EDI, the Executive Director for People and Organisational Effectiveness, chairs the internal EDI leadership group which is made up of senior colleagues from across the organisation and also includes the chairs and co-chairs of our employee network groups. The purpose of this group is to facilitate and monitor the delivery of the EDI plan.

All executive directors are expected to incorporate our EDI priorities into their directorate business plans. They're accountable to the Chief Executive and Registrar for making sure the right resources are in place to deliver our EDI priorities.

Employee network groups bring colleagues with shared characteristics and allies together in a safe space. Our groups and the employee forum offer invaluable insight and advice on policy, community and employee engagement.

**Our internal governance structure on EDI**



## Measurement and evaluation

We measure success by analysing data on EDI outcomes, and will measure the impact of our EDI plan using a range of measures, including:

- analysing the EDI data we collect on our internal and external processes, such as recruitment, regulatory processes (for example fitness to practise and registration) and pay gap reports
- measuring progress through EDI benchmarks, such as the Business Disability Forum's Disability Standard and the NHS Workforce Race Equality Standard
- analysing feedback and complaints from the professionals we work with and the public
- feedback from external partners and stakeholders
- analysing our regular employee surveys, including our twice-yearly 'Your Voice' survey and internal submission to the Workplace Race Equality Standard
- commissioning research to address data gaps.

## Reporting

Sustainable improvements against the EDI plan measures will be delivered collectively. The actions taken will be monitored as part of our EDI plan by our EDI leadership group members and with the scrutiny of both our Executive Board and Council.

# Conclusion

---

## **Our EDI plan seeks to build solid internal foundations at the NMC and put us in a better position to respond to the wider external environment.**

Our priorities over the next three years will continue to be shaped by significant developments across the sector, including in particular any new evidence about discrimination faced by people using health and care services and the professionals on our register.

Through the delivery of our plan, we aim to create an environment where colleagues feel respected and understand their individual role in relation to EDI, working together to create an organisation which values their contributions. We are committed to ensuring we have fair and accessible processes for nursing and midwifery professionals. We will hold people to account where there is evidence of discrimination, and support those on our register to uphold equality diversity and inclusion in their work in order to deliver safe and effective care for all people and communities.

We're taking action on equality, diversity and inclusion, but we know that we have much more to do. We recognise our responsibility to address the causes of inequalities experienced by professionals, our colleagues and the public, and to meaningfully integrate EDI into how we regulate, support and influence. We'll work with external partners to hear from a range of voices, actively seeking out those who are seldom heard and often marginalised. We'll work to openly share our equality insight and intelligence so that we can collectively make a greater impact on tackling inequality and discrimination across the sector. We want to show leadership and be a trusted, fair and inclusive voice on the issues that matter most to people.



We have developed a clear, focused EDI plan and we're committed to working with professionals, partners and our colleagues to achieve measurable change in the next three years. This will position us to embed best practice EDI considerations in our next Nursing and Midwifery Council strategy for 2025 and beyond.



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*in practice*



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December 7, 2022

Mr. Jason Maurier, Manager, Regulatory Oversight and Performance Unit, Health Workforce  
 Regulatory Oversight Branch Office of the Chief of Nursing and Professional Practice  
 Ministry of Health  
 10<sup>th</sup> Floor, 438 University Ave  
 Toronto ON M7A 1N3

**Re: HPRO FEEDBACK ON 2022 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK  
 (CPMF) REPORTING TOOL**

Dear Jason:

Thank you for your ongoing work on the Colleges' CPMF. As the CPMF continues to be improved and College processes are affected by the requirements of this important reporting tool, we want to provide the Ministry with feedback and recommendations that could lead to additional enhancements, improving both the tool and the processes being used by the Ministry and HPRO's members. In that light, the following are raised.

**SHARING FEEDBACK/TIMING OF CPMF UPDATES**

Colleges are working to make the CPMF reporting part of its regular systems, building processes into most College areas of activity and there is recognition of the importance of the information being provided – for the Government, for the public, and for Colleges themselves. In that regard, feedback from the government earlier in the process would be most helpful, allowing Colleges to realign their work as needed to ensure the best outcomes possible. Since the reports are providing information from the prior year, any analysis of those reports will not be able to include progressive improvements for at least another full year after the Ministry's recommendations are made, considered, and implemented as appropriate.

Colleges wish to provide meaningful feedback to the Ministry related to the CPMF documents and processes. They are, however, finding tight-turnaround consultation periods challenging. It would be helpful to build a mechanism for ongoing interaction and regular meetings of the Ministry and Colleges into the annual CPMF processes and other times to check-in and offer opportunities for consultation that all will appreciate.

**INCREASING TRANSPARENCY OF THE CPMF WORKING GROUP**

HPRO appreciates the opportunity to consult on the CPMF tool on an ongoing basis. In the spirit of transparency, the criteria used to select the working group members and non-specific reporting on working group activities should be made available. It is recommended that there be greater transparency in both the selection process and in the overall work of that working group with regular updates to Colleges on the nature and status of the work being done.

Additionally, with the CPMF now being in place for three years, the ministry may be contemplating a fulsome review of the CPMF to ensure that each domain continues to remain relevant given the great progress that Colleges have made. HPRO would support a timely review of the tool and would be pleased to consult on this review.

#### **INCREASING CONSISTENCY IN ORIENTING/EDUCATING BOARD/COUNCIL MEMBERS**

Colleges hold orientation sessions for all members of their Boards/Councils, and this should be consistent with what is presented to the publicly appointed members by Government. HPRO's members would encourage the Government to share the information that is provided to publicly appointed members of Council in their Health Board Secretariat training sessions to avoid inconsistencies and potential duplication of content.

#### **CONDUCTING REVIEWS OF BOARDS/COUNCILS BY A THIRD PARTY**

Regulators should be applying principles of good governance and assigning the greatest resources to the areas that pose the greatest risk. It seems that the cost of retaining a third-party consultant once every three years to review Boards/Councils could be fairly significant and that alternate means of evaluating Board effectiveness should also be considered.

Additionally, it is respectfully submitted that most Colleges have made notable strides in governance improvements such that any further improvements (i.e., the appointment of professional members on a competency matrix) require legislative amendments.

#### **ADDRESSING OPERATIONAL ISSUES**

##### **ALIGNMENT OF "DAYS"**

Within the CPMF's various context measures, Colleges are asked to report duration in working days but the timeline requirements in the *Code* are in calendar days. Alignment of the two would be important, making the data collection and reporting consistent.

##### **BOARD'S/COUNCIL'S ROLE IN REVIEWING OPERATIONAL POLICIES RELATED TO HR PLANNING**

Based on principles of good governance, a board of directors does not regularly involve itself in the minutia of operational policies. While high level planning to ensure the College has adequate human resources to carry out its work, and direct interaction with the Registrar/CEO and succession planning for that senior leadership certainly would be a role for a board of directors, the regular review and updates of written operational policies does not lend itself to good governance.

We would recommend changes to the CPMF to require reporting on the Board/Council approval of its annual budget which would provide assurance that the College is sufficiently resourced to fulfill its mandate and strategic objectives. Additionally, reporting that there has been a regular performance appraisal of the Registrar and that there is succession planning in place would be appropriate for Boards/Councils.



**BOARD'S/COUNCIL'S ROLE IN REVIEWING THE DATA AND TECHNOLOGY PLAN**

While there would be agreement about the need for a College to have a data and technology plan, the requirement that the Board/Council review the plan is an operational function that would not align with the Board/Council's governance role. We recommend that this evidence measure be modified to reflect this.

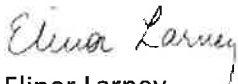
**BENCHMARKING**

Related to the removal of "benchmark" on page seven of the tool and the new expectation for a detailed improvement plan in the areas where key pieces of evidence have been categorized as benchmarks for regulatory excellence, a few questions are posed:

- Is there more information related to the development of the benchmarking approach that can be shared?
- Will there be additional benchmarking reporting requirements, or will Colleges continue with subjective assessments, i.e., using meet/partially meet/don't meet?
- Where pieces of evidence have been categorized as "benchmarked evidence", is the Ministry providing additional expectations? Will Colleges continue with their own existing qualitative assessments, or will the Ministry have additional expectations related to "required evidence"?

We thank you for considering the above, and for recognizing regulators' dedication to the principles of good governance in the public interest. We continue to extend our invitation for you and your team to meet with HPRO's members, either during one of our regular Board Meetings or Bi-Weekly Check-In dates. Meetings can be coordinated with our Executive Director, Beth Ann Kenny by phone (416-493-4076) or email (bakenny@regulatedhealthprofessions.on.ca).

Sincerely,



Elinor Larney

Chair of the Board, HPRO

cc. Allison Henry, Director, Health Workforce Regulatory Oversight Branch,  
Office of the Chief of Nursing and Professional Practice, Ministry of Health  
HPRO Board of Directors



**Ministry of Health**

**Ministère de la Santé**

Health Workforce Regulatory  
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Direction de la surveillance réglementaire relative  
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December 23, 2022

Ms. Elinor Larney  
Suite 301 - 396 Osborne St,  
PO Box 244,  
Beaverton ON L0K 1A0

Dear Ms. Larney,

Thank you for the December 7, 2022 letter from Health Profession Regulators of Ontario (HPRO) with feedback on the 2022 College Performance Measurement Framework (CPMF) Reporting Tool. We are committed to strengthening Ontario's health regulatory system and value our partnerships with HPRO and the Colleges on the CPMF and other initiatives to achieve this goal.

The soft launch of the 2022 CPMF Reporting Tool took place from October 18<sup>th</sup> to 28<sup>th</sup>, 2022 and the resulting feedback from Colleges was incorporated into the final Reporting Tool that will be released early in the new year. The ministry has also updated the 2022 CPMF FAQ document to address concerns raised about the requirement of a third-party assessor and the development of the benchmarking approach.

We recognize that the HPRO Working Group has subsequently identified a few additional operational concerns regarding the CPMF Tool. We appreciate the additional feedback, and the ministry will work with the 2023 CPMF Working Group to discuss the alignment of days, and Measure 4.1 c the board/council's role in reviewing certain operational policies.

I also thank you for your comments regarding the transparency of the CPMF Working Group and the orientation of public board/council members. Your feedback will be taken into consideration, and we will work to find a way to better communicate the mandate and work of the Working Group.

As always, our team welcomes feedback from the Colleges with respect to the CPMF. We are thankful for the strong working relationship with HPRO and the Colleges to be able to have fulsome discussions on the ongoing refinement of the CPMF.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Maurier", with a long horizontal flourish extending to the right.

Jason Maurier  
Manager

C: Allison Henry, Director, Health Workforce Regulatory Oversight Branch

**Ministry of Health**

Office of the Chief of Nursing  
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**MEMORANDUM TO:** Registrars and CEOs of Ontario's Health Regulatory Colleges

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

**DATE:** January 12, 2023

**RE:** **Formal launch of the 3<sup>rd</sup> iteration of the College  
Performance Measurement Framework (CPMF)**

---

I am pleased to inform you that we are formally launching the 2022 CPMF reporting cycle.

As you know, the CPMF has been designed to strengthen the accountability and oversight of Ontario's health regulatory Colleges (Colleges) by providing information that is transparent, consistent, and aligned across all Colleges.

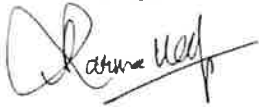
The third iteration of the CPMF was refined based on feedback from Colleges and experts resulting in the addition of benchmarks and increased use of drop-down menus. Like last year, Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF Standards and/or how well they are performing in adhering to their mandate. Rather, the tool will continue to focus on areas of improvement in the health regulatory system and identifying commendable practices to improve consistency across Colleges.

I would like to acknowledge that comments and feedback provided by the CPMF Working Group have helped to inform the drafting of the Reporting Tool.

As in previous years, please post your 2022 Reporting Tool on your website by March 31, 2023 and share a copy of the report with the ministry once this is done.

I would like to thank all of you again for your advice and support to date. We look forward to continuing this very important work with you over the coming year.

Sincerely,

A handwritten signature in black ink, appearing to read "Karima Velji". The signature is stylized with a large initial "K" and a long horizontal stroke extending to the right.

Dr. Karima Velji  
Chief of Nursing & Professional Practice; Assistant Deputy Minister  
Ministry of Health, Ontario

- c. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH  
Jason Maurier, Manager, Regulatory Oversight and Performance Unit, MOH

## College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

## Table of Contents

Introduction.....	4
The College Performance Measurement Framework (CPMF) .....	4
CPMF Model.....	5
The CPMF Reporting Tool.....	7
Completing the CPMF Reporting Tool.....	8
What has changed in 2022? .....	8
Part 1: Measurement Domains.....	9
DOMAIN 1: GOVERNANCE .....	9
DOMAIN 2: RESOURCES .....	27
DOMAIN 3: SYSTEM PARTNER .....	31
DOMAIN 4: INFORMATION MANAGEMENT.....	33
DOMAIN 5: REGULATORY POLICIES .....	35
DOMAIN 6: SUITABILITY TO PRACTICE .....	38
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT .....	51
Part 2: Context Measures.....	54
Table 1 – Context Measure 1 .....	55
Table 2 – Context Measures 2 and 3.....	57
Table 3 – Context Measure 4.....	58
Table 4 – Context Measure 5 .....	59
Table 5 – Context Measures 6, 7, 8 and 9.....	61



Table 6 – Context Measure 10 .....63

Table 7 – Context Measure 11 .....65

Table 8 – Context Measure 12 .....66

Table 9 – Context Measure 13 .....67

Table 10 – Context Measure 14 .....69

Glossary .....70

**Introduction**

**The College Performance Measurement Framework (CPMF)**

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

- 1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
- 2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

**Table 1:** CPMF Measurement Domains and Components

<b>1</b>	<b>Measurement domains</b>	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
<b>2</b>	<b>Standards</b>	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
<b>3</b>	<b>Measures</b>	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
<b>4</b>	<b>Evidence</b>	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
<b>5</b>	<b>Context measures</b>	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
<b>6</b>	<b>Planned improvement actions</b>	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

**Figure 1: CPMF Model for Measuring Regulatory Excellence**

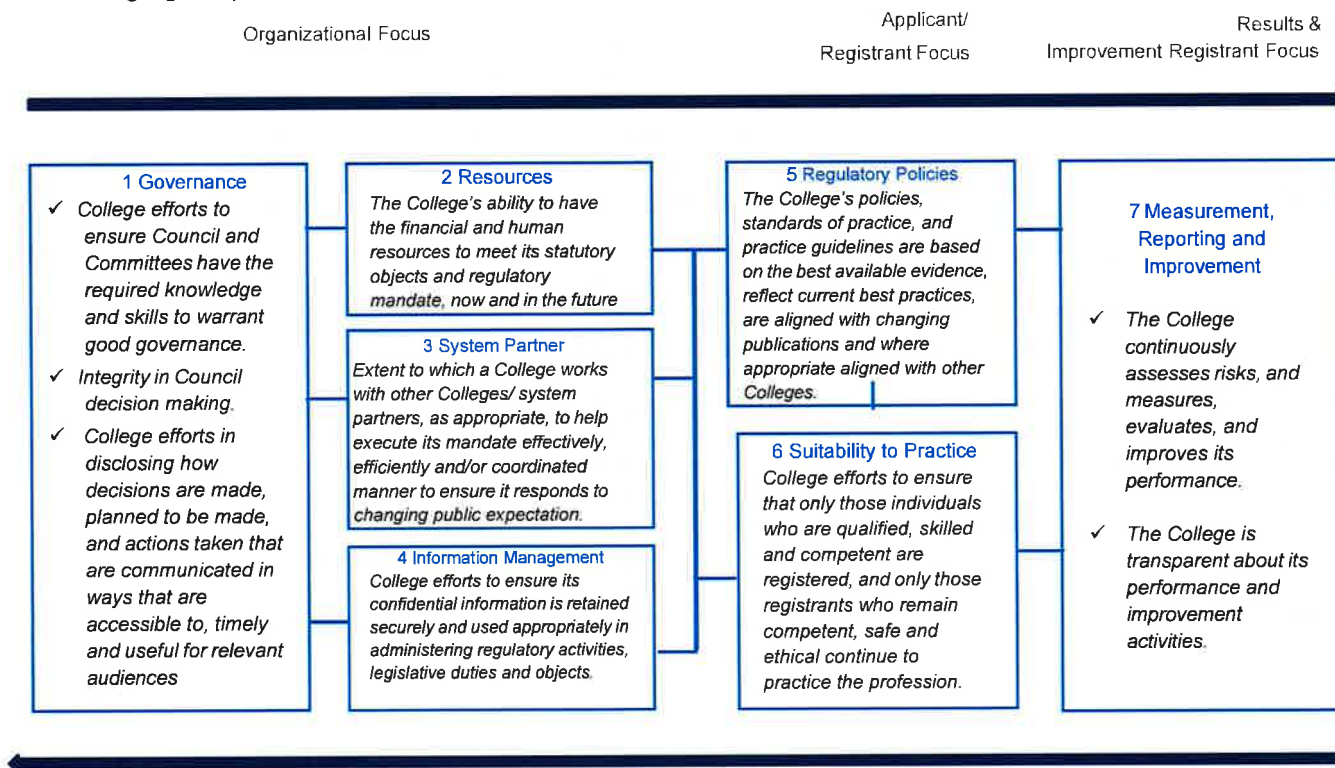


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

## The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

### **Completing the CPMF Reporting Tool**

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

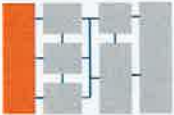
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

#### **What has changed in 2022?**

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
		Required Evidence	College Response
DOMAIN 1: GOVERNANCE	STANDARD 1	a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement:
		i. meeting pre-defined competency and suitability criteria; and  <hr style="border: 1px solid #0056b3;"/> <p style="text-align: center; color: #0056b3;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0056b3;"/>	Choose an item.  <ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: Choose an item.  <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul>
		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Duration of orientation training.</li> <li>Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul>	<p>Choose an item.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		
		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr style="border: 1px solid #0056b3; margin: 10px 0;"/> <p style="text-align: center; color: #0056b3;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0056b3; margin: 10px 0;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Choose an item.</li> <li><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul>	<p>Choose an item.</p>



		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
	<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul>		
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>			

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulflls this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul>	
			<p><i>If the response is "partially" or "no", is the Collaga planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement: <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div> <ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: Choose an item.</li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	<div style="border: 1px solid black; padding: 2px;">Choose an item.</div>
	<i>Additional comments for clarification (optional)</i>	

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	Choose an item.	
			<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item.</li> <li>• <i>If yes, how often do they occur?</i></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul>		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul>	<p>Choose an item.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul>	<p>Choose an item.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>			

DOMAIN 1: GOVERNANCE  STANDARD 2	Measure: 2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
	Required Evidence	College Response
	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: <ul style="list-style-type: none"> <li>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</li> </ul> <p><u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	The College fulfills this requirement: <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div> <ul style="list-style-type: none"> <li>Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated.</li> <li>Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review.</li> </ul>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div> <p><i>Additional comments for clarification (optional)</i></p>

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul>	<p>Choose an item.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>	
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Cooling off period is enforced through: Choose an item.</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the College define the cooling off period?                             <ul style="list-style-type: none"> <li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul>	<p>Choose an item.</p>



		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
		<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Choose an item.</li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Choose an item.
			<ul style="list-style-type: none"> <li>▪ Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
<p><i>Additional comments for clarification (if needed)</i></p>				

DOMAIN 1: GOVERNANCE  STANDARD 3	Measure: 3.1 Council decisions are transparent.			
	Required Evidence	College Response		
	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Choose an item.</td> </tr> </table> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul>		Choose an item.
			Choose an item.	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Choose an item.</td> </tr> </table>		Choose an item.
	Choose an item.			
<i>Additional comments for clarification (optional)</i>				


		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul>		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>		

Measure: 3.2 Information provided by the College is accessible and timely.	
Required Evidence	College Response
<p>a. With respect to Council meetings:</p> <p>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</p> <p>ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Choose an item:</p> <ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul>
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item:</p>
	<p><i>Additional comments for clarification (optional)</i></p>
<p>b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.</p>	<p>The College fulfills this requirement:</p> <p>Choose an item:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul>

		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (optional)</i>			
	<b>Measure:</b>			
	<b>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</b>			
	<b>Required Evidence</b>	<b>College Response</b>		
	<p>a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<b>The College fulfills this requirement:</b>		Choose an item.
<ul style="list-style-type: none"> <li>• Please insert a link to the College's DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul>				
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.		
<i>Additional comments for clarification (optional)</i>				

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul>	<p>Choose an item.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		



		<b>Measure:</b> 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.			
DOMAIN 2: RESOURCES  STANDARD 4	<b>Required Evidence</b>	<b>College Response</b>			
	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.  <u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>			Choose an item.
			Choose an item.		
		<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.</li> <li>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul>			
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>			Choose an item.		
	Choose an item.				
Additional comments for clarification (optional)					

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? Choose an item.</li> </ul>	<p>Choose an item.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (if needed)</i></p>		

	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>	<p>Choose an item:</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>			

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		




<b>DOMAIN 3: SYSTEM PARTNER</b>	
<b>STANDARD 5 and STANDARD 6</b>	
Measure / Required evidence: N/A	College response <i>Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li>• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul>

**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**


The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.					
DOMAIN 4: INFORMATION MANAGEMENT  STANDARD 7	Required Evidence	College Response					
	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> </ul> </td> </tr> </table>			Choose an item.	<ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> </ul>	
		Choose an item.					
	<ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> </ul>						
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>			Choose an item.			
	Choose an item.						
	Additional comments for clarification (optional)						

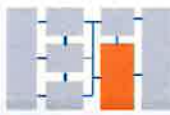
	<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul>	<p>Choose an item.</p>
<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>			



	<p>Measure:</p> <p>8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 5: REGULATORY POLICIES</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 8</p>	<p>Required Evidence</p> <p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Choose an item.</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>		
			<ul style="list-style-type: none"> <li>Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul>			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>			

	<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 9</p>	<p><b>Required Evidence</b></p> <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>1</sup>.</p>

<sup>1</sup>This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>		
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
	<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

<b>Measure:</b> <b>9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</b>		
<b>c.</b> A risk-based approach is used to ensure that currency <sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Choose an item.
	<ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul>	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)		

<sup>2</sup> A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:	
9.3 Registration practices are transparent, objective, impartial, and fair.	
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:
	Choose an item.
	<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: Choose an item.</li> </ul>
	Choose an item.
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
Choose an item.	
Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE  STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
	Required Evidence	College Response
	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).  <u>Further clarification:</u>  Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: <span style="float: right;">Choose an item.</span>
		<ul style="list-style-type: none"> <li>• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>- Name of Standard</li> <li>- Duration of period that support was provided</li> <li>- Activities undertaken to support registrants</li> <li>- % of registrants reached/participated by each activity</li> <li>- Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>• Does the College always provide this level of support: <span style="float: right;">Choose an item.</span>                              If not, please provide a brief explanation:                         </li> </ul>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <span style="float: right;">Choose an item.</span>
Additional comments for clarification (optional).		



<b>Measure:</b> <b>10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation<sup>3</sup>.</b>				
	a. The College has processes and policies in place outlining:	The College fulfills this requirement:	Choose an item.	
	i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	<ul style="list-style-type: none"> <li>• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: Choose an item.</li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul>		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)		

<sup>3</sup> "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i> Choose an item.</li> <li>- <i>Employers</i> Choose an item.</li> <li>- <i>Registrants</i> Choose an item.</li> <li>- <i>other stakeholders</i> Choose an item.</li> </ul> </li> </ul>	<p>Choose an item.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul>	<p>Choose an item.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	

		<i>Additional comments for clarification (optional)</i>		
	<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>			
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	
		<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul>		
		<p><i>If the response is “partially” or “no”: is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>			

DOMAIN 6: SUITABILITY TO PRACTICE  
STANDARD 11

Measure 11.1	
The College enables and supports anyone who raises a concern about a registrant.	
Required Evidence	College Response
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Choose an item.</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul>
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>


	iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul>	Choose an item.
	<hr style="border: 1px solid #0056b3;"/> <i>Benchmarked Evidence</i> <hr style="border: 1px solid #0056b3;"/>	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Choose an item.
	Please insert rate ( <u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u> ).		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	
			<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul>		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>		
<p><b>Measure:</b>  <b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b></p>					
		<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	
			<ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul>		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>

			<p><i>Additional comments for clarification (optional)</i></p>				
<p>DOMAIN 6: SUITABILITY TO PRACTICE</p>	<p>STANDARD 12</p>	<p><b>Measure:</b> 12.1 The College addresses complaints in a right touch manner.</p>					
		<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p> <table border="1"> <tr> <td data-bbox="615 609 1591 649"></td> <td data-bbox="1591 609 1978 649">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="615 649 1978 873"> <ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> </td> </tr> </table>		Choose an item.	<ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul>	
			Choose an item.				
		<ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul>					
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <table border="1"> <tr> <td data-bbox="615 873 1696 917"></td> <td data-bbox="1696 873 1978 917">Choose an item.</td> </tr> </table>		Choose an item.				
	Choose an item.						
	<p><i>Additional comments for clarification (optional)</i></p>						

Measure:	
13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:
	Choose an item.
	<ul style="list-style-type: none"> <li>• Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home').</li> </ul>
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	Choose an item.



		<b>Measure:</b> 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	
		<b>Required Evidence</b>	<b>College Response</b>
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT  STANDARD 14	a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Choose an item.
		<ul style="list-style-type: none"> <li>Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul>	
		If the response is "partially" or "no" is the College planning to improve its performance over the next reporting period?	Choose an item.

	<i>Additional comments for clarification (if needed)</i>	
<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	The College fulfills this requirement:	Choose an item.
	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</li> </ul>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (if needed)</i>	

<b>Measure:</b> <b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b>		
a. Council uses performance and risk review findings to identify where improvement activities are needed.  <hr/> <i>Benchmarked Evidence</i> <hr/>	The College fulfills this requirement:	Choose an item.
	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul>	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
<b>Measure:</b> <b>14.3 The College regularly reports publicly on its performance.</b>		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Choose an item.
	<ul style="list-style-type: none"> <li>Please insert a link to the College's dashboard or relevant section of the College's website.</li> </ul>	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (if needed)		

## Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

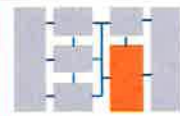
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

*\*Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

**NR**

*Additional comments for clarification (if needed)*

Table 2 – Context Measures 2 and 3

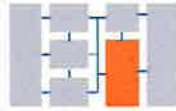
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)	#	%	
<p><b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2022</p>			<p><i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i></p>
<p><b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.</p>			<p><i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i></p>
<p><u>NR</u></p> <p><i>Additional comments for clarification (if needed)</i></p>			

Table 3 – Context Measure 4

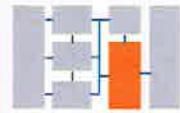
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>				
Context Measure (CM)				
<b>CM 4.</b>	Outcome of remedial activities as at the end of CY 2022:**	#	%	<p><i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i></p>
i.	Registrants who demonstrated required knowledge, skills, and judgement following remediation*			
ii.	Registrants still undertaking remediation (i.e., remediation in progress)			
<p><b>NR</b></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>				
<p><i>Additional comments for clarification (if needed)</i></p>				



Table 4 – Context Measure 5



DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care				
V. Intent to Mislead including Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse				
IX. Harassment / Boundary Violations				
X. Unauthorized Practice				
XI. Other <please specify>				
<b>Total number of formal complaints and Registrar’s Investigations**</b>		<b>100%</b>		<b>100%</b>

*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*

<p><u>Formal Complaints</u> <u>NR</u> <u>Registrar's Investigation</u></p> <p><b>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</b></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9



DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)		
II. Formal complaints that were resolved through ADR		
III. Formal complaints that were disposed of by ICRC		
IV. Formal complaints that proceeded to ICRC and are still pending		
V. Formal complaints withdrawn by Registrar at the request of a complainant		
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious		
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

<p>VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>			
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar's Investigation</a></p> <p><i># May relate to Registrar's Investigations that were brought to the ICRC in the previous year.</i>  <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X. Unauthorized Practice	
XI. Other <please specify>	
<p>• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022.          ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.  <u>NR</u></p>	
<p><i>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

**Table 7 – Context Measure 11**

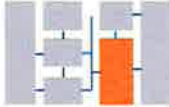
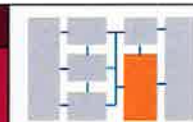
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. If College method is used, please specify the rationale for its use:		
<b>Context Measure (CM)</b>		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	<b>Days</b>	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.
I. A formal complaint in working days in CY 2022		The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
II. A Registrar’s investigation in working days in CY 2022		
<a href="#">Disposal</a>		
Additional comments for clarification (if needed)		

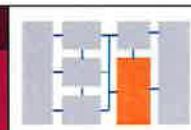
Table 8 – Context Measure 12



DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.  <i>If a College method is used, please specify the rationale for its use:</i></p>		
<b>Context Measure (CM)</b>		
<b>CM 12.</b> 90th Percentile disposal of:	Days	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i></p> <p><i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i></p>
I. An uncontested discipline hearing in working days in CY 2022		
II. A contested discipline hearing in working days in CY 2022		
<p><a href="#">Disposal</a>  <a href="#">Uncontested Discipline Hearing</a>  <a href="#">Contested Discipline Hearing</a></p>		
<p><i>Additional comments for clarification (if needed)</i></p>		



Table 9 – Context Measure 13



DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>	
Context Measure (CM)	
<b>CM 13. Distribution of Discipline finding by type*</b>	
Type	#
I. Sexual abuse	
II. Incompetence	
III. Fail to maintain Standard	
IV. Improper use of a controlled act	
V. Conduct unbecoming	
VI. Dishonourable, disgraceful, unprofessional	
VII. Offence conviction	
VIII. Contravene certificate restrictions	
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	
XI. Falsifying records	
XII. False or misleading document	
XIII. Contravene relevant Acts	

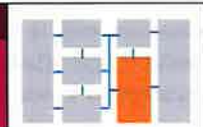
*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.*

*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

**NR**

*Additional comments for clarification (if needed)*

Table 10 – Context Measure 14



DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>	
Context Measure (CM)	
<b>CM 14. Distribution of Discipline orders by type*</b>	
Type	#
I. Revocation	
II. Suspension	
III. Terms, Conditions and Limitations on a Certificate of Registration	
IV. Reprimand	
V. Undertaking	
<p><i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p>	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p><a href="#">Revocation</a></p> <p><a href="#">Suspension</a></p> <p><a href="#">Terms, Conditions and Limitations</a></p> <p><a href="#">Reprimand</a></p> <p><a href="#">Undertaking</a></p> <p><a href="#">NR</a></p>	
<p>Additional comments for clarification (if needed)</p>	

## Glossary

**Alternative Dispute Resolution (ADR):** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

**Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

**Disposal:** The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

**Formal Complaint:** A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

**Formal Complaints withdrawn by Registrar at the request of a complainant:** Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

**NR: Non-reportable:** Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

**Registrar's Investigation:** Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4, Table 5](#)

**Revocation:** Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

**Suspension:** A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

**Reprimand:** A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

**Terms, Conditions and Limitations:** On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

**Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

**Undertaking:** Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)

# Technical Specifications for Quantitative College Performance Measurement Framework Measures **520**

January 2023

# Table of Contents: Context Measures

# 521

<b>Introduction</b> .....	4
<b>Table 1:</b> The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.....	5
<b>Table 3:</b> Context Measure – the total number of registrants who participated in QA Program in CY 2022 .....	8
<b>Table 4:</b> Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation.....	9
<b>Table 5:</b> Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that demonstrated required knowledge, skills, and judgment following remediation .....	11
<b>Table 6:</b> Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that are still undertaking remediation .....	13
<b>Table 7:</b> Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2022 .....	15
<b>Table 8:</b> Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2022 .....	19
<b>Table 9:</b> Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022.....	21
<b>Table 10:</b> Context Measure – the total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in reporting period in CY 2022 .....	22
<b>Table 11:</b> Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that proceeded to Alternative Dispute Resolution (ADR) .....	24
<b>Table 12:</b> Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that were resolved through Alternative Dispute Resolution (ADR).....	26
<b>Table 13:</b> Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2022 .....	28
<b>Table 14:</b> Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2022 .....	30
<b>Table 15:</b> Context Measure – of the formal complaints that were withdrawn of in CY 2022 the rate that were withdrawn by the Registrar at the request of a complainant .....	32

<b>Table 16:</b> Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that are disposed of by the ICRC as frivolous and vexatious.....	34
<b>Table 17:</b> Context Measure – Rate of formal complaints and Registrar’s Investigations that were disposed of in CY 2022 that are disposed of by the ICRC as a referral to the Discipline Committee.....	36
<b>Table 18:</b> Context Measure – the distribution of ICRC decisions by theme in CY 2022.....	38
<b>Table 19:</b> Context Measure – the 90 <sup>th</sup> percentile disposal of a formal complaint in working days in CY 2022 .....	42
<b>Table 20:</b> Context Measure – the 90 <sup>th</sup> percentile disposal of a Registrar’s Investigation in working days in CY 2022 .....	44
<b>Table 21:</b> Context Measure – the 90 <sup>th</sup> percentile disposal of an uncontested discipline hearing in working days in CY 2022 .....	46
<b>Table 22:</b> Context Measure – the 90 <sup>th</sup> percentile disposal of a contested discipline hearing in working days in CY 2022 .....	47
<b>Table 23:</b> Context Measure – the distribution of discipline findings by theme in CY 2022 .....	48
<b>Table 24:</b> Context Measure – the distribution of discipline orders by type in CY 2022.....	52
<b>Glossary</b> .....	54



## Introduction

This document serves as a companion document to the College Performance Measurement Framework (CPMF) Reporting Tool. It is designed to provide Ontario's health regulatory Colleges (Colleges) with recommended methods for calculating the quantitative measures that form part of the CPMF.

Data may not be readily available for each College to calculate the quantitative measures in the recommended manner (e.g., due to differences in definitions). Where this is the case, a College can report the information in a manner that is consistent with their data infrastructure and availability.

If a College does use a different method, for transparency purposes it should:

- Indicate in the CPMF Reporting Tool that it is using its own method so that the ministry can understand how the College calculated the information provided.
- Provide a brief rationale for why it is using its own method.

**Table 1:** The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.

Suitability to Practice Domain > Standard 12: The complaints process is accessible and supportive.

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
Description	Indicates whether the College provides an individualized response to 90% of inquiries from the public within 5 business days and provides timelines for follow up where necessary.
Calculation Method	Numerator/Denominator
Numerator	Number of responses provided to the initial public inquiry (including expected timeline for follow-up) within 5 business days.
Denominator	All inquiries from the public related to the College's complaints process received within the reporting period.
Exclusions	<ul style="list-style-type: none"> <li>• Inquiries from anyone other than the "public" as defined below.</li> <li>• Inquires not related to the complaints process.</li> <li>• Calls to file a complaint or Inquiries about a complaint that has been filed with the College.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Public</u></p> <p><u>Inquiry</u></p> <p><u>Response</u></p> <p><u>Method of Receipt</u></p>

**Table 2: Context Measure – the type and distribution of QA/QI activities or assessments used in CY 2022<sup>1</sup>**

525

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2022
Description	The type of QA and QI activities and assessments that the College uses to assess a registrant’s ongoing competence and support registrants in maintaining competence, and the distribution of the activities and assessments used (e.g., CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).
Calculation Method	<p>This Measure captures two separate calculations:</p> <ol style="list-style-type: none"> <li>1. Distribution of QA/QI activities or assessments               <ol style="list-style-type: none"> <li>i. Report the distinct types of activities or assessments used by the College.</li> <li>ii. Calculate the number activities or assessments undertaken across each type of activity or assessment.</li> </ol> </li> </ol> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>- Where the number in a given type of QA/QI activity or assessment is between 1 and 5, report in CPMF Reporting Tool as “NR”</li> <li>- Where no registrant underwent a particular type of QA/QI activity or assessment, report in CPMF Reporting Tool as “0”.</li> </ul>

<sup>1</sup> Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested contextual information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2022
Exclusions	<ul style="list-style-type: none"> <li>• Remedial activities required of registrants outside of the College’s QA program (e.g., remediation ordered by a Panel of the ICRC).</li> <li>• QA and QI activities undertaken by inactive or non-practising registrants.</li> <li>• All QA activities or assessments undertaken by active registrants of a College outside of the QA Program.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• All QA activities or assessments undertaken by active registrants of a College as part of the QA Program.</li> <li>• All QI activities or assessment undertaken by active registrants of a College.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>QA activity and assessment</u> <u>QI activity and assessment</u> <u>Inactive or non-practicing registrants</u>

**Table 3: Context Measure – the total number of registrants who participated in QA Program in CY 2022**

**527**

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2022
Description	The total number of registrants that participated in an activity or assessment as part of the Quality Assurance Program.
Calculation Method	The total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period.
Exclusions	<ul style="list-style-type: none"> <li>All inactive or non-practicing registrants who underwent QA activities or assessment.</li> <li>All QI activities or assessment undertaken by active registrants of a College.</li> <li>All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>Registrants who initiated a QA activity or assessment within the reporting period.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>QA activity and assessment</u></p> <p><u>QI activity and assessment</u></p> <p><u>Inactive or non-practicing registrants</u></p>

**Table 4:** Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation.
Description	The proportion of registrants that undertook a QA activity or assessment as part of the QA Program and were directed by the QA Committee to undertake remediation.
Calculation Method	Numerator/Denominator <ul style="list-style-type: none"> <li>- Where the number of registrants referred to the QA Committee is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %.</li> <li>- Where no referrals have been made to the QA Committee as part of the QA Program, report in CPMF Reporting Tool as “0”.</li> </ul>
Numerator	Number of registrants who undertook an activity or assessment as part of the QA Program and were required to undertake remediation at the direction of the QA Committee in CY2022 (including number carried over from previous year).
Denominator	Total number of registrants who undertook an activity or assessment as part of the QA Program in CY2022 (including number carried over from previous year).
Exclusions	<ul style="list-style-type: none"> <li>• All inactive or non-practicing registrants who undertook QA activities or assessment.</li> <li>• Remediation ordered by any other Committee of the College.</li> </ul>

<b>Context Measure #3</b>	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation.
Inclusion	<ul style="list-style-type: none"> <li>All active registrants who undertook a QA activity or assessment as part of the QA Program (Note: may include registrants who are were directed to undertake remediation in the previous year).</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Inactive or non-practicing registrants</u> <u>Remediation activity or assessment</u>

**Table 5:** Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that demonstrated required knowledge, skills, and judgment following remediation

530

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Description	The proportion of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation was intended to address.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> <li>– Where the number of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %.</li> <li>– Where no registrants demonstrated the required knowledge, skill and judgment following remediation, report in CPMF Reporting Tool as “0”.</li> </ul>
Numerator	Total number of registrants that were referred to the QA Committee as part of the QA Program in CY 2022 (including number carried over from previous year), where the QA Committee directed the registrant to undergo a remediation activity and who subsequently demonstrated the required knowledge, skills and judgment following the remediation activity.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 (including number carried over from previous year) where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).



Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Exclusions	<ul style="list-style-type: none"> <li>• All inactive or non-practicing registrants who underwent QA activities or assessment.</li> <li>• Any remediation activity that the College cannot verify whether upon completion the registrant demonstrated the required knowledge, skills or judgment or where the College cannot/does not have an auditing process.</li> <li>• Any registrant who has not completed remediation or has not been reassessed by the College within the reporting period (remediation is ongoing, registrant refusal to undertake).</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• All registrants who completed required remediation activity within the reporting period (Note: may include registrants who are were directed to undertake remediation in the previous year).</li> </ul>
Reporting period <sup>2</sup>	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Remediation activity or assessment</u></p> <p><u>Inactive or non-practicing registrants</u></p>

<sup>2</sup> The ministry is aware that remediation may carry over from the previous year. However, for purposes of the CPMF, the reporting period will continue to be the calendar year for which the report is being completed. Colleges should note if cases are being carried over from the previous year.

**Table 6:** Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that are still undertaking remediation

532

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Description	The proportion of registrants that were required by the QA Committee to undergo remediation as part of the QA Program that have not yet completed the remediation during the reporting period.
Calculation Method	<p>Numerator/Denominator:</p> <ul style="list-style-type: none"> <li>– Where the number of registrants still undertaking remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %.</li> <li>– Where no registrants are still undertaking remediation, report in CPMF Reporting Tool as “0”.</li> </ul>
Numerator	Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).
Exclusions	<ul style="list-style-type: none"> <li>• All inactive or non-practicing registrants required to undertake remediation.</li> <li>• Registrants required to undertake remediation who cease being a registrant for any reason or those that move to the inactive class.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• Registrants who initiated, but have not completed, remediation within the reporting period.</li> </ul>

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)	<b>533</b>
Reporting period	January 1, 2022 to December 31, 2022	
Data source	Local data collection by the College	
Definitions	<u>Remediation activity or assessment</u> <u>Inactive or non-practicing registrants</u>	

**Table 7: Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2022**

534

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022
Description	The distribution of complaints by theme as determined by the College, and the distribution of Registrar’s reports by theme as determined by the College.
Calculation Method	<ol style="list-style-type: none"> <li>1. Report the total number of formal complaints filed about registrants, and the number of complaints received across each of the following themes.</li> <li>2. Report the total number of Registrar initiated investigations against registrants, and the number of complaints received across each of the following themes.</li> <li>3. Report the percentage of the total formal complaints and Registrar initiated investigations represented for each theme [e.g., if there are 200 formal complaints and 20 with advertising as a theme then you would report <math>(20/200) \times 100 = 10\%</math>].</li> </ol> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>– Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %.</li> <li>– When reporting % in the CPMF Reporting Tool use the reported numbers as the total when calculating the % (i.e. exclude the values where the College reports NR). Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”.</li> <li>– Where there are multiple themes for a single complaint or Registrar’s Investigation, each theme related to the complaint or Registrar’s Investigation should be included in the count.</li> </ul>

<p><b>Context Measure #5</b></p>	<p><b>Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022</b></p>
	<p>– Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.</p>
<p><b>Theme:</b><sup>3</sup></p>	<p><b>Examples:</b></p> <p><b>Advertising:</b> Concerns that an advertisement related to a registrant’s practice is in violation of a College’s requirements, which depending on the profession, could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, or is discriminatory among other allegations.</p> <p><b>Billing and Fees:</b> Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, reasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where charges do not align with the regulator’s guidance on billing arrangements, block fees, and/or payment plans.</p> <p><b>Communication:</b> Concerns regarding a registrant’s communication with a patient, a patient’s relatives and/or a patient’s decision-makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.</p> <p><b>Competence / Patient Care:</b> Complaints that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent as directed under the necessary privacy legislation.</p>

<sup>3</sup> The ministry notes that Colleges may require time to adjust processes to align with the themes included in the CPMF. Colleges are encouraged to move towards implementation and uptake of the themes as included in the CPMF to drive consistency and alignment in how College’s report on their processes. During the interim the ministry encourages Colleges to map to the themes as included to their best ability.

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2022
<b>Intent to Mislead including Fraud:</b>	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
<b>Professional Conduct &amp; Behaviour:</b>	Concerns that a registrant has demonstrated conduct that is unbecoming, disgraceful, dishonorable or unprofessional, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or breach of confidentiality.
<b>Record Keeping:</b>	Concerns regarding a registrant's financial and patient records, including retention of records and complying with the necessary privacy legislation to address the collection, access and sharing of personal health information, as appropriate. Allegations could include that the registrant failed to maintain records, include insufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).
<b>Sexual Abuse:</b>	Allegations that a registrant may have committed an act of sexual abuse by means of sexual intercourse or other forms of physical sexual relations between the registrant and the patient e.g. entering into a relationship with a patient), touching, of a sexual nature, of the patient by the member/registrant, or behaviour or remarks of a sexual nature by the member/registrant towards the patient.
<b>Harassment / Boundary Violations:</b>	Sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
<b>Unauthorized Practice:</b>	Concerns that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession's scope of practice.
<b>Other:</b>	Concerns that do not fall into any of the above themes above.

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2022
Exclusions	<ul style="list-style-type: none"> <li>Complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</li> </ul>
Inclusions	<ul style="list-style-type: none"> <li>Complaints that are formally submitted to the College.</li> <li>Matters where the ICRC approved the appointment of an investigator after reviewing a report.</li> <li>Complaints resolved through Alternative Dispute Resolution.</li> <li>Complaints that are withdrawn by the Registrar at the request of a complainant.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Formal Complaint</u></p> <p><u>Registrar's investigation</u></p> <p><u>Formal Complaints withdrawn by Registrar at the request of a complainant</u></p>

**Table 8:** Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2022
Description	The total number of formal complaints the College receives that were brought forward to a Panel of the ICRC during the reporting period.
Calculation Method	The total number of formal complaints that were brought forward for review by a Panel of the ICRC within the reporting period.
Exclusions	<ul style="list-style-type: none"> <li>Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>All health-related inquiries.</li> <li>Matters where the ICRC or Registrar approves the appointment of an investigator after reviewing a report.</li> <li>Formal complaints that are withdrawn by the Registrar at the request of a complainant.</li> <li>Formal complaints which meet the eligibility criteria for use of the ADR process and where the Registrar adopts the proposed resolution to withdraw the complaint the request of the complainant.</li> </ul>
Inclusions	<ul style="list-style-type: none"> <li>All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>Formal Complaints to the College.</li> <li>Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.</li> </ul>



Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2022
	<ul style="list-style-type: none"> <li>Formal complaints that meet the eligibility criteria for use of the ADR process<sup>4</sup>.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Alternative Dispute Resolution (ADR)</u> <u>Formal Complaint</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u>

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<sup>4</sup>The ministry is aware that not all Colleges have an ADR process. Colleges that already have an ADR process are encouraged to and should note complaints that meet the eligibility criteria for ADR. Colleges that do not include ADR complaints should note this in their report.

**Table 9:** Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022

**540**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #7	Total number of ICRC matters brought forward to the ICRC as a result of a Registrar’s Investigation in CY 2022
Description	The total number of ICRC matters that are referred to a Panel of the ICRC for review as a result of a Registrar’s investigation during the reporting period.
Calculation Method	All Registrars Investigations that are brought to a Panel of the ICRC for review.
Exclusions	<ul style="list-style-type: none"> <li>Formal complaints to the College.</li> <li>Reports or concerns that the Registrar does not bring to the ICRC for review.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Formal Complaint</u></p> <p><u>Registrar’s Investigation</u></p>

**Table 10:** Context Measure – the total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in reporting period in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022
Description	The total number of ICRC matters where the Registrar appointed an investigator approved by a Panel of the ICRC during the reporting period.
Calculation Method	All requests or notifications for appointment of an investigator brought forward to a Panel of the ICRC that were approved within the calendar year.
Exclusions	<ul style="list-style-type: none"> <li>• All formal complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>• Formal complaints withdrawn by the Registrar at the request of a complainant.</li> <li>• All requests for appointment under s.75(1)(c) under the RHPA.</li> </ul>
Inclusions	<ul style="list-style-type: none"> <li>• All requests for appointment under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA.</li> <li>• Registrar-appointed investigator approved by the ICRC based on Registrar’s belief that a registrant has committed an act of professional misconduct or is incompetent.</li> <li>• Registrar appointment of an investigator upon request by a Panel of the ICRC after receiving information about a registrant from the Quality Assurance Committee.</li> </ul>

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022
	<ul style="list-style-type: none"> <li>Registrar appointment of an investigator based on Registrar's belief that the conduct of the registrant would expose or would likely expose their patients to harm or injury.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Registrar's Investigation</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u> <u>Frivolous and vexatious</u>

**Table 11: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that proceeded to Alternative Dispute Resolution (ADR)**

543

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2022
Description	The proportion of all formal complaints filed with the College that are eligible and are referred by the Registrar to the ADR process with the consent of the complainant to try and resolve the complaint.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> <li>- Where the number of formal complaints that proceeded to ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %.</li> <li>- Where no formal complaints proceeded to ADR, report in CPMF Reporting Tool as “0”.</li> </ul>
Numerator	Total number of formal complaints filed within the reporting period with agreement from both parties, and upon the Registrar’s approval, that proceeded to ADR.
Denominator	The total number of formal complaints filed against registrants within the reporting period including total number of formal complaints filed against registrants in previous reporting periods but were referred to the ADR process by the Registrar in the current reporting period.
Exclusions	<ul style="list-style-type: none"> <li>• Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>• Formal complaints that are withdrawn by the Registrar at the request of a complainant.</li> <li>• All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> </ul>

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2022
	<ul style="list-style-type: none"> <li>• Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report under s. s. 75(1)(a) or (1)(b).</li> <li>• All health-related inquiries.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• Formal complaints to the College.</li> <li>• Formal complaints that meet eligibility criteria for use of the ADR process as outlined by the College.</li> <li>• Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA as appropriate.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Alternative Dispute Resolution (ADR)</u> <u>Formal Complaint</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u>

544

**Table 12: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that were resolved through Alternative Dispute Resolution (ADR)**

545

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2022
Description	The proportion of all formal complaints filed with the College that are resolved through the ADR process.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> <li>- Where the number of formal complaints that were resolved through ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %.</li> <li>- Where no formal complaints were resolved through ADR, report in CPMF Reporting Tool as “0”.</li> </ul>
Numerator	Total number of formal complaints filed within the reporting period which were resolved through the ADR process with agreement from both parties with the resolution adopted by the Registrar or ICRC as per s. 25.1(4) of Code.
Denominator	Total number of formal complaints filed against registrants within the reporting period including formal complaints filed against registrants in previous reporting periods which were resolved through the ADR process withing the current reporting period.
Exclusions	<ul style="list-style-type: none"> <li>• Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>• Formal Complaints that are withdrawn by the Registrar at the request of a complainant.</li> <li>• All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> </ul>

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2022
	<ul style="list-style-type: none"> <li>• Matters where a Panel of the ICRC has approved the Registrar’s appointment or requested the Registrar to conduct an investigation under s. s. 75(1)(a) or (1)(b).</li> <li>• All health-related inquiries.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• Formal complaints to the College.</li> <li>• Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Alternative Dispute Resolution (ADR)</u></p> <p><u>Formal Complaint</u></p> <p><u>Formal Complaints withdrawn by Registrar at the request of a complainant</u></p>

**546**



**Table 13:** Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2022

547

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure # 9(iii)	Total number of formal complaints that were disposed of by the ICRC in CY 2022
Description	The total number of formal complaints a Panel of the ICRC disposed of through a decision by the ICRC Panel.
Exclusions	<ul style="list-style-type: none"> <li>Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>Formal complaints that are withdrawn by the Registrar at the request of a complainant.</li> <li>All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation under s. s. 75(1)(a) or (1)(b).</li> <li>All health-related inquiries.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>Formal complaints to the College.</li> <li>Formal complaints resolved through Alternative Dispute Resolution and adopted by ICRC.</li> <li>All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.</li> <li>Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2022
Definitions	<u>Formal Complaint</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u> <u>Disposal</u> <u>Alternative Dispute Resolution (ADR)</u>

**548**

**Table 14:** Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2022

**549**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2022
Description	The proportion of formal complaints that have been referred to a Panel of the ICRC where the complaint has not yet been disposed of through a decision by an ICRC Panel.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints referred to a Panel of the ICRC for disposition within the reporting period where an ICRC Panel has not provided a decision to the registrant and complainant within the reporting period.
Denominator	Total number of formal complaints that were brought forward to a Panel of the ICRC in CY 2022. (This should align with the number from CM 6.)
Exclusions	<ul style="list-style-type: none"> <li>Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>Formal complaints that are withdrawn by the Registrar at the request of a complainant.</li> <li>All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.</li> <li>All formal complaints referred to a Panel of the ICRC for reasons other than a disposition (e.g. undertaking, investigation advice, request to summons a witness).</li> <li>Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation.</li> </ul>

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2022
	<ul style="list-style-type: none"> <li>• All health-related inquiries.</li> <li>• Formal complaints resolved through Alternative Dispute Resolution (ADR).</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• Formal complaints to the College.</li> <li>• Complaints where an appointment of an investigator has been made under s.75(1)(c).</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Formal Complaint</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u> <u>Disposal</u> <u>Alternative Dispute Resolution (ADR)</u>

**550**

**Table 15:** Context Measure – of the formal complaints that were withdrawn of in CY 2022 the rate that were withdrawn by the Registrar at the request of a complainant

551

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2022
Description	The proportion of formal complaints received that are withdrawn by the Registrar at the request of a complainant.
Calculation Method	<p>Numerator/Denominator:</p> <ul style="list-style-type: none"> <li>- Where the number of formal complaints withdrawn by the Registrar at the request of a complainant is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %.</li> <li>- Where no formal complaints were withdrawn by the Registrar at the request of a complainant, report in CPMF Reporting Tool as “0”.</li> </ul>
Numerator	Total number of formal complaints within the reporting period in which the Registrar approves the request of a complainant to withdraw the complaint.
Denominator	Total number of formal complaints filed against registrants within the reporting period including total number of formal complaints filed against registrants in previous reporting periods where the Registrar approved the request of the complainant to withdraw the complaint in the current reporting period.

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2022
Exclusions	<ul style="list-style-type: none"> <li>• Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>• All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>• Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation.</li> <li>• All health-related inquiries.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• Formal complaints to the College.</li> <li>• Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><b><u>Formal Complaint</u></b></p> <p><b><u>Formal Complaints withdrawn by Registrar at the request of a complainant</u></b></p>

**Table 16:** Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that are disposed of by the ICRC as frivolous and vexatious

553

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2022
Description	The proportion of formal complaints received that a Panel of the ICRC determines are frivolous or vexatious, and where a Panel of the ICRC takes no action with respect to the complaint.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC takes no action on the that the complaint is frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.
Denominator	Total number of formal complaints disposed of by a panel against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> <li>Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation under s. 75(1)(a) and (1)(b).</li> <li>All health-related inquiries.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>Formal complaints to the College.</li> <li>Complaints where an appointment of an investigator has been made under s.75(1)(c) under the RHPA.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022

<b>Context Measure #9(vi)</b>	<b>Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2022</b>
Data source	Local data collection by the College
Definitions	<u>Formal Complaint</u>  <u>Frivolous and vexatious</u>

**554**



**Table 17: Context Measure – Rate of formal complaints and Registrar’s Investigations that were disposed of in CY 2022 that are disposed of by the ICRC as a referral to the Discipline Committee**

555

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public	
Context Measure #9(vii)	Rate of formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2022
Description	The proportion of formal complaints and Registrar’s investigations received that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Denominator	Total number of formal complaints and number of Registrar’s investigations filed against registrants within the reporting period. These may include ADR complaints.
Exclusions	<ul style="list-style-type: none"> <li>Complaint inquiries and other interactions with the College that do not result in a formal complaint.</li> <li>Formal complaints that are withdrawn by the Registrar at the request of a complainant.</li> <li>All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>All health-related inquiries.</li> <li>Formal complaints resolved through Alternative Dispute Resolution.</li> </ul>

Context Measure #9(vii)	Rate of formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2022
Inclusion	<ul style="list-style-type: none"> <li>• Formal complaints to the College.</li> <li>• All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.</li> <li>• Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.</li> <li>• Investigations where an appointment of an investigator has been made under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Formal Complaint</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u> <u>Disposal</u> <u>Frivolous and vexatious</u> <u>Reports</u>

556

**Table 18: Context Measure – the distribution of ICRC decisions by theme in CY 2022**

**557**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #10	Distribution of ICRC decisions by theme in CY 2022
Description	The total number of each type of ICRC decision issued for each of the 10 high-level themes.
Calculation Method	<p>1. Report the total number of ICRC decisions, and the number of ICRC decisions across each of the following themes.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>- Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR”.</li> <li>- Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”.</li> <li>- In reporting on the number of each type of ICRC decision (as defined below in definitions section) across all themes, the College will already have identified the main themes applicable to the complaint or Registrar’s Investigation at the intake stage of the incoming matter. As such, when a decision is made by a Panel of the ICRC about a formal complaint or report those themes identified at intake would continue to be attributed to the matter at the decision stage.</li> <li>- Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count.</li> <li>- Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.</li> </ul>

<u>Theme:</u>	<u>Examples:</u>
<b>Advertising:</b>	Concerns that an advertisement related to a registrant's practice is in violation of a College's requirements, which depending on the profession could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory.
<b>Billing and Fees:</b>	Concerns regarding a fee, billing or account submitted by, or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, unreasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where a charge does not align with regulator's guidance on billing arrangements, block fees, payment plans.
<b>Communication:</b>	Concerns regarding a registrant's communication with a patient, a patient's relatives and/or a patient's decision makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.
<b>Competence / Patient Care:</b>	Concerns that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
<b>Intent to mislead including Fraud:</b>	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
<b>Professional Conduct &amp; Behaviour:</b>	Concerns against a registrant related to conduct that is unbecoming, disgraceful, dishonorable or unprofessional, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or a breach of confidentiality.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2022
<b>Record Keeping:</b>	Complaints regarding a registrant's financial and patient records, including retention of records and complying with the necessary privacy legislation to address the collection, access and sharing of personal health information, as appropriate. Allegations could include that the registrant failed to maintain records, include sufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).
<b>Sexual Abuse</b>	Allegations that a registrant may have committed an act of sexual abuse by means of sexual intercourse or other forms of physical sexual relations between the registrant and the patient e.g. entering into a relationship with a patient), touching, of a sexual nature, of the patient by the member/registrant, or behaviour or remarks of a sexual nature by the member/registrant towards the patient.
<b>Harassment / Boundary Violations:</b>	Sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
<b>Unauthorized Practice:</b>	Complaints that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession's scope of practice.
<b>Other:</b>	Complaints that do not fall into any of the above themes above.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2022
Exclusions	<ul style="list-style-type: none"> <li>• All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>• Complaints in which the Registrar approves the complainant's request to withdraw the complaint.</li> <li>• Complaints that are still under review at end of reporting period.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• All complaints where a decision was provided to the registrant and complainant by the College within the reporting period.</li> <li>• Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Formal Complaint</u> <u>Registrar's investigation</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u> <u>ICRC Decision</u> <u>Frivolous and vexatious</u>

**Table 19: Context Measure – the 90<sup>th</sup> percentile disposal of a formal complaint in working days in CY 2022**

**561**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(i)	90 <sup>th</sup> percentile disposal of a formal complaint in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 complaints.
Calculation Method	<p>Disposal of complaints:</p> <ol style="list-style-type: none"> <li>1. Calculate the length of time in disposing of each complaint within the reporting period.</li> <li>2. Apply inclusions and exclusion criteria.</li> <li>3. Sort the total number of disposals from shortest to longest.</li> <li>4. The 90<sup>th</sup> percentile is the number of working days where 9 out of 10 complaints have been disposed of.</li> </ol>
Exclusions	<ul style="list-style-type: none"> <li>• All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>• Complaints withdrawn by the Registrar at the request of a complainant.</li> <li>• All health-related inquiries.</li> <li>• All matters brought to a Panel of the ICRC as a result of a Registrar's Investigation as per s. 75(1)(a) or (b) of the Code.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• All complaints where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.</li> <li>• All decisions that result from a Registrar's investigation.</li> <li>• All complaints which were resolved as a result of the ADR process where applicable.</li> </ul>

Context Measure #11(i)	90 <sup>th</sup> percentile disposal of a formal complaint in working days in CY 2022
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Formal Complaint</u></p> <p><u>Registrar’s investigation</u></p> <p><u>Formal Complaints withdrawn by Registrar at the request of a complainant</u></p> <p><b>Time of Receipt:</b></p> <ul style="list-style-type: none"> <li>• <u>Complaint</u></li> </ul> <p><b>Disposal:</b></p> <ul style="list-style-type: none"> <li>• <u>Complaint</u></li> </ul> <p><u>ICRC Decision</u></p> <p><u>Frivolous and vexatious</u></p>

562



**Table 20: Context Measure  $_j$  – the 90<sup>th</sup> percentile disposal of a Registrar’s Investigation in working days in CY 2022** **563**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(ii)	90 <sup>th</sup> percentile disposal of a Registrar’s Investigation in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 Registrar’s investigations.
Calculation Method	<p>Disposal of Registrar’s investigations:</p> <ol style="list-style-type: none"> <li>1. Calculate the length of time in disposing of each Registrar’s investigation within the reporting period.</li> <li>2. Apply inclusions and exclusion criteria.</li> <li>3. Sort the total number of disposals from shortest to longest.</li> <li>4. The 90<sup>th</sup> percentile is the number of working days where 9 out of 10 Registrar’s investigations have been disposed of.</li> </ol>
Exclusions	<ul style="list-style-type: none"> <li>• All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature.</li> <li>• Complaints withdrawn by the Registrar at the request of a complainant.</li> <li>• All health-related inquiries.</li> <li>• All formal complaints.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• All Registrar’s investigations where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College

Context Measure #11(ii)	90 <sup>th</sup> percentile disposal of a Registrar’s Investigation in working days in CY 2022
Definitions	<p><u>Formal Complaint</u></p> <p><u>Registrar’s investigation</u></p> <p><u>Formal Complaints withdrawn by Registrar at the request of a complainant</u></p> <p><b>Time of Receipt:</b></p> <ul style="list-style-type: none"> <li>• <u>Registrar’s investigation</u></li> </ul> <p><b>Disposal:</b></p> <ul style="list-style-type: none"> <li>• <u>Registrar’s investigation</u></li> </ul> <p><u>ICRC Decision</u></p> <p><u>Frivolous and vexatious</u></p>

**564**

**Table 21: Context Measure – the 90th percentile disposal of an uncontested discipline hearing in working days in CY 2022**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(i)	90 <sup>th</sup> percentile disposal of an uncontested discipline hearing in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 uncontested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> <li>1. Calculate the length of time of each uncontested discipline hearing disposed of within the reporting period.</li> <li>2. Apply inclusions and exclusion criteria.</li> <li>3. Sort the total number of uncontested discipline hearing disposals from shortest to longest.</li> <li>4. The 90<sup>th</sup> percentile is the number of working days where 9 out of 10 uncontested discipline hearings have been disposed of.</li> </ol>
Exclusions	<ul style="list-style-type: none"> <li>• Appeals to the Divisional Court.</li> <li>• All active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• All uncontested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.</li> <li>• All uncontested disposal for matters that are active at the contested hearing that suddenly settle and become uncontested.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<u>Time of Receipt</u> <u>Disposal</u> <u>Uncontested Discipline Hearing</u> <u>Contested Discipline Hearing</u>

**Table 22: Context Measure – the 90th percentile disposal of a contested discipline hearing in working days in CY 2022**

**566**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(ii)	90 <sup>th</sup> percentile disposal of a contested discipline hearing in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 contested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> <li>1. Calculate the length of time of each contested discipline hearing disposed of within the reporting period.</li> <li>2. Apply inclusions and exclusion criteria.</li> <li>3. Sort the total number of contested discipline hearing disposals from shortest to longest.</li> <li>4. The 90<sup>th</sup> percentile is the number of working days where 9 out of 10 contested discipline hearings have been disposed of.</li> </ol>
Exclusions	<ul style="list-style-type: none"> <li>• Appeals to the Health Professions Appeal and Review Board or Divisional Court.</li> <li>• All active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>• All contested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Time of Receipt</u></p> <p><u>Disposal</u></p> <p><u>Uncontested Discipline Hearing</u></p> <p><u>Contested Discipline Hearing</u></p>

**Table 23:** Context Measure – the distribution of discipline findings by theme in CY 2022

**567**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #13	Distribution of discipline finding by type in CY 2022
Description	The total number of each type of finding made by a Panel of the Discipline Committee for each of the 13 high level findings for both formal complaints and Registrar’s Investigation (as identified under Findings section).
Calculation Method	<p>1. Report the total number of findings made by a Panel of the Discipline Committee across each of the following findings for all formal complaints and Registrar’s investigations.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>- Where the number under a given finding is between 1 and 5, report in CPMF Reporting Tool as “NR”.</li> <li>- Where no findings have been received for a theme, report in CPMF Reporting Tool as “0”.</li> <li>- Where there are multiple findings for a discipline decision, each finding related to the discipline decision should be included in the count.</li> <li>- Where one of the findings within a decision could be categorized under multiple categories, Colleges are asked to report the finding they deem most appropriate.</li> </ul>

Context Measure #13	Distribution of discipline finding by type in CY 2022
<u>Findings:</u>	<u>Description of Findings<sup>5</sup></u>
<b>Sexual abuse:</b>	Matters that deal with a registrant engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
<b>Incompetence:</b>	Matters where a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
<b>Fail to maintain standard:</b>	Matters where a registrant's practice did not meet reasonable expectations placed on the registrant by their College and by the profession to ensure that care is provided in a responsible, safe and ethical manner.
<b>Improper use of a controlled act:</b>	Matters that deal with circumstances where a registrant engaged in a controlled act for purposes other than its intended purpose. This can include for example, prescribing, dispensing or selling a drug for an improper purpose.
<b>Conduct unbecoming:</b>	Matters that deal with the conduct on the part of a registrant that occur outside of the practice of the profession that is contrary to the public interest, or which harms their standing of the profession in the eyes of the public.

<sup>5</sup> Colleges should apply the distribution of findings as listed here. However, Colleges may also add additional categories not listed here and make a note of it.

Context Measure #13	Distribution of discipline finding by type in CY 2022
<b>Dishonorable, disgraceful, unprofessional:</b>	Matters that deal with conduct by a registrant in the course of practising the profession that has not been foreseen by specific definitions of professional misconduct articulated by the College but would be considered by the majority of registrants to be disgraceful, dishonourable or unprofessional conduct. Such behaviour goes beyond legitimate professional discretion, or errors in judgment, and constitutes misconduct as defined by the profession – as opposed to the public.
<b>Offence conviction:</b>	Matters where the registrant has been found guilty of an offence that is relevant to the registrant’s suitability to practise.
<b>Contravene certificate restrictions:</b>	Matters where a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, or practised the profession while under suspension.
<b>Finding in another jurisdiction:</b>	Matters where the governing body of another health profession in Ontario, or the governing body of a health profession in a jurisdiction other than Ontario, has found that the registrant committed an act of professional misconduct that would, in the opinion of a discipline panel, be an act of professional misconduct as defined in the RHPA or an act of professional misconduct as defined in the profession specific regulation.
<b>Breach of orders and undertakings:</b>	Matters where a registrant has contravened, by act or omission, a restriction placed on their practice through an order by a Panel of a committee of the College or undertaking that the registrant entered into with the College.
<b>Falsifying records:</b>	Matters regarding a registrant’s financial and patient records, where the registrant was found to have intentionally falsified a record.

Context Measure #13	Distribution of discipline finding by type in CY 2022
<p><b>False or misleading document:</b></p> <p><b>Contravene relevant Acts:</b></p>	<p>Matters where a registrant signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.</p> <p>Matters where a registrant contravenes any provision of relevant Canadian legislation if the purpose of the law is to protect or promote public health (broadly defined), or if the contravention is relevant to the registrant's suitability to practise.</p>
Exclusions	<ul style="list-style-type: none"> <li>All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>All decisions issued by a Panel of the Discipline Committee communicated to the registrant and complainant (if any) within the reporting period.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Formal Complaint</u></p> <p><u>Registrar's Investigation</u></p>



**Table 24: Context Measure – the distribution of discipline orders by type in CY 2022**

**571**

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #14	Distribution of discipline orders by type in CY 2022
Description	The total number of each type of order made by a Panel of the Discipline Committee for each of type of order (as identified below under Orders section).
Calculation Method	<p>1. Report the total number of orders made by a Panel of the Discipline Committee for each type of order for all disciplinary matters relating to formal complaints and Registrar’s investigations.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>- Where the number under a given order is between 1 and 5, report in CPMF Reporting Tool as “NR”.</li> <li>- Where no orders have been received for a theme, report in CPMF Reporting Tool as “0”.</li> </ul>
<p><b>Orders:</b></p> <p><b>Revocation</b></p> <p><b>Suspension</b></p>	<p><b>Description of Orders</b></p> <p>Occurs where a Panel of the discipline or fitness to practice committee makes an order to “revoke” a certificate of registration which terminates the registrant’s registration with the College and therefore their ability to practice the profession.</p> <p>A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> <li>• Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),</li> <li>• Practice the profession in Ontario, or</li> </ul>

Context Measure #14	Distribution of discipline orders by type in CY 2022
<p><b>Terms, Conditions and Limitations on a Certificate of Registration</b></p> <p><b>Reprimand</b></p> <p><b>Undertaking</b></p>	<ul style="list-style-type: none"> <li>Perform controlled acts restricted to the profession under the <i>Regulated Health Professions Act, 1991</i>.</li> </ul> <p>Terms, Conditions and Limitations on a certificate of registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a College's website.</p> <p>A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the Panel has with their practice.</p> <p>An undertaking is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.</p>
Exclusions	<ul style="list-style-type: none"> <li>All active formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee which have not yet resulted in a decision or order from the Discipline Committee within the reporting period.</li> <li>Allegations referred to discipline that were withdrawn before a hearing is complete.</li> </ul>
Inclusion	<ul style="list-style-type: none"> <li>All decisions and orders issued by a Panel of the Discipline Committee within the reporting period.</li> </ul>
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p><u>Formal Complaint</u></p> <p><u>Registrar's Investigation</u></p>

## Glossary

# 573

**Alternative Dispute Resolution (ADR):** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 8](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#)

**Contested Discipline Hearing:** In a contested hearing, the College and Registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 21](#), [Table 22](#)

**Disposal:** The day upon which all relevant decisions were provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 13](#), [Table 14](#), [Table 17](#), [Table 19](#), [Table 20](#), [Table 21](#), [Table 22](#)

**Frivolous and vexatious:** ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.

Return to: [Table 10](#), [Table 16](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#)

**Formal Complaint:** A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 7](#), [Table 8](#), [Table 9](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#), [Table 15](#), [Table 16](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#), [Table 23](#), [Table 24](#)

**Formal Complaints withdrawn by Registrar at the request of a complainant:** Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 7](#), [Table 8](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#), [Table 15](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#)

**ICRC Decision:** Includes where a Panel of the ICRC does one or more of the following with respect to a registrant following a complaint or Registrar's investigation:

1. Takes no action,
2. Proves advice or recommendations,
3. Issues a caution, including oral and written cautions

4. Orders a specified continuing education or remediation program,
5. Agrees to an undertaking,
6. Refers specified allegations to the Discipline Committee,
7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.

Return to: [Table 18](#), [Table 19](#), [Table 20](#)

**Inactive or non-practicing registrants:** Includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.

Return to: [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#)

**Inquiry:** Within the context of this Evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College.

Return to: [Table 1](#)

**Public:** Any individual, including media and researchers, who contacts the College.

Return to: [Table 1](#)

**Registrar’s investigation:**

Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator which must be approved by ICRC. Under s. 75(1)(b) of the RHPA, where the ICRC receives information about a member/registant from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 7](#), [Table 9](#), [Table 10](#), [Table 18](#), [Table 19](#), [Table 20](#), [Table 23](#), [Table 24](#)

**Remediation activity or assessment:** The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).

Return to: [Table 4](#), [Table 5](#), [Table 6](#)

**Reports:** All mandatory reports received under s. 85.1 – 85.6.4 of the Code, and other reports which are not mandatory, but are filed by persons such as police and colleagues.

Return to: [Table 17](#)

**Response:** The College sends an individualized response to the inquiry and provides either a resolution or timelines for follow up where necessary.

Return to: [Table 1](#)

**Method of Receipt:** This refers to the form and manner in which the inquiry is received by the College. It may take the form of a phone call, email, social media or physical correspondence (e.g., letter).

Return to: [Table 1](#)

**QA activity and assessment:** The different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant's practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).

Return to: [Table 2](#), [Table 3](#)

**QI activity and assessment:** The different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual's practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.

Return to: [Table 2](#), [Table 3](#)

**Time of Receipt:** The day a Panel of the ICRC refers a matter to Discipline Committee.

Return to: [Table 21](#), [Table 22](#)

**Time of Receipt:**

- **Complaint:** The day the College receives a formal complaint regarding a registrant that contains the information required by the College to initiate an investigation (e.g., in writing or in another acceptable form, etc.).

Return to: Table 19

- **Registrar's Investigation:** The day the Registrar determines that information received about a registrant will result in a referral to a panel of the ICRC for approval of the Registrar's appointment of an investigator.

Return to: Table 20

**Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: Table 21, Table 22

**For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:**

Regulatory Oversight and Performance Unit  
Health Workforce Regulatory Oversight Branch  
Nursing and Professional Practice Division

Ministry of Health  
438 University Avenue, 10th floor  
Toronto ON M5G 2K8

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**2022 College Performance Measurement Framework (CPMF): Frequently Asked Questions (FAQs)**

**This document is considered confidential and for the use by the Colleges only.**

January 2023



**For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:**

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## **INTRODUCTION**

The following document contains Frequently Asked Questions (FAQs) developed to support an understanding of the CPMF and to ensure that all Colleges have access to the same information. Where necessary, the applicable standard, measure, or Evidence is included to provide the reader with the appropriate context and clarity.

As this is the third CPMF reporting cycle, this document has reduced the number of general FAQs about the Framework and provides one additional FAQ related to the Standards, Measures, and Evidence of the CPMF Reporting Tool.

## **WHAT HAS CHANGED IN 2022?**

Based on feedback from the Colleges and experts, the ministry has made a small number of improvements to the CPMF Reporting Tool. New for the 2022 reporting cycle, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These benchmarks were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting them. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines for improvement and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmark.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking or referencing to College documents.

## CPMF Frequently Asked Questions

581

### Q1. What is the purpose of the College Performance Measurement Framework (CPMF)?

The CPMF helps strengthen the accountability and oversight of Ontario's health regulatory Colleges (Colleges) by providing information that is transparent, consistent, and aligned across all Colleges on their performance in serving the public interest. It helps Colleges demonstrate that they have met a set of best practices (standards) related to their key statutory functions and organizational aspects. The anticipated end result is that Colleges continuously improve their regulatory performance and ensure that public confidence in the professions is maintained.

### Q2. Why does the ministry wish to measure the performance of Colleges?

The ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this commitment is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's Colleges and the public. The CPMF will assist the ministry in achieving these goals.

Measuring college performance will strengthen accountability by linking college activities to outcomes and will provide consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the Colleges' operations (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) and helps to foster trust in the ability of the health professions to regulate themselves in the interest of the public.

Finally, this work places a focus on areas of improvement, including how Colleges could better meet changing public expectations, patient needs, and delivery of care models.

### Q3. Does the CPMF intend to set the minimum level to which a College should be performing?

This third iteration of the CPMF will provide the public, the ministry and other stakeholders with information respecting a College's activities and processes regarding best practices for regulatory excellence and, where relevant, a College's performance improvement commitments.

No ranking will be made for the 2022 reporting year, however, the information that is reported on will support:

- Collection of baseline data regarding identified benchmarks.
- Identification of areas of concern that warrant closer attention; and
- Facilitation of performance improvement among Colleges.

The CPMF has been refined based on the results of, and feedback received, during the first two cycles. This reporting cycle, Colleges are asked to provide more fulsome improvement plans for benchmarks if they do not fully meet the Evidence.

**Q4. What are the main components of the CPMF?**

The CPMF is made up of six components as presented in **Table 1**.

**Table 1:** CPMF Measurement Domains and Components

1	<b>Measurement domains</b>	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	<b>Standards</b>	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	<b>Measures</b>	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	<b>Evidence</b>	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	<b>Context measures</b>	→ Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	<b>Planned improvement actions</b>	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

**Q5. What are the measurement domains and how were these determined?**

The CPMF comprises seven measurement domains that represent key areas of performance that are considered critical attributes that contribute to a College effectively serving and protecting the public interest. They are Governance; Resources; System Partner; Information Management; Regulatory Policies; Suitability to Practice; and Measurement, Reporting and Improvement.

The domains identified were based on the strength of interviews with ministry representatives and independent experts in performance measurement, evaluation, quality of care and the governing legislation. The results were supplemented by an extensive jurisdictional scan of similar initiatives and were validated by a working group comprising of College staff, members of the public, experts in performance measurement and ministry staff.

**Q6. What will the ministry do with the information collected?**

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the CPMF may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, registrants, and other stakeholders. The goal is that the collected information will be used to foster a culture of continuous improvement among health regulatory colleges.

The ministry developed a Summary Report for the 2021 reporting cycle that highlighted key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and areas where opportunities exist for colleges to learn from each other.

**Q7. How were the benchmarks determined?**

The intent of benchmarking is to encourage collaboration amongst Colleges and identify improvement opportunities at the system and College level. Benchmarks will provide information on which areas need to be further strengthened and which areas are doing well.

The CPMF 2021 Working Group reviewed and ranked Evidence in the reporting tool to determine whether it could be benchmarked. This was done based on the following criteria:

- *Importance*: whether an Evidence was vital to the College fulfilling its public protection mandate and whether benchmarking it would enable continuous improvement; and
- *Feasibility*: whether all Colleges would be able to implement an Evidence and whether progress could be tracked with respect to that Evidence

Based on the Working Group's assessment, 8 pieces of Evidence were benchmarked for the CPMF 2022 reporting tool.

**Q8. In CY 2022 there were a number of disruptions to regular business, how will the ministry account for this in its review of the College's reports?**

The ministry is aware that the data collected in 2022 will continue to be impacted by the effects of the pandemic on College operations. While most of the information requested in this reporting cycle is qualitative in nature, there may be instances where the requested data may look significantly different from other years, or where implementation of planned projects and activities have been postponed in light of the pandemic. The CPMF Reporting Tool provides the opportunity for Colleges to provide additional comments and clarification for each piece of Evidence requested.

**Q9. What if a College hasn't completed all improvement commitments identified last year?**

The ministry recognizes that Colleges may not have been able to complete all identified improvement commitments in 2021 (e.g., a College may have made a multi-year improvement commitment). The ministry encourages Colleges to highlight their continued improvement plans and/or any challenges they faced in fulfilling their improvement commitments.

**Q10. If an initiative is approved in 2022, but comes into effect in 2023, would the ministry consider the initiative fulfilled or partially meeting the requirements?**

The CPMF covers activities completed between January 1 and December 31, 2022. In most cases, Colleges should report partially implemented initiatives as "partially meets expectations" and consider providing more information in the "Additional Information" section (e.g., the date when the initiative will be fully implemented).

**Q11. Can Colleges consult with ministry staff as they complete the CPMF Reporting Tool?**

Yes. While it is up to individual Colleges to determine how best to complete the CPMF Reporting Tool, ministry staff is available to discuss any questions about the reporting expectations outlined in the CPMF Reporting Tool.

**Q12. Are there any requirements for a third-party assessor (Measure 1.2 b)?**

Third party assessments are meant to form a part of a larger framework to assess the effectiveness of Council and Council meetings (see Measure 1.2 a i-ii). Assessments can provide a subject matter expert's view on Council effectiveness with the purpose of identifying improvement opportunities (e.g., education and training for Council). Such a review does not necessarily require a full assessment of College governance.

In order to ensure a meaningful and informative evaluation, Colleges are encouraged to engage assessors who have expertise in the field of professional regulation and who do not have a conflict of role or interest.



## Ontario Reducing Wait Times for Surgeries and Procedures

Community surgical and diagnostic centres connecting people to faster, more convenient care with your health card

January 16, 2023

[Office of the Premier](#)  
[Health](#)

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TORONTO — The Ontario government is making it easier and faster for people to access the publicly-funded surgeries and procedures they need by further leveraging community surgical and diagnostic centres to eliminate surgical backlogs and reduce wait times. As the government significantly expands the number of surgeries being done through community surgical and diagnostic centres, it will do so with measures in place to protect the stability of health human resources at public hospitals, including requiring new facilities to provide detailed staffing plans as part of their application and requiring a number of physicians at these centres to have active privileges at their local hospital.

“When it comes to your health, the status quo is no longer acceptable,” said Premier Doug Ford. “Our government is taking bold action to reduce wait times for surgeries, all while ensuring Ontarians use their OHIP card to get the care they need, never their credit card.”

Community surgical and diagnostic centres have been valuable partners in responding to the pandemic and addressing the pandemic-related backlog in surgeries. Increasing community delivery of surgeries has proven to increase patient and provider satisfaction and reduces the risk of a rescheduled appointment. Surgeries performed at these centres will be publicly-funded.

Ontario has a three-step plan that better integrates and uses these state-of-the-art facilities to speed up how quickly people are able to get surgeries and procedures using their health card.

**Step One:** Ontario is urgently tackling the existing backlog for cataract surgeries, which has one of the longest waits for procedures. New partnerships with community surgical and diagnostic centres in Windsor, Kitchener-Waterloo and



Ottawa will add 14,000 additional cataract surgeries that will be performed each year. This number represents up to 25% of the province's current cataract waitlist, and accounts for the estimated COVID-related backlog of cataract surgeries. These centres will perform the 14,000 additional surgeries with existing health human resources.

586

Ontario is also investing more than \$18 million in existing centres to cover care for thousands of patients, including more than 49,000 hours of MRI and CT scans, 4,800 cataract surgeries, 900 other ophthalmic surgeries, 1,000 minimally invasive gynecological surgeries and 2,845 plastic surgeries such as hand soft tissue repair. Surgical wait lists are anticipated to return to pre-pandemic levels by March 2023, barring operational issues.

**Step Two:** To further reduce wait times, Ontario is expanding the scope of community surgical and diagnostic centres to address regional needs with a continued focus on cataracts, as well as MRI and CT imaging and colonoscopy and endoscopy procedures. To start as early as 2023, these procedures will be non-urgent, low-risk and minimally invasive and, in addition to shortening wait times, will allow hospitals to focus their efforts and resources on more complex and high-risk surgeries.

**Step Three:** Early detection and diagnosis of a health issue has an immense benefit on a patient's quality of life, prognosis and treatment path. As a next step, the government will introduce legislation in February that will, if passed, allow existing community diagnostic centres to conduct more MRI and CT scanning so that people can access publicly funded diagnostic services faster and closer to home. Starting in 2024, this next step will also expand surgeries for hip and knee replacements. Legislative changes will also, if passed, strengthen oversight of community surgical settings so that patients can continue to expect to receive the world class care they know and deserve and provide the province with more flexibility to continue to expand access to more surgeries and further reduce wait times. As the province expands the role of community surgical and diagnostic centres, Ontario Health and the Ministry of Health will continue to work with system partners and clinical experts to put in place the highest standards for quality and safety.

"Timely and convenient access to surgery and diagnostic imaging is critical to keeping people healthy," said Sylvia Jones, Deputy Premier and Minister of Health. "This plan will boost the availability of publicly funded health services in Ontario, ensuring that Ontarians currently waiting for specialized surgeries will have greater access to the world class care they need, where and when they need it."

As the government shortens wait times using community surgical and diagnostic centres, Ontario Health will ensure that these centres are included in regional health system planning. Funding agreements with new community surgical and diagnostic centres will require these facilities to work with local public hospitals to ensure health system integration and linkages, including connection and reporting into the province's wait times information system and participation in regional central intakes, where available. Community surgical and diagnostic centres will also coordinate with local public hospitals to accept patients that are being referred, ensuring people get the surgery they need as quickly as possible.

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#### Quick Facts

- There are currently 206,000 people estimated to be waiting for surgical procedures. For reference, last fall, there were approximately 209,000 patients waiting for a hospital operating room-based surgical procedure in Ontario, and about 200,000 before the pandemic. Further information on surgical wait times is available [here](#).
  - Community surgical and diagnostic centres licensed under the Independent Health Facilities Act currently perform approximately 26,000 OHIP-insured surgeries and procedures annually.
  - Ontario is investing \$300 million in 2022/23 as part of the [surgical recovery strategy](#) to increase scheduled surgeries and procedures, as well as appropriate diagnostic imaging services with a focus on areas with the greatest reduction in services due to the COVID-19 pandemic.
  - Ontario's surgical recovery strategy prioritizes patients waiting longer than recommended in clinical guidelines. In 2022/23, the government continues to offer premiums to hospitals to support completion of over 200,000 surgeries and procedures.
  - The government is also investing in digital tools to enhance coordination of surgical services between hospitals and enable better patient flow through the implementation of the Centralized Waitlist Management (CWM) program.
  - Investments in the CWM program are providing funding for regionally led projects across the province that support a more equitable distribution of surgical cases and reductions in patient wait times, as well as for Ontario Health's development of the technical infrastructure required to support centralized waitlist management at the provincial level.
-

"Ontario's hospitals have a long history of leadership in clinical innovation and working collaboratively to implement new ways to reduce wait times and deliver exceptional patient-centred care in a safe and timely manner. The Ontario Hospital Association (OHA) welcomes the opportunity to work together with government and system partners to integrate Community Surgical Centres into Ontario's health care system and establish new partnerships between hospitals and community-based surgical clinics to help ensure access to care for patients. Given the hugely disruptive impact of the COVID-19 pandemic on hospitals, health human resources and wait times for services, it is essential that the expanded use of Community Surgical Centres into new areas of clinical activity take place in a planned manner with appropriate change management and risk management measures in place. As always, by working together as Team Ontario, we can overcome any challenge and deliver on our shared commitment to strengthening our public healthcare system in service of the people of Ontario."

**- Anthony Dale**  
**President and CEO, Ontario Hospital Association**

"As a surgeon, I feel any measure that will allow for more surgeries and cut wait times should be considered. Expanding the scope of Community Surgical Centres is a measure that could potentially help reduce wait times across the province. With the proper safeguards that ensures staffing in hospitals won't be impacted and IHFs are affiliated with existing hospitals to support patients throughout their care journey, this could benefit many patients and families in Ontario. We look forward to working with the Ontario government to develop this model to best serve Ontarians."

**- Dr. Amit Atrey**  
**Assistant Professor of Orthopaedics University of Toronto Staff Trauma & Arthroplasty surgeon, St Michael's Hospital**

"Experience elsewhere has shown that providing outpatient surgeries and procedures in the community greatly improves the patient experience. Patients get their surgeries sooner, have lower rates of infection and get to go home the same day. We look forward to working with the government to develop a strategy to make sure these new centres do not take resources away from hospitals or exacerbate existing health human resources challenges."

**589**

**- Dr. Rose Zacharias  
President, Ontario Medical Association**

"This is an important solution that can help address wait times, one of the biggest structural problems in the health-care system. The OMA looks forward to working with the government to implement this model of care that will expand capacity throughout the health-care system. Integrating these new centres with hospitals and the broader health-care system will help ensure high-quality care and patient safety and free up beds and operating rooms for emergency, acute and complex cases."

**- Allan O'Dette  
CEO, Ontario Medical Association**

"Sunnybrook has had success in reducing patient wait times for both low risk and complex surgeries by partnering with health care organizations outside of the hospital to perform endoscopies, cataract procedures, and hearing loss treatments. We have also been able to achieve reductions in wait times by partnering on regional models of care with our fellow hospitals. Reducing wait times is a priority for everyone in health care and it is an issue that requires innovation and investment on a number of fronts. From embracing new models of care to ensuring our most important resource, our people, have the support they need to succeed, we are committed to improving the Ontario health care system in every way possible. We look forward to working with the government to ensure all Ontarians are able to access care in a timely and safe manner."

**- Dr. Andy Smith  
President and CEO, Sunnybrook Health Sciences Centre**

"Today's announcement, focused on day surgeries which provide patients with improved quality of life, is an important step in helping to reduce the surgical backlog and getting people the surgeries they need in a timely manner, all while protecting universal access. I look forward to working with the government, system partners and the potential centre's to develop the framework needed to maintain the integrity of our public system regarding staffing and quality assurance."

- Dr. Kevin Smith  
President and CEO, University Health Network

"Community-based surgical facilities can help ensure timely access to safe, high quality and personalized care. With the significant and growing backlog of surgical procedures, today's announcement is a positive step forward for patients, communities and the Ontario health system. We look forward to working with government and partners to ensure an integrated and sustainable approach."

- John Yip  
President and CEO, SE Health

"We are committed to reducing wait times so that all Ontarians can get timely access to quality care. In partnership with health system providers, and informed by best practice, data and evidence, we will ensure system integration that supports provincial reporting, coordinated planning and equitable access for patients across the province."

- Dr. Chris Simpson  
Executive Vice President Medical, Ontario Health

"The Ontario Association of Radiologists welcomes the government's plans to reduce wait times for surgical and diagnostic services. Ontario's healthcare system was tested during the COVID-19 pandemic, and while it continues to recover, innovation is necessary to overcome systemic challenges. As the government moves forward with these investments and system improvements, protecting hospitals' health human resources will be critical to the success of these initiatives. This will require continued investments in training and re-skilling programs, that will both support the ongoing surge in healthcare demands and lead to more rewarding careers for Ontarians. Diagnostic and Interventional Radiologists remain committed to working alongside the government and Ministry to provide high-quality diagnostic care to Ontario patients."

- Dr. David Jacobs  
President , Ontario Association of Radiologists

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#### Additional Resources

- [Plan to Stay Open: Health System Stability and Recovery](#)

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#### Media Contacts

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Minister Jones' Office

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**Subject:** FW: College against surgery centres

**From:** Jo-Ann Willson <jpwillson@cco.on.ca>  
**Sent:** January 13, 2023 8:05 AM  
**To:** Rose Bustria <RBustria@cco.on.ca>  
**Subject:** FW: College against surgery centres

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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Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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](mailto:reception@cco.on.ca) and your inquiry will be directed appropriately.

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HEALTH CARE

# College against surgery centres

Hospitals would lose staff, wait times to grow, docs warn

**ROB FERGUSON**  
QUEEN'S PARK BUREAU

Hospitals will lose staff and waits for urgent care will grow if Premier Doug Ford opens privately operated independent surgical centres to clear a backlog from the COVID-19 pandemic, warns the regulatory body for Ontario's doctors.

The shot across the bow from the College of Physicians and Surgeons of Ontario came a day after Ford said "we need to have facilities like that to take the burden off the hospitals."

He pledged "the same standards, the same actual (doctors) being able to go there on their spare time."

Details are expected from the government next week.

College registrar Dr. Nancy Whitmore raised concerns that new facilities will not be connected to hospitals and will draw doctors, nurses and other medical professionals away from a public health-care system struggling with staff shortages after three gruelling years of COVID-19.

"Many months ago, we were consulted and shared our opinion that stand-alone surgical centres need to be connected to the hospital system to ensure continuity of care and patient safety," Whitmore said in a statement Thursday.

"We also shared that this wasn't the solution to the health-care crisis and would further tax our health human resources shortages and further increase wait times for more urgent hospital-based care,"



Whitmore added.

"We have not recently been engaged in the conversation and were not informed that this was being announced or implemented."

At a news conference in Etobicoke on Wednesday, Ford told reporters "we need to be bold, we need to be innovative ... we need to look to other provinces and countries to see what they're doing differently and for the best ideas."

He stressed health care must remain publicly funded and universally available.

"People don't care where they have to go as long as it has the same regulations, same top notch doctors that are working in the hospital," Ford said, citing knee replacements, hip replacements and cardiac operations as possibilities,

and mentioning the privately owned Shouldice Hospital for hernias as an example of a model.

"These are no-brainers," Ford said.

Ford also issued an assurance: "Ontarians will always access the health care they need with their OHIP card, never their credit card."

The Liberals said any new health-care facilities must be not-for-profit entities to prevent losses of staff that could undermine the public health system.

"We don't have enough front-line workers to care for those who need care," interim Liberal Leader John Fraser told a news conference.

"Ontarians deserve a publicly funded health-care system where the only shareholders that count are the people they are caring for."

**Premier Doug Ford stressed that health care must remain publicly funded and universally available in Ontario.**

TIJANA MARTIN  
THE CANADIAN PRESS

# Lisa Marie Presley dies of heart attack at 54

**STEFANIE DAZIO AND KRISTIN M. HALL**

LOS ANGELES Lisa Marie Presley — the only child of Elvis Presley — died Thursday after being hospitalized earlier that day, her mother said in a statement. The singer was 54.

"It is with a heavy heart that I must share the devastating news that my beautiful daughter Lisa Marie has left us," Priscilla Presley said in a statement Thursday evening. "She was the most passionate, strong and loving woman I have ever known."

The announcement came just hours after Priscilla Presley had confirmed that Lisa Marie Presley was rushed to the hospital earlier Thursday. Los Angeles County paramedics were dispatched to a Calabasas home at 10:37 a.m. following a report of a woman in full cardiac arrest, according to Craig Little, a spokesperson for the county's fire department. Property records indicate Presley was a resident at that address.

Paramedics arrived about six minutes later, Little said. A subsequent statement from the Los Angeles County Sheriff's Department said paramedics performed CPR and "determined the patient had signs of life" before taking her to a hospital in nearby West Hills immediately. The city of Calabasas is nestled between the foothills of the Santa Monica and the Santa Susana Mountains, about 50 kilometres northwest of downtown Los Angeles.

News of Presley's hospitalization was first reported by TMZ and later confirmed by People magazine.

THE ASSOCIATED PRESS



# Ontario releases 3-step plan to invest in for-profit care to reduce surgical backlog



**Katherine DeClerq**, CTV News Toronto Multi-Platform Writer  
@KateDeClerq

# 594

Published Monday, January 16, 2023 5:17AM EST

Last Updated Monday, January 16, 2023 11:04AM EST

Ontario has released a new three-step plan that will see some for-profit community surgical and diagnostic centres take on more responsibilities, including additional surgeries and other medical procedures.

Speaking to reporters Monday morning, Health Minister Sylvia Jones said this will help reduce wait times and eliminate surgical backlogs.

"We need to be bold, innovative and creative," she said. "We need to build on the spirit of collaboration on display across the health-care sector."



The government said surgical wait lists should return to pre-pandemic levels by March 2023 under this plan. **RELATED STORIES**

The first step would be to invest in "new partnerships with community surgical and diagnostic centres" to reduce the waitlist for cataract surgeries, ensuring 14,000 more surgeries will be performed each year.

**Ford government will expand use of private surgical clinics in Ontario, sources say**

The government will also invest more than \$18 million in existing centres to cover other procedural care such as MRI and CT scans, ophthalmic surgeries, minimally invasive gynecological surgeries and plastic surgeries.

The announcement, which was made jointly by Jones and Premier Doug Ford, comes as health-care experts warn about the possibilities of exacerbated staffing shortages in hospitals.

Experts have questioned why the Ford government would invest further in independent centres instead of providing support to the public sector.

Last week the College of Physicians and Surgeons of Ontario said any expansion of private surgical centres would create challenges for hospitals.

"Many months ago, we were consulted and shared our opinion that stand-alone surgical centers need to be connected to the hospital system to ensure continuity of care and patient safety," Registrar and CEO Dr. Nancy Whitmore said in a statement.

"We also shared that this wasn't the solution to the health care crisis and would further tax our health human resources shortages and further increase wait times for more urgent hospital-based care."

Dr. Michael Warner, a physician at Toronto's Michael Garron Hospital, said unless the government plans on training a new group of staff, it's "unclear how this plan will not reduce staffing levels in public hospitals."

"Where the people going to come without cannibalizing staff for public hospitals," he asked on Twitter before the announcement.

This is a breaking news story. More to come.

## PHOTOS



Ontario Premier Doug Ford and Minister of Health Sylvia Jones attend a news conference at the Michener Institute of Education in Toronto, Thursday, Dec. 1, 2022. THE CANADIAN PRESS/Chris Young

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## Your Health: A Plan for Connected and Convenient Care

Ontario government connecting people to convenient care, close to home

February 02, 2023

[Health](#)

ITEM 4.1.39

595

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TORONTO — The Ontario government today released [Your Health: A Plan for Connected and Convenient Care](#). The plan focuses on providing people with a better health care experience by connecting them to more convenient options closer to home while shortening wait times for key services across the province and growing the health care workforce for years to come.

“When it comes to your health and the health of all Ontarians, the status quo isn’t working,” said Sylvia Jones, Deputy Premier and Minister of Health. “As we put our bold plan into action, you will be connected to care when you need it most and where it’s most convenient, whether that’s closer to home in your community or even at home.”

The plan lays out a broad series of initiatives under three pillars: The Right Care in the Right Place, Faster Access to Care and Hiring More Health Care Workers. Designed to work together and work for people, these pillars will deliver connected and convenient care in hospital emergency rooms, in community settings like pharmacies and community organizations and doctors’ offices, in long-term care homes and through care delivered right at home.

Key initiatives in the plan include the following, some of which are being implemented immediately as the province takes action to address pressing issues, while other changes will take time but are still important to improving the care people receive:

### **Pillar One: The Right Care in the Right Place**

- Expanding the role of pharmacists so that people can connect to care closer to home at their local pharmacy, and giving family doctors more time for appointments with people who need more specialized care for more serious concerns. As of January 1, 2023, pharmacists are able to [prescribe medications for 13 common ailments](#) to people across Ontario at no extra cost. As of

January 29, 2023, nearly 40,000 assessments for minor ailments have been completed and over 31,000 prescriptions have been issued, with 65 per cent of pharmacies across all public health units having provided minor ailment services and increasing.

**596**

- Making it faster and easier for youth to connect to mental health and substance use support, primary care, social services and more by adding eight additional Youth Wellness Hubs to the 14 that are already operating across the province.
- Expanding team-based care through Ontario Health Teams to better connect and coordinate people's care within their own community by improving their transition between various health care providers and ensuring their health records follow them wherever they go for care. Introducing new primary care networks under Ontario Health Teams and expanding team models of primary care with up to 1,200 more physicians being added to family health organizations.

### **Pillar Two: Faster Access to Care**

- Making it easier and faster to get publicly funded surgeries and [procedures by further leveraging the support of community surgical and diagnostic centres](#) to eliminate surgical backlogs and reduce wait times. This includes investing more than \$18 million in existing centres to cover care for thousands of patients, including more than 49,000 hours of MRI and CT scans, 4,800 cataract surgeries, 900 other ophthalmic surgeries, 1,000 minimally invasive gynecological surgeries and 2,845 plastic surgeries.
- Providing paramedics more flexibility to treat people who call 9-1-1 at home or on scene in the community rather than in emergency rooms. Successful 9-1-1 models of care have been expanded in more than 40 communities across the province, resulting in patients receiving the care they needed up to 17 times faster with 94 per cent of patients avoiding the emergency room in the days following treatment.
- Building almost 60,000 new and upgraded long-term care beds to help address wait lists for long-term care and ensure seniors are being cared for in the right place, where they can connect to more supports, activities and social activities. This is in addition to the more than 3,500 hospital beds added across the province in the last three years to ensure access to hospital care when it is needed.

### **Pillar Three: Hiring More Health Care Workers**

- Moving forward with the largest medical school education expansion in more than a decade by adding 160 undergraduate seats and 295 postgraduate

positions over the next five years. This expansion includes the new Toronto Metropolitan University's School of Medicine that recently found its new home in Brampton.

- Expanding education and training opportunities for those interested in working in health care, including expanding the [Learn and Stay grant](#) that is helping over a dozen growing and underserved communities grow their health care workforce by covering the costs of tuition, books and other direct educational costs for postsecondary students who enroll in high-priority programs in return for working in those communities for up to two years after they graduate.
- Introducing new "[As of Right](#)" rules that will allow health care workers registered in other provinces and territories to immediately start working and caring for people without first having to register with one of Ontario's health regulatory colleges.

Your Health: A Plan for Connected and Convenient Care will put Ontarians back in charge of their health, making it easier to navigate care at every stage of their life, providing more ways to receive care closer to home, and ensuring that people will be able to get the care they need faster, when it can have the greatest impact to their health.

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#### Quick Facts

- Ontario is investing \$300 million in 2022/23 as part of the [surgical recovery strategy](#) to increase scheduled surgeries and procedures, as well as diagnostic imaging with a focus on areas with the greatest reduction in services due to the COVID-19 pandemic.
  - Across the province, 54 [Ontario Health Teams](#) are working to improve transitions between health providers and to make sure a patient's medical record follows them wherever they go for care. They are also focused on embedding home care and primary care services so that care can be provided at home or in the community.
  - In 2022, the Ontario government introduced its [Plan to Stay Open: Health System Stability and Recovery](#), a five-point plan to provide the best care possible to patients and residents while ensuring the resources and supports are in place to keep the province and economy open.
  - In 2020, the Ontario government released the [Roadmap to Wellness](#) supported by an investment of \$3.8 billion over 10 years, with a vision of creating a mental health and addictions system where everyone has high-quality and easily accessible mental health and addictions support available to them throughout their lifetime.
-

"The Your Health plan is helping connect Ontarians with the care they need when they need it. As part of our plan, we're providing long-term care residents with faster, more convenient access to diagnostics services. Starting with two pilot projects in Toronto and Barrie, we're working to expand access to diagnostics services to residents across Ontario."

**- Paul Calandra**  
**Minister of Long-Term Care**

"As we continue to prioritize a strong health care workforce in the years ahead, expanding bold initiatives like the new Learn and Stay Grant will help train the next generation of health care workers to support communities with the greatest need. By providing targeted financial incentives to encourage students to learn and work in priority regions, the Learn and Stay Grant will ensure that our health care professionals get the training they need to make immediate impacts in their local communities. This is an historic investment in our students and in the future of our health care workforce in Ontario, and will be a game changer for communities across the province."

**- Jill Dunlop**  
**Minister of Colleges and Universities**

"Our One Stop Talk virtual walk-in counselling program is connecting children, youth, and their families with convenient and timely mental health services where and when they need them. Creating low-barrier services like One Stop Talk is an important foundational piece to the continuum of care we are building here in Ontario as outlined in the Road Map to Wellness."

**- Michael Tibollo**  
**Associate Minister of Mental Health and Addictions**

"It is time for renewal in our health system. Working with government and providers across the system, we are committed to building on what works and exploring innovative approaches to care that support a better connected and integrated care experience for patients and their families."

**599**

**- Matthew Anderson  
President and CEO of Ontario Health**

"The Minor Ailments program in Ontario is already having a positive impact. Since the launch of the program on January 1st, Ontario's pharmacists have already helped more than 30,000 people get access to the care they need for minor ailments including UTIs, pink eye and cold sores. We commend the Ontario government for taking this important step to make care more convenient. Looking ahead we need to continue to leverage the expertise and training of pharmacy professionals to make care more accessible for Ontarians and to help take pressure off other areas of our health system."

**- Justin Bates  
CEO of the Ontario Pharmacists Association**

"Primary care is the foundation of our health care system and team-based primary care provides comprehensive services that Ontarians need. We are thrilled to see the new investment in team-based primary care including family health teams in today's announcement and we look forward to working with the government and our primary care partners and providers across the province to expand access to team-based primary care."

**- Kavita Mehta  
CEO of the Association of Family Health Teams of Ontario**

"Spectrum Health Care welcomes the government's ongoing commitment to improve access to care at home and to continue to invest in expanding home care as outlined in the plan released today. This will help keep patients out of hospital and allow them to access quality care where they want to receive it – in their homes. We are glad to see the future of home care prioritized by this government."

**- Sandra Ketchen  
President and CEO of Spectrum Health Care**

"Addictions and Mental Health Ontario is pleased that the Ontario government is investing in practical supports that will help millions of Ontarians connect with care who struggle with their mental health or substance use. This announcement will help to ensure that young people receive the necessary support they deserve and continue to build on the work of the Roadmap to Wellness in Ontario."

**- Alisha Tharani  
CEO of Addictions and Mental Health Ontario**

"The Ontario Personal Support Workers Association (OPSWA) is pleased to hear about the announcement today of the newest Ministry of Health initiative: "Your Health: A Plan for Connected and Convenient Care." This holistic and comprehensive approach will see the beginnings of a regulatory structure for front-line health care workers in Ontario. The Oversight Authority will embed professional respect for the Personal Support Workers (PSWs) in Ontario and prepare the province for the promised 24,000 new PSWs with a structure being built to protect our patients. The OPSWA looks forward to continuing to work with this government toward the improvement of health care in this province."

**- Miranda Ferrier  
CEO of the Ontario Personal Support Workers Association**



"Creating practice ready assessments for internationally trained physicians means we could have more doctors working in Ontario by this summer, seeing patients who may not have a doctor, catching up on the pandemic backlog of care and helping to relieve the strain on the health-care system. The OMA looks forward to supporting and mentoring these new physicians."

- Allan O'Dette  
CEO of the Ontario Medical Association

"We are pleased the government's plan includes measures to further integrate the health-care system, which Ontario's doctors have been recommending in our Prescription for Ontario. We believe that every patient should have access to a family doctor and a team of health-care providers. Family doctors and team-based care are critical components of an effective health-care system. We look forward to working with the government to improve patient access to care."

- Dr. Rose Zacharias  
President of the Ontario Medical Association

"Home Care Ontario applauds the government for recognizing the critical role home care plays in Ontario's health system. Today's plan says it best - 'The only thing better than having care close to home, is having care in your home.' Now is the time to put those words into action. The government can capitalize on its historic investments by fast tracking funding to home care in order to stabilize and grow the sector."

- Sue VanderBent  
CEO of Home Care Ontario

"We are pleased to see the Ontario government recognize the important role of family doctors and primary care in our health system. The actions taken in this plan will improve local primary care planning, access to team-based care, and will support the training and development of more family physicians in Ontario. These are aligned with recommendations from our plan of action, Solutions for Today: Ensuring every Ontarian has Access to a Family Doctor. Today's announcement is a step in the right direction, and we look forward to working closely with the government to ensure all Ontarians have timely access to a family doctor."

**- Dr. Mekalai Kumanan  
President of the Ontario College of Family Physicians**

"The Nurse Practitioners' Association of Ontario (NPAO) is grateful to the Government of Ontario and the Minister of Health, Sylvia Jones, for the initiatives included in the "Your Health" plan to better leverage Nurse Practitioners in Ontario. There are more than a dozen communities seeking to have a Nurse Practitioner-Led Clinic to improve access to care for patients. Nurse Practitioners will play a critical role for an efficient and effective healthcare system in Ontario. Initiatives to train more Nurse Practitioners to deliver patient-centered care is valuable and needed for Ontarians. Ontario needs more Nurse Practitioners."

**- Dana Cooper  
Executive Director of the Nurse Practitioners' Association of Ontario**

"As the health care system recovers from the COVID-19 pandemic and civil emergency, the Ontario Hospital Association (OHA) thanks the Government of Ontario for its strong, ongoing support of Ontario's hospitals. After almost three years of grappling with a once-in-a-century public health crisis, on behalf of Ontario's hospitals the OHA is grateful for the new investments, resources and policies that are helping to strengthen our province's health care system. During the pandemic, Ontario's hospitals rose to every challenge in service of the people of Ontario. In its aftermath, hospitals will continue to lead and work closely with the government and our other partners, to overcome the challenges facing our health system, reduce wait times and improve access to care for patients."

- Anthony Dale  
President and CEO of the Ontario Hospital Association

"Children's Mental Health Ontario is very appreciative of all investments in the child and youth mental health sector, one that has been historically underfunded. We look forward to the continued implementation of the Roadmap to Wellness, and the required new investments to stabilize the system, that will eventually maximize its capacity to meet the needs of Ontario's children, youth and their families."

- Tatum Wilson  
CEO of Children's Mental Health Ontario

"The OAPC supports investments and programs that help put less pressure on emergency departments and get paramedics back on the road providing care in the community as quickly as possible. We welcome the announcement of \$23.1 million to expand dedicated offload nurses and healthcare workers in hospitals in places where we didn't have access to these supports. We also welcome programs that ensure patients get the care they need without having to go to a hospital. These are positive changes that put patients first and allow paramedics, with our healthcare partners, provide the right care, at the right time, in the right place."

- Mike Sanderson  
President of the Ontario Association of Paramedic Chiefs

"We appreciate the government's ongoing commitment to the Roadmap to Wellness: a plan to build Ontario's mental health and addictions system. These program-based investments in the mental health and addictions sector allow us to reach different populations and those in need."

- Camille Quenneville  
CEO of the Canadian Mental Health Association Ontario

"OnPharm-United, and the over 600 independent pharmacies we represent across Ontario, are excited to see the progress being made on increasing access to care. The Government of Ontario's announcement earlier this year to allow pharmacists to assess and prescribe treatment for 13 minor health ailments has already been a game changer. We applaud the government's diligence for finding innovative ways to improve our health care system and for keeping pharmacy as part of the solution. We look forward to continued collaboration to give Ontarians faster and more convenient care."

- Sherif Guorgui  
Co-CEO of OnPharm-United

"Home and community care is a vital component of our health system. We are encouraged that Ontario acknowledges long term strategies and sustainable funding are necessary for home and community support to create an integrated health system that ensures Ontarians receive services and live where they want to, in their home and communities."

- Deborah Simon  
CEO of the Ontario Community Support Association

"The Medical Laboratory Professionals' Association of Ontario applauds the government's recognition of the critical role that Ontario laboratories play in our health system. This investment will bolster the number of Medical Laboratory Technologists, who interpret testing and provide physicians with the information needed to diagnose and treat patients. This support will result in better healthcare for all Ontarians."

- Michelle Hoad

**CEO of the Medical Laboratory Professionals' Association of Ontario**

"PAs in Ontario and across Canada applaud this important announcement today. This is the first increase to the number of training spots in a decade. This announcement will bring more PAs to hospitals, EDs, surgical suites and to communities without access to a family doctor."

- Kevin Dickson

**President of the Canadian Association of Physician Assistants**

"RNAO is thrilled the government heeded our advice and is funding additional nursing seats: 1,000 RNs, 500 RPNs and 150 NPs, starting in 2023-2024. We are pleased funding will be tied to innovative baccalaureate nursing programs including second entry, compressed programs, and RPN to BScN bridging programs as per RNAO's Nursing Through Crisis report. Applications to BScN and NP programs are higher than ever. To retain new graduates, competitive compensation and appropriate workloads are a must. Nurses are key to strengthen our health system. Too many Ontarians lack access to primary care and we urge Premier Ford to move aggressively to expand Nurse Practitioner led-clinics (NPLC) and deliver on RN prescribing."

- Dr. Doris Grinspun

**CEO of the Registered Nurses' Association of Ontario**

"The Ontario Occupational Health Nurses Association (OOHNA) and the over 350 occupational health nurses we represent across Ontario applaud today's announcement by the government to address head-on the challenges we face when it comes to our Health Human Resources. Nursing is a calling, but many are experiencing a whole host of challenges. These measures announced today will help with the retention and recruitment of nurses, and OOHNA will continue to support collaborate initiatives going forward that help to retain and recruit nurses to Ontario."

- Lina Di Carlo

**Executive Director of the Ontario Occupational Health Nurses Association**

"We applaud the Government's newly announced strategies to accelerate access to healthcare services, providing an important foundation for addressing current health system challenges while fostering equitable care and services for all Ontarians. The province's successful implementation of access to minor ailments services through community pharmacies is a shining example of providing care close to home. We look forward to continued partnership with the Government to further develop pharmacies as community health hubs providing convenient and accessible care to Ontarians."

- Sandra Hanna

**Chief Executive Officer of the Neighbourhood Pharmacy Association of Canada**

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#### **Additional Resources**

- [Your Health: A Plan for Connected and Convenient Care](#)
- [Ontario Connecting Long-Term Care Home Residents to More Diagnostic Services](#)
- [Ontario Expanding Mental Health Services for Children and Youth in Every Corner of the Province](#)
- [Ontario Expanding Learn and Stay Grant to Train More Health Care Workers](#)
- [New "As of Right" Rules a First in Canada to Attract More Health Care Workers to Ontario](#)
- [Ontario Reducing Wait Times for Surgeries and Procedures](#)
- [Pharmacists Now Treating Thirteen Common Ailments and Renewing Prescriptions for Most Medications](#)

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**607**

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608

# Your Health

A Plan for Connected and Convenient Care



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## Table of Contents

<b>A Message from the Minister</b> .....	<b>5</b>
<b>A Vision for Patient-Centred Care</b> .....	<b>7</b>
<b>Building on a Strong System: Actions to Date</b> .....	<b>9</b>
<b>A Plan for Connected and Convenient Care</b> .....	<b>12</b>
<b>Pillar One: The Right Care in the Right Place</b> .....	<b>14</b>
Expanding care at your local pharmacy .....	15
Improving access to care at home .....	17
Improving access to mental health and addictions services .....	18
Connecting you to health information 24/7 .....	21
Expanding Ontario Health Teams to deliver care in your communities .....	23
Bringing together primary care .....	25
<b>Pillar Two: Faster Access to Care</b> .....	<b>27</b>
Reducing wait times for surgeries and procedures .....	27
Faster access to emergency care .....	30
Building new hospitals and adding more beds .....	33
Relieving pediatric pressures on hospitals .....	34
Improving long-term care, reducing wait lists .....	36
Enhancing diagnostic services for long-term care residents .....	37
Supporting end-of-life care .....	38
Expanding access to mental health and addiction treatment in your communities .....	38

**Pillar Three: Hiring More Health Care Workers** ..... 40

    Expanding the Ontario Learn and Stay Grant ..... 41

    Helping those who want to work in Ontario. .... 42

    Reducing fees for nurses. .... 43

    Investing in educating and training our health workforce ..... 44

    Maximizing expertise of health care workers ..... 48

**Long-Term Support: The Capacity Plan** ..... 50

**Measuring and Reporting Progress** ..... 51



## A Message from the Minister

Since being appointed Ontario's Minister of Health, I have travelled across the province to the frontlines of our health care system.

I have seen the delivery of world-class cancer care in Toronto, lifesaving pediatric care in Ottawa, state-of-the-art mental health care in Penetanguishene, and I've had the opportunity to engage with dedicated health care workers across the province.

I have witnessed the brilliance of our health care workers and their dedication to providing care to their patients. I've met with nurses, doctors, personal support workers, pharmacists, hospital leaders and health professionals in long-term care homes and those who provide care directly in your homes. I've been grateful to hear from many of them that they are collaborating across the health sector in higher numbers than ever before.

But I have also seen that our health care system and our health care workers are under incredible pressure. For too many people, health care is too hard and slow to access.

The status quo is not working. Too many people are waiting too long to get an appointment or surgery, having to travel too far to get care, and spending too much time trying to navigate our health care system.

We can't accept this. We won't.

We need to be bold, innovative and creative. We need to build on the spirit of collaboration on display across the health care sector. We need to have the courage to look to other provinces and countries and borrow the best of what the world is already doing. And we need to be clear: Ontarians will always access the health care they need with their OHIP card, never their credit card.

## Our goal is to make health care more convenient for Ontarians by connecting you to care closer to home.

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We will do this by increasing access to services in health care settings near you – like in pharmacies by increasing the number of assessments and treatments that can be provided by your local pharmacist without a doctor's appointment. By expanding the number of community surgical and diagnostic centres. By cutting wait times for services like MRI and CT scans and cataract surgeries. And by expanding access to home and community care services so you can stay safely at home.

Over the last several years we have made progress. We have expanded Ontario's health workforce with more doctors, nurses and personal support workers. We're building new hospitals in every region of the province. We're adding nearly 60,000 new and upgraded long-term care beds and increasing the amount of care residents receive so seniors can live with dignity.

But we must do more – and we are doing more.

*With Your Health: A Plan for Connected and Convenient Care* we will continue to prioritize making it easier for you and your family to connect to the care you need, whether that's by expanding access to services in your home or community, giving you the choice to book or take an appointment virtually, or ensuring a hospital bed is there for you when you need it.

We are preparing for the future by putting aside the ideas of the past. We are focused on connecting you to the care you need, when and where you need it.



**Sylvia Jones**

Deputy Premier  
and Minister of Health

## A Vision for Patient-Centred Care

Our core promise to every person in Ontario is this: you will be connected to the health care you need when you need it.

Whether it's an unplanned 3:00 a.m. trip to the emergency room with your child or a routine check-up with your family doctor.

Whether your aging mother needs more support to keep living in the family home she loves, or you need cataract surgery to fix a problem that's been bothering you for years.

Whether you live in a big city, small town or in a remote spot in the north.

*Your Health: A Plan for Connected and Convenient Care* puts people at its heart, by adding and expanding health care services closer to home.

We are taking action to strengthen all aspects of health care, particularly where you access it most frequently – in hospital emergency rooms, in community settings like pharmacies and doctors' offices, in long-term care homes and through care delivered right in your own homes.



We know we can't do it alone. That's why we're hiring and training more doctors, nurses and personal support workers to help us deliver on that promise.

This long-term plan is built on three pillars: The Right Care in the Right Place, Faster Access to Care, and Hiring More Health Care Workers. By focusing on improving the health care experiences of Ontarians and growing our health care workforce, we will improve the quality of health care delivery across the province for years to come.

Some of these changes will happen immediately as we take action to address pressing issues. Other changes will take time. They will be phased in over the months and years ahead as we educate and graduate new health care workers, build new hospitals, community surgical and diagnostic centres and long-term care homes, and deliver care in new and innovative ways. But over time, you will see and feel real improvements in the care you receive as we build a better health care system for the future.

You will have more information and better tools to make the right decisions about your health.

You will be able to book more appointments online or take an appointment virtually.

It will become faster and easier for you to connect to the health services you need in your community or at home, no matter where you live.

You will experience shorter wait times for key services – like surgeries, emergency care and supports for mental health and addictions.

Your health care workers will be set up to work together as a team for you, making it easier for you to navigate care at every stage of your life.

Following the best evidence available and successes of other jurisdictions, Ontario is taking action to connect you to care when and where you need it. It's about making health care more convenient. It's about connecting you to the care you need. It's about you and your health.



## **Building on a Strong System: Actions to Date**

We are building a health care system that works for you and your family.

We heard from Ontarians that you wanted to be able to get care where and when you need it. This means more hospital and long-term care beds in your community, more diagnostic testing - like MRIs - closer to home, and more skilled health care workers available to care for you. We are on our way to providing this.

We have added more than 3,500 hospital beds across the province in the last three years to ensure you and your loved ones have access to hospital care when you need it. And this year we added 24 more pediatric critical care beds.

Through 50 new major hospital development projects, we will add another 3,000 new hospital beds over the next 10 years.

We funded the operations for 49 new MRI machines in hospitals across Ontario (including three for pediatric hospitals) so you can be diagnosed faster and, if needed, begin treatment and follow-up care even sooner.

We have increased the number of surgeries performed in the province and decreased wait times. We have also created new programs to get you out of hospital and back home with support safely and quickly.

Seniors and those needing long-term care are moving into thousands of new or upgraded long-term care beds as we improve seniors' care across Ontario. We are investing \$6.4 billion to build more than 30,000 new beds by 2028 and 28,000 upgraded long-term care beds across the province which will result in shorter waits for many of our seniors to get the 24/7 care they need. We're investing nearly \$5 billion over four years to hire more than 27,000 long-term care staff, including nurses and personal support workers, to provide long-term care home residents with an average of four hours of direct care per day.

We continue to make it easier and faster for individuals of all ages to connect to mental health and addictions support by building on our *Roadmap to Wellness* with additional investments and innovative new programs, including opening eight new Youth Wellness Hubs, launching the Ontario Structured Psychotherapy Program and adding more than 150 new addiction treatment beds across the province.

We have made it more convenient to book or take a health care appointment by launching virtual care options and adding more online appointment booking tools. Through the new Health811, you can chat online or call 811 to talk to a registered nurse day or night for free in multiple languages. You can also use the service to find services like community health centres, mental health support or a walk-in clinic close to where you live.

We have also invested in growing our health care workforce. Since 2018, over 60,000 new nurses and nearly 8,000 new physicians have registered to work in Ontario, with thousands more personal support workers now providing care in Ontario.

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And we are better connecting health care organizations and providers in your communities through Ontario Health Teams.



Ontario Health Teams bring together health care providers from across health and community sectors, including primary care, hospitals, home and community care, mental health and addictions services, and long-term care, as one collaborative team to better coordinate care and share resources. Working together, they ensure that you can move between health care providers more easily with one patient record and one care plan that follows you wherever you go for help.

Ontario Health Teams are responsible for delivering care for their patients, understanding their health care history, easing their transition from one provider to another, directly connecting them to different types of care, and providing 24/7 help in navigating the health care system.

Ontario is making historic investments of more than \$75 billion annually in health and long-term care. But it's clear money on its own isn't enough. We need to innovate and continue to build on our successes to create tangible, lasting improvements in your health care.

### **Securing Sustainable Federal Health Funding**

Ontario is making record investments to improve health care delivery and to connect you to care faster, more easily and closer to home.

But we will be able to make quicker progress with increased financial support from our primary funding partner – the federal government. Over several decades the portion of health care funding provided by the federal government has decreased from a cost sharing agreement of 50 per cent from the federal government down to 22 per cent today – leaving the Ontario government responsible for covering 78 per cent of health care costs within the province.

Provincial governments of all political stripes across Canada remain united in their call for sustainable and predictable funding that supports the work provinces are already doing to add more health care workers, build more hospitals and deliver better health care to Canadians.

We aren't asking the federal government to do anything that we aren't prepared to do ourselves. Our governments have shown that when we work together, we can deliver real results. As we increase our investment in Ontarians and their health and well-being, we are asking the federal government to do the same. We look forward to continuing this work to strengthen health care in Ontario.

## A Plan for Connected and Convenient Care

Our plan to deliver connected and convenient care to you and your family is built on three pillars: The Right Care in the Right Place, Faster Access to Care, and Hiring More Health Care Workers.

These three pillars are designed to work together, and work for you. Delivering more care in the community frees up more space in hospitals and doctors' offices, while hiring more health care workers ensures you can get the care you need sooner, and in ways that are more convenient for you.

Connecting these pillars to each other and to patient care will mean a better experience for you and your family when you need care. Your local pharmacists will now be able to help you with more of your health care needs. Home care will be available to keep your loved ones safe at home. Your child will be able to access the mental health and addictions services and supports they need. There will be shorter wait times for common but vital surgeries such as cataracts and hip and knee replacements, and you can expect shorter wait times for diagnostic services such as MRI and CT scans.

**Pillar 1****The right care in the right place**

Supporting more care in the community, leveraging virtual care, supporting targeted care needs with specialized supports, building on mental health and addiction services, creating stronger long-term care, and reducing emergency department pressures.

**Pillar 2****Faster access to care**

Maximizing surgical capacity, expanding hospital and community bed capacity to provide needed services, and building new and improving our existing hospitals. Maximizing scope of practice to increase access to care.

**Pillar 3****Hiring more health care workers**

Recruiting, retaining, and optimizing to ensure we have the right number, type and distribution of health care professionals.

**Integrated Capacity and Health Human Resources Plan**

As we put our plan into action, you will be better connected to care when you need it most and where it's most convenient – in your community, closer to home, no matter where you live. You will be able to get the care you need more quickly when it can have the greatest impact to your health. And we will make all parts of the health care system more flexible and responsive to your needs, making it easier for you to navigate at every stage of your life.



## Pillar One: The Right Care in the Right Place

When people have health care available in their communities, and in ways that are convenient for them, they are more likely to seek and receive the treatment they need when they need it and stay healthier.

Delivering convenient care to people in their communities will help keep Ontario healthier by diagnosing illnesses earlier, starting treatment as soon as possible, and keeping emergency room wait times down when you and your family need urgent care.

Whether you need antibiotics to treat a bladder infection or medication for your child's pink eye, being able to get those prescriptions at your local pharmacy saves you a trip to the doctor's office or emergency room. Or whether your parent is aging, and you need support to keep them at home.

This care will be more convenient for you and take pressures off other areas of the health care system like doctors' offices, emergency rooms and long-term care homes.

We will bring the right care to the right places for you and your family wherever you call home. Through the innovations outlined below, we will expand our view of what is possible for health care in Ontario, by prioritizing the resources we need to deliver a new level of care and convenience to families across the province.

Here is how we will ensure you and your family have access to the right care in the right place.

### **Expanding care at your local pharmacy**

Pharmacists in Ontario are highly trained, highly trusted, and regulated health professionals. They are often the closest, most convenient option for health care in communities across Ontario.

Throughout the last few years, pharmacists played a critical role in supporting patients across the province by supporting COVID-19 testing and vaccinations efforts and educating patients about medication and treatment options. Pharmacists continue to offer families the kind of convenient care close to home we know Ontarians are looking for.

We are expanding the role of pharmacists by increasing their scope of practice so that you and your family will be able to connect to care closer to home at your local pharmacy.

As of January 1, 2023, pharmacists are able to prescribe medications for 13 common ailments to patients across Ontario. These medications treat everyday health concerns like rashes, pink eye, insect bites and urinary tract infections. Visiting your pharmacist to assess and treat these common medical conditions can save you a trip to the doctor, and give family doctors more time for appointments with patients who need more specialized care for more serious concerns.

As with visiting a family physician or walk-in clinic, there is no extra cost to Ontarians for receiving a prescription from a pharmacist for common ailments when showing an Ontario health card.

We've also made it more convenient for you to renew prescriptions for certain medications without having to first make arrangements with your family doctor. Pharmacists are able to renew prescriptions for chronic medications that no longer have refills to help you avoid interrupting drug therapy.

These initiatives are part of our ongoing work with frontline pharmacists, nurses and other regulated health workers to expand their scope of practice in ways that make it more convenient and faster for you to get care in your community.

### **Nurse Practitioner-Led Clinics Deliver Timely Care**

Thousands of patients in communities across the province are connecting to health care quickly and closer to home through new clinics led by nurse practitioners.

Twenty-five of these clinics are now supporting nearly 80,000 people who have previously had challenges getting the family health care they need. In many cases, people are able to book same-day or next day appointments.

The Ontario government invests nearly \$46 million annually to fund these clinics. All nurse-practitioner-led clinics are funded for a lead nurse practitioner, a collaborating physician and a team of interdisciplinary providers such as nurse practitioners, registered nurses, social workers, registered dietitians, pharmacists, and health educators.

Ontario is the first jurisdiction that has adopted this model to make primary care more accessible and is exploring ways to bring this innovative way of delivering care to more people.

### **Improving access to care at home**

The only thing better than having care close to home is having care in your home.

We have heard loud and clear that you and your family want better and faster access to home care services.

Last year, we dedicated over \$1 billion to expand access to home care services over the next three years. This funding will benefit nearly 700,000 families who rely on home care annually by expanding home care services while recruiting and training more home care workers. It will help prevent unnecessary hospital and long-term care admissions and shorten hospital stays. Most importantly, it will provide you and your family with the choice to stay in your home longer.

We are also working with Ontario Health Teams and home and community care providers to establish new home and community care programs. Your home care plan should and will start as soon as you step foot in the hospital or other health care settings. Connecting home and community care through these teams will expand the reach of health care professionals all the way to your front door and will ensure you start to receive these important services sooner.



These investments and initiatives are only part of the solution. We know we need to do more to expand and improve home care services across the province, particularly in rural and remote areas. We will continue to make investments to ensure you and your family are able to connect to home care more quickly and easily, when you need support.

Ontario's expanded community paramedicine program is also helping people with chronic health conditions live independently at home, where they want to be.

The program enables paramedics to use their training and expertise beyond their traditional emergency response role. In part, they provide home visits to seniors for a range of services, including making sure they are taking their medications as prescribed, educating patients on managing chronic conditions and increasing assessments and referrals to local community services, such as home care. Through this program, which works alongside home care, primary care and home and community care, 55 communities are already benefiting from 24/7 non-emergency support.

Ontario's Community Paramedicine for Long-Term Care Program has supported more than 30,000 people.

### **Improving access to mental health and addictions services**

We cannot talk about improving the health care experiences of people across the province without acknowledging the need to improve mental health and addictions services as well.





Every year, more than one million people in Ontario experience a mental health or addictions challenge, which can have a serious impact on their quality of life, including the ability to go to school or make a living.

The system to support individuals with these challenges has been broken and fragmented for many years. People who badly needed support were waiting far too long to connect to care or having difficulty figuring out how to even begin navigating a complicated, disjointed system to get help. Too often they were left to struggle on their own.

We are determined to fix long-standing issues in the mental health and addictions care sector once and for all. Doing so will take time.

Three years ago, we launched our comprehensive strategy – *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System* – to improve mental health services for communities across Ontario, and support patients and families living with mental health and addictions challenges.

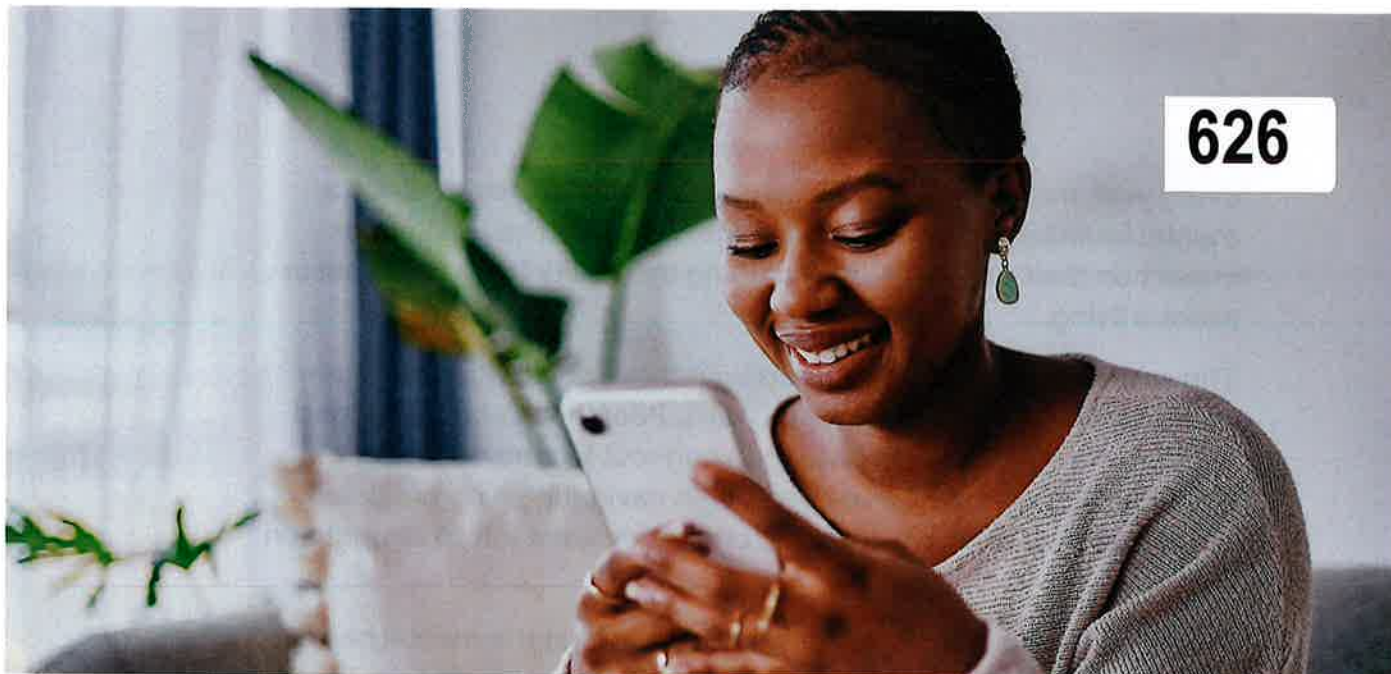
The plan is built on four central pillars – improving quality, expanding existing services, implementing innovative solutions and improving access – that are designed to work together to support the delivery of the services people need, where and when they need them.

We launched the Mental Health and Addictions Centre of Excellence within Ontario Health to guide our work. To ensure the plan's success, we are investing \$3.8 billion over 10 years to develop and implement a comprehensive and connected mental health and addictions system for Ontarians.

Since launching the plan, we have already invested more than \$500 million annually to help mental health and addictions services expand access to care and reduce wait times.

We have also launched innovative new programs including the Ontario Structured Psychotherapy Program to provide more Ontarians support for anxiety and depression with Cognitive Behaviour Therapy, new eating disorders prevention and early intervention programming.

To make it faster and easier for young people to connect to mental health and substance use support, primary care, social services, and more, we are significantly expanding the number of Youth Wellness Hubs.



These hubs help fill the gap in youth addictions services and also provide children and youth aged 12 to 25 a range of other services, such as vocational support, education services, housing and recreation and wellness.

We are adding eight new youth wellness hubs to the 14 that are already operating in communities across the province. Five of the new hubs are already providing services to youth while in development. These sites are supporting youth in Kingston, London, Sarnia, Sault Ste. Marie and Toronto. The three remaining new hubs – in Sagamok First Nation, Sudbury and Thorncliffe Park (Toronto) – are in development.

We have also invested \$4.75 million to support a new virtual walk-in counselling service for children, youth, and families. The service – One Stop Talk/Parlons maintenant – provides access to mental health care with a clinician by phone, video, text or chat. The counselling program began in November 2022 with six participating mental health organizations and has already served nearly 1,000 people. The service is now being expanded to additional agencies and their waitlisted patients and will be available to all children, youth and families across the province once the program is fully implemented. We know that reaching out for mental health or substance use support is not easy – it takes courage – and that is why we want to ensure help is there when people do reach out. We will continue to invest in mental health and addictions care as part of the ongoing rollout of the *Roadmap to Wellness*.

**Connecting you to health information 24/7**

Health Connect Ontario has a new name: Health811.

Last Spring, we launched the service for people to call or chat online with a registered nurse and find the health care services and information all through one, easy-to-use website. We wanted a name that better reflects the service and how to use it.

With Health811, you can get support for health care questions or to find a service like community health centres, mental health support or walk-in clinics 24 hours a day, seven days a week.

Through calling 811 or heading to the Health811 website, you can also use a symptom assessment tool to better understand your health, get an initial health assessment and health advice from a nurse, and get help finding a primary care provider, local health services or general guidance on your health care journey.

We are continuing to invest in Health811 to ensure that when you reach out for help, someone is there to support you right there, when you need it most.

Future improvements planned for Health811 will allow you to create a confidential profile, schedule video visits with clinical advisors and manage your health more easily through integrated records that can be shared with Ontario Health Teams, mental health and addictions supports, and other health providers.

## We're *Finally* Axing the Fax

Anyone under the age of 18 might be wondering: what's a fax? We don't blame them.

As we use technology to improve health care, it may come as a surprise to some that the old-school fax machine continues to occupy a place in hospitals, doctors' offices and other health organizations.

Well, not for much longer. It's time we *finally* axe the fax.

The Ontario government is replacing antiquated fax machines with digital communication alternatives at all Ontario health care providers within the next five years.

Eliminating faxing in health care settings will reduce the risk of delays in diagnosis and treatment, promote safer patient care and improve patient privacy. It also makes it easier and faster for health data to follow the patient wherever they access care.



## **Expanding Ontario Health Teams to deliver care in your communities**

We know that to ensure you have faster and easier access to the care you need, we need to better connect you to care within your own community.

Our work to better connect and coordinate care for you is underway with the expansion of Ontario Health Teams across the province. Throughout the pandemic, Ontario Health Teams demonstrated the importance of health providers working together to care for patients. With their leadership, communities across the province were able to establish community COVID-19 testing sites, vaccination programs and other vital services.

Across the province, 54 Ontario Health Teams are working to improve transitions between health care providers and are ensuring a patient's medical record follows them wherever they go for care. They are also focused on embedding home care and primary care services so that you and your family can get care in your home or in your community.

Applications for four additional Ontario Health Teams are being reviewed. Once approved, these remaining teams will result in the province achieving its goal of full provincial coverage, ensuring everyone has the support of an Ontario Health Team.

With an investment of more than \$106 million, Ontario Health Teams are also investing in digital and virtual care options so you can easily connect with a health care worker when you need to from the comfort of your home.

Beginning with a focus on helping people that suffer from chronic illnesses like congestive heart failure, chronic obstructive pulmonary disease, stroke and diabetes, Ontario Health Teams are developing stronger care pathways for patients.

Through Ontario Health Teams, patients who need support for a chronic illness will receive greater care throughout the lifecycle of their treatment, from screening and prevention to community support and recovery at home. A big focus of this will be better support at home or in the community – outside of hospitals. Prioritizing chronic disease management as a community or home care service will reduce hospital wait times and free up hospital beds for more patients in need.

## Ontario Health Teams

Ontario Health Teams are already transforming the way you access care. Here's how:

Ontario Health Team partners worked together to respond quickly to the COVID-19 pandemic to set up testing centres and vaccine clinics in your communities.

- **East Toronto Health Partners Ontario Health Team** put in place mobile teams and pop-up sites for high-risk populations, as well as establishing a mass vaccination site and speciality clinics to reach everyone in the community.
- **Hills of Headwaters Ontario Health Team** brought together primary care, home and community care, municipalities, and community services to create a one-stop COVID-19 Response Site for physical assessment, testing and vaccination across the region.

By implementing virtual and digital solutions, Ontario Health Teams are giving you faster access to care.

- **Durham Ontario Health Team** launched a virtual urgent care clinic, the first community and acute-care virtual urgent care clinic in the province.
- **Ottawa Ontario Health Team** opened free, bilingual (English and French) phone and video mental health counseling for residents with specialized counseling for children and youth, First Nations, Indigenous and Métis individuals, Black communities, substance abuse and gambling addiction, and LGBT2SQ+.

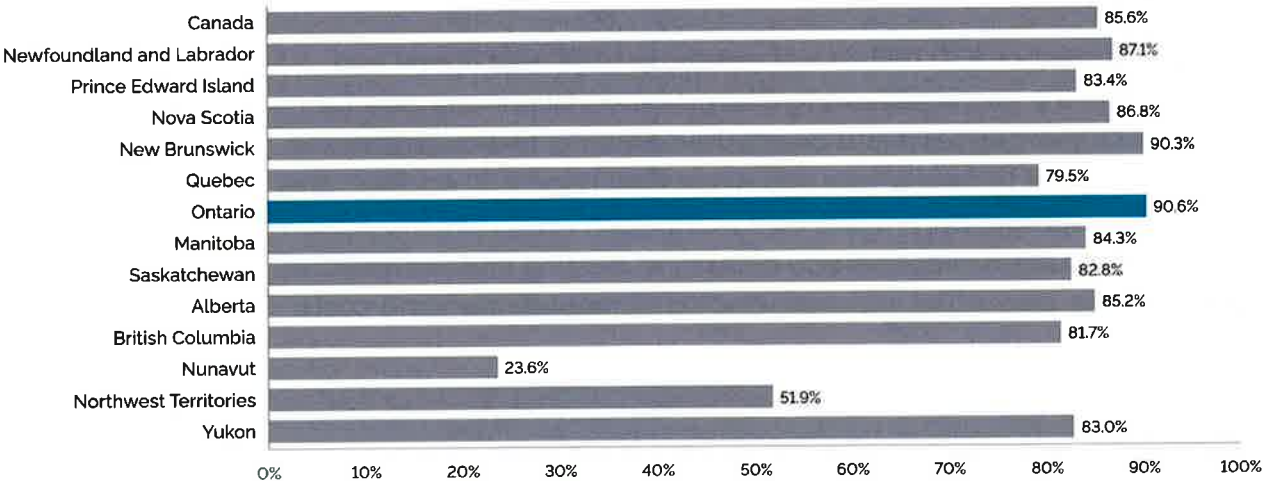
Ontario Health Teams are putting in place clear steps to take when someone is diagnosed with a chronic disease to create seamless care pathways and make transitions between health care providers smoother.

- **North Western Toronto Ontario Health Team** implemented a care pathway for Chronic Obstructive Pulmonary Disease patients to streamline transitions from the hospital to home.
- **Barrie and Area Ontario Health Team** developed the Oncology Symptom Management Clinic to connect patients with palliative care specialists and ensure they receive follow up close to home.

**Bringing together primary care**

Ontario leads the country in how many people benefit from a long-term, stable relationship with a family doctor or primary care provider. But we can do more. We are doing more.

**Has a Regular Health Care Provider**



Source: Canadian Institute for Health Information

As our population grows and ages, we need more primary care providers in our province. Currently, primary care providers, including family doctors and nurse practitioners, are being asked to do more and more every day and we cannot expect them to keep up without reinforcements. We are supporting primary care by building collaborative networks and expanding access to team models of care that we know represent how family doctors and nurse practitioners want to work.

Primary care and family physicians are the foundation of our health care system in Ontario. To create a connected health care system for you through Ontario Health Teams, we are supporting collaboration and engagement with our primary care providers across the province through the creation of primary care networks. Every Ontario Health Team will include a group of primary care providers organized in a network to be part of decision-making and to improve access to care for patients.

Some local primary care partners have already created networks of primary care providers across the province and are working together for improved care delivery. These are open to all primary care providers and will be central to Ontario Health Teams as they develop.

We are also providing additional funding to create more interprofessional primary care teams, which include team members from two or more professions such as nurses, doctors, social workers and others.

Our investment of \$30 million will create up to 18 new teams and help bridge the gap in accessing interprofessional primary care for vulnerable, marginalized and unattached patients to ensure they are able to connect to care where and when they need it. In addition, this expansion will support primary care integration within Ontario Health Teams and sustain direct service delivery in existing interprofessional primary care teams that are experiencing increased operating costs.

### **Expanding Team Models of Primary Care in Ontario**

When family physicians work in a team model alongside other family physicians, nurses, dietitians, social workers, pharmacists, and other health care professionals to deliver programs and services, you get better continuity of care and more access to after-hours care.

We are increasing the number of spots for physicians to join a team model of care through the expansion of existing family health organizations and allowing new ones to form.

This will add up to 1,200 physicians in this model over the next two years starting with an additional 720 spots for physicians interested in joining the family health organization model in 2022-23 and 480 spots in 2023-24. These family health organizations will be required to provide comprehensive primary care services, extend evening and weekend hours of practice and provide more weekend coverage so you can access a family physician when you need it.

Team models of primary care have demonstrated how bringing health care providers together as one team can improve the patient experience and how you access care. We are building on this through the development of Ontario Health Teams. Teams of primary care providers, regardless of model, will be central to all Ontario Health Teams across the province.





## Pillar Two: Faster Access to Care

The sooner you have access to the care you need, the better the outcomes. Long wait times take a toll on people's physical and mental health, creating more anxiety and stress.

We have all seen loved ones struggle because the wait for their knee or cataract surgery is many months too long. Or maybe you've spent a stressful night in a busy emergency room waiting for your sick or injured child's name to be called. Delays and complications in care only add to the toll of dealing with health issues.

For health care to help, it needs to happen in a timely manner. This is how you and your family will receive faster access to care in Ontario:

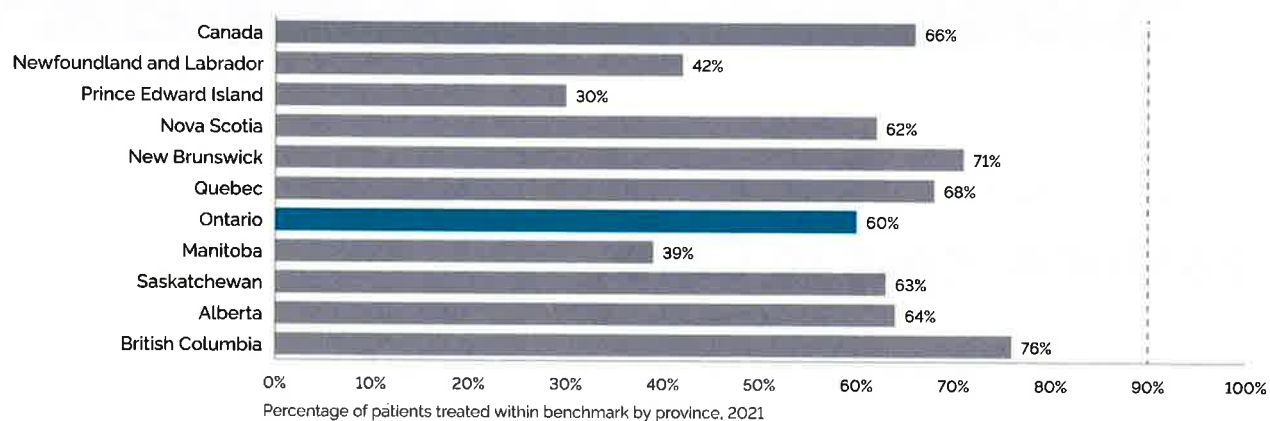
### **Reducing wait times for surgeries and procedures**

We know that lengthy wait times for surgeries are one of the biggest challenges you and your family are facing in Ontario. While Ontario leads the country in the number of people who receive the surgery they need for hip and knee replacements, we still aren't meeting the right benchmarks. We need to do more. We're doing more.

We are making it easier and faster for you to get the publicly funded surgeries and procedures you need. We are further leveraging the support of community surgical and diagnostic centres to eliminate surgical backlogs and reduce wait times.

As a first step, we are tackling the existing backlog for cataract surgeries, which has one of the longest waits for procedures. We issued four new licences to health centres in Windsor, Kitchener-Waterloo and Ottawa to support an additional 14,000 publicly funded cataract surgeries annually. These additional volumes make up to 25 per cent of the province's current cataract wait list, which will help significantly reduce surgical backlog.

### Cataract Surgery



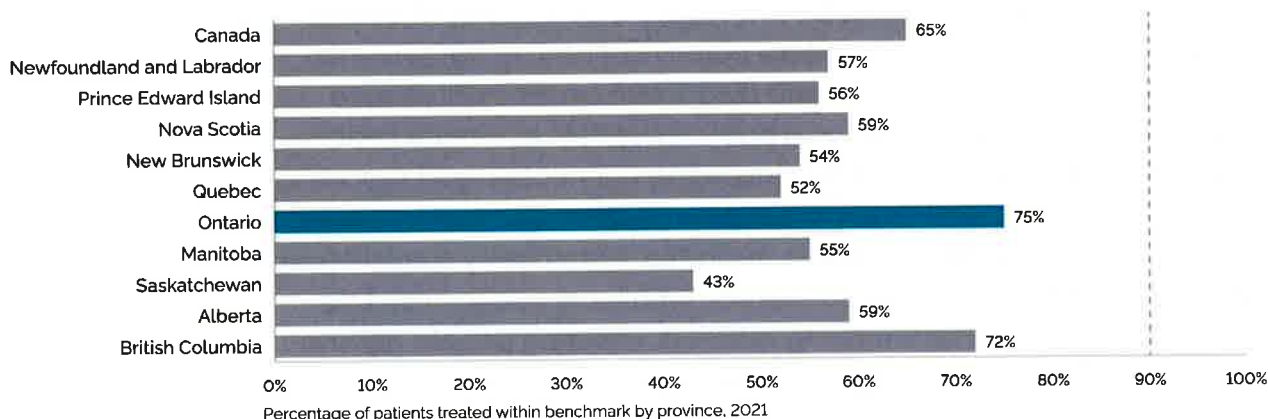
Source: Canadian Institute for Health Information

We are also investing more than \$18 million in existing centres to cover care for thousands of patients, including more than 49,000 hours of MRI and CT scans, 4,800 cataract surgeries, 900 other ophthalmic surgeries, 1,000 minimally invasive gynecological surgeries and 2,845 plastic surgeries. Surgical wait lists are anticipated to return to pre-pandemic levels by March 2023.

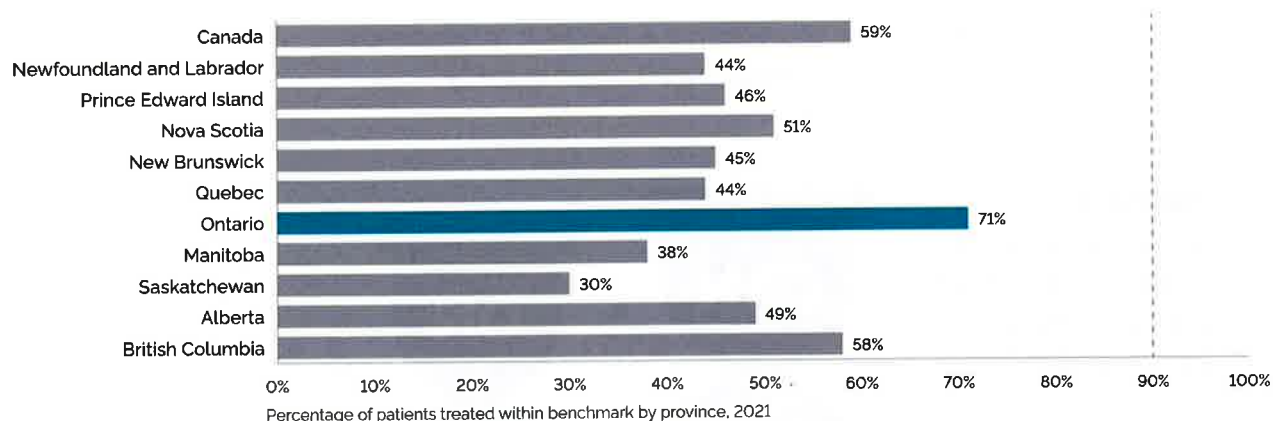
In addition to shortening wait times, providing these publicly funded services through community surgical and diagnostic centres will allow hospitals to focus their efforts and resources on more complex and high-risk surgeries.

In the coming months, we will make it even easier for you to get more minimally invasive surgical procedures such as regular colonoscopies and endoscopies, hip and knee surgeries, as well as MRI and CT scans.

### Hip Replacement



### Knee Replacement



Source: [Canadian Institute for Health Information](#)

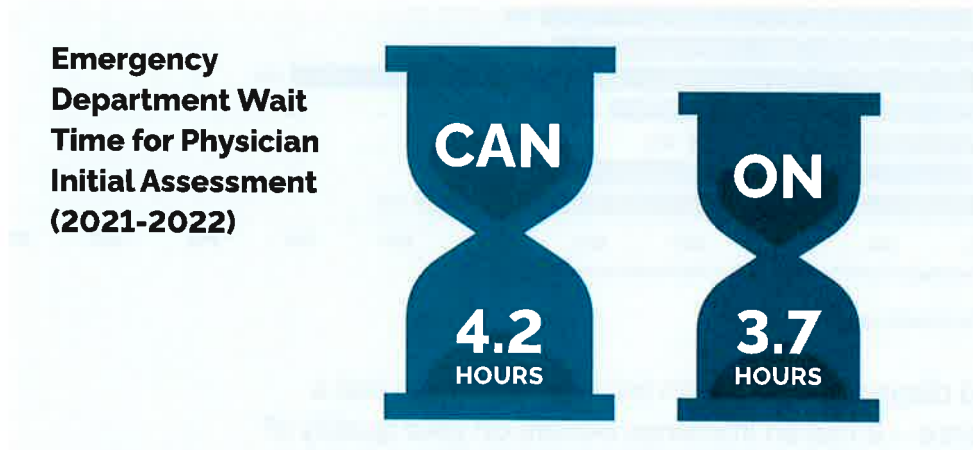
Early detection and diagnosis of a health issue is more than just a matter of convenience – it has an immense benefit on your quality of life, prognosis and treatment path. As a next step, the government will introduce legislation this February that will, if passed, allow existing community diagnostic centres to conduct more MRI and CT scans so that you can access publicly funded diagnostic services faster and closer to home. Starting in 2024, this next step will also expand surgeries for hip and knee replacements.

The care you receive in community surgical and diagnostic centres is covered through your Ontario health card, not out of your wallet.

As the government significantly expands the number of surgeries being done through community surgical and diagnostic centres, it will do so with measures in place to protect the stability of staffing at public hospitals, including requiring new facilities to provide detailed staffing plans as part of their application and requiring a number of physicians at these centres to have active privileges at their local hospital. Further, Ontario Health will ensure that these centres are included in regional health system planning. Funding agreements with new community surgical and diagnostic centres will require these facilities to work with local public hospitals to ensure health system integration and linkages, including connection and reporting into the province's wait times information system and participation in regional central intakes, where available. Community surgical and diagnostic centres will also coordinate with local public hospitals to accept patients that are being referred, ensuring people get the surgery they need as quickly as possible.

### **Faster access to emergency care**

When you or your loved ones experience a medical emergency, it's important that you get the attention you need quickly.



Source: Canadian Institute for Health Information

While wait times in Ontario emergency departments are below national averages, we continue to find innovative ways to reduce wait times and make it faster and easier for you to access timely care. Part of the solution is to divert individuals from emergency rooms when it's safe to do so and provide them care and treatment in the community.

In more than 40 communities across the province, we have expanded successful 9-1-1 models of care that provide paramedics more flexibility to treat certain patients who call 911 at home or on-scene in the community rather than in emergency rooms.

Patients diverted from emergency rooms through these initiatives received the care they needed up to 17 times faster with 94 per cent of patients avoiding the emergency room in the days following treatment.

Based on the proven success of the program, we're now working with key partners to expand these models to different patient groups, such as people with diabetes and epilepsy, and implement a new treat-and-release model with recommendations to patients for appropriate follow-up care.

These initiatives are helping to divert patients from emergency rooms and reducing repeat hospital visits, which helps reduce patient wait times and ensures these hospital beds are available for those that need them most.

In addition, we are working on a number of strategies to increase the availability of paramedics and ambulances by reducing delays they can encounter dropping off patients at hospital. A lack of available beds in a hospital's emergency room can prevent paramedics from quickly transferring a patient in an ambulance to hospital staff, typically referred to as an offload delay. We are reducing offload times at hospitals, including investing \$23.1 million to support dedicated offload nurses and other health care workers to allow paramedics to drop off patients more quickly and be available to get to their next call faster.

Together, these actions will help reduce the strain on hospitals and ensure you and your family get care sooner, with fewer complications and in state-of-the-art facilities.



## Freeing Up More Hospital Beds

Action we took last fall to clear hospital backlogs and free up patient beds is already having a significant impact, creating more space for patients who need hospital care.

Last fall, we passed legislation, the *More Beds, Better Care Act*, to support patients whose doctors have said they no longer need hospital treatment and should instead be placed in a long-term care home, while they wait for their preferred home. This new policy provides individuals with the care they need and a better quality of life in a more appropriate setting.

Since September 2022, the number of patients in hospitals waiting for long-term care has fallen by more than 25 per cent. Those beds are now available for people needing a surgery, or someone who arrives in the emergency department and needs to be admitted to the hospital.

Here's how else the policy change is helping:

- Since implementation, 4,845 patients in hospitals have accepted placements in long-term care homes.
- A total of 3,907 hospital patients waiting for long-term care placements have voluntarily added more long-term care homes to their list of preferred options.
- By freeing up more hospital beds, we continue to work towards clearing our surgical backlog:
  - Between August and December 2022, there were 25,000 fewer people waiting for scheduled surgery.
  - As of December 5, there were nearly 10,000 fewer people identified as "long waiters" for surgery (those waiting longer than the clinically recommended time for their specific surgery), compared to August.
  - As of December 5, there were 97,533 people identified as "long waiters" for surgery (those waiting longer than the clinically recommended time for their specific surgery), compared to 107,245 in August

## Building new hospitals and adding more beds

Since 2018, we have added 3,500 more hospital beds – but we aren't stopping there. We are moving quickly to expand and modernize Ontario's hospitals to ensure you are able to connect to quality care when and where you need it.

Our investments over the next 10 years will lead to \$40 billion in health infrastructure across the province. These investments will increase the number of people hospitals can care for, build new health care facilities and renew existing hospitals and community health centres.

As of the end of 2022, we have already approved 50 hospital development projects that will create more than 3,000 new hospital beds in communities across the province by 2032. We are also investing \$182 million this year to support vital repairs, maintenance, and upgrades to Ontario hospitals.

New and redeveloped hospitals with more space to care for patients will ultimately lead to shorter wait times and less hallway health care.



## Relieving pediatric pressures on hospitals

We are working closely with hospitals to provide them with additional tools to care for more children and youth, while reducing pressures created by surging pediatric demand.

Responding to an increase in seasonal respiratory illnesses over the late fall and early winter, we have been in regular communication with pediatric hospital leadership to come up with creative solutions to ensure patients get the care and treatment they need. We continue to work with pediatric hospitals to ramp up capacity, when possible.

This includes making a permanent investment of \$8.5 million at Children's Hospital of Eastern Ontario (CHEO) in Ottawa to double the number of critical care beds to 12 from six. These beds are also for kids fighting severe infections such as meningitis, those with illnesses resulting in single organ dysfunction and those who may need non-invasive ventilation to support their breathing.

The funding will also enable CHEO to add six more beds for children with the most critical illnesses including sepsis, those requiring advanced ventilation to support their breathing, trauma victims and those on heart-lung bypass, among other conditions.

We are also investing \$547,500 to permanently increase the number of critical care beds at McMaster Children's Hospital, \$545,700 for the Hospital for Sick Children and \$3.3 million at the London Health Sciences Centre Children's Hospital.

At the same time, we have directed all hospitals to use beds traditionally designated for adults to create capacity to admit more pediatric patients, should it be necessary.



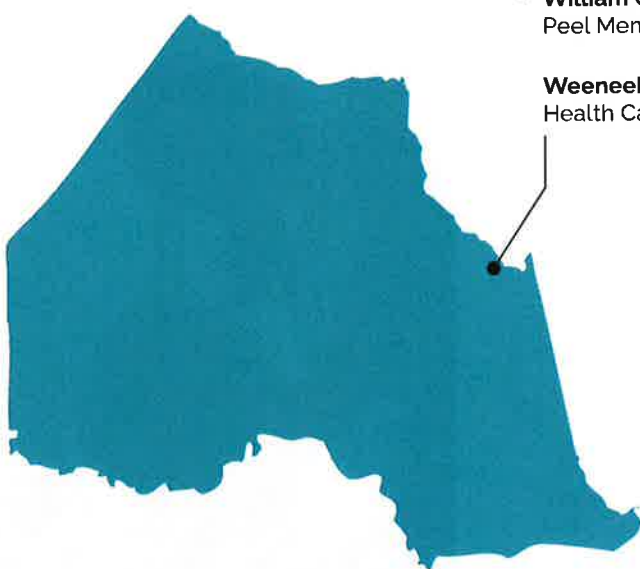


# Hospital capital projects in progress

## Southern Ontario



## Northern Ontario



- Projects in planning:**
- **Brant Community Healthcare System**
  - **Grand River Hospital and St. Mary's General Hospital**  
Joint Redevelopment Project
  - **Lake of the Woods District Hospital (Kenora)**  
Redevelopment Project
  - **Royal Victoria Regional Health Centre**
  - **Southlake Regional Health Centre**  
Critical Care Tower
  - **Sunnybrook Health Sciences Centre**

## Improving long-term care, reducing wait lists

Seniors and those who can no longer live independently deserve to live with dignity in a safe, compassionate environment in long-term care homes – close to their loved ones and the communities they have helped build. These connections are key to their wellbeing and quality of life.

Through a total investment of \$6.4 billion, we are on track to build more than 30,000 new long-term care beds in Ontario by 2028 and upgrade more than 28,000 older beds to modern design standards.

These projects will increase the number of available beds to help address wait lists for long-term care and ensure seniors are being cared for in the right place, where they can connect to more supports, activities and social activities that may not be available if they are being cared for in a hospital while waiting to move into a long-term care home.

We have also already begun increasing how much direct care residents in long-term care homes receive on a daily basis. In 2021, we initiated the first phase of a \$4.9 billion investment over four years that will ensure residents receive an average of four hours of hands-on care by nurses and personal support workers each day by March 31, 2025. Ontario is the first province in Canada to begin delivery on this best-in-class standard of care. The funding is helping long-term care providers retain and expand their staff teams and hire additional registered nurses, registered practical nurses, personal support workers and allied health professionals.

In addition, we are making a new investment of over \$40 million this year to help long-term care homes provide specialized services and supports to residents with more complex needs. This support helps long-term care residents get the care they need without having to go to emergency rooms or be admitted to hospitals.

A portion of this expanded funding is also supporting the transfer of patients in hospitals who no longer require acute care to long-term care homes.



### **Expanding Long-Term Care for More Ontarians**

As Ontario's population of seniors grows, we are making historic investments to create new and upgraded long-term care homes where you and your loved ones can live safely and with dignity.

- As of December 2022, 364 projects are in the development pipeline. This includes 31,705 new beds as well as 28,648 older beds being upgraded to modern standards.
- Since July 2018 to December 2022, 19 long-term care projects have been completed and opened, representing 2,382 long-term care beds, of which 1,228 are net new beds, and 1,154 are older beds being upgraded to modern standards.
- 25 long-term care projects are under construction, representing 4,755 long-term care beds, of which 1,802 are new beds, and 2,953 are older beds being upgraded to modern standards.

### **Enhancing diagnostic services for long-term care residents**

Connecting seniors to faster, more convenient care means providing improved access to health services to residents of long-term care homes, improving their quality of life and sparing them avoidable visits to emergency departments or hospital stays.

Initially, we are partnering on pilot projects with Humber River Regional Hospital in Toronto and Royal Victoria Regional Health Centre in Barrie to enhance access to more diagnostic services for long-term care residents. The projects will support residents through various stages of their care, including assessment, diagnostic testing and timely interpretation of results.

We will work with our partners, such as hospitals and community labs, on a provincial plan that will look at all stages of care typically accessed by long-term care residents and identify solutions to close service gaps, increase timeliness and convenience and improve their overall experience.

**Supporting end-of-life care**

When you or your family are at the end of your life, you deserve to know that you can die with dignity and support.

Ensuring Ontarians have a choice about where they spend their final days is an important part of ensuring access to health care throughout your entire life.

We are working to expand palliative care services in local communities and adding 23 new hospice beds to the 500 beds already available so that Ontarians are provided comfort and dignity near their communities and loved ones at the end of their lives.

**Expanding access to mental health and addiction treatment in your communities**

When someone reaches out for help with their addiction, they shouldn't have to wait. By adding more addiction treatment beds in communities across the province, we are making it possible for you to get more timely, convenient care.

In February 2022, the government announced a one-time investment of \$90 million over three years through the Addictions Recovery Fund to meet the anticipated surge in demand for substance use services. This funding will open new addictions beds and other substance use services across the province.

In addition, we are opening new beds to care for children and youth with complex mental health needs. We are investing \$10.5 million to address gaps in care and improve access while decreasing existing wait lists and extensive wait times. Through this investment, we are expanding the child and youth mental health Secure Treatment Program and adding up to 24 new beds to serve vulnerable children and youth. This program provides intensive care for children and youth experiencing acute and complex mental health challenges that may put them at risk of self-harm or harm to others.

An investment of \$3.5 million for two new step-up, step-down live-in treatment programs will connect more youth to care in communities in western and northern regions of the province. We will add up to 16 new beds to meet the needs of youth who don't require the highly intensive care provided at a hospital or secure treatment setting but need more support than a community-based live-in treatment program is designed to offer. Expanding this program will connect more youth to less-intensive services in their communities and eventually help them return to their homes.





## Pillar Three: Hiring More Health Care Workers

Ontario has one of the most dedicated and highly trained health work forces in the world. They step up, day in and day out, to keep you and communities across the province safe and healthy.

We've made significant progress recently to increase the number of health workers available to provide you care and support. Together, we've come so far. Over 60,000 new nurses and nearly 8,000 new doctors have registered to work in Ontario. In fact, last year was a record-breaking year for new nurses in Ontario with over 12,000 new nurses registered and ready to work and another 30,000 nursing students studying at a college or university – providing a pipeline of talent and reinforcements.

But we know we need to do far more – and we are doing more.

Hiring more health care professionals is the most effective step to ensure you and your family are able to see a health care provider where and when you need to. Well-trained and well-supported doctors, nurses, personal support workers and more, are the people you rely on when you need care.

### **Training More Health Professionals in Ontario Every Year**

- 455 new spots for physicians in training
- 52 new physician assistant training spots
- 150 new nurse practitioner spots
- 1,500 additional nursing spots
- 24,000 personal support workers in training by the end of 2023

Here is how we will Hire More Health Care Workers to provide you care:

### **Expanding the Ontario Learn and Stay Grant**

We know that there are unique health care challenges in small, rural and remote communities, and that recruiting and retaining health care workers in these regions requires a dedicated approach.

Last spring, we launched the Ontario Learn and Stay Grant to help these communities build their own health workforces. This program covers the costs of tuition, books and other direct educational costs for postsecondary students who enroll in high-priority programs in more than a dozen growing and underserved communities and commit to work in those communities when they graduate.

This year we are expanding the program beginning in Spring 2023, targeting approximately 2,500 eligible postsecondary students who enroll in high-priority programs, such as select nursing, paramedic and medical laboratory technology/medical laboratory science at the diploma, advanced diploma, undergraduate, masters and post-graduate levels.

This program focuses on building a stronger health care workforce in priority communities that have been challenged by staffing shortages. It will help ensure every community in our province is stronger and has access to the care they need, when and where they need it.

### **Helping those who want to work in Ontario**

There are many health care workers from across the country and across the world who want to work in Ontario. We are making innovative changes to make it easier and faster for them to begin working and providing care to people in Ontario.

We are significantly reducing unnecessary bureaucratic delays and bringing reinforcements to the frontlines of our health care system<sup>1</sup>.

With new "As of Right" rules, Ontario will become the first province in Canada to allow health care workers registered in other provinces and territories to immediately start caring for you, without having to first register with one of Ontario's health regulatory colleges. This change will help health care workers overcome excessive red tape that makes it difficult for them to practice in Ontario.

We will also help hospitals and other health organizations temporarily increase staffing when they need to fill vacancies or manage periods of high patient volume, such as during a flu surge. This will allow nurses, paramedics, respiratory therapists, and other health care professionals to work outside of their regular responsibilities or settings, as long as they have the knowledge, skill, and judgement to do so, providing hospitals and other settings with more flexibility to ensure health care professionals are filling the most in-demand roles at the right time.

Together, these new initiatives will strengthen our workforce during the busy months ahead and ensure care is there when and where you need it most.

<sup>1</sup> These changes are subject to the passing of legislation that the government intends to introduce in February 2023.



At the same time, we are continuing our work to make it easier for internationally trained health care professionals to use their expertise here in Ontario. We are working closely with regulatory colleges, including the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario, to make it easier and faster for qualified health care professionals to work in Ontario. We are working with these regulatory colleges to ensure health care professionals are properly trained and qualified without facing unnecessary barriers and costs, including requiring colleges to comply with time limits to make registration decisions.

### **Portable Benefits Eyed as Tool to Retain Health Workers**

Our government is developing a new portable benefits program that will include a package of workplace health benefits that move with workers as they change jobs.

A portable benefits program would provide innovative benefits that are attached to a worker, rather than an employer. This would allow part-time, temporary and contract workers to seamlessly access benefits, even if they move from job to job.

Not only would the program improve workers' health and financial security, it would support labour mobility and help organizations attract and retain talent.

Portable benefits would be particularly helpful in the health sector, where many temporary and part-time workers don't have health, dental or vision benefits through their employment.

An advisory panel struck by the Ministry of Labour, Immigration, Training and Skills Development is expected to issue recommendations on portable benefits this year.

### **Reducing fees for nurses**

We are expanding our work with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally educated nurses from receiving accreditation so that they can resume or begin practicing in Ontario.

We are investing an additional \$15 million to temporarily cover the costs of examination, application and registration fees for internationally trained and retired nurses, saving them up to \$1,500 each. This will help up to 5,000 internationally educated nurses and up to 3,000 retired nurses begin working sooner to strengthen our frontlines.

Part of the investment will also be used to develop a centralized site for all internationally educated health professionals to streamline their access to supports such as education, registration and employment in their profession or an alternative career. This initiative will make it easier for internationally trained health professionals to navigate the system and get the support they need on their path to getting licensed to practice in Ontario.

### **Investing in educating and training our health workforce**

Work is already underway to train the next generation of doctors, nurses, personal support workers and other health professionals in this province.

We are actively investing in the educating and training of health care workers to help grow our health care workforce. This includes investing in postsecondary education and removing financial barriers to education and training wherever possible.

As part of this work, we are bolstering our supply of medical lab technologists to strengthen our testing and analytic capacity. We need to ensure we have the appropriate resources available to identify diseases and support physicians in diagnosing and treating patients.



We will develop a strategy to guide this initiative and work with our education partners to establish bridging programs and create additional education seats for more students to become medical lab technologists.

Last year, we promised to expand medical school education by adding 160 undergraduate seats and 295 postgraduate positions in the province over the next five years. Of the 295 new postgraduate positions, 60 per cent will be dedicated to family medicine and 40 per cent will be dedicated to specialty programs. This expansion, the largest of its kind in more than a decade, includes supporting all six medical schools across Ontario and allotting seats to the new Toronto Metropolitan University's School of Medicine, which recently found its new home in Brampton. In 2023, we will launch the physician practice ready assessment program, which will help internationally educated physicians, with previous medical practice experience abroad, undergo screening and assessment to determine if they are ready to enter practice in Ontario immediately without having to complete lengthy re-education programs. This will allow us to add at least 50 new physicians by 2024.

We will also permanently increase training spots for physician assistants by adding 52 new educational seats. Physician assistants are highly trained professionals who work under the supervision of a physician to take patient histories, conduct physical examinations, order and interpret tests, diagnose and treat illnesses, and counsel on preventive health care. They will support physicians in a range of health care settings and work alongside physicians, nurses and other members of interprofessional health care teams to provide patient care. With their help, we will reduce wait times and improve patient access in high-need areas including emergency medicine and primary care to improve the integration of physician assistants in our health care system, the College of Physicians and Surgeons of Ontario will be delivering its framework for regulating physician assistants as a class of members in late 2023 and physician assistants will be regulated in 2024.

Since 2018, more than 60,000 new nurses have registered to join Ontario's workforce, but we know there is more we can do to increase our nursing numbers even further.



We are expanding access to training for our nurses over the next two years by adding up to 500 registered practical nurse and 1,000 registered nurse training spots to help create faster access to primary care. We are investing up to \$100 million to add an additional 2,000 nurses to the long-term care sector by 2024-25.

In a partnership between the Ministry of Long-Term Care, Ministry of Health and the Registered Practical Nurses Association of Ontario, we are providing tuition support to current personal support workers to further their education to become registered practical nurses, and for current registered practical nurses to advance their education to become registered nurses. Applicants will be expected to commit to working in the long-term care sector for the same period of time as they receive these funding supports for their education.

We are also growing the supply of nurse practitioners to facilitate faster access to primary care, long-term care and to add capacity in northern and rural areas. We're adding 150 more education seats for nurse practitioners starting in 2023-2024. This expansion will bring the total number of seats to 350 annually.

We will be working with our partners to ensure that we're getting the nurses we need, when we need them. We will continue to look at innovative ways to provide education to strengthen our workforce, such as streamlining our education programs and running double cohorts of students.

To continue to support our health system, we will scale up the Enhanced Extern Program and Supervised Practice Experience Partnership Program for an additional year. Since January 2022, more than 2,000 internationally educated nurses have been enrolled through the Supervised Practice Experience Partnership Program and over 1,300 of them are already fully registered.

We are providing additional funding to hire over 3,100 internationally educated nurses to work under the supervision of regulated health professionals in order to give them an opportunity to meet the experience requirements and language proficiency requirements they need to become fully licensed to work in Ontario. New funding will be extended to the home and community care sector to extend the reach of the program this year. This investment also expands the Enhanced Extern Program for an additional year. Last year, the program helped hire up to 5,000 qualified nursing, medical, respiratory therapy, paramedic, physiotherapy, occupational therapy students and internationally educated nurses to work in hospitals across the province. Increased funding for both the Supervised Practice Experience Partnership and Enhanced Extern Program will also allow hospitals to continue to hire more preceptors, mentors and coordinators to work with students and internationally educated nurses.

And we are fulfilling our commitment to funding the training of 24,000 personal support workers by the end of 2023. Between Winter 2020 and January 2023, over 23,600 are in training or have completed their training.

In addition to expanding these programs, we will engage our education and health sector partners to look for other innovative ways to accelerate health provider training, so students move into practice and providing care to people sooner.

We are also providing the new Health and Supportive Care Providers Oversight Authority with the funding and support they need this year so they can become fully operational by December 2023. This authority will begin by ensuring quality care, consistency of education and training of personal support workers and will eventually expand to other health care provider groups.

### **Maximizing expertise of health care workers**

As we expand education and training opportunities for those interested in working in health care, we are making it easier for regulated health care professionals, such as nurse practitioners, to work to the full extent of their training and expertise by expanding their scope of practice. For example, we have been working with the College of Nurses of Ontario on proposed regulation changes to allow registered practical nurses increased responsibilities that would help patients access care for certain procedures more quickly. This may include starting an IV when an individual requires medical attention and delaying it is likely to be harmful to the individual, or initiating additional wound care procedures.

We know that nurse practitioners' and registered nurses' scopes of practice can be optimized to better serve Ontarians and so we continue to explore and consult with our partners on how best to do this.

We have also been working with the Ontario College of Pharmacists to explore options to continue to expand the pharmacy scopes of practice in ways that make it more convenient and faster for you to get care in your community.

In addition, we recognize that health care requires an integrated approach that includes the knowledge, skill and expertise of many dedicated regulated health care professionals. We continue to explore and consult with midwives, respiratory therapists, naturopaths and other partners regarding possible changes to scopes of practice.

### **Investing in Other Innovative Models that Maximize the Skills of Health Care Professionals**

Building on the success of 9-1-1 models of care that are providing you better access to services, we will be creating a Models of Care Innovation Fund for individual hospitals, long-term care homes, home care providers and Ontario Health Teams that want to find innovative ways of maximizing the skills and expertise of their current health care workers.

Some examples of these projects could include:

- Allowing health care providers to work to the full scope of their abilities.
- Interprofessional Staff Pooling, such as a Registered Nurse whose time is shared in both a hospital and a long-term care home.
- Using health care providers in innovative and unconventional ways, such as 9-1-1 models of care.
- Virtual care delivery in rural areas, such as virtual peer support for Emergency Department physicians.
- Including family caregivers as part of the care team.



## Long-Term Support: The Capacity Plan

Ontario's population is projected to increase by almost 15 per cent over the next 10 years. The population of seniors aged 75 and older is expected to increase by 49.3 per cent, from 1.2 million to 1.8 million over the same period. We need to continue to grow our health care workforce to meet the needs of our growing population.

Last fall we began our work to develop an *Integrated Capacity and Health Human Resources Plan for Ontario*. We are analyzing current gaps in our system, anticipating needs over the next 10 years and determining solutions to address growing health care demands. The plan will focus on how to meet this demand through investments, health human resources and innovative solutions.

This year we are building on this work and shifting our focus to working directly with leaders in our health care system on a workforce plan that includes: where to prioritize current and future resources, addressing and minimizing system gaps and building a strong health system for the long term.

We will also look at specific strategies for increasing the number of health care professionals starting with physician assistants, nurse practitioners, registered nurses, registered practical nurses and medical laboratory technologists and will also look at the retention of our health workforce through incentives, leveraging programs like the Learn and Stay program.

We will ensure we have a greater understanding of each community and their needs and that we have a plan to recruit and retain the health care workers needed, including family doctors, nurses, specialists and other health providers. We will prioritize areas most in need, like rural and remote communities, where gaps already exist.

This plan will incorporate our lessons learned from COVID-19 and ensure we are prepared and equipped to meet the health care needs of Ontarians for years to come.



## Measuring and Reporting Progress

As the saying goes, you can't manage what you don't measure. Better data is crucial to better understand how our health care system is working.

If we don't measure our performance, we can't fully see how gaps in service are affecting patient care and come up with solutions to fix them quickly.

That's why Ontario is in full support of the federal government's call for national health care data reporting as part of its funding partnership with provinces and territories. Sharing information can only help us learn from each other and grow stronger. We will continue to work with our provincial and territorial partners to gain their support to create a national health care data system that will benefit all of us.

To ensure we are building a system that works for you, Ontario will continuously measure our progress, including tracking your ability to access services like primary care and mental health care, wait times for MRI and CT scans, and time spent waiting in the emergency room.

We will also track how we are expanding our health care workforce to ensure it grows as our population in Ontario grows and ages.

Over the next several years, as we continue to roll out this plan, we will remain focused on one thing: connecting you to the health care you need when you need it most.



658

**From:** Jo-Ann Willson  
**Sent:** October 20, 2022 8:53 AM  
**To:** Rose Bustria  
**Subject:** FW: Patients the focus of new health legislation | BC Gov News

Exec and Council.

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<https://news.gov.bc.ca/releases/2022HLTH0202-001566>

## Patients the focus of new health legislation

Patient safety will be enhanced, oversight of health regulatory colleges strengthened and governance of health professionals improved with ground-breaking legislation.

"Our government is making the most significant changes to oversight of regulated health professions in British Columbia's history," said Adrian Dix, Minister of Health. "These changes will streamline the process to regulate new health professions, provide stronger oversight, provide more consistent discipline across the professions, act in the public interest and

protect patient care in the province, while also laying the groundwork to further reduce the total number of regulatory colleges.”

The Health Professions and Occupations Act replaces its predecessor, the Health Professions Act. The act enables the creation of a new oversight body, an independent discipline tribunal and a reformed complaints process that increases accountability and transparency, protects people in vulnerable circumstances, and creates a commitment to cultural safety and humility, and a new way to regulate lower-risk health occupations.

The legislation will simplify and streamline the process for regulating new professions. Government will begin regulating counsellors and then diagnostic and therapeutic professionals, and will continue finalizing the amalgamation of colleges from 15 to six. One amalgamation will combine the colleges for dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals into one regulator. The other amalgamation will combine the colleges for chiropractors, massage therapists, naturopathic physicians, traditional Chinese medicine and acupuncturists.

The Ministry of Health has made progress ahead of the legislation by reducing the number of regulatory colleges. In October 2020, B.C.’s three nursing colleges were amalgamated into one; in September 2021, the nursing college was amalgamated with the College of Midwives, and the College of Physician and Surgeons was amalgamated with the College of Podiatrists. In September 2022, B.C.’s four oral-health colleges, which included dentists, dental assistants, dental therapists, denturists, dental hygienists and dental technicians, were amalgamated into one regulatory college.

There are 15 health colleges under the act providing a regulatory framework for 25 health professions.

The legislation is partly in response to concerns raised in a report published in 2019 by Harry Cayton, former chief executive of the United Kingdom’s Professional Standards Authority, who was appointed by the Minister of Health to review the Health Professions Act and its regulations and to make recommendations.

The changes also reflect some of the key recommendations of the 2020 In Plain Sight Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, and further implement the Declaration on the Rights of Indigenous Peoples Action Plan. As well, the amendments fulfil recommendations made by the multi-party Steering Committee on Modernization of Health Professional Regulation, which was co-chaired by Dix; Norm Letnick, MLA for Kelowna-Lake Country; and Sonia Furstenau, MLA for Cowichan Valley.

“I thank all of those who provided input on these changes, including people around B.C., health-care workers, my legislative colleagues Norm Letnick and Sonia Furstenau, and Indigenous leaders, who helped to create the priorities addressed in the legislation being brought to the house for consideration,” added Dix.

**Learn More:**

For the Harry Cayton report, An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, visit: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

For the Steering Committee on Modernization of Health Professional Regulation recommendations report, visit: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>

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**From:** Jo-Ann Willson  
**Sent:** January 16, 2023 4:31 PM  
**To:** Rose Bustria  
**Subject:** FW: BC Mention of Chiropractors

Exec and Council.

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**From:** Boyd Neil <[socialreachconsulting@gmail.com](mailto:socialreachconsulting@gmail.com)>  
**Sent:** Monday, January 16, 2023 3:24 PM  
**To:** Jo-Ann Willson <[jwillson@cco.on.ca](mailto:jwillson@cco.on.ca)>  
**Cc:** chris winsor <[chris.winsor@sympatico.ca](mailto:chris.winsor@sympatico.ca)>; Joel Friedman <[JFriedman@cco.on.ca](mailto:JFriedman@cco.on.ca)>  
**Subject:** BC Mention of Chiropractors

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FYI:

This from the Times Colonist: "A new law that changes the way B.C.'s health colleges are regulated is facing backlash from some doctors who say it gives the government too much power over how 130,000 health professionals like chiropractors, dentists and doctors are disciplined."

<https://www.timescolonist.com/local-news/heres-why-bc-doctors-are-upset-about-changes-to-disciplinary-colleges-6382135>

**Boyd Neil**  
@boydneil  
416.892.6624

**663**

JOIN OUR NEWSLETTER

## Here's why B.C. doctors are upset about changes to disciplinary colleges

Katie DeRosa/Vancouver Sun  
about 9 hours ago



B.C. Premier David Eby, left, and Health Minister Adrian Dix. NICK PROCAYLO, PNG

[Listen to this article](#)

00:05:20

A new law that changes the way B.C.'s health colleges are regulated is facing backlash from some doctors who say it gives the government too much power over how 130,000 health professionals



like chiropractors, dentists and doctors are disciplined.

B.C. Health Minister Adrian Dix, however, said the law is a necessary fix that will help patients by improving oversight of the colleges and make sure cases of misconduct by practitioners are made public.

The B.C. Liberals, B.C. Greens, and Doctors of B.C. are concerned that the [Health Professions and Occupations Act](#) was rushed through the legislature with limited debate in late November, catching health professionals off-guard when it became law on Nov. 24.

### **Recommended reads for you:**

- [Comment: B.C.'s pharmacists can help fill the gap in primary care](#)
- [B.C. will pay fees, fund schooling upgrades to get more nurses in health-care system](#)

The law will consolidate the number of health colleges in B.C. from 15 to six. One amalgamation will combine the colleges for dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals into one regulator for allied health professionals. The other amalgamation will create a single college for chiropractors, massage therapists, naturopathic physicians, traditional Chinese medicine and acupuncturists.

The six colleges will be monitored by a new oversight body, an independent discipline tribunal, and a revamped complaints process that Dix says will increase accountability and transparency, and protect vulnerable people.

The oversight body, the Health Ministry said, will also ensure more consistent discipline across the professions and that the public is given information about practitioners who are found guilty of misconduct. Medical professionals guilty of serious misconduct could face fines up to \$200,000 or up to six months in jail.

A major complaint from physicians is that the government will now appoint college board members, a change from the old system in which board members were elected by health professionals.

"I think the regulatory body has to at least speak the language of the people it's regulating, and I don't have confidence that a government-appointed board would do that," said Dr. Jennifer Lush, a family physician in Saanich.

She said the bill could hurt the government's attempts to recruit and retain family doctors.

"I have heard of multiple excellent physicians who are now looking into licensure in other provinces because of" the new law, Lush said.

Lush also said the law gives the government the power to seize people's medical records in the case of a complaint against a health professional.

Dix said this is false. Only an independent investigator appointed by the oversight body can request medical records related to a patient complaint, he said.

"When there's a complaint for example, a complaint of abuse, you have to be able to review the evidence to determine the validity of that complaint when a health-care professional has a complaint against them," Dix said.

He said people will be appointed to the colleges through a "merit-based process" that considers a person's expertise in regulation and an understanding of the complaints process. That means not everyone on the board will be professionals in that medical field.

Dix said that's because "these colleges do not represent the profession. They represent public interests, they regulate the profession."

The act is a response to a 2019 report by independent expert Harry Cayton that called on B.C. to completely overhaul the Health Professions Act. Cayton found that some colleges were more concerned with protecting their members than patient safety.

Cayton, the former chief executive of the U.K.'s Professional Standards Authority, found that many of B.C.'s professional health colleges have demonstrated "a lack of relentless focus on the safety of patients in many but not all of the current colleges."

Cayton was appointed after concerns about regulatory practices by some colleges including how they dealt with practitioners who provided misinformation about vaccines.

Dr. Kevin Mcleod, an internal medicine specialist at Lions Gate Hospital in North Vancouver, called some provisions of the act Orwellian. Mcleod said while he supports transparency, he's worried all complaints against medical professionals, even unfounded ones, will be "very, very public," which could damage someone's reputation.

"So if somebody makes a frivolous complaint, that now is investigated in a very public way," he said.

Dr. Josh Greggain, president of the Doctors of B.C., said his association "supports efforts to hold our health-care providers, including physicians, accountable to a high standard for both public confidence and health issues."

However, he said the “process matters as much as outcome” and many physicians have been blindsided by a process they weren’t fully informed about.

**667**

B.C. Liberal health critic Shirley Bond said by forcing closure on the bill, essentially forcing it through without a full debate, the Opposition didn’t have the chance to ask questions about hundreds of clauses in the 600-clause bill.

While Dix maintains the bill was influenced by one of the most extensive consultation processes in the government’s history, Bond disputes that.

“Physicians and others who are impacted by this bill were not aware of what the content was,” Bond said. “So now we’re seeing the reaction to a bill that is already law.”

B.C. Green Leader Sonia Furstenau is urging the government to reopen the bill “so that people’s questions can be answered and [the government] can rebuild trust and accountability.”

---

**COVID-19 PROTOCOLS FOR HYBRID (IN-PERSON/VIRTUAL)  
COUNCIL AND COMMITTEE MEETINGS**

**Approved by Council: June 22, 2022**

**Amended: September 9, 2022, November 24, 2022**

---

**PROTOCOLS**

As CCO returns to in-person and hybrid Council and committee meetings, health and safety practices and protocols shall be followed to reduce risks associated with COVID-19, in accordance with regulations, directives and guidance from the Ontario Government, Ministry of health and Chief Medical Officer of Health, as well as the *Occupational Health and Safety Act 1990*.

These protocols will continue to be reviewed as regulations, directives and guidance with respect to COVID-19 continue to evolve.

The following protocols shall be followed for attendance of Council or committee members at in-person/hybrid CCO Council meetings:

- Council and committee members are encouraged to attend Council meetings in person where practicable and possible.
- Council or committee members shall notify CCO in advance whether they are attending a Council or committee meeting in-person or attending remotely via virtual platform.
- Council or committee members who attend a CCO Council or committee meeting in person shall within 24 hours of the meeting:
  - self screen for COVID-19 symptoms <https://covid-19.ontario.ca/exposed#symptoms> and not attend if they screen positive for symptoms consistent with COVID-19.
- Council or committee members shall be respectful of individuals' comfort levels with respect to COVID-19, including practices related to mask wearing, hand hygiene and physical distancing.
- CCO will comply with any rules and regulations of any venue that hosts a CCO Council or committee meeting, if a meeting takes place outside of the CCO office.

The CCO Council room has transparent partitions placed in a manner to separate in-person participants, HEPA filters running, and hand sanitizer readily available.

**From:** College of Chiropractors of Ontario <cco.info+cco.on.ca@ccsend.com>  
**Sent:** January 26, 2023 2:02 PM  
**To:** Rose Bustria  
**Subject:** Notice of Election, Nomination Guide, Candidate Undertaking and Competencies for Council and Committee Members - January 2023

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

Pursuant to By-law 6: Election of Council Members, elections to CCO Council will be held in Districts 5, 6 and 7 in Spring 2023.

Please note, as part of CCO's College Performance Measurement Framework Action Plan, CCO Council approved:

- Competencies for Council and Committee Members on November 25, 2021, and
- A mandatory orientation session for all candidates scheduled for February 21, 2023, 6 pm, to outline the roles and responsibilities for CCO Council members, focusing on CCO's public interest mandate.

Please review the documents below for further details. Nomination papers, candidate undertakings, biographical information and additional campaign material must be received by CCO by **February 17, 2023 at 4 p.m.**

- [Notice of Election](#)
- [Nomination Paper](#)
- [Candidate Undertaking](#)
- [Competencies for Council and Committee Members](#)

Thank you for your interest and participation in the self-regulation of the chiropractic profession.

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## 2023 NOTICE OF ELECTION AND NOMINATION GUIDE FOR ELECTIONS TO DISTRICTS 5, 6 AND 7

College of Chiropractors of Ontario (CCO)

January 2023

### NOTICE

Pursuant to By-law 6: Election of Council Members, notice is hereby given that elections to CCO Council will be held in Districts 5, 6 and 7. Elections in these districts will be for a term of approximately 3 years.

**District 5: Central West** comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Niagara, Peel and Waterloo, and the city of Hamilton.

**District 6: Western** comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth and Oxford, and the municipality of Chatham-Kent.

**District 7: Academic** comprised of the entire province of Ontario (member of faculty of an accredited academic institution).

### ELECTION PROCEDURES

- CCO will not be providing candidates with a list of members in their districts or mailing labels. However, CCO will post on CCO's website and distribute to members in their districts on behalf of candidates biographical information and one additional page of campaign materials, in accordance with the election timetable and campaign guidelines.
- The elections are carried out by electronic vote and secret ballot. The Registrar supervises all aspects of the election.

### ELECTION TIMETABLE

**January 26, 2023:** Notice of Election and Nomination Guide sent electronically to all members.

**February 17, 2023:** Nomination Date: Nomination papers, candidate undertakings, biographical information and additional campaign material to be circulated by CCO in a format suitable for distribution to voters must be received by CCO by 4 p.m.

**February 21, 2023, 6 pm:** Mandatory orientation for all candidates to be held virtually.

**February 24, 2023:** Deadline for candidates to withdraw from the election by 4 p.m.

**March 6, 2023:** CCO posts on its website and distributes by email a list of candidates and biographical information reviewed and approved by CCO to eligible voters in each district.

**March 10, 2023:** CCO posts on its website and distributes by email additional campaign material submitted by candidates and reviewed and approved by CCO to eligible voters in each district.

**March 13, 2023:** List of candidates, biographical information, and voting procedures sent by email to all eligible voters.

**March 28, 2023:** All votes must be received by CCO by 4 p.m.

**March 28, 2023:** Unofficial election results announced.

**April 12, 2023:** Deadline to make a written request for a recount with a \$150 deposit, which must be received by CCO by 4 p.m. Election results posted on CCO's website at [www.cco.on.ca](http://www.cco.on.ca).



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Web site: [www.cco.on.ca](http://www.cco.on.ca)

- Candidates are required to submit their nomination papers, candidate undertakings, biographical information and one additional piece of campaign material in a format suitable for distribution on or before **February 17, 2023 at 4 p.m.** CCO will review all materials for general consistency with the campaign guidelines for elections, the biographical information guidelines, the principles of fair, accurate and appropriate election statements and, by analogy, Standard of Practice S-016: Advertising, and will forward a response to the candidate as soon as possible. If you have any questions about any campaign material, contact CCO.
- Any additional campaign material and communications, including written material, oral presentations/speeches and general decorum of candidates must comply with the campaign guidelines for elections in this document. Material should be submitted to the CCO Election Review Committee in advance of February 17, 2023.
- Elections are conducted in a fair and transparent manner, consistent with democratic principles. Failure to comply with the principles of fairness by candidates and others may jeopardize the election process and results.
- Eligibility to nominate, vote and stand for elections to CCO Council is reflective of By-law 6.

#### ELIGIBILITY TO NOMINATE AND/OR VOTE

- A member holding a General (active), Inactive or Retired certificate of registration **is eligible to nominate and vote** in the electoral district in which the member, as of January 1<sup>st</sup> of the election year, has his/her primary practice, or if the member is not engaged in the practice of chiropractic, in which the member has his/her primary residence.
- A member **is ineligible to nominate or vote** in a Council election if he/she is 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 or is in default in completing and returning any form required by CCO.

#### ELIGIBILITY TO STAND FOR ELECTION

A member **is eligible for election** to Council in an electoral district, if, on the closing date of nominations and any time up to and including the date of the election:

- the member has his/her primary practice of chiropractic located in the electoral district in which he/she is nominated or, if the member is not engaged in the practice of chiropractic, has his/her primary residence located in the electoral district in which he/she is nominated;
- the member is not in default of payments 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;
- the member is not in default in completing and returning any form required by CCO;
- the member is not the subject of any disciplinary or incapacity proceeding;
- a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years; (continued on next page);

#### ACRONYMS

AFC	Alliance for Chiropractic
CCA	Canadian Chiropractic Association
CCEC	Council on Chiropractic Education (Canada)
CCEB	Canadian Chiropractic Examining Board
CCO	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CCRF	Canadian Chiropractic Research Foundation
CMCC	Canadian Memorial Chiropractic College
CNAC	Canadian National Alliance for Chiropractic
CSCE	Canadian Society of Chiropractic Evaluators
FCC	Federation of Canadian Chiropractic
OCA	Ontario Chiropractic Association
RHPA	Regulated Health Professions Act, 1991
UQTR	Université du Québec à Trois-Rivières



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Web site: [www.cco.on.ca](http://www.cco.on.ca)



- the member has not resigned from a position on Council, before completing their term, within the last three years and four months;
- the member does not have an outstanding code of conduct matter with the College;
- the member is not, and has not been in the preceding three years, an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE, the CCEC of the FCC, CCRF or CNAC;
- the member is not, and has not been in the preceding three years, an officer, director, or administrator of any chiropractic educational institution, including but not limited to, CMCC and UQTR, such that a real or apparent conflict of interest may arise;
- the member has not been disqualified from the Council or a committee of the Council in the previous six years;
- the member is not a member of the Council or of a committee of the college of any other health profession;
- the member has not been a member of the staff of CCO at any time within the preceding three years;
- for District 7 only, the member is a member of the faculty of an accredited educational institution; and
- for any district other than District 7, the member is not eligible for election in District 7, and has not been eligible for election in District 7 in the preceding three years (three year cooling off period effective on a go forward basis November 25, 2021).

### TERM OF OFFICE

The term of office of a member elected to Council is approximately three years commencing with the first regular meeting of Council immediately following the election (currently scheduled on April 19, 2023). Incumbents continue to serve in office until the first regular Council meeting, unless otherwise disqualified from Council. By-law 6: Election of Council Members outlines the circumstances in which a member may be removed from Council.

**Please note:** A member who has served on Council for nine consecutive years is ineligible for election to Council until a full three-year term has passed since that member last served on Council. A non-Council member may only serve on CCO committees for nine consecutive years, whether the time is served as a Council member or as a non-Council member.

### ORIENTATION FOR CANDIDATES

Candidates are required to attend the virtual orientation session, schedule for February 21, 2023, 6 pm.

#### 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*



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## ROLE OF CCO AND COUNCIL MEMBERS

CCO is the regulatory body for chiropractors in Ontario, governed by a 15-16 member Council comprised of 6-7 public members appointed by the provincial government and 9 registered chiropractors elected by the membership.

CCO's legislative mandate is to govern chiropractic in the public interest. CCO's main responsibilities include:

- developing standards of admission to the profession;
- investigating complaints and disciplining members who have committed acts of professional misconduct or are incompetent;
- implementing a quality assurance program to ensure continuous quality improvement in the profession, including the development of standards of practice, policies and guidelines to which all members of the profession must conform;
- maintaining a public register; and
- implementing a patient relations program.

## TIME COMMITMENTS

Council membership involves a significant time commitment, which varies according to committee. Members attend Council meetings four or more times per year and may serve on one or more committees. Preparatory readings and work for Council and committee meetings can be extensive. Candidates should also note that, whenever possible, all Council and committee meetings are held during regular business hours, Monday to Friday.

Members should review the Competencies for Council and Committee Members document, posted on the election page of CCO's website, for further information about competencies, expectations and time commitments on Council and committees.

## COMPENSATION

Council members are compensated for their time spent on CCO work in accordance with

CCO By-law 9: Remuneration and Internal Policy I-012. However, per diems and expenses paid by CCO to Council members are intended to partially offset the cost of a contribution to the self-regulation of the chiropractic profession rather than to pay for services rendered or to compensate for lost income or the opportunity to earn income.

## CAMPAIGN GUIDELINES FOR ELECTIONS TO CCO COUNCIL

The following guidelines are for candidates for election or re-election to CCO Council and any member who produces or distributes campaign material on behalf of a candidate. These guidelines are intended to apply to the candidate biography, additional material distributed by CCO, any other written campaign materials distributed by any means, including email, websites or social media, oral presentations/speeches and general decorum of candidates. It is each candidate's responsibility to ensure that his/her campaign material and behaviour complies with the campaign guidelines:

### Do the following:

- Be respectful, polite, dignified and professional in everything you do;
- Announce your qualifications and competencies rather than denouncing another candidate's qualifications;
- Rely on and promote information that is both factual and provable;
- Focus on your ideas and the positives that you have to offer;
- Ensure the words you use are inclusive and would not offend any specific group;
- Remember the public interest mandate of CCO and don't make any promises that could be viewed as inconsistent with that mandate;
- Remember that you are a professional and a member of a regulated health profession and so are other candidates;
- Take all reasonable steps to ensure anyone campaigning on your behalf also acts and communicates in a respectful, professional manner; (continued on next page)



- Comply with CCO regulations, standards of practice, policies and guidelines, including, but not limited to: CCO's Code of Ethics, CCO's Code of Conduct, the Candidate Undertaking, the Professional Misconduct Regulation, Policy P-011: Conflict of Interest for Council and Committee Members, Standard of Practice S-016: Advertising, Guideline G-016: Advertising and common law.
- The candidate's name must appear on the top of the page.
- The candidate's photograph may be included - head and shoulders only.
- Candidates must **NOT** imply, in any way, that CCO or any CCO Council or committee member supports their candidacy.
- Candidates **MUST** include the following statement verbatim in their biographical information and, based upon it, describe in the statement how they would contribute to the regulation of chiropractic in the public interest:

**Do not do the following:**

- Include any information or material that is false or misleading, not readily comprehensible by the persons to whom it is intended, or disgraceful, dishonourable or unprofessional;
  - Compare yourself to another member's or other health care provider's practice, qualification or expertise;
  - Imply, in any way, that CCO or any CCO Council or committee member supports your candidacy; or
  - Mount a personal or professional attack on any candidate.
- "Chiropractors who are elected will reflect their commitment to the public's right to safe, effective and ethical chiropractic care."*
- Candidates should include information that is relevant to their knowledge, competencies, expertise, skills and attributes related to:
    - chiropractic care of patients, including patients from different backgrounds
    - protection of the public interest
    - serving on boards in an oversight role
    - interpersonal and communication skills
    - previous roles and experience in business, organizational planning, human resources, health and safety, policy development, risk management, education and research, financial or accounting, information technology and any other roles relevant to CCO's mandate and functions.

Non-compliance with the guidelines may result in a private or public direction issued by CCO during the election and a review as to whether the election is valid after the votes are counted. Non-compliance may result in the election of a district being recalled.

**Professional, respectful discourse is essential to a fair election process!**

**GUIDELINES TO CANDIDATES FOR PROVIDING BIOGRAPHICAL INFORMATION**

In addition to the guidelines above, a candidate's biographical information must meet the following guidelines.

Biographical information must:

- Reflect CCO's role in protecting the public interest and be typewritten on one 8.5" x 11"-page white paper with a minimum of one-inch margins on all four sides, in portrait format (not landscape);

In addition to the candidate biography, candidates may submit one additional piece of campaign material that CCO will distribute to eligible voters in their district in accordance with the election timetable. This additional campaign material must comply with CCO election guidelines, be received by CCO on or before February 17, 2023, 4 pm, and only be written material typewritten on one 8.5" x 11"-page white paper with a minimum of one-inch margins on all four sides, in portrait format (not landscape).



**CCO Committees****Statutory:**

- Executive
- Inquiries, Complaints and Reports
- Discipline
- Fitness to Practise
- Patient Relations
- Quality Assurance
- Registration

**Non-Statutory:**

- Advertising
- Election Review Sub-Committee

**Thank you for  
participating  
in the  
self-regulation  
of your profession!**

**CURRENT CCO COUNCIL****ELECTED MEMBERS**

<b>Name</b>	<b>District</b>	<b>Term of Office (April to April)</b>
Dr. Angelo Santin, <i>Thunder Bay</i>	1	April 2021 - April 2024
Dr. Paul Groulx, <i>Stittsville</i>	2	April 2022 - April 2025
Dr. Michael Gauthier, <i>Ajax</i>	3	April 2022 - April 2025
Dr. Kyle Grice, <i>Toronto</i>	4	April 2022 - April 2025
Dr. Julia Viscomi, <i>Maple</i>	4	April 2021 - April 2024
*Dr. Sarah Green, <i>Elmira</i>	5	April 2020 - April 2023
Dr. Dennis Mizel, <i>St. Catharines</i>	5	April 2021 - April 2024
*Dr. Colin Goudreau, <i>Chatham-Kent</i>	6	April 2020 - April 2023
*Dr. Jarrod Goldin, <i>Toronto</i>	7	April 2021 - April 2023

*\*Term of office expires April 2023. Eligible for re-election.*

**PUBLIC MEMBERS**

<b>Name</b>	<b>Date Order-in Council Expires</b>
Ms Anuli Ausbeth-Ajagu, <i>Brampton</i>	December 2024
Mr. Markus de Domenico, <i>Toronto</i>	December 2024
Mr. Gagandeep Dhanda, <i>Mississauga</i>	April 2024
Ms Robyn Gravelle, <i>Burlington</i>	May 2023
Ms Zoe Kariunas, <i>Toronto</i>	April 2024
Mr. Shawn Southern, <i>Union</i>	October 2024
Mr. Scott Stewart, <i>Cavan Monaghan</i>	March 2025



## ELECTIONS QUESTIONS & ANSWERS

### Q. What is the purpose of the election of professional members to the Council?

- A. The *RHPA* and the *Chiropractic Act, 1991* provide for the election of the majority of the Council from among the membership of the profession. Since chiropractic is a self-regulating profession, it is important that the majority of the Council be members of the profession. While there could be a number of ways for the professional members to be chosen, the legislation requires an election system to ensure that Council members have the confidence and respect of those whom they regulate.

### Q. Is the election of Council members similar to the election of MPPs or municipal councillors?

- A. While the form of election is somewhat similar (i.e., voting for candidates by secret ballot), the purpose is actually quite different. Your MPP represents the interests of those who elected him/her. A Council member does not represent the specific interests of chiropractors, but rather the broader public interest as described in the *RHPA*.

CCO, unlike the legislature, is a corporation. The Council, as the Board of Directors of the corporation, has a fiduciary (trust) duty to fulfill the public interest mandate of the corporation/CCO and not the specific interests of the professional electorate.

### Q. Does a Council member represent his/her constituents?

- A. No, a Council member does not have constituents. A Council member is somewhat like the trustee of an estate: he/she acts in the best interest of the beneficiary, not the persons who selected him/her as Trustee. The beneficiary under the *RHPA*

and the *Chiropractic Act, 1991* is the public interest. If a chiropractor from a Council member's district has a problem with CCO, it would be inappropriate for the Council member to intervene on the chiropractor's behalf with the pertinent committee or CCO staff person.

### Q. How does this affect a candidate's 'campaign' materials?

- A. While people sometimes do refer to the election process as a 'campaign', this, too, is a bit of a misnomer. Candidates for election can and should provide information about themselves and their philosophy to the other chiropractors in their district to assist them in making an informed choice. However, there is not really a role for campaign 'promises' or statements about how a candidate, if elected, will decide specific matters that might arise in the future. In addition, candidates are strongly urged to forward their campaign material to CCO before distribution to ensure the elections are conducted in a fair manner.

The Election Review Sub-Committee will review all material for compliance with CCO standards and policies and consistency with the requirement for professional, respectful communication.

### Q. Why, then, are Council members elected from districts?

- A. Perspective. Having Council members elected from various districts ensures that the perspective of all chiropractors, not just those from one region (e.g., the Greater Toronto Area), is reflected on Council. Some issues might have a different impact on the public from rural or northern areas, small towns, medium-sized cities and Toronto. It is important that all perspectives are heard.

This notice explains the election rules established under the *Chiropractic Act, 1991*. To the extent of any inconsistency, the legislation and the by-laws govern. If you have any questions, please contact CCO at (416) 922-6355.



College of  
Chiropractors  
of Ontario

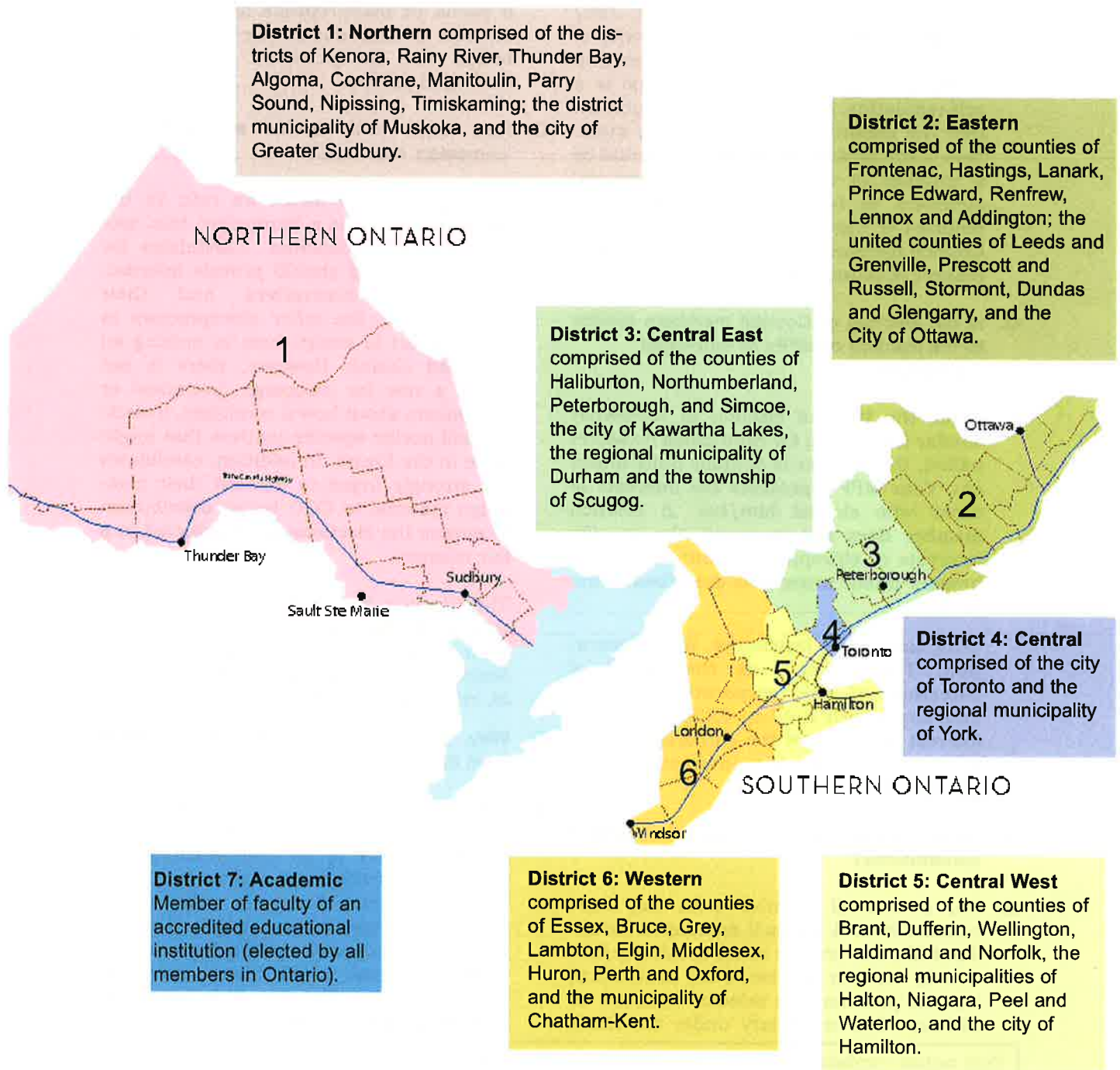
L'Ordre des  
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de l'Ontario

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**CCO ELECTORAL DISTRICTS**

[map not to scale, illustrative of districts only]



**ELECTION NOMINATION PAPER – ELECTIONS FOR DISTRICTS 5, 6 AND 7**

College of Chiropractors of Ontario (CCO)

January 2023

The Election Nomination Paper must be received with the Candidate Undertaking Form at CCO by 4 p.m. on February 17, 2023. Please type or print neatly, using black ink. Forms may be emailed to CCO at [cco.info@cco.on.ca](mailto:cco.info@cco.on.ca), faxed to CCO at 416-925-9610.

We, the undersigned members of CCO, eligible to vote in Electoral District \_\_\_\_\_,

nominate \_\_\_\_\_ of \_\_\_\_\_

(Name of Candidate) (City / Town)

as a candidate for the March 2023 election to CCO Council.

Candidate's Registration Number: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_

Confidential E-mail Address: \_\_\_\_\_

	<b>Nominator's Name<sup>1</sup> (please print)</b>	<b>City / Town</b>	<b>Registration Number</b>	<b>Signature</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**CANDIDATE'S CONSENT:** I consent to allow my name to stand for election as a member of CCO for the Electoral District of \_\_\_\_\_ and agree to serve if elected. I will attend the February 21, 2023 Orientation Session for all candidates.

\_\_\_\_\_  
Candidate's Name

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

<sup>1</sup> Minimum of 10 eligible members who support the nomination and who are eligible to vote in the electoral district is required.

**UNDERTAKING TO THE CCO REGISTRAR FROM CANDIDATE**

College of Chiropractors of Ontario (CCO)

January 2023

*Note to elected members of CCO Council: Initial the box/boxes that apply. Leave blank box/boxes that do not apply and provide an explanation on a separate page.*

I, \_\_\_\_\_, candidate for CCO Council in District \_\_\_\_\_, undertake to the Registrar as follows:

1. **Districts 5 and 6**(a) I am not a member of faculty at an accredited educational institution – AND – 

AND

(b) My **primary practice of chiropractic** is located in the electoral district for which I was nominated. – OR – 

OR

(c) I am not engaged in the practice of chiropractic and my **primary residence** is located in the electoral district for which I was nominated. **District 7**(a) I am a member of faculty of an accredited educational institution (attach document to confirm). - AND- 

AND

(b) I primarily practise in or live in Ontario. 2. I am not: 

- in default of payments 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.
- in default in completing and returning any form required by CCO.
- the subject of a disciplinary or incapacity proceeding.
- the subject of a finding of professional misconduct, incompetence or incapacity in the preceding six years.
- the subject of an outstanding code of conduct matter with the College.
- and have not been in the preceding three years, an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE, the Council on Chiropractic Education (Canada) of the FCC, CCRF or CNAC<sup>1</sup>.
- and have not been in the preceding three years, an officer, director, or administrator of any chiropractic educational institution, including but not limited to, CMCC and UQTR, such that a real or apparent conflict of interest may arise.
- a member of the Council or of a committee of the college of any other health profession.
- a member of the faculty of an accredited educational institution (except for District 7).  
for any district other than District 7, eligible for election in District 7, and have not been eligible for election in District 7 in the preceding three years (three year cooling off period effective on a go forward basis November 25, 2021).

3. If applicable, I have attached to this undertaking a copy of all letters of resignation from my position as an employee, officer or director of any professional chiropractic association or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise.

4. If applicable, I have taken all reasonable and necessary steps to ensure I am not reflected in any documents or on any websites as an employee, officer or director of any professional chiropractic association or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise.

<sup>1</sup> The effective date on which the candidate must not be an employee, officer or director of any professional chiropractic association, or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise, is the closing date of nominations and any time up to and including the date of the election (i.e., before the election results are known). Copies of relevant letters of resignation must be filed with CCO, along with the candidate's nomination papers. The candidate should take all reasonable and necessary steps to ensure he/she is not reflected in any documents or on any websites as an employee, officer or director of any professional chiropractic association, or an officer, director or administrator of any chiropractic educational institution, such that a real or apparent conflict of interest may arise.



5. I undertake to maintain all confidentiality within the election process, including but not limited to, maintaining confidentiality with respect to which members voted or did not vote and/or submitted spoiled ballots.
6. I have **not**:
- been disqualified from the Council or a committee of the Council in the previous six years.
  - resigned from a position on Council, before completing my term, within the last three years and four months.
  - served on Council for nine consecutive years without a full three-year term passing since I last served on Council.
  - been a member of the staff of the College at any time within the preceding three years.
7. A finding of professional misconduct, incompetence or incapacity has not been made against me in the preceding six years.
8. I confirm I have reviewed my active personal and business communications, including those on social media, and there is no current content that could embarrass or harm the reputation of CCO or give cause to consider that I am unable or unwilling to comply with CCO's mission, vision, values, strategic objectives and by-laws, and the duty to be fair and impartial in all considerations.
9. I acknowledge that as a member of Council, my primary duty is to serve and protect the public interest.
10. I undertake to:
- review and comply with CCO's provisions, including the Code of Conduct, CCO Internal Policy I-015: Policy to Avoid Abuse, Neglect and Harassment, Policy P-011: Conflict of Interest for Council and Committee Members, and CCO's mission, vision, values and strategic objectives,
  - review CCO's orientation material and attend any relevant training workshop,
  - participate in CCO's Peer and Practice Assessment Program within six months of my election (if I have not already been peer assessed by that time), and
  - participate as a member of a discipline panel or fitness to practise panel if selected by the Chair of the Discipline or Fitness to Practise Committee, unless I have a conflict of interest.
11. I confirm that I have access to and agree to use the following confidential e-mail address for any and all CCO matters:
12. I recognize that, if I were to resign from Council, it will not be properly constituted. Therefore, if elected, I undertake not to resign from Council without first giving 60 days written notice to the President and Registrar so that the Council can take steps to ensure that Council can remain properly constituted at all times.
13. I **confirm** all the information in this undertaking is accurate, complete and true.
14. I further undertake to advise the Registrar forthwith of any change in the above-noted statements.
15. I understand it is an act of professional misconduct to fail to comply with an undertaking to the Registrar.

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 Candidate's Name

---

 Candidate's Signature

---

 Date

---

 Witness' Name

---

 Witness' Signature

---

 Date

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## COMPETENCIES FOR COUNCIL AND COMMITTEE MEMBERS



Executive Committee

Approved by Council: November 25, 2021

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### INTRODUCTION

Effective regulation is enhanced when Council and committee members possess specific competencies to act in accordance with the objects of health regulatory colleges under the *Regulated Health Professions Act, 1991 (RHPA)* and the mission, vision, values and strategic objectives of the College of Chiropractors of Ontario (CCO), and to regulate the full scope of practice of chiropractic. Many of these competencies may be acquired through ongoing orientation, continuing education and professional development once on CCO Council and committees.

The following document outlines the competencies expected of Council and Committee members, as they relate to the duties and objects of the college and the mission, vision, values and strategic objectives of CCO. Please note that it is not expected that candidates for Council and committees possess all of these competencies prior to being elected or appointed to CCO Council or committees. CCO provides ongoing training, orientation and education opportunities both through Council and committees and through the Health Profession Regulators of Ontario (HPRO).

### OBJECTS OF THE COLLEGE

Section 3(1) of the Health Professions Procedural Code, under the *RHPA* identifies the following objects of the College:

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.
- (2) In carrying out its objects, the College has a duty to serve and protect the public interest.

## **CCO 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.

## COMPETENCIES FOR COUNCIL MEMBERS

The following document outlines the competencies expected of Council and Committee members, as they relate to the duties and objects of the college and the mission, vision, values and strategic objectives of CCO.

Please note that it is not expected that candidates for Council and committees possess all of these competencies prior to being elected or appointed to CCO Council or committees. CCO provides ongoing training, orientation and education opportunities both through Council and committees and through the Health Profession Regulators of Ontario (HPRO). Council and committee members should be prepared to participate in ongoing orientation, continuing education and professional development, once elected or appointed to CCO.

Furthermore, it is not the expectation that all Council and committee members possess all of the following competencies. Rather the different competencies of Council and committee members should complement each other and be diverse to represent the public of Ontario.

## Career Skills, Knowledge and Experience

### *Professional Chiropractic Experience*

- Experience in providing chiropractic care to a diverse group of patients in various practice settings
- Experience with various aspects of chiropractic care, including, patient consultation, examination and care, informed consent, record keeping, business and billing practices, billing of insurance companies and third-party payors, advertising and other communications to the public (websites and social media). It is acknowledged that Council and committee members may not have experience in all of these aspects of chiropractic practice; however, the experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.
- Understanding of the importance of the protection of patient rights and patient safety, including the prevention of patient abuse and boundary violations

### *Regulatory, Administrative and Other Experience*

- Experience in professional regulation, boards of directors or other administrative and member organizations
- Understand the role of self-regulation of health professions
- Experience with chairing and participating in meetings
- Understand rules of procedure (e.g., Roberts Rules of Order), codes of conduct, conflict of interest policies and confidentiality undertakings
- Experience in areas such as finance/accounting, education, information technology and governance
- Have a basic knowledge of technology and ability to use technology to perform the work of CCO (emails, Zoom meetings and webinars, PDFs, etc.)

## Values, Skills, Behaviour and Character Attributes

### *Communication*

- Communicate effectively, concisely, constructively, respectfully and accurately, verbally and in writing, with council and committee members, staff, members, the public, government, and other external stakeholders, in the context of regulating the profession in the public interest
- Listen in a respectful manner and ask for clarification and explanation
- Provide constructive and helpful contributions to discussion and debate with a view towards problem solving and making effective decisions

### *Working in a Team-Based, Diverse Environment*

- Work cooperatively, collegially and respectfully in a team-based environment

- Demonstrate respectful behaviour to a variety of viewpoints and social and cultural differences
- Help in building consensus
- Support decisions and positions of CCO Council
- Demonstrate leadership skills and ability to lead others to solve problems, adapt and manage change and achieve results
- Demonstrate a commitment to diversity and inclusion

***Availability***

- Commitment to being available for regular meetings and hearings
- Commitment to being prepared for regular meetings and hearings, by reading committee packages and background material in advance
- Punctual attendance at meetings and hearings

***Commitment to and Understanding of the role of the CCO***

- Place the interests of the public and mandate of CCO above oneself or one's own interests
- Understand the specific role of the CCO to regulate chiropractic in the public interest and how it differs from roles of professional associations, advocacy groups, educational institutions, protective associations and other stakeholders
- Understand and respect the roles of council members, committee members and staff
- Ability to identify and declare real and perceived conflicts of interest and appearances of bias

***Commitment to Learning***

- Commitment to ongoing learning and education about professional regulation, CCO and other areas relevant to serving as a Council or committee member on CCO
- Ability to ask questions if knowledge is lacking

***Critical Thinking and Problem Solving***

- Use professional judgment and strategic thinking to solve problems and address issues
- Make decisions guided by qualitative and quantitative evidence and background material from government, other health professions, other jurisdictions and other sources
- Adapt and demonstrate flexibility based on changing environments
- Understand and manage risk to the public in decision-making

### ***Professionalism***

- Demonstrate professionalism and good character and act with honesty, integrity, transparency, credibility, collaboration, diplomacy and respectfulness

### **Knowledge of Professional Health Regulation and CCO**

- Understand the role of the regulator and professional health regulation in Ontario
- Understand the difference in roles between a professional health regulator and other stakeholders, such as professional advocacy groups, protective associations and educational institutions
- Work within the wider context of the regulatory framework in Ontario and consistently with the goals and objectives of the Ontario Government and Ministry of Health
- Understand and work in accordance with the objects of the College and mission, vision, values and strategic objectives of CCO
- Understand and work within CCO's governance and organizational structure, governing legislation, and mission, vision, values and strategic objectives
- Understand the mandates and functions of CCO Council and committees
- Understand and apply CCO regulations, by-laws, internal policies, codes of conduct, standards of practice, policies and guidelines
- Apply legal authority (legislation, regulation, standards of practice, policies and guidelines) to regulatory issues
- Understand the role of a Council member, fiduciary duties and good governance principles, including the distinction and relationships in the roles of Council, the Registrar and staff
- Understand and appreciate finances and financial implications of decisions
- Understand and adhere to fiduciary and confidentiality duties

## **COMPETENCIES AND EXPECTATIONS FOR COMMITTEE MEMBERS**

In addition to the competencies expected of Council members, the following mandates, meeting expectations and competencies are expected for committee members on CCO committees. CCO provides ongoing training, orientation and education opportunities both through Council and committees and through the Health Profession Regulators of Ontario (HPRO).

### **Executive Committee**

#### **Committee Mandate**

- To exercise the powers of Council between meetings 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.

### **Meeting Expectations**

- Approximately five full day meetings per year (additional meetings on an as-needed basis)

### **Competencies for the Executive Committee**

- Knowledge and understanding of the regulatory framework of CCO, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, CCO By-laws, internal policies, conflict of interest policies, code of conduct and rules of order
- Communicate with key stakeholders, including members, members of the public, government and other external stakeholders
- Contribute to the review and recommendation to Council of an annual budget, consistent with resources, priorities and strategic objectives
- Review and analyze extensive material, listen and contribute in a respectful manner to discussion and debate and reach a decision regarding regulatory decisions
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Understands issues from different perspectives

### **Inquiries, Complaints and Reports Committee**

#### **Committee Mandate**

- To respond to inquiries, complaints and reports in a manner consistent with its legislative mandate under the *RHPA*.
- To review reports of investigations and make decisions concerning the possible referral of specified allegations or professional misconduct to the Discipline Committee and the imposition of interim terms, conditions and limitations on a member's certificate of registration.

#### **Meetings Expectations**

- Approximately 10-12 full day meetings per year



### **Competencies for the Inquiries, Complaints and Reports Committee**

- Commitment to review extensive material related to inquiries, complaints and reports to CCO, including submissions by the complainant and member, clinical notes and records, materials from insurance companies, third-party payors and other third parties (e.g., employers), and expert and investigation reports
- Knowledge and understanding of the regulatory framework specific to the complaints process, including the *Regulated Health Professions Act, 1991* and the *Chiropractic Act, 1991*
- Knowledge and understanding of CCO regulations, standards of practice, policies and guidelines and able to apply them to specific complaints
- Knowledge and understanding of risk assessment tools used by the committee
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion and decision-making
- Use technology effectively and review digital material
- Experience in review of complaints and other forms of adjudication
- For chiropractors – broad knowledge base and experience in chiropractic care
- For public members – ability to listen, learn, discuss and ask questions of the professional members of the committee related to chiropractic practice
- Available and prepared for meetings
- Identify and declare any real or perceived conflicts of interest and/or appearances of bias
- Understand the fiduciary duty to act honestly, in good faith and in accordance with the duties and objects of the College
- Commitment to make informed, impartial and transparent decision
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Understands issues from different perspectives
- Understands regulatory outcomes of the inquiries, complaints and reports process
- Understands importance of well-supported reasons for decision and fairness, impartiality and transparency in decision-making
- Identify issues that require external expertise (legal advice or expert opinions)

### **Discipline Committee**

#### **Committee Mandate**

- To adjudicate specific 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 finding.

### **Meetings Expectations**

- Approximately 1-2 full day meetings per year
- Availability for hearings on an as-needed basis

### **Competencies for the Discipline Committee**

- Commitment to review extensive material related to discipline hearings, including notices of hearings, submissions from CCO and the member, joint submissions and agreed statements of fact, evidence including, clinical notes and records, materials from insurance companies, third-party payors and other third parties, and expert and investigation reports
- Knowledge and understanding of the regulatory framework specific to the discipline process, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, and the *Statutory Powers Procedures Act*
- Complete the Discipline Orientation from the Health Profession Regulators of Ontario (HPRO)
- Knowledge and understanding of CCO regulations, standards of practice, policies and guidelines and application of them to specific disciplinary matters
- Experience in sitting on regulatory or administrative panels and other forms of adjudication
- Use technology effectively and review digital material
- Understand the role of independent legal counsel (ILC), and able to work with and ask questions of ILC
- Understand the roles of Counsel and witnesses in a discipline hearing
- Identify and declare any real or perceived conflicts of interest and/or appearances of bias in deliberating disciplinary matters
- Understand the fiduciary duty to act honestly, in good faith and in accordance with the duties and objects of the College
- Commitment to make informed, impartial and transparent decisions
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives
- Understand regulatory outcomes of discipline hearings and the importance of well-supported reasons for decisions
- Understand importance of fairness, impartiality and open-mindedness in decision making

## Fitness to Practise Committee

### 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.

### Meetings Expectations

- Approximately 1 full day meeting per year
- Availability for hearings on an as-needed basis

### Competencies for Fitness to Practise

(See competencies for Discipline Committee, as they related to Fitness to Practise Hearings)

## Registration Committee

### 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.

### Meetings Expectations

- Approximately 1-2 full day meetings and 8-10 half day meetings per year

### Competencies for Registration Committee

- Knowledge and understanding of the regulatory framework specific to the registration process, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, the registration regulation and registration policies and decision-making tools, and ability to apply them to registration applications with unique fact scenarios
- Understand the requirements for registration as a member of CCO in Ontario
- Possess strategies to build consensus
- Understand the importance of transparent, objective, impartial and fair decision-making
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff

- Understand the role of the Office of the Fairness Commissioner in overseeing the registration practices of Ontario health regulatory colleges

## Quality Assurance Committee

### 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.

### Meetings Expectations

- Approximately 6-8 full day meetings per year
- Availability for workshops on an as-needed basis

### Competencies for the Quality Assurance Committee

- Knowledge and understanding of the regulatory framework specific to the Quality Assurance Committee, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, and CCO standards of practice, policies and guidelines
- Knowledge and understanding of CCO's Quality Assurance Committee including Peer and Practice Assessment, Self Assessment, Continuing Education and Professional Development, Record Keeping Workshops and CCO's mechanisms for monitoring compliance
- Review standards of practice, policies and guidelines from other jurisdictions and other Ontario health professions as they apply to review of CCO standards of practice, policies and guidelines
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives

## Patient Relations Committee

### 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*.

### Meetings Expectations

- Approximately 4-6 full day meetings per year

### Competencies for the Patient Relations Committee

- Knowledge and understanding of the regulatory framework specific to the Patient Relations Committee, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, and CCO standards of practice, policies and guidelines
- Knowledge and understanding of legislation, regulations and policies related to funding for therapy and counselling for victims of sexual abuse
- Commitment to preventing and dealing with sexual abuse of patients through educational programs, guidelines for conduct, training for CCO staff and provision of information to the public
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives

## Advertising Committee (non-statutory)

### Committee Mandate

- To review proposed advertisements by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising.

### Meetings Expectations

- Approximately 1-2 half day meetings per year

- Availability to review and provide feedback on advertisements and website and social media material submitted by members

### **Competencies for the Advertising Committee**

- Knowledge and understanding of CCO standards of practice and guidelines as they relate to advertising, websites and social media
- Apply CCO standards of practice and guidelines as they relate to advertising, websites and social media to the review and feedback provided on submitted advertisements, website and social media content submitted by members
- Review past feedback provided from the Advertising Committee and apply to the review of advertisements, website and social media content submitted by members
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives

## **COMPETENCIES FOR CHAIRS OF COUNCIL AND COMMITTEES**

In addition to the competencies for Council and Committee members, the following competencies are expected of Council and committee chairs:

- Lead and guide Council/committee in achieving its goals and objectives
- Demonstrate effectiveness and skills in chairing, including, following rules and working through meeting agendas
- Promote a strong and positive Council/committee culture
- Build and maintain trusting relationships and good communication with council members, committee members and staff
- Demonstrate values of respect, honesty and integrity
- Understand and act in accordance with CCO by-laws, internal policies, codes of conduct and confidentiality and rules of order
- Understand the authority of Council and committees as a whole
- Promote respectful and efficient discussion and debate and helps to build consensus in decision-making

## ITEM 4.1.45

**ELECTION REVIEW SUB-COMMITTEE  
TERMS OF REFERENCE**

(Approved by the Executive Committee: January 21, 2022)

The Election Review Sub-Committee is a sub-committee of the Executive Committee which is struck temporarily during the period of CCO's elections to Council.

**1. Composition**

The composition of the Election Review Sub-Committee Committee shall include a maximum of 4 committee member, as follows:

- 1 - 2 members of the Council who are members of the College, and not candidates for election in that year;
- 1 - 2 members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- if possible, 1 individual with experience in professional regulation, who is unaffiliated with the College

**2. Accountability and Reporting**

The Election Review Sub-Committee reports to the Executive Committee

**3. Duties and Responsibilities**

- Review candidates' biographical and campaign materials for the 2022 elections to CCO Council, consistent with the Notice of Election document and CCO campaign guidelines;
- Provide feedback to candidates if there are any changes to be made to candidates' biographical and campaign material, consistent with the Notice of Election document and CCO campaign guidelines;
- Review and provide feedback to the Executive Committee on other matters related to campaign material for the 2022 elections to CCO Council from candidates, individuals or organizations.

It is outside of the scope of the Election Review Sub-Committee to review and make decisions related to eligibility to stand for election. This responsibility lies with the Executive Committee.

#### **4. Meetings**

The Election Review Sub-Committee will hold 1-2 virtual meetings, approximately 3 – 4 hours in length. Additional meetings may be required.



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## PROCEDURES FOR STRIKING AND DISSOLVING SUB-COMMITTEES



**CCO Internal Policy: I-014**  
**Executive Committee**  
**Approved by Council: April 16, 2009**  
**Re-affirmed: September 15, 2018**

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### INTENT

To outline CCO's policies and procedures in striking and dissolving sub-committees, sub-groups, workgroups, projects or alike ("sub-committee"). Sub-committees may be formed to take on specific tasks and/or perform duties on behalf of CCO as directed by Council and/or a statutory committee.

### POLICY

When CCO Council and/or a statutory committee require a sub-committee to assist in a specific project requested by Council and/or one of its statutory committees, the sub-committee shall require the following approval:

- If a sub-committee requires its own budget separate and apart from an existing statutory committee, the striking of the sub-committee shall require the approval of Council
- If a sub-committee's budget falls within the allocated budget of a statutory committee, the striking of the sub-committee shall require approval from that statutory committee

All sub-committees:

- shall report directly to a statutory committee and to Council as may be required;
- shall require terms of references outlining the purpose, goals, composition, reporting requirements, anticipated budget and authority of the sub-committee;
- shall typically be comprised of 3-5 members. Any additional member(s) appointed to a sub-committee must be approved by Council;

# 716

- may include one or more non-council member;
- shall include one or more public members of Council in the same proportion as that of Council, within reason;
- shall perform specific duties as directed by the statutory committee to which it reports and/or as directed by Council;
- shall schedule meetings through CCO;
- shall include an agenda and minutes with every meeting;
- may hold meetings via teleconference or in person;
- shall allocate per diems and reasonable expenses to the statutory committee to which it reports, unless otherwise directed by Council. All expenses must remain in the allotted budget of the statutory committee unless Council approves extra expenditures for that specific committee or sub-committee.

## PROCEDURES

### Appointments

Whenever possible, appointments and re-appointments to sub-committees shall be made following elections to Council and prior to the first committee meeting of the statutory committee to which the sub-committee reports. However, a newly required sub-committee may be struck and appointments may be made to this sub-committee at any time during the year based on need, following the approval of Council and/or the statutory committee to which the sub-committee will report.

Appointments and re-appointments to a sub-committee shall be made through the collaboration of the president, registrar and the committee chair of the statutory committee to which the sub-committee reports. In cases where a sub-committee reports directly to the Executive Committee, appointments shall be made through the collaboration of the president, registrar and vice-president.

In making appointments to a sub-committee, the following criteria shall be taken into account:

- a council member's interest in the specific task of the sub-committee,
- a council member's general knowledge relating to the specific task of the sub-committee,

- a council member's experience with similar tasks,
- the balancing of different perspectives on the sub-committee,
- the availability and time commitment of a council member to devote to the sub-committee, and
- other relevant qualifications and characteristics to complement the other members' attributes on the sub-committee.

The chair of a sub-committee shall be selected through the collaboration of the president, registrar and the committee chair of the statutory committee to which the sub-committee reports. In cases where the sub-committee reports directly to the Executive Committee, the chair shall be selected by the president, registrar and vice-president.

### **Dissolution of a sub-committee and/or discharge of a sub-committee member**

A sub-committee shall be dissolved if:

- the sub-committee has completed its task, as determined by Council and/or the statutory committee to which the sub-committee reports, or
- the statutory committee to which the sub-committee reports and/or Council determines that the subcommittee is no longer necessary and/or has nothing further to add to the specific task/objective.

A member shall be discharged from a sub-committee if:

- the sub-committee has completed its specified task,
- the sub-committee is dissolved for any reason, or
- the member meets any of the conditions enumerated in By-law 6.29.

Sub-committees are to be struck for specific objectives/tasks and to assist CCO in carrying out its statutory mandate to regulate the chiropractic profession in the public interest. A sub-committee's existence is time-limited and the time frame is to be decided by Council and/or a statutory committee. When a time-frame is not placed on a sub-committee by Council, the sub-committee will dissolve automatically in five years from the date of its striking unless an extension is approved by Council.

### Biographical Information Guideline

**Campaign Material  
of:**

**Reviewed by:**

**Date:**

- Campaign material is acceptable
- Campaign material is unacceptable

**Comments**

- the candidate's name appears on the top of the page
- the candidate's photograph (head and shoulders only) is included
- the candidate's biographical information is type-written on one 8.5" x 11" – page white bond paper with a minimum of one-inch margins on all four sides, in portrait form (not landscape)
- the candidate's biography includes the following statement verbatim  
“chiropractors who are elected will reflect their commitment to the public's right to safe, effective and ethical chiropractic care”
- the candidate's biography does not imply, in any way, that CCO or any CCO Council member supports his/her candidacy

The candidate's biography does not include any information or material that is:

- false or misleading
- not readily comprehensible by the persons to whom it is directed
- a comparison to another member's or other health care provider's practice, qualification or expertise
- contrary to any CCO regulations, standards of practice, policies and guidelines, including Policy P-011: Conflict of Interest for Council and Committee Members
- having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional

**Comments:**

**Election Information Guideline**

**Campaign Material  
of:**

**Reviewed by:**

**Date:**

- Campaign material is acceptable
- Campaign material is unacceptable

**Comments**

- the candidate's election material does not imply, in any way, that CCO or any CCO Council member supports his/her candidacy

The candidate's election material does not include any information or material that is:

- false or misleading
- not readily comprehensible by the persons to whom it is directed
- a comparison to another member's or other health care provider's practice, qualification or expertise
- contrary to any CCO regulations, standards of practice, policies and guidelines, including Policy P-011: Conflict of Interest for Council and Committee Members
- having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional

**Comments:**

**ITEM 4.1.47****722****Mailing Address (as of October 28, 2019)**

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

**Telephone, Fax and Email:**

Tel.: 416-922-6355

Toll Free: 1-877-577-4772

Fax: 416-925-9610

Email: [cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)

Information is available in French upon request.

**Communications to CCO**

CCO encourages all stakeholders to forward inquiries relating to CCO to CCO directly. A great deal of information is readily available on the CCO website. Some information (including active investigations for example) is confidential under the *RHPA*. Please ensure all inquiries are respectful and professional. Please also note CCO may include both your inquiry and CCO's response on the website or in public information packages to ensure all stakeholders get the same information in the same way and at the same time. Thank you.



An international magazine by the Centre for Advancing Collaborative Healthcare & Education (CACHE)

# T<sup>o</sup>gether

Vol. 1 Fall 2022 Issue

## Stories of Collective Impact

INCLUDING & ENGAGING  
COMMUNITY & PARTNERSHIP



### Inspiring Interprofessional Care and Collaboration to Help Patients Manage or Reduce Their Opioid Dependency

Caroline Brereton, RN, MBA; Sasha Babakhanova, H.B.Sc.; Dr. Benjamin Xafflorey, BScH, DC, PMP, CDPO; and Leslie Hetherington, MBA, APR, Ontario Chiropractic Association

With the rising number of opioid-related deaths across the country, the Ontario Chiropractic Association (OCA) partnered with medical professionals to develop the **Opioid and Pain Reduction Collaborative** and address the opioid crisis head-on. The Collaborative is designed to help chiropractors and other manual therapists coordinate care plans with a physician or nurse practitioner (NP) to manage their shared patients' chronic back, shoulder, and neck pain, while tapering their opioid use. The Collaborative includes three components:

1. **An evidence-based Manual Therapy for musculoskeletal (MSK) Pain clinical tool** the Centre for Effective Practice (CEP) was hired to develop in consultation with an interprofessional advisory panel, which included physicians, chiropractors, and a patient. It informs physicians and NPs with best available evidence for musculoskeletal (MSK) pain and has been accessed over 6,000 times since its 2020 launch.
2. **A Chiropractor's Toolkit**, which includes a dialogue map and fillable pain reduction forms to support collaborations between manual therapists, patients, and their prescribing health care professionals.
3. **The Role of Chiropractic in Opioid Use Reduction online continuing education course**, developed with the Canadian Memorial Chiropractic College (CMCC) and expert advice from chiropractors and a physician. This course helps practitioners safeguard their patients' health and foster collaboration with prescribing professionals to manage, reduce, or eliminate opioid dependency. The goal of the OCA Collaborative is to educate and empower health care professionals to work together to help patients who depend on opioids relieve their MSK pain.

# Community Based Programs

## Rapid Access Clinics for Low Back Pain (RAC-LBP) Program

Historically, patients in Ontario faced long wait times to access urgent orthopaedic surgery for low back pain. To address this issue, Ontario piloted the Interprofessional Spine Assessment and Education Clinics (ISAEC).<sup>1</sup>

The pilot's results demonstrated that the majority of patients referred to surgeons were not surgical candidates. However, within the providers' network, surgical referral appropriateness increased from 20 to 30 per cent to 96 per cent.<sup>2</sup> Pilot results also showed: 99 per cent patient satisfaction rates and 97 per cent provider satisfaction rates. In response to ISAEC's results, Ontario implemented the RAC-LBP program to help people access appropriate low back pain care faster and ensure surgical candidates are identified as quickly as possible.

### Reducing Wait Times for Surgical and Other Patients

The RAC-LBP program identifies surgical candidates thereby freeing up orthopaedic surgeons' time to focus on those they can help. It also provides an evidence-based, conservative management plan for non-surgical patients. Chiropractors lead seven of the 13 programs with more than 50 working in the program – making up half of the clinical positions in Ontario's RAC-LBP program.

### How the RAC-LBP Program Works:

1. A physician or nurse practitioner (NP) refers a patient to the program.
2. The patient meets with an Advanced Practice Provider (APP) in their community. An APP is an experienced chiropractor, physiotherapist, and/or NP, within four weeks of their referral.
3. During the appointment, the APP provides the patient with: a detailed and in-depth low back pain assessment; education about their condition; and an evidence-based plan.
4. If the patient needs more advanced surgical assessment and management, the APP refers them to a RAC-LBP Practice Lead (who is also a chiropractor, physiotherapist or NP), located within a hospital or family health team.
5. The Practice Lead can provide a more in-depth assessment, order images, and/or provide a surgical referral, if required.

## Primary Care Low Back Pain (PCLBP) Program

As part of interprofessional teams, chiropractors offer their expertise to help vulnerable patients with low back pain in seven primary care sites across Ontario.

### Supporting Vulnerable Patients:

The PCLBP program helps vulnerable patients with low back pain, including those without extended health care plans, access the care they need from a musculoskeletal (MSK) expert, like a chiropractor. There are seven PCLBP program sites across Ontario with interprofessional primary care teams that provide integrated and co-ordinated care. Chiropractors are leaders in six of the seven programs.

PCLBP program patients often have other health conditions, such as diabetes, opioid dependencies, or hypertension, as well as a low income and no extended health care benefit plan. Without this program, many of these patients would be unable to access care for their low back pain.

In some scenarios, an MSK expert like a chiropractor treats the patient's back pain, while a physician or NP in the primary care team tapers their opioid dosage at a pace aligned with their manual therapy. Working collaboratively, they help manage, reduce or eliminate the patient's opioid dependency.

Overall, the Ontario government-funded PCLBP program improves patients' experience and outcomes; reduces unnecessary diagnostic imaging and MRI tests; reduces unnecessary referrals to specialists and can help manage, reduce or eliminate opioid dependencies, in some scenarios.





### In fact, after receiving care at a PCLBP site<sup>3</sup>:

- **83%** of patients surveyed rely less on medication to help manage low back pain.
- **93%** of patients surveyed say their quality of life has improved as a result of reduced outcomes.
- **71%** of physicians surveyed say they order few diagnostic imaging and tests.

### How the PCLBP Program Works:

The PCLBP program supports interprofessional primary care teams, including family health teams, NP-led clinics, and community health centres. These interprofessional primary care teams were formed to deliver efficient, co-ordinated, and integrated care to patients with low back pain.

To achieve this goal, these teams include MSK experts, such as chiropractors who work with patients. When a physician or NP refers a patient to the PCLBP program, the patient meets with one of the interprofessional team's experts, such as a chiropractor, who: assesses their low back pain; develops an evidence-based care plan; refers them to one or several team members for education and regular treatment, such as spinal manipulation therapy and a therapeutic exercise program.

PCLBP program sites are located in: Belleville; Cornwall and Alexandria; Mount Forest, East Wellington and Minto-Mapleton; Orillia; Scarborough; Sudbury; and Windsor.

## Health2Work (H2W) Pilot Program<sup>4</sup>

MSK conditions, such as back, neck and shoulder pain, pose extraordinary challenges for socially and economically marginalized populations, who typically suffer from more frequent and severe MSK disease.<sup>5</sup> With historically limited availability of publicly funded care for MSK conditions in Ontario, individuals from marginalized (and nonmarginalized) populations who can't afford to pay out-of-pocket costs often turn to emergency departments, opioid use and/or overuse of unnecessary imaging to manage pain.

The H2W program, a collaboration between the Region of Waterloo (ROW) and the OCA, provides a solution for OW clients who suffer from MSK conditions that hold them back from working and/or participating in career/life planning and retraining. Since it began in 2018 as a pilot program, almost 200 OW clients (and non-disabled family members who are Ontario Disability Supports Program recipients ) have received a chiropractic assessment and treatment for MSK conditions.

### How Health2Work (H2W) Pilot Program Works:

In the ROW, H2W clients access chiropractic care without any out-of-pocket expenses. Currently most referrals are initiated by OW case workers and employment facilitators, but physicians, nurse practitioners, and other community-based agencies are also able to do so. Once referred, ROW administrative staff assess eligibility and refer clients to one of three chiropractors serving Cambridge, Kitchener, and Waterloo. Management plans typically include education, exercise, self-management, and manual therapy and care.

A recently completed program evaluation concluded that the H2W program provided effective and much needed care to participants. The findings supported **improved physical capacity and reductions in pain, enhanced quality of life, and increased readiness for employment and career (re)training**. For instance, 42 per cent of participants were employed (part-time or full-time) or seeking employment at assessment versus 55 per cent time of discharge. In addition, just over half of participants who were not employed or in training at assessment were either employed or looking for work or deemed physically ready for training/employment at time of discharge.

Over the coming months, the ROW and OCA will be working together to action recommendations from the program evaluation (which began in 2018) and explore the feasibility of expanding H2W locally and across the province.

<sup>1</sup> The Ministry of Health piloted ISAEC in Toronto, Hamilton and Thunder Bay, from 2012 to 2017. | <sup>2</sup> Rampersaud R. Ontario Inter-professional Spine Assessment and Education Clinics (ISAEC): Patient, Provider and System Impact of an Integrated Model of Care for the Management of Low Back Pain (LRP). International Journal of Integrated Care. 2022. | <sup>3</sup> Primary Care Low Back Pain Pilot Evaluation: Final Report. Centre for Effective Practice, Toronto: Ontario, March 2017. | <sup>4</sup> H2W also serves eligible OW clients' nondisabled family members who are Ontario Disability Supports Program recipients. | <sup>5</sup> Canadian Pain Task Force. Chronic Pain in Canada: Laying a Foundation for Action, 2019.

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Vision: *Excellence in police leadership: working together for safer communities.*

**SENT VIA EMAIL**

July 29, 2022

The Honourable Sylvia Jones  
Deputy Premier and Minister of Health  
5775 Yonge Street, 16<sup>th</sup> Floor  
Toronto, ON M7A 2E5

Dear Minister,

On behalf of the members of the Ontario Association of Chiefs of Police (OACP), thank you for your unwavering support for policing in Ontario during your time as Solicitor General. We are proud of the collaboration with you on many public safety issues impacting Ontario and are confident that we will continue our important, collaborative work with the Honourable Michael Kerzner.

I am writing with regard to the ongoing opioid crisis facing Ontario. Data from [Public Health Ontario](#) indicates a steady increase in opioid-related harm for more than a decade. This has resulted in 2,035 opioid deaths in the first nine months of 2021 and in 2020. This represents a health crisis that all of us must work together to address.

Our frontline police officers experience this opioid health crisis firsthand. Police services are the only 24/7 resource on the frontlines, and they play an integral role in the public health and safety issues related to substance use disorder.

There are many reasons why people use illicit substances that are toxic and harmful. The OACP recognizes there is no one solution to reducing deaths caused by opioids. We support a multi-model approach of evidence-based programs that can reduce or eliminate opioid dependency and risk to individuals' lives.

Minister Jones, we also know you are a strong advocate of the Community Safety & Well-Being approach to mitigating risk in the community. The OACP is prepared to work with your government and collaborate on effective solutions to address this health crisis and the loss of lives.

To that end, we encourage you to consider hosting a "summit" to examine the collaboration between law enforcement, health care, social services providers, and government stakeholders to combat the opioid crisis. We would welcome an opportunity to engage with your staff on this recommendation. I

also invite your officials to engage with our OACP Substance Advisory Committee and other health care stakeholders on solutions to address our province's opioid crisis.

Sincerely,



Nishan Duraipppah  
Chief of Police, Peel Regional Police  
President, Ontario Association of Chiefs of Police

C: The Honourable Michael Kerzner, Solicitor General for the Province of Ontario  
Ms. Caroline Brereton, CEO, Ontario Chiropractic Association  
OACP Board of Directors

**2,800**  
Ontarians died from  
opioid-related causes in  
2021, up 79% since 2019.<sup>1</sup>

**8%** of opioid toxicity deaths from 2018-2020 occurred among people in  
the construction industry.<sup>2</sup>

**78%** of these people had injury/pain diagnosis 5 years prior to death  
(like fractures, dislocations, strains, sprains & low back pain).<sup>3</sup>



## How is OCA Helping Address the Opioid Crisis?

### OCA's Opioid and Pain Reduction Collaborative

It's an evidence-based initiative to help manual therapists – like chiropractors, physiotherapists and registered massage therapists – collaborate with physicians (MDs) and nurse practitioners (NPs) to manage, reduce or eliminate their shared patients' opioid dependency.

While a manual therapist works within their scope of practice to treat a patient's chronic back, shoulder or neck pain, their MD/NP tapers the patient's opioid dosage at a pace aligned with their manual therapy.

### How it Works



### How The Collaborative Fosters this Interprofessional Collaboration

Provides clinical tools and resources to help manual therapists, like chiropractors, co-ordinate a care plan with their shared patient's MD/NP to manage this pain.



**1 Manual Therapy as an Evidence-Based Referral for Musculoskeletal Pain Clinical Tool**  
Developed by the Centre for Effective Practice (CEP)  
CEP tool informs MDs & NPs with the best available evidence. (Downloaded more than 6,300 times to date.)

**2 Chiropractor's Treatment Plan Toolkit:**  
*Dialogue Map (endorsed by the College of Chiropractors of Ontario) and Clinical Pain Reduction Forms*  
Manual therapist uses:  
• Dialogue map to ethically discuss opioid use with patient  
• Clinical pain reduction forms to share care plan with MD/NP



**3 The Role of Chiropractic in Opioid Use Reduction Online Continuing Education (CE) Course**  
Developed with the Canadian Memorial Chiropractic College (CMCC)  
Manual therapists take CE course to enhance skills on fostering collaboration with MDs & NPs to manage/reduce patient's opioid use.

#### Developed with Medical Professionals:

- OCA collaborated with focus groups, including MDs and NPs, to develop *The Collaborative*.
- CEP worked with two physicians, two chiropractors and patient with lived experience to inform clinical tool's development.
- Joint CMCC and OCA CE course was informed by CEP tool. A physician and three chiropractors developed its content.

<sup>1</sup> Public Health Ontario. *Interactive Opioid Tool: Opioid-related morbidity and mortality in Ontario*. <https://www.publichealthontario.ca>  
<sup>2,3</sup> Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Public Health Ontario. *Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry (2018-2020)*. 2022.



### Who are chiropractors?

- Chiropractors in Ontario are highly educated, trained, and qualified regulated health care professionals.
- In addition to an undergraduate degree, they must complete a four-year Doctor of Chiropractic program of more than 4,200 hours, including clinical internships.
- Following formal education, they must complete standardized regulatory examinations to attain a license to practise in Ontario.
- As neuromusculoskeletal (nMSK) experts, they are qualified to provide assessments, diagnosis, treatment, and preventative care of biomechanical disorders originating from the spine, muscles, joints, and related nervous system.
- Their extensive training includes how to assess when and why to order diagnostic and lab tests to confirm a diagnosis. (This results in patients receiving 40 per cent less advanced diagnostic tests when treated by a chiropractor).

### The Role and Value of Chiropractors in Your Community

Chiropractors are regulated health care professionals and community-based practitioners that provide clinically proven nMSK treatments to help patients alleviate and manage their pain.

Chiropractic care supports patients with approaches that help many avoid long-term use of pain-relieving drugs, including opioids. They are integrated in the health care system and work collaboratively with medical and health care professionals across various settings. Examples of this include:

#### Supporting Vulnerable Patients:

The Primary Care Low Back Pain (PCLBP) program helps vulnerable patients with low back pain, including those without extended health care plans, access the care they need from a musculoskeletal (MSK) expert like a chiropractor. There are seven primary care sites across Ontario with interprofessional primary care teams that provide integrated and co-ordinated care. Chiropractors are leaders in six of these programs.

#### Reducing Wait Times for Accessing Surgery:

The Ministry of Health-funded Rapid Access Clinic for Low Back Pain (RAC-LBP) program helps Ontarians access appropriate low back pain care faster. This program reduces wait times for patients who are orthopaedic surgery candidates, and provides an evidence-based, conservative management plan to those who are not. Chiropractors lead seven of the 13 programs with more than 50 working in the program.

#### Supporting Integrated Patient Care:

Chiropractors are on the list of eligible regulated health care professions for Ontario's Family Health Teams (FHTs).

#### Supporting Remote Communities:

In remote communities where access to health care and other professionals continues to be a challenge, chiropractors are often a patient's first stop for managing their pain.

**Helping Ontarians Work or Enter Job Training:** Health2Work is a joint program between the OCA and the Region of Waterloo. It provides chiropractic care to people receiving Ontario Works and non-disabled family members of a person on the Ontario Disability Support Program (ODSP) to help them manage their MSK pain, so they can work or enter job-related training.

#### Advancing Health Care Services for WSIB Worker Claimants:

Working with its members and other health care professional associations, OCA monitors and advises WSIB regarding policies and initiatives to ensure accessible and appropriate health care service for WSIB worker claimants.

#### Helping Address the Opioid Crisis:

The OCA's Opioid and Pain Reduction Collaborative is a multi-pronged, evidence-based initiative. It helps manual therapists like chiropractors co-ordinate care plans with prescribing professionals, including physicians and nurse practitioner (NP)s, to manage their shared patients' chronic back, shoulder, and neck pain, while tapering their opioid use.

#### Providing Faster Care:

Practice Leads (including chiropractors) are part of the successful Rapid Access Clinic for Low Back Pain (RAC-LBP) program. As PLs, they are authorized to directly order specific diagnostic tests based on a medical directive. (However, this directive is an exception and does not extend to chiropractors outside the program.)

## Removing Barriers to Accessing Advanced Imaging and Lab Tests

When patients suffering from pain need essential advanced diagnostic imaging or lab tests, they face red tape that requires them to visit their physician to obtain a referral. The requirement for these physician visits unnecessarily costs our publicly-funded health care system millions of dollars per year and causes delays in patients receiving the essential care they need.

Minor regulatory amendments can easily remove these barriers.

### The Solution: It's Simple, Easy, and Ontarians are Ready

The solution is authorizing Ontario chiropractors to order specific advanced diagnostic imaging and lab tests, which they are trained to do, and enable their access to Ontario Laboratories Information System (OLIS) and other diagnostic imaging storage systems to facilitate integrated patient care.

#### How Scope Enhancement Will Benefit Patients and our Health Care System

##### 1. Reduce Wait Times for Patient Care:

It will simplify an unnecessarily complex patient pathway that leads to delays in patient care because they are required to visit a physician or NP to obtain a referral for these tests.

##### 2. Save Health Care System Costs:

It will eliminate between 450,000 to 700,000 unnecessary visits to family physicians. This totals up to \$66.5 million in OHIP savings over five years.

##### 3. Alleviate Health Human Resources Shortages:

It will free up the time for primary care providers to focus on patients rather than administrative requests like referrals.

##### 4. Alignment with other Canadian Provinces:

It will ensure Ontario patients have access to the highest standards of care in line with other Canadian jurisdictions.

##### 5. Help to Address the Opioid Crisis:

It will optimize efficiencies between chiropractors and physicians' collaborations to manage their shared patients' chronic back, shoulder, and neck pain, while managing, reducing or eliminating their opioid dependencies (as per OCA's Opioid and Pain Reduction Collaborative's approach).

##### 6. Reduce Backlog for Diagnostic Testing:

In permitting chiropractors to access OLIS and other image storing systems, it will help prevent duplication of test orders. This allows for quicker access to results and better, more responsive patient care.

## Who are We?

- The Ontario Chiropractic Association (OCA) is the fourth largest chiropractic association in the world by membership. It represents more than 3,800 chiropractors, approximately 80 per cent of chiropractors in Ontario.
- Through programs, services, and resources, the OCA serves its members and the public by advancing the understanding and use of chiropractic care.
- It also collaborates with health care organizations, community partners, and other stakeholders to codevelop and implement initiatives that promote nMSK health and help Ontarians live their best lives.

## Minor Amendments Needed

Making minor amendments will enable chiropractors to practise to the full extent of their training. This is a non-partisan issue that will benefit all Ontarians, especially those suffering from chronic pain and waiting a long time for specialists.

#### Here's what's required:

- Add chiropractors to the list of regulated health care professionals under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA), 1990 that can request examinations of human specimens.
- Amend Section 4 of the Chiropractic Act, 1991 to ensure chiropractors can request advanced imaging tests.
- Exempt chiropractors from the limitations on forms of energy available to them under the Regulated Health Professionals Act (RHPA), 1991.
- Include chiropractors in the list of regulated health care professionals able to prescribe imaging tests in the Healing Arts Radiation Protection Act (HARPA), 1990.

The College of Chiropractors of Ontario (CCO), the regulator of chiropractors in Ontario, has recommended the Ministry of Health grant chiropractors ordering rights related to 29 laboratory tests and 27 advanced imaging tests.

## This Proposal Is Ready to Be Implemented:

- The Canadian Memorial Chiropractic College (CMCC) trains chiropractors to order these tests and interpret results.
- Competency is certified by the Canadian Chiropractic Examining Board (CCEB), based on training received.
- CCO has already drafted Standards of Practice related to the ordering of lab and advanced imaging tests, which would apply to all chiropractors across the province.

# Opioid and Pain Reduction Collaborative | Fact Sheet

Ontario  
Chiropractic  
Association

## Reducing Opioid Use and Dependency Among Patients with Chronic Back, Shoulder and Neck Pain

OCA's Opioid and Pain Reduction Collaborative ('The Collaborative') is a multi-pronged, evidence-based initiative. It's designed to help manual therapists, including chiropractors, physiotherapists and registered massage therapists, collaborate with prescribing health professionals (medical doctors and nurse practitioners) to manage, reduce or eliminate their shared patients' opioid dependencies.

### How it Works:

OCA's The Collaborative provides clinical tools and resources to help manual therapists, like chiropractors, co-ordinate a care plan with their shared patient's medical doctor (MD) or nurse practitioner (NP) to manage their chronic back, shoulder or neck pain. While a manual therapist works within their professional scope of practice to treat their patient's musculoskeletal pain, their MD or NP tapers their opioid dosage at a pace aligned with their manual therapy.

## Components of The Collaborative – a Multi-pronged Initiative:

# 1

**Manual Therapy as an Evidence-Based Referral for Musculoskeletal Pain Clinical Tool** developed by the Centre for Effective Practice (CEP) and designed to inform MDs and NPs with the best available evidence.

**Results:** Following its June 2020 launch, the CEP-developed tool has been downloaded more than 6,300 times to date.

# 2

**Chiropractor's Treatment Plan Toolkit** – Includes a dialogue map (script), endorsed by the College of Chiropractors of Ontario (profession's regulator), that enables chiropractors to converse with a patient about their opioid use, while staying within the chiropractic scope of practice. It also includes clinical pain reduction forms to help a chiropractor share their patient's care plan with their MD/NP.

**Results:** Toolkit web page accessed more than 700 times since its December 2020 launch.

# 3

**The Role of Chiropractic in Opioid Use Reduction Online, Continuing Education (CE) Course** developed with the Canadian Memorial Chiropractic College (CMCC) to help practitioners safeguard patients' health and foster collaboration with prescribing professionals in managing, reducing, or eliminating opioid dependency.

**Results:** More than 135 people have enrolled since its January 2022 launch.

**Average satisfaction rate:** - 4.22/5.

## Developed in Collaboration with Medical Professionals:

OCA collaborated with focus groups, including MDs and NPs, to develop The Collaborative.

CEP worked with the following medical professionals and a patient with lived experience to inform the clinical tool's development: Dr. Janice Harvey MD, CCFP(SEM), FCFP DIP. SPORT MED, Dr. David Dos Santos, B.Sc., D.C., FCCPOR(C), FCCO(C), Dr. Erica Weinberg, BSc, MSc, MPhil, MD, Dr. Lindsey Rebeiro, BSCh, DC and Lynn K. Cooper, BES (patient).

The joint CMCC and OCA CE course was informed by the CEP tool. Dr. Cuong Ngo-Minh, an Ottawa-based physician, and three chiropractors developed its content.

## Scope Enhancement for Chiropractors: Frequently Asked Questions (FAQs)

### How does scope enhancement impact patients and their experience?

When patients suffering from pain need essential diagnostic or laboratory tests, they must visit their physician to obtain a referral, even though chiropractors are trained and qualified to order these tests. These physician visits unnecessarily cost our publicly-funded health care system millions of dollars per year and delay patients' access to essential care.

### Will this request require funding or result in additional costs for our health care system?

Scope enhancement for chiropractors will not create additional costs or require funding. Unnecessary physician visits cause delays in patients receiving the care they need. They also currently cost our publicly-funded health care system up to \$65 million over five years in OHIP funding. Reducing these visits would deliver direct savings to the health care system and alleviate pressure on primary care health human resources.

### Why do chiropractors need to be authorized to order advanced diagnostic imaging and laboratory tests?

Diagnostic tests are important tools in the formulation of a chiropractic diagnosis and treatment plan (by ruling in and ruling out certain conditions). Many patients choose to visit their chiropractor to address low back pain and other neuromusculoskeletal (nMSK) conditions.

While authorized to order X-rays, chiropractors in Ontario are currently not authorized to order other essential advanced diagnostic imaging tests, such as MRIs, CTs, and certain blood or laboratory tests. Instead, they must rely on having these tests ordered by a patient's primary care physician or specialist despite their extensive education, training and long-standing status as trusted, regulated health professionals.

### Will the authorization to order these tests require additional funding?

No, the cited tests requested would be covered through private pay, either through a patient's employee benefits plan or out-of-pocket. In cases where a patient doesn't have coverage, they would still have access to the tests via their primary care provider.



**Scope enhancement for chiropractors would save the Ontario's health care system between \$6 and \$13 million dollars annually and up to \$66.5 million over 5 years.**

***No additional cost to the health care system and savings to free up physicians to treat patients with medical conditions.***

### Is this proposal supported by the profession's regulatory college?

The College of Chiropractors of Ontario (CCO), as the profession's regulatory body, has recommended that the Ministry of Health grant chiropractors ordering rights related to 29 laboratory tests and 27 advanced diagnostic imaging tests.

It has also prepared the necessary standards of care to support this enhanced scope.





### **How does scope enhancement impact patients and their experience?**

When patients suffering from pain need essential diagnostic or laboratory tests, they must visit their physician to obtain a referral, even though chiropractors are trained and qualified to order these tests. These physician visits unnecessarily cost our publicly-funded health care system millions of dollars per year and delay patients' access to essential care.

### **Are chiropractors in other provinces permitted to order advanced diagnostic imaging and laboratory tests?**

Chiropractors in several other Canadian jurisdictions have the authority to order advanced diagnostic imaging and laboratory tests. This includes chiropractors in Alberta (MRIs and diagnostic ultrasounds), British Columbia (MRIs and CT scans) and Saskatchewan (diagnostic ultrasounds). Furthermore, chiropractors in New Brunswick and Prince Edward Island are authorized to order laboratory and diagnostic imaging tests.

Authorizing Ontario chiropractors to order advanced diagnostic imaging and laboratory tests would ensure Ontario patients have access to the highest standards of care, in line with other jurisdictions.

### **Are chiropractors trained to order these tests?**

The internationally renowned Canadian Memorial Chiropractic College (CMCC) is only one of two chiropractic programs in Canada. Based in Ontario, CMCC educates and trains chiropractors to order these tests. This competency is certified by the Canadian Chiropractic Examining Board (CCEB) based on training received. The CCO has already drafted standards of practice related to ordering laboratory and advanced diagnostic imaging tests, which would apply to all chiropractors across the province.

Since they are trained, Access Clinic for Low Back Pain (RAC-LBP) program Practice Leads which include chiropractors are authorized to directly order specific diagnostic tests based on a medical directive. (However, this directive is an exception and does not extend to chiropractors outside the program.)

### **Will this lead to duplicate testing?**

The short answer is no: Chiropractors are trained to use advanced diagnostic imaging only when clinically necessary to accurately diagnose a patient's condition. That's why patients receive 40 per cent fewer diagnostic tests with chiropractic care.

### **Has the Ministry of Health been engaged?**

Yes, the Ontario Chiropractic Association (OCA) and the CCO have been participating in ongoing discussions with the Ministry of Health since 2009. The proposal was updated in 2017 and 2019, and again in 2022 at the request of the Ministry to respond to additional questions.

In consultation with the OCA and CMCC, the CCO has already established a list of specific tests chiropractors are trained and qualified to order and interpret. Furthermore, the CCO has drafted standards of practice for these tests.





**Ontario Chiropractic Association (OCA) and University of Guelph partner to advance research in chiropractic care in Ontario**

*The partnership marks the first time the OCA has engaged an academic institution to enhance its role in knowledge translation in research in chiropractic care*

**Toronto, ON (November 17, 2022)** – The Ontario Chiropractic Association (OCA) is proud to announce its collaboration with a University of Guelph (U of G) researcher to advance its role in knowledge translation in chiropractic care research.

The OCA will be working with Dr. John Srbely, chiropractor, and associate professor at the Department of Human Health and Nutritional Sciences (HHNS), U of G. Through Dr. Srbely's work, a key goal of the partnership is to strengthen the OCA's capacity to support knowledge translation (KT) – the two-way process of integrating emerging research into clinical practice – for the profession. This includes creating KT tools and practical resources for Ontario chiropractors to apply to their patient care, advocate for the profession, and enhance member and communications efforts.

"In our mission to advance the understanding and use of chiropractic care, we continue to look for ways to engage with new and existing partners for the greatest research impact in our work," says Caroline Brereton, CEO, OCA. "We're excited to partner with the University of Guelph to further the profession's research agenda. We look forward to working with Dr. Srbely and his team to help bring his groundbreaking research to the forefront of the profession and patient care."

The goals of the partnership include:

1. Increase access to experts and resources in research and knowledge translation.
2. Advance the [OCA's Evidence-Based Chiropractic Care \(EBCC\)](#) work.
3. Integrate research and evidence-based practice into OCA's initiatives, resources, and services. For example, map evidence-based guidelines to diagnostic codes in [OCA Aspire](#), its leading practice management and electronic health record (EHR) solution.
4. Strengthen collaboration opportunities with partners including the Canadian Chiropractic Research Foundation (CCRF) and the Canadian Chiropractic Guideline Initiative (CCGI).
5. Facilitate the dissemination of new knowledge to stakeholders including government, clinicians, and patients.

In 2016, the OCA funded important research conducted by Dr. Srbely and his team of collaborators from George Mason University and the National Institutes of Health (NIH). This research continues to investigate the biological mechanisms of chronic musculoskeletal (MSK) pain and look for ways to advance diagnostic and therapeutic approaches to management.

"Chronic musculoskeletal pain is the leading cause of disability across the globe, especially with the growing ageing population," says Dr. Srbely. "This presents an immense burden to our society. Our research work aims to uncover the underlying pathophysiologic mechanisms of chronic musculoskeletal pain and physiologic mechanisms of spinal manipulation to help advance evidence-informed therapeutic methods. This will also help advance new approaches to treating chronic conditions like myofascial pain and osteoarthritis, and alleviate some of the pressure on our health care system."

From 2008 to 2013, Dr. Srbely held the CCRF Research Chair in Spine Mechanics and Neurophysiology. The OCA first supported Dr. Srbely's research in 2013.



Jonathan (Jon) Murray, research associate, also joins the OCA in a contract role to support its work in promoting KT in the chiropractic community under Dr. Srbely's leadership. Jon recently completed his master's degree (MSc.) under Dr. Srbely's supervision in the department of HHNS at U of G, specializing in neuroscience. During his studies, Jon furthered Dr. Srbely's work on the mechanisms of chronic MSK pain and collaborated on many KT initiatives.

"As spinal health experts, chiropractors have a significant role in helping to manage and prevent chronic musculoskeletal pain," says Dr. Srbely. "The emerging research supports the growing profile of chiropractors as leaders and experts in the field of chronic musculoskeletal pain research and management. We look forward to working with the OCA to help advance this important work and other knowledge translation resources in chiropractic care research."

To learn what else the OCA is doing to support clinical chiropractic care and related research studies to elevate patient care and advance the understanding of the profession, visit its [Clinical Chiropractic Research](#) webpage.

-30-

**Contact information:**

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Manager, Communications  
Ontario Chiropractic Association (OCA)  
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**From:** Jo-Ann Willson  
**Sent:** January 12, 2023 6:00 PM  
**To:** Rose Bustria  
**Cc:** Joel Friedman  
**Subject:** FW: New communication from our CEO | Nouvelle communication de notre DG  
**Attachments:** EN\_Blueprint update letter to members\_EN.F0222.pdf; FRF\_Blueprint update letter to members\_FR.F0222.pdf; Moving the new blueprint forward for memberspp\_EN.F0322.pdf; Moving the new blueprint forward for memberspp\_FR.F0322.pdf  
**Importance:** High

Registration and Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
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**From:** Suzette Martin-Johnson <[admin1@cceb.ca](mailto:admin1@cceb.ca)>  
**Sent:** Thursday, January 12, 2023 3:35 PM  
**To:** Suzette Martin-Johnson <[admin1@cceb.ca](mailto:admin1@cceb.ca)>  
**Subject:** New communication from our CEO | Nouvelle communication de notre DG  
**Importance:** High

**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.

*(Le français suit en bas.)*

Dear members,

Happy New Year!

801

We wanted to touch base and thank you all for your participation at our 2022 AGM. It is always a pleasure to meet with you. We are looking at ways to enhance your experience, including a date change for the AGM and moving our annual report to an exclusively paperless format for 2023. Please stay tuned!

2023 is a big year for the CCEB with a lot of large projects underway, most notably the launch of the new exam format. I am including our prior communication on this topic for ease of reference. Our rollout communication will commence in the coming months. Administrative changes begin in October as we prepare for the February 2024 cutover to the new written examination and then the new OSCE at the following administration.

We are currently preparing supporting documents for members, and you can expect to see this in mid to late February. This will contain a comprehensive list of FAQs, including responses to questions posed by members at the AGM. It is our intention to provide you with a document you can use as an easy guide and resource to support your own councils and members. The document will greatly facilitate your responses to candidate inquiries and help inform internal policy. Additionally, I am eager to meet directly with you and any of your partners, either in person or virtually, to review the changes.

In the meantime, if you have questions you would like to see answered in the FAQs, please forward them to [gbeierback@cceb.ca](mailto:gbeierback@cceb.ca) so that we can include them in the document.

We look forward to hearing from you!

Chers membres,

Bonne année!

Nous tenons à vous remercier tous de votre participation à notre AGA l'an dernier. C'est toujours un plaisir nous réunir. Nous recherchons des moyens d'enrichir votre expérience, y compris un changement de date pour l'AGA et le passage de notre rapport annuel à un format exclusivement sans papier pour 2023. Nous vous prions de rester à l'écoute !

2023 est une année charnière pour le CCEB. Nous avons de nombreux grands projets en cours, notamment le lancement du nouvel examen. J'ai mis en pièce jointe notre communication précédente sur ce sujet à titre de référence. Notre communication sur le lancement commencera dans les mois à venir. Les changements administratifs débuteront cet octobre lors de nos préparations pour le passage au nouvel examen écrit en février 2024, puis au nouvel ECOS à l'administration suivante.

Nous préparons des documents justificatifs à l'attention des membres. Nous les enverrons entre la mi et la fin février. Ces documents incluront une liste complète de questions fréquemment posées (FAQ), y compris les réponses aux questions posées par les membres lors de l'AGA. Nous vous donnerons un document que vous pourrez utiliser comme guide et ressource facile pour soutenir vos conseils et membres. Le document sera une aide précieuse quand vous répondez aux candidats et contribuera à

éclairer la politique interne. De plus, je suis impatiente de vous rencontrer directement, vous et tous vos partenaires, en personne ou virtuellement, pour discuter ces changements.

802

En attendant, si vous avez des questions auxquelles vous aimeriez voir une réponse dans les FAQ, faites-les parvenir à [gbeierback@cceb.ca](mailto:gbeierback@cceb.ca). Nous les incluons dans le document.

Nous avons hâte d'avoir de vos nouvelles!

Sincerely | Sincèrement,



**Gemma Beierback (she/her/elle)**

Chief Executive Officer | Directrice générale

Centre 70 ~ Suite 705, 7015 Macleod Trail SW, Calgary, AB T2H 2K6

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**College of Chiropractors of Ontario  
Patient Relations Committee Report to Council  
February 24, 2023**

**843**

**Members:** Ms Anuli Ausbeth – Ajagu, *Chair*  
Dr. Kyle Grice  
Ms Zoe Kariunas  
Dr. Michelle Campbell, *non-Council member*  
Dr. Don Rey Juan, *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 January 11, 2023, since the last meeting of Council.

**Recommendations****Recommendation**

*The Council approve minor amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient*

At the November 24, 2022 Council meeting, the Patient Relations Committee was directed to review the criteria for evidence of the termination of a doctor-patient relationship for the purposes of Standard of Practice S-014. The Committee was of the opinion that sufficient criteria for evidence exists in the standard, but is recommending additional wording to provide further clarity. Proposed amendments add the phrase “discharge of care by either the member or the patient” to this section, and included any communication/correspondence between the member and patient indicating the termination of care and/or discharge of care, and the date of this correspondence, as documented in the patient health record, as an additional point of evidence.

The Committee also reviewed Guideline G-013: Chiropractic Assessments, as this guideline discusses requirements for conducting discharge assessments. However, the Committee was of the opinion that this guideline may not be relevant to the evidence of termination of care/discharge of a patient for the purposes of the sexual abuse provisions of the *RHPA*, as a discharge assessment may not occur in all situations if a patient ceases care from a member.

## **Additional Reporting**

**844**

The Committee continues to monitor funding for therapy and counselling. There are currently 11 ongoing fundings for therapy.

The Committee continues to research the numbers of Ontarians who speak different languages for further translations of the Partnership of Care. The Partnership of Care is currently translated into 8 additional languages, available on the CCO website.

The Committee also continued to review CCO's Diversity Equity and Inclusion (DEI) plan and information from other regulators on DEI related issues.

## **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 Anuli Ausbeth – Ajagu  
Chair, Patient Relations Committee



## ITEM 4.2.2

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### PROHIBITION OF A SEXUAL RELATIONSHIP WITH A PATIENT

**Standard of Practice S-014  
Patient Relations Committee**

**APPROVED BY COUNCIL: FEBRUARY 8, 2005**

**RE-AFFIRMED BY COUNCIL: FEBRUARY 19, 2009**

**Amended: April 14, 2010, September 22, 2011, February 14, 2012,  
September 20, 2013, September 16, 2017, April 24, 2018, September 15, 2018,  
November 25, 2021 (came into effect February 25, 2022), November 24, 2022 (came  
into effect February 24, 2023)**

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*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

#### **INTENT**

To inform members that a sexual relationship with a patient is strictly forbidden by law.

#### **DESCRIPTION OF STANDARD**

Under no circumstances should a member have a sexual relationship with a patient.

Sexualizing a professional relationship is against the law. In Ontario, the *Regulated Health Professions Act (RHPA)* prohibits sexual involvement of health care professionals with patients. The *RHPA* defines sexual abuse as sexual intercourse or other forms of physical sexual relations, touching of a sexual nature, or behaviour or remarks of a sexual nature, between a member and a patient.

Because of the broad definition of sexual abuse outlined in the *RHPA*, it is prohibited for a member to have a sexual relationship with a patient. A concurrent sexual and doctor-patient relationship is strictly against the law, no matter which relationship was established first. This prohibition includes providing patient care to anyone with whom the member has a sexual relationship, with the exception of a spouse in accordance with the definition of a “spouse” under the *RHPA* or incidental or emergency treatment. (See *Spousal Exception to the Sexual Abuse Provisions of the RHPA* and *Incidental or Emergency Treatment* sections of this standard of practice). Even the most casual dating relationship may lead to forms of affectionate behaviour that would fall under this definition and could leave the member open to a possible complaint to CCO.

- A sexual relationship with a patient is prohibited. Under the *RHPA*, the following types of sexual abuse will result in the revocation of a member's licence:
  - sexual intercourse
  - genital to genital, genital to anal, oral to genital, or oral to anal contact,
  - masturbation of the member by, or in the presence of, the patient,
  - masturbation of the patient by the member,
  - encouraging of the patient by the member to masturbate in the presence of the member,
  - touching of a sexual nature of the patient's genitals, anus, breasts or buttocks, and
  - other conduct of a sexual nature prescribed in regulations made pursuant to clause 43 (1) (u) of the *Regulated Health Professions Act, 1991*.

For the purposes of this section, "sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided."

- For the purposes of the sexual provisions, the *RHPA* defines "patient" as
 

"patient", without restricting the ordinary meaning of the term, includes,

  - (a) an individual who was a member's patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member's patient, and
  - (b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act, 1991*; ("patient")

Therefore, a member shall not commence a sexual relationship with an individual who is a patient, as defined in the *RHPA*, until at least one year from the date on which the individual ceased to be the member's patient.

- Sexual abuse under the *RHPA* has a different legal description from sexual assault under the *Criminal Code of Canada*<sup>1</sup>. Unlike the criminal act of sexual abuse, consent is not a defence to sexual abuse under the *RHPA* and acts of a sexual nature by a regulated health professional may constitute sexual abuse under the *RHPA* and result in regulatory consequences, including the revocation of a member's certificate of registration, without it being sexual assault under the *Criminal Code of Canada*.

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<sup>1</sup> *Criminal Code of Canada RSC 1985, c C-46, section 150 – 150.1.*

- There is a history of complaints against members who have had sexual relationships with their patients/former patients. Complaints have been made by patients, significant others (including spouses of both members and patients) and former significant others. Therefore, the member shall ensure that there is a termination of the doctor-patient relationship, and at least one year has passed from the date the individual ceased to be the member's patient, before commencing a sexual relationship with a former patient. The one-year time period begins when the individual ceased to be a member's patient and there is termination of the doctor-patient relationship. In such circumstances, the member shall perform the following actions to terminate the doctor-patient relationship:
  - terminate the care of the patient,
  - provide a referral to another chiropractor,
  - document these actions in the patient health record,
  - formally notify such correspondence to the patient, and
  - maintain a second copy in the file.

At the patient's request, the member shall transfer patient records to the new attending chiropractor.

- A member is reminded that he/she has an ethical obligation not to exploit the trust, knowledge and dependence that develops during the doctor-patient relationship. Before determining the appropriateness of a sexual relationship with a former patient, a member must think and act cautiously. A panel of the Inquiries, Complaints and Reports Committee, Discipline Committee or Fitness to Practise Committee will consider a number of factors in determining the appropriateness of a sexual relationship with a former patient, including but not limited to:
  - the nature, length and intensity of the former doctor-patient relationship,
  - the nature of the patient's clinical problem,
  - the type of care provided by the member,
  - the length of time following the termination of the doctor-patient relationship before the commencement of a sexual relationship, and
  - the vulnerability of the patient during and following the doctor-patient relationship and the patient's understanding of the dynamics and boundaries of the doctor-patient relationship.

It may never be appropriate for a member to have a sexual relationship with a former patient or for a member to provide patient care to someone with whom he/she previously had a sexual relationship (for example, when there is a continued power imbalance between the member and the former patient, or the former patient is physically or emotionally vulnerable).

- A member is reminded that he/she is a primary health care provider who is authorized to use the "doctor" title, perform certain controlled act under the *RHPA*, and provides "hands on" therapies and treatments. As such, the member should recognize that a power imbalance exists between the member and patients and patients are often in a physically and/or emotionally vulnerable position.

If a patient suggests or attempts to develop a sexual relationship:

- inform the patient of the legal restrictions and prohibitions and communicate proper boundaries for the doctor-patient relationship.
- refer the patient to another chiropractor if the above actions do not resolve the situation.
- document actions on the patient’s chart.

### Evidence of a Doctor-patient Relationship

Regulation 260/18 under the *RHPA* establishes criteria for the purposes of determining whether an individual is a patient of a member, as follows:

“An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:

- i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.
- ii. The member has contributed to a health record or file for the individual.
- iii. The individual has consented to the health care service recommended by the member.”

Case law, including *Leering v. College of Chiropractors of Ontario, 2010 ONCA (Leering v. CCO)*, has identified factors that would indicate the existence of a doctor-patient relationship. From *Leering v. CCO*, evidence of a doctor-patient relationship includes, but is not limited to:

- opening of a patient file that includes one or more of the following:
  - patient history
  - physical examination
  - diagnosis
  - plan of management
  - prognosis
  - diagnostic imaging reports
  - written record of treatment
  - informed consent to treatment
  - billing information
- commencement of billings, including billing to third parties, such as insurance companies
- financial records
- letters of consultation to and from other health professionals
- written communications or statements referring to an individual as a patient
- formal letter of discharge

A panel of the Inquiries, Complaints and Reports Committee, Discipline Committee or Fitness to Practise Committee will consider various factors central to the doctor-patient relationship, including those identified in Regulation 260/18 and caselaw in determining whether a doctor-patient relationship exists.

### Evidence of the Termination of a Doctor-patient Relationship

In accordance with the sexual abuse provisions of the *RHPA*,

Factors that would indicate the termination of a doctor-patient relationship include, but are not limited to:

- termination of care of the patient, indicating the date of termination of care,
- a referral of the patient to another chiropractor,
- documentation of these actions in the patient health record,
- providing a copy of such correspondence to the patient, and
- maintaining a second copy in the file.

### Spousal Exception to the Sexual Abuse Provisions of the *RHPA*

As of October 22, 2021, the Government of Ontario passed a regulation under the *Chiropractic Act, 1991* for a spousal exception to the sexual abuse provisions of the *RHPA*. The spousal exception regulation permits members to provide chiropractic care to their spouses, without it constituting sexual abuse, in accordance with the regulation:

Conduct, behaviour, or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of “sexual abuse” in subsection 1(3) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, shall not constitute sexual abuse, if:

- (a) The patient is the member’s spouse, and
- (b) The member is not engaged in the practice of chiropractic at the time the conduct, behaviour or remarks occur.

The definition of “spouse” for the purposes of this regulation is very narrowly defined in the Health Professions Procedural Code of the *RHPA*, and includes only:

- (a) A person who is the member’s spouse as defined in section 1 of the Family Law Act, or
- (b) A person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years.

### Incidental or Emergency Treatment

Regulation 260/18 under the *RHPA* states that an individual is not a patient of a member if all the following conditions are satisfied:

- i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.
- ii. The member provided the health care service to the individual in emergency circumstances or in circumstances where the service is minor in nature.
- iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.”

A panel of the Inquiries, Complaints and Reports Committee, Discipline Committee or Fitness to Practise Committee will determine if a concurrent doctor-patient relationship and sexual relationship occurred, as follows:

- Review the factors of incidental or emergency treatment, as determined by Regulation 260/18 under the *RHPA* and the Ontario Court of Appeal
- Apply these factors to the specific facts of a complaint or hearing

If a finding of a concurrent doctor-patient relationship and sexual relationship is made, the sexual abuse provisions of the *RHPA* will apply.

A member who provides incidental or emergency treatment to someone with whom he/she is engaging in a sexual relationship and decides that the person would benefit from receiving additional chiropractic care must refer that person to another chiropractor and/or health care professional and document this referral.

#### **FINAL WORDS**

- A sexual relationship with a patient is strictly forbidden by law, with the exception of the spousal exception regulation.
- Information regarding allegations of sexual abuse comes to the attention of CCO through the ICRC, and/or mandatory reporting by a member or another health professional.
- The penalties for a finding of professional misconduct relating to sexual abuse of a patient, which are found in section 51(2) of the *Code*, include:
  - revocation of a member's licence for five years;
  - stringent conditions on a member's licence before applying for reinstatement;
  - results of the discipline proceedings will remain on the public register indefinitely; and
  - financial obligations, such as paying for therapy and/or counselling for the victims and reimbursing CCO for legal and investigative costs.

## LEGISLATIVE CONTEXT

### ***Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991***

#### **Sexual Abuse of a patient**

Section 1(3): In this *Code*, “sexual abuse” of a patient by a member means,

- (a) sexual intercourse or other forms of physical relations between the member and the patient,
- (b) touching, of a sexual nature, of the patient by the member, or
- (c) behaviour or remarks of a sexual nature by the member towards the patient.

#### **Exception**

Section 1(4): For the purposes of subsection (3), “sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

#### **Definition of Patient**

Section 1(6): For the purposes of subsections (3) and (5), “patient”, without restricting the ordinary meaning of the term, includes,

- (a) an individual who was a member’s patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member’s patient, and
- (b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act, 1991*; (“patient”)

#### ***Exception***

Section 1(4): For the purposes of subsection (3), "sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.”

#### **Statement of purpose, sexual abuse provisions**

1.1 The purpose of the provisions of this Code with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling for patients who have been sexually abused by members and, ultimately, to eradicate the sexual abuse of patients by members.

#### **Orders relating to sexual abuse**

Section 51(5): If a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following in addition to anything else the panel may do under subsection (2):

1. Reprimand the member.
2. Revoke the member's certificate of registration if the sexual abuse consisted of, or included, any of the following,
  - i. Sexual intercourse
  - ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact,
  - iii. Masturbation of the member by, or in the presence of, the patient,
  - iv. Masturbation of the patient by the member,
  - v. Encouraging of the patient by the member to masturbate in the presence of the member,
  - vi. touching of a sexual nature of the patient's genitals, anus, breasts or buttocks, and
  - vii. other conduct of a sexual nature prescribed in regulations made pursuant to clause 43 (1) (u) of the *Regulated Health Professions Act, 1991*.

### **Interpretation**

(5.1) For greater certainty, for the purposes of subsection (5), "sexual nature" does not include touching or conduct of a clinical nature appropriate to the service provided. 2017, c. 11, Sched. 5, s. 19 (3).

### **Mandatory revocation**

- (5.2) The panel shall, in addition to anything else the panel may do under subsection (2), reprimand the member and revoke the member's certificate of registration if,
- (a) the member has been found guilty of professional misconduct under clause (1) (a) and the offence is prescribed in a regulation made under clause 43 (1) (v) of the *Regulated Health Professions Act, 1991*; or
  - (b) the member has been found guilty of professional misconduct under clause (1) (b) and the misconduct includes or consists of any of the conduct listed in paragraph 3 of subsection (5). 2017, c. 11, Sched. 5, s. 19 (3).

### **Statement re: impact of sexual abuse**

Section 51(6): Before making an order under subsection (5), the panel shall consider any written statement that has been filed, and any oral statement that has been made to the panel, describing the impact of the sexual abuse on the patient.

### **Same**

Section 51(7): The statement may be made by the patient or by his or her representative.

### **Notice to member**

Section 51(8): The panel shall not consider the statement unless a finding of professional misconduct has been made.



Section 51(9): When a written statement is filed, the panel shall, as soon as possible, have copies of it provided to the member, to his or her counsel and the College.

### **Application for Reinstatement**

Section 72(1): A person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings may apply in writing to the Registrar to have a new certificate issued or the suspension removed.

Section 72 (3): An application under subsection (1), in relation to a revocation for sexual abuse of a patient, shall not be made earlier than,

- (a) five years after the date on which the certificate of registration was revoked; or
- (b) six months after a decision has been made in a previous application under subsection (1).

### ***Ontario Regulation 260/18***

1. The following criteria are prescribed criteria for the purposes of determining whether an individual is a patient of a member for the purposes of subsection 1 (6) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:

- i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.
- ii. The member has contributed to a health record or file for the individual.
- iii. The individual has consented to the health care service recommended by the member.
- iv. The member prescribed a drug for which a prescription is needed to the individual.

2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:

- i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.
- ii. The member provided the health care service to the individual in emergency circumstances or in circumstances where the service is minor in nature.
- iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

### ***Ontario Regulation 716/21***

#### ***Spousal Exception***

1. The spousal exception in subsection 1 (5) of the Health Professions Procedural Code applies in respect of the College.

***Section 1(5) of the Health Professions Procedural Code***

Conduct, behaviour, or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of “sexual abuse” in subsection 1(3) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, shall not constitute sexual abuse, if:

- (a) The patient is the member’s spouse, and
- (b) The member is not engaged in the practice of chiropractic at the time the conduct, behaviour or remarks occur.

For the purposes of this regulation, “spouse”, in relation to a member, means:

- (a) A person who is the member’s spouse as defined in section 1 of the Family Law Act, or
- (b) A person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years.

***Ontario Regulation 262/18***

**Prescribed offences**

1. The offences mentioned in sections 151, 152, 153, 153.1, subsection 160 (3) and sections 162, 162.1, 163.1, 170, 171.1, 172.1, 172.2, 271, 272 and 273 of the Criminal Code (Canada) are prescribed offences for the purposes of clause 51 (5.2) (a) of the Health Professions Procedural Code in Schedule 2 to the Act.

## ITEM 4.3

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**College of Chiropractors of Ontario  
Quality Assurance Committee Report to Council  
February 24, 2023**

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**865**

**Members:**

Dr. Paul Groulx, Chair  
Ms Robyn Gravelle  
Dr. Kyle Grice  
Ms Zoe Kariunas  
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 January 27, 2023 and hosted the Peer Assessor Training Day on January 28, 2023.

**Recommendations**

The Committee has the following recommendations to Council:

***Recommendation***

*That Council approve minor amendments to Guideline G-014: Delegation, Assignment and Referral of Care*

The QA Committee is recommending minor amendments to Guideline G-014, based on a memorandum received from the Inquiries, Complaints and Reports (ICR) Committee, included in the Council package. Amendments include a requirement that the member have some sort of interaction with the patient at each chiropractic visit, even if certain care is assigned by the member to an assistant to perform. These amendments are in response to complaints received at

CCO where a patient had no interaction with their chiropractor during visits that were part of a chiropractic treatment plan and billed as such.

### **Additional Reporting**

#### ***Peer and Practice Assessment***

Peer and Practice Assessment (PPA) for 2022 – 2023 is wrapping up and assessors are sending in their last remaining assessments to CCO. A total of 221 PPA 1.0 and 217 PPA 2.0 were conducted during this PPA cycle. A new PPA cycle will be launched in the Spring 2023 with updated PPA forms to reflect amended standards of practice, policies and guidelines. Thank you to Dr. Katherine Tibor and the CCO staff for managing this program, which continues to be a great success for the Quality Assurance program.

#### ***New Peer Assessor Orientation Day – January 27, 2023***

CCO Conducted an orientation day for nine new assessors in training (AITs) on January 27, 2023. At the orientation, the AITs learned the history of the PPA program, the role of assessors and the process of conducting PPA 1.0 and 2.0.

The AITs have completed their in-field observations with a current peer assessor. Their training will continue by having experienced peer assessors observing them conduct PPAs.

#### ***Peer Assessor Training Day – January 28, 2023***

CCO hosted a peer assessor training day on January 28, 2023. This was the first peer assessor training day with in-person attendance since January 2020, as the 2022 training day was held entirely virtual. Various presentations to the peer assessors included greetings from the CCO president and chair of the QA Committee, updates on new and amended standards of practice, policies and guidelines, feedback and best practices on conducting PPAs, a report on diversity, equity and inclusion and an update on current events in professional regulation and public health. As well, the peer assessors had the opportunity to work in groups and give presentations on the topics of assessment of members and continuing education of core competencies and controlled acts, and diversity, equity and inclusion as it applies to PPA and the overall practice of chiropractic.

Overall, the training day was an excellent opportunity to interact with peer assessors, receive feedback on the program and share best practices for conducting peer assessments. The QA Committee will be reviewing the presentations and feedback from the peer assessors and the items in the parking lot (i.e., questions and comments raised throughout the day) for further review and revision of the PPA program and QA standards of practice, policies and guidelines.

A big thank you to all the presenters and participants, and especially to Dr. Katherine Tibor for doing such an excellent job in organizing the day and bringing such enthusiasm and energy to the day.

***QA Content to be Included in the Next President's Message***

The QA Committee has developed messaging around various topics, such as concussion and Rowan's Law, amended record keeping standards, and cyber security, that it would like to be included in the next President's Message. Please see the addendum to the QA Report for this messaging.

***Scope of Practice and Competency with Spinal Adjustment or Manipulation***

The Committee continues to review the topic of assessing member competencies in performing the controlled act of spinal adjustment or manipulation. Discussion included review of the Continuing Education 5-hour requirement related to controlled acts and the possibility of expanding Peer and Practice Assessment to include the assessment of the performance of the controlled act of spinal adjustment or manipulation. The Committee will be reviewing information from other health regulatory colleges on this topic, as well as the presentations and feedback provided at the January 28, 2023 Peer Assessor Workshop.

***Virtual Care/Telecare***

The QA Committee reviewed various Ontario health regulatory colleges' policies on virtual care, with specific reference to providing virtual care to patients outside of Ontario. The Committee also reviewed legal advice on this topic. In its review, several colleges do allow for the virtual care of patients outside of Ontario. The Committee will be continuing to develop more permanent messaging, whether incorporated into an existing standard of practice or guideline or a stand-alone guideline, to replace the temporary guidance on telecare.

***CCO Workshops***

CCO will be presenting the *Regulatory Excellence for CCO Members Workshop (REW)* virtually on February 17, 2023. The workshop is now mandatory to be completed at least once every three CE cycles (six years) to be completed by June 20, 2028, in accordance with amendments to Standard of Practice S-003: Professional Portfolio. The workshop continues to evolve to include content related to the prevention of sexual abuse of patients, communications and boundaries with patients, orthotics and assistive devices, and advertising, websites and social media, including examples of Do's and Don'ts related to advertising.

Direction for further expansion of the REW includes recording the workshop and having it available for reviewing on the CCO website, including interactive polls in the workshop and perhaps carving out the section on advertising, website and social media as a standalone recording.

**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. Paul Groulx  
Chair, Quality Assurance Committee

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## DELEGATION, ASSIGNMENT AND REFFERAL OF CARE



**Guideline G-014**  
**Quality Assurance Committee**  
**Approved by Council: April 24, 2018**

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*Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

### INTENT

To provide guidelines to members on the proper protocols and procedures in assigning any clinical procedures to a staff person or referring of care to another regulated health professional.

### OBJECTIVES

- To outline a member's responsibilities with respect to clinical practice, patient communication, record keeping and business practices in assigning any clinical procedures to a staff person or referring of care to another regulated health professional;
- To identify which professional activities may and may not be assigned to a staff person;

### DESCRIPTION OF GUIDELINE

#### Introduction

Members are reminded that they are primarily responsible for the examination and care of patients and adherence to relevant legislation and CCO standards of practice, policies and guidelines. However, in the course of providing care to patients, a member may assign certain aspects of clinical care to appropriately trained, supervised clinical staff, or refer patients to another health care professional.

The following guideline outlines the proper protocols in delegating, assigning or referring any aspect of clinical care of a patient.

#### Definitions

“Staff person” is a chiropractic office or clinical assistant who is not a member of a regulated health profession.

“Delegation” is the delegation of any controlled act that is authorized to a member under the *Regulated Health Professions Act, 1991 (RHPA)*, *Chiropractic Act, 1991* or *Healing Arts Radiation Protection Act, 1990 (HARP)*.

“Assignment” is the assigning of a diagnostic or therapeutic procedure that is in the public domain (i.e. not a controlled act).

“Referral” is the referring of a patient from the member to another regulated health professional.

### **Delegation of Care**

A member may not delegate the performance of any controlled act to a staff person. Chiropractic students participating in an accredited school’s preceptorship program may perform a controlled act for the purposes of “fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession”, in accordance with sections 29(1) and 30(5) of the *RHPA* and Policy P-050: Supervision and Direction of Chiropractors in Training [http://cco.on.ca/site\\_documents/P-050.pdf](http://cco.on.ca/site_documents/P-050.pdf).

### **Assignment of Care**

#### *Introduction*

A member is responsible for the ongoing assessment, re-assessment, care and monitoring of a plan of care of a patient.

In the course of providing care to patients, a member may choose to assign certain aspects of clinical care to a staff person. Assignment may include certain aspects of the examination and care, such as:

- facilitating the completion of general intake forms and documents and collecting basic assessment data, such as the patient’s height and weight, (other?);
- assisting the member during the examination and care of the patient; and
- performing of adjunctive therapies and modalities that are in the public domain and part of the chiropractic care plan.

A member is responsible for reviewing the totality of information collected on the patient and for any act that is assigned to a staff person.

#### *Requirements for the Assignment of Examination and Care*

In assigning any diagnostic or therapeutic procedure, a member shall ensure:

- the assignment of the procedure does not include any controlled acts or other restricted activities or responsibilities that may not be assigned;
- the staff person is competent and has achieved, maintained and can demonstrate the knowledge, skill, judgment and clinical competency to perform any assigned procedure



safely and with the same quality of care as the member would provide. Any staff training should be ongoing and properly documented;

- any assignment of care is properly communicated by the member to the patient, and consented to by the patient before beginning the examination, care or a course of care. This should include a discussion of the roles and responsibilities of the staff person performing the assigned care;
- any assignment of care is recorded in the record of personal health information by the member, including:
  - the nature of the care that is to be assigned;
  - who will be performing the assigned care;
  - informed consent to any assigned care, consistent with Standard of Practice S-013: Consent, and
  - what services will be billed as part of the assigned care.
- any assignment of care is based on a chiropractic examination, diagnosis or clinical impression, and plan of care performed by the member;
- the member is on-site or ensures that another member of CCO is on-site, to provide any direction or supervision for the performance of the assigned procedure. The level of supervision required depends on the complexity of the assigned procedure, the abilities of the assistant, the patient's condition, the clinical environment and other determining factors; and
- any assignment of a procedure and performance of an assigned procedure is within the chiropractic scope of practice and complies with all legislation, including privacy legislation, and CCO standards of practice, policies and guidelines.

Procedures that may not be assigned to a staff person include, but are not limited to:

- producing, analysing and communicating the results of radiographic and other diagnostic images;
- interpreting findings and arriving at and communicating a diagnosis or clinical impression;
- obtaining informed consent, consistent with Standard of Practice S-013: Consent, for examination, care, a plan of care, or a referral from the patient or substitute decision-maker;
- initiating, communicating or changing a treatment plan;
- discharging a patient or referring a patient to another regulated health professional;
- ensuring that disclosure of any personal health information of a patient to an outside party is done in accordance with the *Personal Health Information Protection Act* and CCO privacy resources, standards of practice, policies and guidelines; and

#### Guideline G-014: Delegation, Assignment and Referral of Care

- ensuring adherence to legislation and CCO standards of practice, policies and guidelines.

### Referral of Care

In the course of providing care to patients, a member may refer a patient for diagnostic or therapeutic procedures. This referral could be to a regulated health professional within the same clinic as the member, or another clinic, or health care facility.

In providing a referral of care, a member shall:

- properly communicate the referral of care to the patient or substitute decision-maker, including the reason for the referral;
- document the referral in the record of personal health information, including:
  - the nature of the referral of care;
  - who will be performing the referred care or where the patient was referred; and
  - what services (if any) will be billed as part of the referred care;

Since any referred care is performed by another regulated health professional, that professional would be responsible for the care of the patient in accordance with the scope of practice and standards of practice of that professional's regulatory college. However, a member should conduct any necessary follow-up if the ongoing care is relevant to the chiropractic care of the patient.

### LEGISLATIVE CONTEXT

In addition to the legislative provisions outlined above, members are reminded that the following are acts of professional misconduct under *Ontario Regulation 852/93 (Professional Misconduct)*:

6. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.
16. Failing to reveal the nature of a remedy or treatment used by the member following a patient's request to do so.
17. Failing to advise a patient to consult with another health professional when the member knows or ought to know that,
  - The patient's condition is beyond the scope of practice and competence for the member,
  - The patient requires the care of another health professional, or
  - The patient would be appropriately treated by another health professional
18. Providing a diagnostic or therapeutic service that is not necessary.

This guideline should be read in conjunction with:

- R-852/93: Professional Misconduct
- S-001: Scope of Practice
- S-002: Record Keeping
- S-008: Communicating a Diagnosis
- S-013: Consent
- G-008: Business Practices

886



PEER AND PRACTICE ASSESSMENT TRAINING – JANUARY 28, 2023

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**College of Chiropractors of Ontario  
Registration Committee Report to Council  
February 24, 2023**

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**887**

<b>Members:</b>	Mr. Markus de Domenico, <i>Chair</i> Mr. Gagandeep Dhanda Dr. Colin Goudreau Dr. Julia Viscomi
<b>Staff Support:</b>	Mr. Joel Friedman, <i>Deputy Registrar</i> Ms Madeline Cheng, <i>Registration Coordinator</i> Ms Jo-Ann Willson, <i>Registrar and General Counsel</i>

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**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 February 2, 2023, since the last meeting of Council.

The Committee continues to review applications for registration referred to the Committee. Since the last meeting of Council, approximately 34 new applicants have been registered as General (i.e., active) members of CCO.

CCO continues to administer the Legislation and Ethics Examination virtually. CCO held the last sitting of the examination on February 16, 2023, with approximately 84 candidates writing the examination.

CCO 2023 renewal continues to progress, with the vast majority of members and corporations renewed. As of February 2, 2023, approximately 131 out of 5348 members have not renewed their certificates of registration for 2023 and approximately 34 out of 1090 professional corporations have not renewed their certificates of authorization for 2023. Members and professional corporations who have not yet renewed have been notified that failure to renew by March 1, 2023 will result in a suspension of their certificate or registration or authorization.

The Committee reviewed correspondences and templates from the Ministry of Health regarding Ontario Regulation 508/22 (Registration Requirements). The Ministry has directed Ontario health regulatory colleges to develop an emergency class registration regulation. In accordance with the direction from the Ministry, the Registration Committee will be developing a draft emergency class registration regulation, based on similar requirements of CCO's Provisional Class Policy implemented during the COVID-19 pandemic, to be recommended to Council at a future Council meeting.

888

The Registration Committee continues to comply with Office of the Fairness Commissioner (OFC) reporting requirements. CCO filed its annual report with the OFC through its survey tool and will post it on the CCO website once it is available. As the OFC moves to a risk informed compliance framework, CCO has been identified as a “full compliance” regulatory college.

### *Current Member Status*

**Chart 1: Membership Statistics as of February 2, 2023**

<b>Classes</b>	<b>Total</b>
General	4905
Inactive	237
Retired	179
<b>All classes</b>	<b>5321</b>

**Chart 2: Change in Registration statistics for November 11, 2022 – February 2, 2023**

<b>Description</b>	<b>Total</b>
New members (Including Provisional)	34
Female	23
Male	11

**Chart 3: Colleges of Graduation for New Members**

CMCC	8
NCHS (Previously NYCC)	12
D’Youville	2
Life University	2
University of South Wales	1
Parker University	2
Palmer (Iowa)	2
Palmer (Florida)	1
Logan	1
NHSU	3

### *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,

Mr. Markus de Domenico  
Chair, Registration Committee

**Ministry of Health**

Office of the Chief of Nursing  
and Professional Practice and  
Assistant Deputy Minister  
777 Bay Street, 19<sup>th</sup> Floor  
Toronto ON M7A 2J3

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, 19<sup>e</sup> étage  
Toronto ON M7A 2J3

Téléphone : 416 212-5494



December 14, 2022

**MEMORANDUM TO:** Registrars and Executive Directors

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

**RE:** Ontario Regulation 508/22 (Registration Requirements) made under  
the *Regulated Health Professions Act, 1991* (RHPA).

On October 27, 2022, the Lieutenant Governor in Council approved a regulation made under the RHPA that, amongst other things, requires health regulatory Colleges to develop regulations creating an emergency class of registration<sup>1</sup>. Features of this class must include:

1. The specific emergency circumstances that will cause the class to be open for registration.
2. A time period of no more than a year duration, but renewable for the same period of time with no limit on the number of times they may be renewed as long as the emergency circumstance persists.
3. Circumstances in which a member of the emergency class must become eligible for registration in another registration class and be exempt from at least some registration requirements that would ordinarily apply to that other class of registration.

These regulations must be approved by the Lieutenant Governor in Council by August 31, 2023. To achieve this, this memo offers several considerations intended to assist in the development of your regulations whilst respecting the Colleges' authority to make these regulations.

Specifying emergency circumstances

The term 'emergency circumstance' should be broader than a declared state of emergency made under the *Emergency Management and Civil Protection Act, 1990*. For example, an emergency circumstance might include situations where:

- a. There is a significant interruption of a registration pathway leading to a lengthy delay for many applicants in their being registered.
- b. Where the Minister of Health requests the College to initiate registrations under this class based on her opinion that emergency circumstances call for it; or

<sup>1</sup> As required by section 16.3 of the Health Professions Procedural Code.

- c. Any other emergency circumstance where it is in the public interest to issue emergency class of registration.

To support the regulations, it is suggested that the Colleges develop the process for determining the existence of emergency circumstances, as well as the process for determining when the emergency circumstance has resolved.

Similarly, it is suggested that Colleges consider what terms, conditions and limitations should be placed upon the holder of the emergency class of registration, if any, including any supervisory requirements.

#### Expiry of emergency class of registration

Colleges should determine the appropriate length of time for the initial issuance emergency class certificates (up to one year). Certificates must be renewable for the same period whilst the emergency circumstances exist.

Colleges should consider the impact on employers and the broader health system for determining when emergency class certificates terminate. If the termination occurs prior to the renewal date, consideration needs to be given to the way sufficient notice of expiry will be provided to the certificate holder and their employer to avoid disruptions in patient care.

#### Transition from emergency class of registration to another class

This class is another tool that may be used to mitigate the potential disruption to Ontario's supply of regulated health professionals and serves as another pathway to registration when emergency circumstances exist. Those who will be practising the profession under an emergency class of registration must be provided with a route to continue to practise under a different class of registration.

Consideration may be given to such factors as the length of time an applicant has practised under an emergency class of registration and to the demonstrated ability to practise safely. Colleges might also want to consider an active practice requirement rather than relying on the length of time a person holds the emergency class certificate.

#### Timelines

As noted above, these regulations are required to be approved by the Lieutenant Governor in Council by August 31, 2023. To give sufficient time to secure that approval, health regulatory Colleges should submit their proposed regulations to the Ministry on or before May 1, 2023.

We understand that this is an expedited timeline, however, given the substantial nature of these changes, we are recommending that Colleges plan for a 60-day circulation period. We acknowledge that this may necessitate the scheduling additional Council meetings to seek various approvals that are required as part of your own processes and procedures. Ministry staff will work with you as you develop your proposed regulation submissions in efforts to ensure timelines are met and that any policy issues are resolved. Please contact Allison Henry ([allison.henry@ontario.ca](mailto:allison.henry@ontario.ca)) if you have any questions.



The ministry looks forward to working with you and we would like to thank you for ensuring that the province has the supply of safe competent providers to meet the needs of our population now and in the future.



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Dr. Karima Velji

Chief of Nursing and Professional Practice and Assistant Deputy Minister



Français

**Regulated Health Professions Act, 1991**

**ONTARIO REGULATION 508/22**

**REGISTRATION REQUIREMENTS**

**Consolidation Period:** From January 1, 2023 to the e-Laws currency date.

Last amendment: 508/22.

Legislative History: [ + ]

***This is the English version of a bilingual regulation.***

**Definition**

**1. In the Act,**

"Canadian experience" means any work experience or experiential training obtained in Canada.

**Timely decisions and responses**

**2. (1)** The Registrar shall, within 15 days after receiving an application for registration, provide the applicant with a written acknowledgment of receipt of the application along with either,

- (a) confirmation that the applicant has submitted all of the required materials and information; or
- (b) details regarding what other materials or information are required from the applicant in order to complete the application.

(2) If an applicant provides materials or information in response to a notice under clause (1) (b), the Registrar shall, within 15 days after receiving the materials or information, provide the applicant with a written acknowledgement of receipt along with either,

- (a) confirmation that the applicant has submitted all of the required materials and information; or
- (b) details regarding what other materials or information are required from the applicant in order to complete the application.

(3) The Registrar shall make their decision under subsection 15 (1) of the Code to register an applicant or refer the application to the Registration Committee within 30 days after receiving a complete application that includes all of the required materials and information.

(4) Subsection (3) does not apply if the Registrar needs to verify the authenticity or accuracy of the materials and information or assess an applicant's educational program or prior learning experience for equivalency with programs or experiences that have already been approved, but,

- (a) the Registrar must complete their verification or assessment within a reasonable period of time; and
- (b) the Registrar must make the decision described in subsection (2) within 15 days after completing the verification or assessment.

**Language proficiency testing requirements**

3. (1) An applicant for registration satisfies a College's English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the *Immigration and Refugee Protection Act* (Canada) for use in assessing language proficiency.

(2) Subsection (1) does not limit a College's ability to accept other examinations, tests or assessments as evidence of English or French language proficiency.

**Exemption from Canadian experience requirements**

4. (1) Section 16.2 of the Code does not apply to a requirement for Canadian experience if the College permits applicants that have equivalent experience in another country to meet the requirement.

(2) Section 16.2 of the Code does not apply to a requirement for Canadian experience if that requirement must be met while the applicant is registered in a different class of registration established by the College.

(3) Section 16.2 of the Code does not apply to the requirement to complete a structured practical training program as a condition of registration as a pharmacy technician.

**Note: On December 31, 2024, subsection 4 (3) of the Regulation is revoked. (See: O. Reg. 508/22, s. 6)**

**Note: Section 5 comes into force on August 31, 2023, the day subsection 3 (3) of Schedule 6 to the *Pandemic and Emergency Preparedness Act, 2022* comes into force.**

**Emergency classes of registration**

5. (1) The regulations establishing an emergency class of registration required by section 16.3 of the Code must include at least the following requirements:

1. They must specify emergency circumstances that will cause the class to be open for issuance and renewal.
2. They must specify that the emergency class of certificates of registration expire no more than one year after they are issued but are renewable for the same period of time, with no limit on the number of times they may be renewed as long as the emergency circumstances persist.
3. They must specify circumstances in which a member of the emergency class may apply for another class of registration and must exempt the applicant from at least some registration requirements that would ordinarily apply to the application.

(2) Paragraph 3 of subsection (1) does not prevent the Council from establishing alternative requirements that must be met by the applicant.

6. OMITTED (PROVIDES FOR AMENDMENTS TO THIS REGULATION).

7. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

**Français**

## Emergency Class FAQ

Recent amendments to the *Regulated Health Professions Act, 1991* (RHPA) which have not yet been brought into force would require health regulatory Colleges to develop regulations creating an emergency class of registration<sup>1</sup>. Under the applicable regulation made under the RHPA this class would have to include the following components:

1. The specific emergency circumstances that will cause the class to be open for application and renewal.
2. A time period of no more than a year duration, but renewable for the same period of time with no limit on the number of times they may be renewed as long as the emergency circumstance persists.
3. Circumstances in which a member of the emergency class may apply for registration in another registration class and provide for exemptions from at least some registration requirements that would ordinarily apply to that other class of registration.

These regulations must be approved by the Lieutenant Governor in Council by August 31, 2023.

The ministry has received questions from the Colleges on the proposal submission process, details of the emergency class, timelines, etc. The purpose of this FAQ document is to share commonly asked questions from the Colleges and to provide answers in a consistent manner.

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**Q1: Are we required to complete a full regulation submission package, including a regulation submission template?**

Yes, Colleges are asked to submit the full regulation package to the ministry by May 1, 2023. The information contained in the template is essential for obtaining approval of the draft regulation.

**Q2: Should this be a standalone regulation or an amendment to an existing regulation?**

In many cases, amendments to an existing regulation may be the most efficient way to implement the required registration class.

**Q3: Who is our point of contact if we have any questions?**

Please contact either the Manager, Regulatory Oversight and Performance at [Jason.Maurier@ontario.ca](mailto:Jason.Maurier@ontario.ca) or your regular liaison within the unit.

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<sup>1</sup> As required by section 16.3 of the Health Professions Procedural Code.

**Q4: When will these regulations come into force?**

As set out in Ontario Regulation 508/22 (Registration Requirements), emergency classes of regulation come into force on August 31, 2023.

**Q5: What are some examples of emergencies?**

The December 14<sup>th</sup>, 2022 memo to the Colleges provided 3 example criteria of what might trigger the opening of the emergency class of registration. Colleges should work with their Council and legal counsel to determine what circumstances would constitute as an emergency for the Emergency Class.

**Q6. Do Colleges need to translate the draft regulation into French?**

Colleges may choose to circulate the draft regulation in English and French or provide a French translation upon request.

Submissions to the ministry are not required to be translated to French.

**Q7. What should the registration class be named?**

Whether Colleges are amending an existing class or creating a new class, it should be named the Emergency Class to be consistent with the requirements in the RHPA.

**Q8. What are the circulation requirements for the proposed regulations?**

Colleges should plan to circulate the proposed regulation(s) for 60 days.

**Q9. Will the College circulation and the ministry's posting on the Regulatory Registry happen concurrently? What does the College need to submit to the ministry to support posting on the Regulatory Registry?**

Yes, the ministry plans to post the College proposals on the Regulatory Registry concurrently with the College circulation period.

While there is no formal template that Colleges must use to submit information for posting on the Regulatory Registry, the following information will need to be submitted:

1. a link to the circulation draft;
2. a summary of the proposed amendment; and
3. information on the costs associated with proposed regulation.

# **Template for Submission of Regulation Proposals to the Ministry of Health**

**Table of Contents**

Regulation Submission Template	4
Form A – Position of College Council Members on College’s Proposed Regulation	9
Form B – Clause by Clause Comparison Chart	10
Frequently Asked Questions	11

## Regulation Submission Template

This template is intended to provide guidance to Regulatory Colleges on the information that is required by the Ministry for the purpose of reviewing and processing regulation proposals. The template provides guiding questions in italics that Colleges should consider while developing their submissions. Colleges should provide additional details and supporting evidence to assist with explaining the request.

In addition to completing Section 1 of the template, Colleges should include the following in their submission:

- A draft of the proposed regulation
- Position of College council members on College's proposed regulation (Form A).
- A draft of the proposed amendments tracked within the existing regulation that shows all changes and includes additions, deletions and changes in wording. If a regulation is to be revoked, instructions should be included that identify what regulation is being revoked and direction to the ministry to revoke the regulation (Form B).

Regulation proposals should be submitted to the following address:

[RegulatoryProjects@ontario.ca](mailto:RegulatoryProjects@ontario.ca), copying the Director of the Health Workforce Regulatory Oversight Branch and the Manager of the Regulatory Oversight and Performance Unit. Their emails can be found [here](#). Once submitted, you will receive an email acknowledging receipt of the proposal.



## **Section 1: General Information**

### **Who is the primary contact for this proposal?**

Name:

Title:

Telephone/ext.:

Email:

### **Who is the secondary contact for this proposal?**

Name:

Title:

Telephone/ext.:

Email:

#### **1. Is the proposed regulation:**

- A new regulation
- An amendment to O. Reg. \_\_\_ / \_\_\_\_\_
- Complementary amendments to \_\_\_ / \_\_\_\_\_
- Revocation of O. Reg. \_\_\_ / \_\_\_\_\_

**Note:** *If the regulation amendments propose to remove outdated references to legislation, ensure that where statutes have been amended, the provisions being relied upon and/or referenced are current and relevant.*

#### **2. Provide the date the College Council approved the proposed regulation for submission to the ministry.**

#### **3. Provide the date the proposed new regulation or amended regulation is to come into force.**

- *If the amendment requested by the College is urgent, explain why it needs to be implemented immediately and the consequences of not moving forward according to the College's request.*

#### **4. Describe the regulation-making authority/authorities the College is relying upon to make the new regulation or amended regulation. Identify the provisions contained in the Health Professions Procedural Code and/or profession-specific Act.**

**Note:** *Colleges should use terms that are consistent with the RHPA or their professions specific Acts when drafting their regulation proposals.*

**5. Provide a short description of the proposed regulation or amendment.**

*Include:*

- *The purpose of the existing provisions in the regulation.*
- *The purpose of the new regulation or regulation amendment.*
- *The intended outcomes, including how the proposed regulation is consistent with ministry policies or guidelines, and/or government priorities.*

**6. Describe the rationale for the new regulation or regulation amendment.**

- *Why is the College bringing forward these changes at this time?*
- *How does the proposal accomplish the policy objective the College is trying to achieve?*
- *What policy principles guided the development of the regulation? What evidence supports the policy?*
- *If a threshold is being established or changed (e.g., when determining a minimum number of practice hours), how was the threshold determined?*
- *What regulatory or non-regulatory options were considered in addition to the proposed regulation? Include options considered and the reasons these approaches were not chosen.*

**7. Provide an explanation of how the proposed regulation fits within the Regulated Health Professions Act, 1991, (RHPA) and the public interest.**

- *Explain how the change will benefit or protect the public.*
- *Identify the risk(s) to the public if the amendment is not passed.*
- *If the regulation proposal contains elements reflective of the professions interest (e.g., spousal exemptions, changes to registration requirements, etc.), explain why they are necessary and how they uphold the public interest.*

**8. Provide an analysis of the impact and potential risks for the proposed regulation amendments, including on health human resource supply, labour mobility and any financial implications (e.g., compliance costs, patient safety, processing timelines etc.) on:**

- i. Members
- ii. Applicants
- iii. The public
- iv. The profession
- v. Other regulated health professions
- vi. Other ministry or government programs
- vii. Other jurisdictions
- viii. Other stakeholders

## **Section 2: Jurisdictional Comparison and Labour Mobility**

- 9. Include a scan of how other Canadian jurisdictions regulate/address the subject matter.**
  - *Describe whether there are any developments or precedents established in other jurisdictions that are relevant or supportive of the regulation proposal (include references to source materials).*
  - *Include existing recognized national and/or international standard(s) and why the college did or did not adopt these.*
  
- 10. Does the College have any Mutual Recognition Agreements (MRA) and/or other reciprocity agreements between jurisdictions, regulatory bodies, or associations?**
  - *If yes, attach a signed copy of the MRA and/or other agreements. Include an explanation on how the proposed regulation impacts labour mobility, whether it is consistent with labour mobility requirements set up in the Canadian Free Trade Agreement (CFTA) and any exemptions that need to be requested.*
  - *If not, describe what accommodation(s), if any, would be made by the College.*
  
- 11. If the proposal/submission is related to registration, was the Office of the Fairness Commissioner consulted on the proposed new regulation or amended regulation?**
  - *If yes, include a copy of the materials and feedback received and a summary of the Commissioner's feedback. Include whether the College addressed the Commissioner's concerns, if not, please explain why.*

### **Section 3: Consultation**

- 12. Have the circulation requirements for this proposal been waived or abridged pursuant to subsection 95 (1.6) of the *Health Professions Procedural Code (Code)*?**
- *If yes, please attach a copy of the Minister's letter that provides approval for waiving or abridging the requirement to circulate the proposed regulation.*
- 13. When did the College Council approve circulation of the proposed regulation?**
- 14. When was the proposed regulation circulated and for how many days?**
- *Provide a copy of the materials circulated to members including the proposed regulations and any cover correspondence or directions.*
- 15. Provide a breakdown of the comments received from the following stakeholders, reflecting those in support and those against with numbers, wherever possible.**
- *What kinds of concerns were raised with respect to the proposed changes, if any, and by whom?*
  - *How did the College respond to concerns?*
    - College members
    - Professional associations;
    - Other regulated health Colleges;
    - Other stakeholders (including the public)
- 16. Were changes made to the proposed regulation based on stakeholder and member feedback?**
- *If yes, please explain what changes were made and why.*
  - *If no, confirm if no changes were required. If feedback required changes but no changes were made, please explain why and provide details on how the College intends to manage any contentious issues.*
- 17. Was the proposed regulation re-circulated to the members and stakeholders for comments as a result of the changes?**
- *On what date did the College Council approve the revised proposed regulation?*
  - *When was the re-circulation period and what was the outcome of the re-circulation? Was any additional feedback provided?*
  - *If additional feedback was received was any action required and/or taken? Why or why not?*

## **Section 4: Implementation and Reporting**

### **18. What is the College's implementation plan?**

- *Include timelines, partners/stakeholders and activities (e.g., changes to standards, guidelines, by-laws, operational processes, communication activities).*

### **19. How is the College measuring performance?**

- *Describe the College's evaluation plan to monitor intended and unintended outcomes to ensure ongoing quality and safety and that the proposal was effective in addressing the issue. List any targets for delivery and milestones toward those targets.*

**Position of College Council Members on College's Proposed Regulation**

Name of College: \_\_\_\_\_

Regulation Proposal Topic: \_\_\_\_\_

Date Approved by the College Council: \_\_\_\_\_

Please complete the following questionnaire when submitting a regulation proposal by your College. Fill out one form for each regulation proposal and include it with your submission.

	<b>Number of Public Members</b>	<b>Number of Professional Members</b>
Total Number of members* on the College Council		
Number of College Council members present at Council Meeting who voted on the regulation proposal, including those who abstained		
Number of College Council members who voted in support of this regulation proposal		
Number of College Council members who voted in opposition of this regulation proposal		
Number of College Council members who abstained from voting on this regulation proposal		

*\*for the purposes of this form, academic members count as professional members*

Clause-By-Clause Comparison Chart

Existing Clause (if applicable)	Proposed New Clause	Rationale
		<p><i>The rationale provided in this chart is used by ministry staff to explain the College's existing requirements, the amendment the College is trying to implement and how the regulatory language would be interpreted (i.e. put into practice) by the College. Each section of the existing regulation should be included in the chart. Where no change is being made, please indicate "no change" in that row.</i></p> <p><i>Please do not simply paraphrase the proposed new clause. Each section should explain the difference between the existing and proposed clause. It should explain briefly, the outcome of the provision; what this change will do with respect to College operational processes and/or how the provision impacts on members or the public and why the change is necessary. Please also identify in each section which regulation making authority is being used to make this change.</i></p> <p><i>If a requirement has been moved to another section of the regulation, is very important for the College to highlight where a requirement currently exists in the regulation and why a reorganization of the regulation is needed.</i></p>
<b>EXAMPLE</b>		
<p>2(3) The applicant has successfully completed an examination in ethics and jurisprudence and such other examinations as may be set out approved by the College.</p>	<p>2(3) The applicant has successfully completed an examination in ethics and jurisprudence set or approved by the College.</p>	<p>The College would like to remove the phrase "...and such other examinations..." Currently the College does not require any other similar types of examinations. The College would like the language to reflect current practice so to make it clear to applicants that only an examination in ethics and jurisprudence is necessary to satisfy this requirement. The authority to make this requirement is contained in clause 95(1) (f) of the HPPC.</p>

**1. How long does it take for a regulation submission to be processed?**

The ministry endeavours to process regulation proposals as quickly as possible. However, timelines depend upon the number of policy items that must be considered, consultation requirements with ministry program areas and possibly other government ministries, time required for drafting and other priorities of the government.

Proposals that contain significant policy or legal issues may require a lengthier review process in order to resolve the issues that emerge during the ministry's review.

Where supporting information is limited, communication exchanges with the College may be needed to clarify issues and this may extend processing timelines significantly.

**2. What documentation does the ministry require from Colleges for the ministry to process regulations?**

In processing regulation requests, the ministry initially reviews the submission to ensure that the necessary information has been received. If documents are missing in the submission, the ministry will contact the College requesting the necessary information. **Omitting the required documentation will delay the policy review.**

**3. What are the requirements for circulating the regulations before submitting them to the Ministry?**

Circulation should include a full draft copy of the proposed amendments to a regulation or by-law replacing a regulation that is being revoked, that highlights the changes. A summary of the rationale used by Council in making its decision and a clear explanation of the impact(s) that the amendment(s) will have on all stakeholders should also be included with the circulation material.

Circulate the proposed regulation and rationale for the proposal to members for 60-days for comments. It is at the discretion of each College to determine what would be an appropriate circulation method that is in accordance with the Health Professions Procedural Code (HPPC) which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA). Circulation may also be required for by-laws replacing regulations being revoked.

Depending on the nature of the proposal, Colleges should consider whether organizations that are not regular stakeholders (e.g., other professional associations) should have an opportunity to comment, as they may have a special interest in the proposal.

The proposal may need to be re-circulated to members if substantive changes are made as a result of Council deliberations. Council should consult its legal counsel when considering whether a regulation proposal requires re-circulation.



**4. What is required to finalize the proposal when a draft of the regulation is acceptable by both the ministry and college?**

Two copies of the sealed regulation drafted by Legislative Counsel will be sent to the College electronically for sign off. Once received, Colleges should print a copy and have it signed in blue ink.

Two officers of the College will need to sign each draft. For most Colleges, the Registrar and the President are authorized to sign the draft regulations, in accordance with the College's by-laws. However, Colleges should consider having alternate signing officers, should an authorized signing officer not be unavailable.

Send a scanned copy of the fully signed, high resolution PDF document back to the ministry at [RegulatoryProjects@ontario.ca](mailto:RegulatoryProjects@ontario.ca).

Colleges should also submit two signed hardcopies (i.e., paper) to the ministry.

**5. When does a regulation become law?**

Once the Lieutenant Governor in Council has approved the regulation, it becomes law when it is filed with the Registrar of Regulations, or once filed, on the date set out in the regulation. The ministry will notify Colleges in writing when the regulation is filed and will advise Colleges on the expected dates for publication of the regulation on e-Laws and in the *Ontario Gazette*.

**6. Why can't the ministry tell me when a regulation proposal is scheduled to be considered by the Legislation and Regulations Committee and by the Cabinet?**

Government deliberations including those of its decision-making Committees are confidential. When it is appropriate to do so, the ministry will advise the Colleges of the government's decision.

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## **POLICY ON CONSIDERING APPLICATIONS FOR REGISTRATION DURING THE COVID-19 PANDEMIC**



**Policy P-058**

**Registration Committee**

**Approved by Executive Committee: August 12, 2020**

**Amended: February 26, 2021 (came into effect February 26, 2021),**

**November 25, 2021 (came into effect February 25, 2022)**

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*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

*Please note: this is a temporary policy to accommodate applicants for registration during the COVID-19 pandemic as a result of the cancellation of the Spring 2020 and Winter 2021 sittings of the Canadian Chiropractic Examining Board (CCEB) examinations. This policy will be further reviewed by approximately June 1, 2021.*

### **INTENT**

The COVID-19 pandemic has prevented new graduates and other applicants for registration with CCO from being able to complete the requirements for registration. Most notably, the Canadian Chiropractic Examining Board (CCEB) examinations and CCO's Legislation and Ethics Examination scheduled for Spring of 2020 were cancelled and the CCEB Part C examination scheduled for February 2021 was cancelled. Also, some documents used to verify information are not available resulting in the inability for some applicants to provide a notarized copy of pictures of themselves and the inability of some applicants to provide a Canadian Police Information Centre (CPIC) Vulnerable Sector Check.

There are compelling public interest reasons for accommodating applicants for registration who cannot attempt the examinations and cannot provide all of the documentary verification. Accommodating such applicants enables members of the public to have greater access to chiropractic services, particularly as the pandemic has reduced access to them (e.g., due to voluntary and mandatory self-isolation and practice closure orders). In addition, accommodating applicants appropriately enables them to keep their competence current at the crucial period of time between completing their education and beginning independent practice.

In terms of the General class of registration, only the educational requirement is non-exemptible. While it is extremely rare to exempt the examination requirements, it is legally permissible to do so in appropriate circumstances.

The intent of this policy is to assist the Registration Committee to accommodate applicants for registration during the pandemic on a principled and consistent basis. The principles underlying this policy include the following:

1. The public interest requires that anyone registered as a chiropractor in Ontario must be competent and ethical and who will practise safely and professionally.
2. The COVID-19 pandemic calls for exceptional measures to be taken to accommodate applicants in the public interest who cannot meet all of the registration requirements because of the pandemic.
3. Exempting successful completion of the examinations, even temporarily, is a major concession that requires adequate alternative safeguards.
4. Any accommodations should be available to applicants from any jurisdiction or to graduates of any equivalent educational program. Such accommodations should not be limited to just the graduates of the two Canadian schools.
5. Any accommodations must be transparent to the public.
6. Any accommodations should be temporary. As soon as practicable, applicants who have been exempted from a requirement should have to complete them. Certificates of registration for those who attempt but are unsuccessful in completing a requirement will expire automatically.
7. While the Registration Committee strives to be consistent, nothing in the policy prevents a panel of the Registration Committee from making a different decision where the individual circumstances of the case warrant a different approach.

## **DESCRIPTION OF POLICY**

### **Requirements for General (Provisional) Certificate of Registration**

A panel of the Registration Committee may offer the following accommodations to the applicant, during the COVID-19 pandemic only, where an applicant meets all of the other registration requirements (e.g., graduation from an accredited chiropractic program, graduation within the last two years, professional liability protection, payment of registration and certificate fee).

1. Part C of the CCEB examination and CCO's Legislation and Ethics Examination may be exempted with the following terms, conditions and limitations:
  - a. The applicant has successfully passed Part A and Part B of the CCEB examinations;
  - b. The applicant has registered for Part C of the CCEB examinations for the Spring 2021 sitting; and
  - c. The applicant is otherwise eligible to register for Part C of the CCEB examinations for the Spring 2021 sitting.

2. The applicant shall only practise under the supervision of a member of CCO who:
  - a. Holds a General (i.e. Active) certificate of registration;
  - b. Has been registered in the General class of registration for at least five years from the date of application;
  - c. Is currently actively providing direct care to patients;
  - d. Is in good standing with CCO<sup>1</sup>;
  - e. Is not the subject of any disciplinary or incapacity proceeding or has an outstanding referral for a disciplinary or incapacity proceeding; and
  - f. Effectively supervises the applicant's performance of patient-related activities, including the requirement that the member be physically present on the premises and available for consultation at all times during the applicant's performance of patient-related activities.
  - g. Is authorized to practise in areas of chiropractic that require additional education, including acupuncture and chiropractic care of animals, if the applicant is intending and authorized to practise in these areas under a General (Provisional) certificate of registration.
3. The applicant shall use the title "Chiropractor (Provisional)" in all written and oral communications describing the applicant's professional or registration status.
4. When providing a professional service to a patient for the first time, the applicant shall inform each patient that the applicant's registration status is provisional because the applicant has not yet completed their registration examinations. The applicant shall ensure that the patient has confirmed this disclosure in writing in the patient record (e.g., through a consent form).
5. It would be advisable for members registered under the General (Provisional) class of registration to ensure that patients receiving care from them are eligible under the patients' individual insurance plans for chiropractic care. General (Provisional) members are authorized to bill for chiropractic services.
6. The applicant must successfully pass the Winter 2021 or Spring 2021 sitting of CCO's Legislation and Ethics examination. and
7. The provisional certificate of registration shall expire at the earlier of being notified of an unsuccessful attempt of Part C of the Spring 2021 CCEB or eight weeks after the first available sitting of the CCEB examinations unless, at that time, the applicant has successfully passed all components of the CCEB examinations and CCO's Legislation and Ethics Examination, at which point the applicant may be issued a General certificate

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<sup>1</sup> "Good Standing" refers to the status of a member if they do not have a past discipline or incapacity finding with CCO. The Registration Committee may consider General (Provisional) applications involving a member with a past discipline or fitness to practise finding in a supervisory role to determine if the member may act in a supervisory role. Considerations of the Registration Committee will include but are not limited to: the nature, date and penalty of the discipline or fitness to practise finding, any other regulatory findings involving the member, whether the finding has been expunged or reversed on appeal, and any steps the member has taken to address the findings of the discipline or fitness to practise decision.

of registration without these Terms Conditions or Limitations (TCLs). No additional registration or certificate fee will be owing from the applicant, if this fee has already been paid for the General (Provisional) certificate of registration.

As a result of the COVID-19 pandemic, CCO may accept alternatives to additional registration requirements, such as the requirement to provide a notarized statement as to the authenticity of photographs provided and the requirement to provide a Canadian Police Information Centre Vulnerable Sector Check. These alternatives may be decided based on the ongoing state of the COVID-19 pandemic and the accessibility to the services involved with these requirements.

Applicants obtaining exemptions from the examinations should understand that, while these certificates of registration are technically General certificates of registration, they are in substance a different type of registration: Provisional. As such, applicants obtaining such a certificate of registration should not assume that they will be able to register as general or independent chiropractors in other Canadian jurisdictions under the Canada Free Trade Agreement.

### **Process for Application for a General (Provisional) Certificate of Registration**

Applicants wishing to take advantage of the accommodations described in this policy shall complete a General (provisional) application form specifically designed by the CCO for such applications.

Under the *Health Professions Procedural Code (Code)*, exemptions must be granted by the Registration Committee.

An expedited process is available where the applicant consents to TCLs proposed by the Registrar. In such a case, the applicant will be registered with those TCLs if a panel of the Registration Committee approves. Where the Registrar indicates to the panel of the Registration Committee that the application falls within the parameters of this policy and also indicates that the Registrar does not believe there are any special circumstances and the applicant indicates consent to the applicable TCLs, the Registration Committee will generally approve the issuance of the certificate of registration expeditiously.

Where the applicant does not consent to the TCLs, or the Registrar is unable to indicate that the application falls within the parameters of this policy or where the Registrar indicates that the Registrar believes there are special circumstances, the Registrar shall refer the application to the Registration Committee under s. 15(2) of the *Code* for more rigorous individual consideration.

The reasons for decision of the panel of the Registration Committee issuing a certificate of registration with the conditions outlined above will typically include the following points:

- The exemptions provided are exceptional and are only made because of the COVID-19 pandemic. There is a temporary, but compelling, public interest in ensuring public access to chiropractic services and in ensuring that applicants who have completed comprehensive training do not lose their competence by a pandemic-caused inability to practise or sit examinations.

- The TCLs are related to examinations, courses and assessments which are necessary to protect the public by ensuring that applicants provide safe and ethical services.
- The TCLs related to verifying information are necessary to ensure that applicants do not permanently escape the usual scrutiny of such information.

### **Principles for Terms, Conditions and Limitations and Supervision of the Applicant Under the General (Provisional) Certificate of Registration**

For the purposes of this policy, the following additional TCLs and requirements shall be applied to the Applicant under the General (Provisional) Certificate of Registration:

1. The applicant shall identify the primary supervising member and the business address of the practice of that member in the General (Provisional) application form. The primary supervising member shall sign the applicant's General (Provisional) application form.
2. The applicant may list up to two additional members of CCO in the General (Provisional) application form who may perform the supervisory role identified in this policy for that applicant. These additional two members must meet the criteria of the supervising member in this policy and work with the primary supervising member at the indicated business address.
3. The applicant may list up to two additional business address(es) in the General (Provisional) application where the primary supervising member practises.
4. In the delivery of patient care, safe, ethical and effective care of patients and compliance with CCO regulations, standards of practice, policies and guidelines must always be upheld.
5. In accordance with Guideline G-009: Code of Ethics, any contractual agreement regarding supervision of the applicant by the member, must have terms that are equitable and agreeable to all parties and maintain professional integrity and offer high quality care.
6. The primary supervising member shall make any mandatory reports to CCO or any other authorities, in accordance with Guideline G-010: Mandatory and Permissive Reporting and any relevant legislation.
7. At any point, the primary supervising member may end their supervisory relationship with the applicant by notifying CCO. At this point, the applicant's General (Provisional) class of registration would expire, unless a secondary supervising member or another member who meets the criteria of this policy immediately confirms to CCO that will serve as the new primary supervising member.

**DECLARATION**

*I acknowledge that I have reviewed this policy and will comply with all terms, conditions and limitations and requirements related to the General (Provisional) certificate of registration and will immediately (no more than 24 hours) advise CCO of any change in the General (provisional) form.*

Printed Name of Applicant:

Signature of Applicant:

Printed Name of Witness:

Witness:

Date:

Printed Name of Primary Supervising Chiropractor:

Signature of Primary Supervising Chiropractor:

Printed Name of Witness:

Witness:

Date:

**LEGISLATIVE CONTEXT**

Section 15 of the *Code* reads as follows:

*Registration*

- 15 (1) If a person applies to the Registrar for registration, the Registrar shall,
- (a) register the applicant; or
  - (b) refer the application to the Registration Committee. 1991, c. 18, Sched. 2, s. 15 (1).

*Referrals to Registration Committee*

- (2) The Registrar shall refer an application for registration to the Registration Committee if the Registrar,
- (a) has doubts, on reasonable grounds, about whether the applicant fulfils the registration requirements;
  - (a.1) is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant is an individual described in subsection 22.18 (1);
  - (b) is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or
  - (c) proposes to refuse the application. 1991, c. 18, Sched. 2, s. 15 (2); 1993, c. 37, s. 6; 2009, c. 24, s. 33 (3).

*Notice to applicant*

- (3) If the Registrar refers an application to the Registration Committee, he or she shall give the applicant notice of the statutory grounds for the referral and of the applicant's right to make written submissions under subsection 18 (1). 1991, c. 18, Sched. 2, s. 15 (3).

*Terms, etc., attached on consent*

- (4) If the Registrar is of the opinion that a certificate of registration should be issued to an applicant with terms, conditions or limitations imposed and the applicant consents to the imposition, the Registrar may do so with the approval of a panel of the Registration Committee selected by the chair for the purpose. 1991, c. 18, Sched. 2, s. 15 (4).

*Panels for consent*

- (5) Subsections 17 (2) and (3) apply with respect to the panel mentioned in subsection (4). 1991, c. 18, Sched. 2, s. 15 (5).

Section 18 of the *Code* reads, in part, as follows:

*Orders by panel*

- (2) After considering the application and the submissions, the panel may make an order doing any one or more of the following: ...



4. Directing the Registrar to impose specified terms, conditions and limitations on a certificate of registration of the applicant and specifying a limitation on the applicant's right to apply under subsection 19 (1)...

*Idem*

(3) A panel, in making an order under subsection (2), may direct the Registrar to issue a certificate of registration to an applicant who does not meet a registration requirement unless the requirement is prescribed as a non-exemptible requirement.

*Order on consent*

(4) The panel may, with the consent of the applicant, direct the Registrar to issue a certificate of registration with the terms, conditions and limitations specified by the panel imposed. 1991, c. 18, Sched. 2, s. 18.

Section 1 of the registration regulation under the *Chiropractic Act* reads as follows:

*Classes of certificate*

1. The following are prescribed as classes of certificate of registration:

1. General.
2. Temporary.
3. Inactive.
4. Retired. O. Reg. 137/11, s. 1.

Section 2 of the registration regulation reads as follows:

*Application*

2. A person shall apply for a certificate of registration by submitting a completed application in the provided form together with the applicable fees under the by-laws. O. Reg. 137/11, s. 2.

Paragraph 3.4 of the registration regulation reads as follows:

*Registration requirements, all classes*

3. The following are registration requirements for a certificate of registration of any class:

...

4. The applicant's past and present conduct must afford reasonable grounds for belief that the applicant,
  - i. is mentally and physically competent to practise chiropractic,
  - ii. will practise chiropractic with decency, integrity, honesty and in accordance with the law,
  - iii. has sufficient knowledge, skill and judgment to engage in chiropractic, and
  - iv. will display professional behaviour. O. Reg. 137/11, s. 3.

Section 6 of the registration regulation reads, in part, as follows:

*Additional requirements, general certificate*

6. The following are additional registration requirements for a general certificate of registration:

1. The applicant must have successfully completed the requirements for graduation from either a chiropractic education program that is accredited or recognized by the Council on Chiropractic Education (Canada) or a chiropractic education program considered equivalent by the Council to such a program. Subject to section 7, this requirement is non-exemptible.
2. Before applying for the certificate, the applicant must have passed,
  - i. a legislation examination set by the Council or set by another person or body and accepted by the Council as sufficiently testing the applicant's knowledge of relevant legislation, and
  - ii. the examinations set by the Canadian Chiropractic Examining Board or set by another person or association of persons and accepted by the Council as equivalent to the examinations set by the Board.
3. The applicant must complete a refresher course approved by the Registration Committee or otherwise satisfy the Registration Committee that he or she is currently competent to practise if the applicant applies for registration more than two years after completing the education program required under paragraph 1.

Paragraph 9.2 of the registration regulation reads as follows:

*Additional requirements, temporary certificate*

9. The following are additional registration requirements for a temporary certificate of registration: ...

2. The applicant must be registered or licensed to practise chiropractic in another jurisdiction....

Paragraph 1.16 of the professional misconduct regulation defines the following as professional misconduct:

16. Using a term, title or designation in respect of a member's practice contrary to the policies of the College.

NEWS RELEASE

## **New “As of Right” Rules a First in Canada to Attract More Health Care Workers to Ontario**

Changes will automatically recognize the credentials of health care workers registered in other provinces and territories

January 19, 2023

[Office of the Premier](#)

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WINDSOR – With new “As of Right” rules, the Ontario government will allow health care workers registered in other provinces and territories to immediately start working and caring for people in Ontario.

“As we connect people to more convenient care, we need to be bold, innovative and creative,” said Premier Doug Ford. “With our new “As of Right” rules, Ontario is the first province in Canada to allow health care workers from across the country to immediately start providing care. That’s the kind of innovative solutions that will cut down unnecessary bureaucratic delays and help bring reinforcements to the frontlines of our health care system.”

The government will introduce legislative changes in February 2023 that, if passed, will allow Canadian health care workers that are already registered or licensed in another Canadian jurisdiction to practice in Ontario immediately, without having to first register with one of Ontario’s health regulatory colleges. These changes will help health-care workers overcome bureaucratic delays that have made it difficult to practice in Ontario.

“Our government is making health care more accessible for Ontarians, which means recruiting more health care professionals to bolster our health care system and making it easier for them to start working,” said Sylvia Jones, Deputy Premier and Minister of Health. “A highly-skilled health care worker from British Columbia or Nova Scotia shouldn’t have to pause their career or face barriers to practice here in Ontario.”

In addition, Ontario will also be helping hospitals and other health organizations temporarily increase staffing when they need to fill vacancies or manage periods of high patient volume, such as during the COVID-19 pandemic. In February, the government will introduce legislation that, if passed, will increase staffing levels on

a short-term basis by allowing health care professionals, including nurses, paramedics, respiratory therapists, and others, to work outside of their regular responsibilities or settings, as long as they have the knowledge skill, and judgement to do so. This will provide hospitals and other settings with more flexibility to ensure health care professionals are filling the most in-demand roles at the right time.

As a part of the government's focus on making health care more convenient for Ontarians, the province is hiring more health care professionals to better connect Ontarians to the care they need, when and where they need it. This work is on top of other initiatives to recruit more health care workers, such as making it easier for internationally-educated nurses to join Ontario's workforce and investing to upskill nurses currently working in the province. As Ontario continues to expand its health workforce, patients can expect more services in their community, shorter wait times and greater access to high-quality care.

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#### Quick Facts

- These changes, if passed, will mark the first step towards a pan-Canadian portable registration model, the first of its kind for health care professionals in Canada.
  - Under this proposal, health care professionals from outside the province will only be eligible and permitted to work in Ontario if they have provided safe, competent, and ethical health care in their home province or territory.
  - Information on practicing in Ontario as an out-of-province health care professional can be found on the [HealthForceOntario](#) website.
  - The Ontario government is expanding medical school education. Ontario is adding 160 undergraduate seats and 295 postgraduate positions over the next five years, the largest expansion of undergraduate and postgraduate education in over 10 years.
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#### Additional Resources

- [Ontario Doing More to Further Expand Health Workforce](#)
  - [Ontario Upskilling More Nurses to Work in Critical Care](#)
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# Cancel culture: exploring the unintended consequences of cancelling the Canadian national licensing clinical examination

## La culture de l'annulation : exploration des conséquences involontaires du retrait de l'examen clinique pour l'octroi de la licence au Canada

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Published ahead of issue: DATE CMEJ 2022 Available at <https://doi.org/10.36834/cmej.73889>

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### Abstract

Assessment drives learning. However, when it comes to high-stakes examinations (e.g., for licensure or certification), these assessments of learning may be seen as unnecessary hurdles by some. Licensing clinical skills assessment in particular have come under fire over the years. Recently, assessments such as the Medical Council of Canada Qualifying Examination Part II, a clinical skills objective structured clinical examination, have been permanently cancelled. The authors explore potential consequences of this cancellation including those that are inadvertent and undesirable. Future next steps for clinical skills assessment are explored.

### Résumé

L'évaluation est le moteur de l'apprentissage. Cependant, lorsqu'il s'agit d'examens à enjeux élevés (par exemple, pour l'obtention du titre de licencié ou la certification), ces évaluations de l'apprentissage peuvent être perçues comme inutiles par certains. L'évaluation des compétences cliniques pour l'obtention du titre de licencié, en particulier, a été critiquée au fil des ans. Récemment, des évaluations comme l'examen d'aptitude du Conseil médical du Canada, partie II, un examen clinique objectif structuré permettant d'évaluer les compétences cliniques, ont été définitivement retirées. Les auteurs explorent les conséquences potentielles de l'annulation de ces évaluations incluant celles non intentionnelles et indésirables, ainsi que des perspectives sur l'évaluation des habiletés cliniques.

### Introduction

Assessment drives learning. This assumption has been the topic of many scholarly works but also the subject of controversy.<sup>1,2,3,4</sup> When it comes to high-stakes examinations (e.g., for licensure or certification), these assessments of learning may be seen as unnecessary hurdles where the aim is to pass rather than to enhance learning.<sup>5</sup> Licensing clinical skills assessments have come under fire in recent years with some stating that these examinations are historical artifacts, that certification requirements suffice for licensure and that the benefits do not justify the expense, especially when pass rates are high.<sup>6,7,8,9</sup> In Canada specifically, the timing of the Medical Council of Canada Qualifying Examination Part II (MCCQE

Part II) after one year of residency (rather than at the end of medical school) has been criticized for not situating the scenarios within the scope of practice of the candidates.<sup>6</sup>

On the flip side, there are some strong supporters of these high-stakes examinations. Examinations are seen by many as necessary to ensure the protection of the public through national standards. Examinations are also very powerful drivers of learning.<sup>10</sup> In the US, following a petition to eliminate the United States Medical Licensing Examination (USMLE) Step-2 clinical skills (CS) examination, clinical skills directors stipulated that the elimination of this exam would lead to the de-valuing of clinical skills in medical education, loss of a national standard across candidates, individual

schools' inability to have robust psychometrics and failure to protect the public.<sup>11</sup>

The COVID-19 pandemic has caused major disruption in high-stakes assessments, especially for clinical skills licensure examinations. Both the USMLE Step-2 CS examination and the MCCQE Part II, both objective structured clinical examinations (OSCEs), have permanently been cancelled, whereas the National Board of Osteopathic Medical Examiners have suspended theirs. Although this has caused some degree of jubilation on the part of candidates no longer having to prepare or pay fees for these examinations, should the greater medical community (including the public) be concerned? Should a demonstration of having attained core national standards for clinical skills be an expectation of physicians?

## Core clinical skills assessment in Canada

The Medical Council of Canada (MCC) was established in 1912 through federal legislation to provide a national qualification in medicine that would be acceptable in all provinces. In 1992, a clinical skills examination was added to the traditional written examination (the MCCQE Part I) at the request of the medical regulators.<sup>12</sup> The purpose of the clinical skills examination was to assess a candidate's core abilities to apply medical knowledge, demonstrate clinical skills, as well as demonstrate professional behaviours and attitudes at a level expected of a physician in independent practice in Canada. From 1992 until the end of 2019, all physicians (Canadian and internationally trained physicians) were required to pass both the MCCQE Part I and Part II to obtain the Licentiate of the Medical Council of Canada (LMCC), a standard requirement for licensure in Canada. It should be noted that this requirement is necessary in addition to successful completion of medical training as well as certification from one of the certifying colleges in Canada.

The MCCQE Part II was based on the MCC Objectives (<https://www.mcc.ca/objectives>) and assessed skills beyond basic history-taking and physical examination. In 2018, the MCCQE Part II introduced a new blueprint with stations that were more reflective of core skills required of all physicians and with scenarios deemed to be more authentic by clinicians. It assessed physician activities including assessment and diagnosis of common conditions, management skills and decision making, communication skills (e.g., breaking bad news), and professional

behaviours (e.g., dealing with ethical dilemmas) in four different dimensions of care (acute, chronic, health promotions/illness prevention and psychosocial aspects of care).<sup>13</sup>

The World Health Organization declared the COVID-19 pandemic in March 2020 and the MCC subsequently cancelled the May delivery of the MCCQE Part II due to public health concerns. The MCC then planned to deliver a modified version of the MCCQE Part II in October 2020, incorporating the use of personal protective equipment, physical distancing, enhanced cleaning protocols and a touchless physical examination. However, this examination was cancelled on short notice when a number of examination sites were unable to fulfill their commitments to deliver the examination due to concerns related to rising numbers of COVID cases. There was then an attempt to pivot to a virtual examination in May 2021 but, due to validity issues with challenges of scalability of the delivery platform for the large candidate cohort, this effort had to be abandoned shortly after its launch. The cancellation of three examination sessions in a row left thousands of physicians in limbo as they were unable to apply for licensure without the LMCC credential. The MCC recognized that, with the ongoing pandemic, it was unable to ensure that the backlog of candidates could be tested in a timely fashion. After discussion with medical regulators, the governing council of the MCC made the difficult decision to cancel the MCCQE Part II permanently in June 2021.

Certification examinations for specialty designation such as those of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada regulators provided some reassurance that clinical skills have been assessed. However, the MCCQE Part II assessed core knowledge, skills and behaviours expected of all physicians regardless of specialty and so its cancellation raises some concerns.

In this opinion paper, we explore possible unintended consequences of the cancellation of the MCCQE Part II through impacts on public safety, learning, and curriculum as well as discuss possible next steps. We both bring our perspectives through extensive leadership experience in the field of assessment through their academic appointments, research, international collaborations and in our affiliation with the MCC.

## Impacts on patient safety and the safeguarding of the public

National examinations are an important step in protecting the public. Clinical skills are vital to assess, yet we know that trainees' clinical skills have historically been infrequently observed in practice.<sup>14</sup> When questioning whether these examinations do protect the public, outcome studies have demonstrated validity evidence for the MCCQE Part II. Lower scores on the MCCQE Part II have been shown to be related to physician behaviour such as college complaints, prescribing practices and appropriate use of screening.<sup>15,16,17</sup> Most recently, De Champlain et al. have shown that those physicians who failed the MCCQE Part II on their first attempt were more likely to mis-prescribe opiates and benzodiazepines.<sup>18</sup> These studies suggest that the scores on national performance-based examinations may predict patterns of behaviour which could be worth observing from a licensure perspective in order to ensure proper care of patients.

Although the assessment of clinical skills may improve with the introduction of competency-based medical education (CBME) it is unlikely to be a complete solution. Critics of CBME bemoan the lack of evidence for this pedagogical approach and warn that the tediousness of documentation associated with CBME may lead to assessments that favour reductionism over holism.<sup>19</sup> In addition, a 'failure to fail' culture has been identified as an ongoing problem in medical education and there is significant evidence that schools struggle to identify and/or remediate trainees with inadequate clinical skills.<sup>20,21</sup> Reasons for this may include everything from bureaucratic hurdles to lack of resourcing and faculty development. As such, it may not be realistic to rely on schools to report or act on unsatisfactory performance even with the introduction of CBME.

Opponents to the MCCQE Part II have argued that high pass rates indicate that these are superfluous assessments, and thus the expense is not justified.<sup>7,8</sup> In Canada, between 2005-2019, the pass rate for the MCCQE Part II has ranged between 90-97% for Canadian trained first-time takers and between 55-75% for those trained outside of Canada (MCC Annual Reports; [www.mcc.ca](http://www.mcc.ca)). The high pass rate for Canadian-trained test takers is most likely due to a combination of clinical skills training during medical school (including frequent OSCEs), ongoing practice of those skills through the workplace in first year of residency and examination preparation. However, it is important to note that these high pass rates for graduates of Canadian

medical schools still translate into several hundred candidate failures per year. Those who fail then have an incentive to focus on improving their clinical skills. The loss of a national examination will eliminate any signal that something is amiss and may also cause those that would have passed to have less motivation to cultivate these skills.

Some might question the need for a clinical skills licensing examination for Canadian physicians when they are also assessed at a national level by certification examinations. However, these latter examinations are not designed to assess the same core competencies as the MCCQE Part II. Because the certification examinations are specialty-specific, there is much heterogeneity and so not all physicians are assessed on the same competencies. Some include a performance-based component, while others do not. Some include a physical examination component, while others do not. Although there may be some overlap in terms of skills assessed, particularly between the CFPC certification examination and the MCCQE Part II, each has its unique blueprint and each serves a unique role.

## Impacts on learning

We know that OSCEs promote learning before, during and after testing: knowledge of an impending assessment provides a powerful incentive to study; the very act of taking a test leads directly to learning; and the feedback provided after a test helps examinees focus future learning efforts.<sup>22</sup> In other words, assessment helps learners to consolidate their knowledge and clinical skills.

Strong clinical skills are imperative when making accurate diagnoses and caring for patients. The competent clinician gathers pertinent information through history-taking and a physical examination and communicates effectively with patients while upholding the tenets of the profession. Since the 1970s, studies have shown that a well-conducted history and physical examination can accurately diagnose patients greater than 70% of the time.<sup>14</sup> There is also a relationship between good communication skills, the provision of patient-centered care and minimizing diagnostic and other errors.<sup>23,24,25</sup>

If we need physicians to master clinical skills, then they should be assessed to a national standard prior to licensure. If basic clinical skills are not assessed in high-stakes examinations, these skills run the risk of being devalued by learners. The motivation for learning these skills will erode as time spent developing these skills may be viewed as a poor return on investment. With so much to



learn in medicine, trainees may focus less on learning clinical skills and these basic skills risk being lost.

## Impacts on curriculum

Assessment not only drives learning, but it can also help to drive curriculum. When Internal Medicine Clerkship Directors were surveyed after the introduction of the USMLE Step 2 CS (a clinical skills examination), 40% of respondents indicated that their schools had begun placing increased emphasis or curricular time on clinical skills education.<sup>11</sup> Because of the external motivation of high-stakes examinations, schools have invested considerable effort in developing excellent clinical skills programs to ensure their students are well-prepared. Since then, most schools have implemented their own local OSCEs. In Canada, every medical school includes up to four OSCEs in their curriculum assessing clinical skills. However, Yudkowski and Szauter question whether schools may infer that the cessation of testing these skills means that they are no longer considered important for licensure.<sup>26</sup> Getting rid of a national clinical skills examination could lead to a de-emphasis of these skills in medical school curricula and a return to the status quo (i.e., reliance on assessments that focus on basic knowledge).<sup>11</sup>

Summative clinical skills assessment is a resource-intensive and expensive proposition. Many Canadian medical schools' standardized patient (SP) programs were developed in part because of the MCCQE Part II. MCC has been actively involved in providing training and support to SP programs for over 20 years. Revenue from the MCCQE Part II and other high-stakes national examinations allowed schools to develop and maintain high-quality SP programs. Without the incentive of the national examination and with ongoing fiscal constraints, this loss may further have impacts on medical schools' ability to maintain these valuable programs as teaching and assessment resources.

Although schools currently assess clinical skills through their own OSCEs (and they may continue to do so in the future), the inherent heterogeneity in medical training necessitates the use of a gatekeeper if we wish to maintain a national standard. If we rely on schools to assess clinical skills by developing their own examinations, they may not have the resources to develop adequate content banks, ensure content security, and maintain rigorous psychometric standards.

As a national, high-stakes examination, the MCCQE Part II provided standards of core clinical skills expected of all physicians (Canadian and internationally trained) for the

purpose of licensure. It also provided a national benchmark for new programs such as new medical schools (e.g., the Northern Ontario School of Medicine) and the many regional medical campuses that have been created over the last 20 years. Without this examination, the assessment responsibility of these standards would fall to medical schools and residency programs. Accreditation agencies may play a role in mandating high quality local clinical skills assessments, however school-to-school variability in quality of assessment may not allow for truly standardized assessments at the individual trainee level.

## So what's next?

With the cancellation of the MCCQE Part II, we must actively identify and remedy unintended consequences. It is imperative that we maintain national standards for core clinical skills expected of all physicians, especially as they exit medical school and enter residency training. Improvements to workplace-based assessments with such frameworks as the Association of Faculties of Medicine of Canada Entrustable Professional Activities (EPAs) for the transition from medical school to residency offer some promise of standards.<sup>27</sup> Studies of such core EPAs are emerging and showing some correlation with local OSCEs but this is a far from demonstrating validity evidence at a national level.<sup>28</sup> Developing rigorous programs of assessments with frequent observations and use of clinical data may eventually trump any need for point-in-time examinations,<sup>29</sup> although the authors suspect that regulators and the public will continue to demand that physicians undergo national high-stakes examination as a requirement for licensure.

If national standards for clinical skills are valued, then they deserve to be assessed. Emphasis on core diagnostic and management skills, patient-centered communication, professional behaviours, cultural humility and safety, virtual and collaborative care should all be considered.<sup>25,30,31,32</sup> The design of any future assessment strategy should be aligned with educational and societal needs and must include the ability to provide meaningful feedback such that the candidates can learn from their experience and finally, be mindful of cost.<sup>9,33,34</sup>

Past criticism and recent experience with the COVID-19 pandemic have clearly shown that there is a need to reconsider the way these assessments are done. Reinstating a national clinical skills standard should be a consideration by the medical regulators and educators. More appropriate timing of an examination should be

considered with demonstration of core skills at the end of medical school rather than during residency training. How such an assessment is administered should depend on what is being assessed and how best to assess it.

Finally, we have identified some potential consequences of cancelling the national clinical skills examinations, but what about those consequences that we have not yet considered? How can we effectively study the effect of this? Can we pivot, as is happening in the US, creating novel opportunities with regional and national clinical skills initiatives?<sup>35,36</sup>

## In summary

Before becoming jubilant about one less hurdle for Canadian physicians to jump to obtain their license to practice, we should determine what skills are necessary to be attained by all physicians. Demonstration of these skills to a national standard should be an expectation. Certification colleges play an important role in the pathway to licensure but do not consistently assess core clinical skills across all specialties. CBME and workplace-based assessments offer promises of rigorous assessment of core clinical skills but implementation is still ongoing and outcome studies will be years in the making. Failure to fail will likely remain an issue. Losing the MCCQE Part II will have many unintended consequences. As a community, we need to address these, consider future assessment of these important skills and place safeguards to ensure the public that we are doing what is best for our patients as a self-regulated profession.

**Conflicts of Interest:** D. Pugh is a paid employee of the Medical Council of Canada. C. Touchie is a paid consultant advisor for the Medical Council of Canada. The views expressed in this manuscript are those of the authors and do not necessarily reflect the views of the Medical Council of Canada.

**Funding:** None

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# Association Between Licensure Examination Scores and Practice in Primary Care

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**T**HE MEDICAL PROFESSION ENSURES the basic competence of physicians by requiring them to pass licensing and certifying examinations.<sup>1</sup> Although it is generally assumed that these examinations predict how physicians will practice in the future,<sup>2</sup> the data in support of this assumption are mostly indirect. Physicians who have more training in a discipline are more knowledgeable<sup>3,4</sup> and achieve higher scores in their respective discipline on recertification examinations.<sup>5</sup> More knowledgeable physicians are more likely to adhere to evidence-based guidelines in the delivery of care<sup>6,7</sup> and achieve better patient outcomes.<sup>6</sup> Certification status, which represents pass/fail status on certification examinations, is an important predictor of quality of care.<sup>8,9</sup>

It is unknown, however, whether scores achieved by physicians with the same training and specialty are predictive of future performance. A prior study<sup>8</sup> found that scores on an internal medicine certification examination predicted colleagues' ratings of the quality of care delivered by internists 5 to 8 years later. However, little is known about the relationship between examination scores and more objective measures of quality of care. Assessing this relationship is relevant because important gaps exist between

**Context** Standards for licensure are designed to provide assurance to the public of a physician's competence to practice. However, there has been little assessment of the relationship between examination scores and subsequent practice performance.

**Objective** To determine if there is a sustained relationship between certification examination scores and practice performance and if licensing examinations taken at the end of medical school are predictive of future practice in primary care.

**Design, Setting, and Participants** A total of 912 family physicians, who passed the Québec family medicine certification examination (QLEX) between 1990 and 1993 and entered practice. Linked databases were used to assess physicians' practice performance for 3.4 million patients in the universal health care system in Québec, Canada. Patients were seen during the follow-up period for the first 4 years (1993 cohort of physicians) to 7 years (1990 cohort of physicians) of practice from July 1 of the certification examination to December 31, 1996.

**Main Outcome Measures** Mammography screening rate, continuity of care index, disease-specific and symptom-relief prescribing rate, contraindicated prescribing rate, and consultation rate.

**Results** Physicians achieving higher scores on both examinations had higher rates (rate increase per SD increase in score per 1000 persons per year) of mammography screening ( $\beta$  for QLEX, 16.8 [95% confidence interval (CI), 8.7-24.9];  $\beta$  for Medical Council of Canada Qualifying Examination [MCCQE], 17.4 [95% CI, 10.6-24.1]) and consultation ( $\beta$  for QLEX, 4.9 [95% CI, 2.1-7.8];  $\beta$  for MCCQE, 2.9 [95% CI, 0.4-5.4]). Higher subscores in diagnosis were predictive of higher rates in the difference between disease-specific and symptom-relief prescribing ( $\beta$  for QLEX, 3.9 [95% CI, 0.9-7.0];  $\beta$  for MCCQE, 3.8 [95% CI, 0.3-7.3]). Higher scores of drug knowledge were predictive of a lower rate (relative risk per SD increase in score) of contraindicated prescribing for MCCQE (relative risk, 0.88; 95% CI, 0.77-1.00). Relationships between examination scores and practice performance were sustained through the first 4 to 7 years in practice.

**Conclusion** Scores achieved on certification examinations and licensure examinations taken at the end of medical school show a sustained relationship, over 4 to 7 years, with indices of preventive care and acute and chronic disease management in primary care practice.

JAMA. 2002;288:3019-3026

www.jama.com

optimal and actual practice in the delivery of preventive care,<sup>10</sup> in the management of acute and chronic disease,<sup>7,11,12</sup> and in the quality of drug treatment.<sup>13</sup> All of these are deficiencies that could potentially be predicted by licensing examinations.

We previously reported that physicians who achieved higher scores on the Québec family medicine certification examination were more likely to refer women for mammography screening, to prescribe more disease-specific medication and fewer symptomatic and contra-

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indicated drugs, and to refer more of their patients for consultation.<sup>14</sup> However, assessment of these outcomes was limited to the first 18 months of practice. We used this opportunity to determine if the association between family medicine certification examination scores and practice performance persisted with increasing practice experience.<sup>14</sup> We could not find any studies that explored the relationship between earlier licensing examinations taken at the end of medical school and future practice performance. We investigated whether such scores predict clinical behaviors 4 to 7 years later.

## METHODS

### Context

All Canadian provinces provide a universal health insurance program that covers the costs of medical care for provincial residents. In Québec, 14 500 physicians provide services to 7.4 million residents of the province, for whom 92% of services and 93% of physicians are paid by the Québec health insurance agency (Régie de l'assurance maladie du Québec; RAMQ) on a fee-for-service basis.<sup>15</sup>

### Design and Study Population

A cohort of all family physicians who passed the Québec family medicine certification examination between 1990 and 1993, and entered fee-for-service practice in Québec, was followed up for the first 4 to 7 years of practice. Annual measures of each physician's practice performance were used to test associations between examination scores and practice performance. Salaried physicians were excluded because there was no accurate way to identify all their patients, as were physicians who subsequently trained in another specialty. Potentially eligible physicians were identified by the Québec College of Physicians, and physicians' license numbers were provided to the RAMQ to retrieve data on practice activity. Annual measures of each physician's clinical behaviors were used to test associations between examination scores and practice performance. Data on all patients seen by each physician, for each year of practice, were re-

trieved from the RAMQ to assess annual practice activity and case-mix differences between physician practices. For each cohort, the follow-up period was between July 1 of the certification examination and December 31, 1996, providing practice assessment for 4 years (1993 cohort) to 7 years (1990 cohort). The study protocol was approved by the institutional review board at McGill University, the Provincial Access to Information Office, and the RAMQ legal counsel.

### Family Medicine Certification Examination

The Québec Licensing Examination (QLEX) comprises the College of Family Physicians of Canada Certification Examination (CFPCex) and the Québec Objective Structured Clinical Examination (OSCE).<sup>16</sup> Between 1990 and 1993, the CFPCex assessed diagnosis, management, and prevention with multiple-choice questions and short-answer management problems, and assessed communication skills with a simulated patient. The OSCE measured clinical problem-solving skills by direct observation of performance in 25 standardized patient encounters, rated by physician examiners.<sup>16</sup> To pass the examination, a score of 60% was required in diagnosis, management, and communication; 50% in prevention; and an OSCE score greater than 2 SDs below the mean. The overall reliability of examination scores varied from a low of 0.27 for prevention to a high of 0.72 for the OSCE.<sup>14</sup> Scores were standardized to adjust for differences in the difficulty of examinations using the reference group approach.<sup>14</sup> The College of Physicians provided the license number, medical school, and encrypted examination scores to the RAMQ, who then retrieved data on practice activity and linked this with score files through encrypted physician and patient identifiers.

### Medical Council of Canada Qualifying Examination

The Medical Council of Canada Qualifying Examination (MCCQE) is used to test an individual's competence to enter

postgraduate training. It is generally taken during the final year of medical school. A passing score on the MCCQE is required for unrestricted licensure in all Canadian provinces except Québec, although most Québec graduates take the examination. The 1988-1991 examinations consisted of 450 multiple-choice questions, which tested knowledge in medicine, surgery, obstetrics/gynecology, psychiatry, pediatrics, and preventive medicine, and also included 28 to 35 patient management problems that tested competence in clinical problem solving.<sup>17</sup> To enable comparisons between the MCCQE and the Québec certification examination, the 1258 multiple-choice questions used between 1988 and 1991 were reclassified by the test committees as diagnosis, management, or other knowledge. Test committees also identified management items that tested drug-specific knowledge. Standardized ability scores were created for each subscore using the same reference group approach as the certification examination.<sup>18</sup> The overall score reliability was 0.92, and subscore reliabilities were 0.71 for prevention, 0.63 for diagnosis, 0.73 for management, and 0.48 for drug knowledge. The Medical Council of Canada linked score data to the Québec cohort file by name, sex, and birth date.

### Practice Assessment

**Data Sources and Retrieval.** Four previously validated<sup>19</sup> health administrative databases, linked by encrypted beneficiary identifiers, were used to assess practice performance.<sup>20,21</sup> The registrant database provided patients' age, sex, postal code, and date of death. The medical services database provided type, location, diagnosis, treating and referring physician, and date of all services delivered on a fee-for-service basis. The prescription database provided drug, dose, duration, prescribing physician, and date of each prescription dispensed for patients aged 65 years or older. The hospitalization database provided records of all hospital discharges including discharge diagnoses and admission and discharge dates. The 1991 census data was linked by 6-digit postal code to the reg-

istrant database to measure mean family income and educational achievement in the residential area of each patient.<sup>22</sup> For each physician, the medical services claims files were used to identify all patients seen by the physician from the licensure date to December 31, 1996. For each patient, the RAMQ retrieved demographic data, as well as all medical services, prescriptions, and hospitalizations provided during the follow-up period. We also obtained data for the year prior to the first contact with the study physician to provide an independent assessment of patient characteristics that could not have been influenced by the study physician.<sup>14</sup>

**Indicators of Practice Performance.** We assessed 6 performance indicators in each follow-up year, selected on the basis of unexplained practice variation, and/or their association with the outcomes or costs of care.<sup>14</sup> First, a mammography screening rate was used to assess preventive care, because physicians who screen for breast cancer are also more likely to perform other preventive services.<sup>23</sup> Second, continuity of care was selected because of its importance in prevention and chronic disease management,<sup>24-27</sup> and to test the hypothesis that communication and management skills are predictive of better continuity.<sup>28,29</sup> Third, the differences between disease-specific and symptom-relief prescribing rate and contraindicated prescribing rate were used as indicators of the quality of acute and chronic disease management because variation in disease-specific relative to symptom-relief prescribing rate<sup>30</sup> has been linked to diagnostic competence.<sup>14</sup> Fourth, contraindicated prescribing, which accounts for 20% of drug-related adverse events, may be caused by deficiencies in physician knowledge.<sup>31</sup> Finally, consultation rate was used as an indicator of resource use because referral determines access to higher cost specialty care,<sup>32</sup> and primary care physicians with higher self-reported competence appear more likely to refer patients for specialty consultation.<sup>33,34</sup>

*Annual mammography screening rate* was defined as the proportion of eligible women in the primary care prac-

tice who were referred for a bilateral mammogram by the physician. Eligible women were between age 50 and 69 years, had no prior diagnosis of breast cancer, breast disease, or diagnostic mammogram, were due for screening, and were not receiving primary care from a gynecologist or obstetrician.

*Annual continuity of care* was defined as the mean proportion of visits that were made to or referred by the study physician by all patients in the primary care practice population. Using the medical services claims, we determined the proportion of all visits in the year for each patient that were made either to the study physician or to other physicians based on study physician referral. Each patient's proportion was weighted by the square root of the total number of visits made by the patient in the year. An overall mean annual continuity of care index for each physician's practice was calculated as the weighted mean of individual patient's proportions.

Mammography screening and continuity of care were assessed only in the primary care practice population, which consisted of patients seen in an office or clinic in the respective year, for whom the study physician had provided an annual physical or major (3 system) assessment. Consultation was assessed in all ambulatory patients for whom the study physician had billed at least 1 outpatient, office practice, or emergency department visit. Prescribing rates were assessed in ambulatory patients aged 65 years or older for whom complete information was available on all prescriptions dispensed.

*Annual difference between disease-specific and symptom-relief prescribing rates* was determined by examining medications prescribed by the study physician to all elderly patients. *Disease-specific medication* was defined as drugs that would rarely be prescribed without an investigation-confirmed disease (eg, anticoagulants, anticonvulsants, antidepressants, antihypertensives, medications for cardiovascular disease, asthma, and Parkinson disease, corticosteroids, diuretics, antiglaucoma medication, hypoglycemic medication, and

thyroid medication). *Symptom-relief medication* was defined as drugs that relieve symptoms, but have little impact on the disease process (eg, nonsteroidal anti-inflammatory medications, benzodiazepines, low-dose narcotic analgesics) using the McGavock classification.<sup>30</sup>

*Annual contraindicated prescribing rate* was the proportion of ambulatory elderly patients for whom the study physician prescribed a relatively contraindicated medication. These were defined by an updated expert review<sup>35,36</sup> as 30 drugs that should be avoided in elderly patients because of possible toxic effects.

*Annual consultation rate* was the proportion of all ambulatory patients in the respective calendar year referred, at least once, to a specialist by the respective primary care physician, based on medical services claims. To be reimbursed for a consultation visit, the consultant must record a valid license number for the referring physician.

**Time in Practice.** Physicians' preceding practice experience was represented as a time-dependent covariate, based on a count of the number of previous months that the physician had at least 1 fee-for-service billing in the medical services claims file.

#### Case-Mix Assessment

Relevant data were retrieved for each eligible patient for the 12-month period preceding the first contact with the study physician. Individual characteristics of all patients seen in a given year by the physician were then aggregated to adjust for between-physician differences in practice population case-mix. Each practice population was characterized by age and sex distribution, mean family income, educational achievement, geographic access to health care,<sup>14</sup> propensity for the use of health care services,<sup>37</sup> comorbidity (Charlson index),<sup>38</sup> and hospitalization rates in the previous year. These annual case-mix measures were modeled as time-dependent covariates. For contraindicated prescribing, no adjustments were made for case-mix because the prescription of relatively contraindicated medication is rarely justified by patient characteristics.<sup>14</sup>

### Statistical Analysis

Relationships between examination scores and practice performance were tested using multiple linear and Poisson regression for repeated measures using generalized estimating equations.<sup>39</sup> Physicians were the unit of analysis. Outcome variables were the 5 annual measures of practice performance. An autoregressive first-order correlation structure of residuals was used to characterize the interdependence between annual performance measures for each physician. To reduce imprecision in outcome measurement, physicians were excluded in years in which they had fewer than 5 patients, and the logarithm of the

number of patients in the practice population in a given year was used as a weight in the analysis. Linearity assumptions were evaluated by testing the statistical significance of the quadratic component. Poisson regression was used to assess rates of contraindicated prescribing because such events were rare. The SEs were empirically estimated to account for overdispersion. Annual measures of case-mix were included in all analyses, as were indicators of the medical school to conservatively assess the impact of variation in examination scores within each medical school. To determine whether the association between examination scores and practice outcomes

diminished over time, the interactions between examination score and practice experience were tested. For significant relationships between examination score and outcomes that persisted over time, the cumulative difference in the number of outcomes per 1000 patients followed up over the first 5 years in practice by high-scoring (2 SDs above the mean) rather than low-scoring (2 SDs below the mean) physicians was estimated. Regression coefficients for the score-outcome relationship were used to determine the expected annual difference in rates corresponding to a 4-SD difference in examination scores, and then the result was multiplied by 5 to estimate the cumulative impact over 5 years.  $P < .05$  was used as the level of statistical significance. We used SAS statistical software to perform our analyses (Version 8.0, SAS Institute Inc, Cary, NC).

## RESULTS

### Certification Examination

Between 1990 and 1993, a total of 944 family physicians passed the QLEX, 920 (97.5%) started practice in Québec, 912 (96.7%) entered a fee-for-service practice, of whom 58.1% were female (TABLE 1). Overall, 85.8% of physicians took the MCCQE during the final year of medical school. Québec medical school graduates had modestly lower MCCQE scores in comparison with other Canadian graduates (mean [SD],  $-0.04$  [0.84] vs  $0.09$  [0.92];  $P < .001$ ). Graduates who entered family medicine or general practice training in Canada had slightly lower standardized scores than those entering specialty programs (mean [SD],  $0.02$  [0.95] vs  $0.13$  [0.84];  $P < .001$ ). Québec family physicians who did not take the MCCQE had lower certification examination scores than those who did (mean [SD],  $-0.76$  [1.18] vs  $-0.03$  [1.02];  $P < .001$ ). Mean scores achieved on both the QLEX and MCCQE were equivalent or slightly lower than in the reference group of first-time takers, with a typical range of 6 to 7 SDs (Table 1). The Pearson correlation between the MCCQE and QLEX was 0.55, and ranged from 0.26 (clinical problem solving) to 0.49 (management).

**Table 1.** Physician Characteristics and Examination Scores for 912 Québec Family Physicians\*

	No. (%)
Sex	
Male	382 (41.9)
Female	530 (58.1)
Medical school	
Québec	
A	312 (34.2)
B	260 (28.5)
C	69 (7.6)
D	164 (18.0)
Other part of Canada or in United States	56 (6.1)
Other international	51 (5.6)
Postgraduate training same as undergraduate medical school	628 (81)
Certification year	
1990	199 (21.8)
1991	254 (27.9)
1992	271 (29.7)
1993	188 (20.6)
Took MCCQE examination	782 (85.8)
	Mean (SD) [Range]
QLEX score	
Overall	$-0.03$ (1.05) [ $-3.97$ to $2.76$ ]
Subscore	
Diagnosis	$0.01$ (1.07) [ $-3.97$ to $4.40$ ]
Management	$-0.04$ (1.03) [ $-4.53$ to $2.47$ ]
Prevention	$-0.02$ (1.06) [ $-4.63$ to $3.04$ ]
Clinical assessment	$-0.01$ (0.96) [ $-2.81$ to $2.91$ ]
MCCQE score	
Overall	$-0.22$ (0.89) [ $-4.31$ to $2.24$ ]
Subscore	
Diagnosis	$0.02$ (0.92) [ $-3.64$ to $2.55$ ]
Management	$0.21$ (0.89) [ $-3.10$ to $2.67$ ]
Prevention	$-0.19$ (0.86) [ $-3.66$ to $1.95$ ]
Drug knowledge	$-0.04$ (0.92) [ $-3.04$ to $2.93$ ]
Clinical assessment	$-0.83$ (1.20) [ $-5.97$ to $2.03$ ]

\*Examination scores are standardized to a mean of zero representing the average score for first-time takers of the examination from North American medical schools. MCCQE indicates Medical Council of Canada Qualifying Examination; QLEX, Québec Certification Examination.

Physicians practiced in a mean of 2.6 (year 1-2) to 3.2 (year 5-7) different types of settings (TABLE 2). During the first 4 to 7 years of practice, an increasing proportion of physicians moved their primary practice base from rural to urban populations, and established private office practice. After the first 2 years, practice size, number of days worked per year, and visits per day continued to increase, but at a slower rate.

The 912 physicians billed for 3.4 million different patients (45.9% of the Québec population), of whom 1.4 million were in their primary care practice populations, 385 321 were elderly, and 119 866 were women eligible for mammography screening.

The relationship between the QLEX and mammography screening was sustained over the first 4 to 7 years in practice (TABLE 3). The significant interaction between certification examination score and practice experience indicated that the strength of the relationship increased over time. For every SD increase in QLEX score, the mammography screening rate increased by 13.3 women per 1000 in years 1 to 2 of practice, 21.7 by years 3 to 4, and 19.2 by years 5 to 7. The persistence of this relationship means that, during the first 5 years of practice, high-scoring physicians would be expected to order 347 more mammograms per 1000 women than low-scoring physicians. In contrast, there was no relationship between QLEX scores and continuity of care. Overall, however, family physicians provided or coordinated only 28.3% of all visits made by patients in their primary care practice population.

Consultation rate showed a persistent, but modest, association with QLEX score over the first 7 years of practice (Table 3). Each SD increase in score was associated with an additional 2.92 referrals for specialty consultation per 1000 patients seen per year, resulting, over the first 5 years, in 58 more referrals per 1000 patients by high-scoring than low-scoring physicians.

Diagnosis and management subscores of the QLEX were the only significant predictors of prescribing out-

comes. Higher scores were associated with higher rates of disease-specific relative to symptom-relief prescribing, and a lower risk of contraindicated prescribing, although the latter did not achieve statistical significance (Table 3). The strength and significance of the associations between examination scores and practice outcomes increased when medical school was excluded from the model, because there were systematic differences in scores for graduates from different medical schools.

### Qualifying Examination

Scores on the MCCQE, taken at the end of medical school, had a similar pattern of relationships as the certification examination (TABLE 4). For example, the increase in mammography screening rate per SD increase in score was 16.8 per 1000 for the MCCQE score (Table 4)

and 17.4 per 1000 for the overall QLEX score (Table 3). The diagnosis subscore was the strongest predictor of differences in the rates of disease-specific and symptom-relief prescribing in both the MCCQE and the QLEX. The drug knowledge subscore was the only significant predictor of contraindicated prescribing—reducing the risk of contraindicated prescribing by 12% per SD increase in score. During the first 5 years, a high-scoring physician would be expected to write 85 fewer contraindicated prescriptions per 1000 elderly patients than a low-scoring physician.

### COMMENT

We examined the relationship between licensure and certification examination scores and practice performance in a sample of newly certified family physicians. Linked databases

**Table 2.** Practice Setting and Workload Characteristics for Family Physicians in the First 4 to 7 Years of Practice

	Physician Practice Year		
	1-2 (n = 912)	3-4 (n = 841)	5-7 (n = 516)
	<b>No. (%)</b>		
Practice setting*			
Hospital-based			
Outpatient clinic	542 (59)	439 (52)	255 (49)
Emergency department	629 (69)	582 (69)	361 (70)
Inpatient unit	611 (67)	565 (67)	361 (70)
Intensive care unit	289 (32)	265 (31)	154 (30)
Long-term care	255 (28)	199 (24)	103 (20)
Private office practice	629 (69)	611 (73)	430 (83)
Community clinic	104 (11)	88 (10)	39 (8)
	<b>Mean (SD)</b>		
Patient geographic distribution, %†			
Urban	41.2 (43.7)	43.2 (44.1)	46.5 (44.2)
Intermediate	34.1 (42.5)	34.0 (42.5)	34.0 (42.3)
Rural-remote	24.7 (40.0)	22.8 (39.2)	19.5 (36.9)
Practice settings per year	2.6 (2.0)	3.0 (1.9)	3.2 (1.7)
Workload			
Patients seen per year	1174 (1259)	1861 (1470)	2147 (1385)
Work days per year	97 (92)	150 (96)	174 (79)
Visits per work day	16 (7)	18 (7)	18 (7)

\*Most physicians practiced in multiple practice settings (eg, in year 1-2, the average number of different practice settings was 2.6 per physician). For this reason, the number (percentage) of physicians practicing in each type of practice setting adds to more than 100%, as most physicians were represented in more than 1 category.

†The residence of each patient in a physician's practice population was categorized as urban (resided in the regions of Montréal, Québec, Laval, or Montérégie), intermediate (resided in the regions of Lanaudière, Estrie Saguenay-Lac-St-Jean, Laurentides, Mauricie-Bois-Francs, or Outaouais), or rural-remote (resided in the regions of Chaudières-Appalaches, Abitibi-Témiscamingue, Gaspésie, Bas-Saint-Laurent, Côte-Nord, Nord-du-Québec, Kativik Terres-cristes-de la Baie-James). For each physician, the proportion of patients from urban, intermediate, and rural-remote regions was determined for the first 1 to 2, 3 to 4, and 5 to 7 years of practice. The mean represents the average proportion of patients in the practices of physicians in the cohort who resided in urban, intermediate, and rural-remote locations.



## EXAMINATION SCORES AND PRACTICE PERFORMANCE

from a universal health care system allowed us to follow-up all licensed physicians, and all their patients in their first 4 to 7 years of practice. Thus, we minimized selection biases that could confound the assessment of relationships. We were also able to assess the population impact of potential licensure regulations. The most important findings of this study were that the relationships between certification examination scores were sustained

through the first 4 to 7 years of practice, and that examinations taken in the final year of medical school were also significant predictors of practice performance. However, the use of administrative databases had limitations. The databases restricted the type of performance indicators that could be measured and we were limited in our ability to adjust for confounding by case-mix, but as case-mix was not associated with examination scores, it is unlikely

that this introduced substantial bias in the results. These results have several implications for licensing bodies.

Such outcome data could be incorporated into the establishment of examination passing standards so that standard-setting participants can weigh their usual judgments of test content and pass rates against the consequences for patients.<sup>40-42</sup> For example, an increase in the passing criterion of only 1 SD in drug knowledge would

**Table 3.** Association Between Family Medicine Certification Examination Scores and Practice Performance in the First 4 to 7 Years of Practice

Outcome	Mean (SD) Rate per 1000 Patients	Type of Certification Examination Score	Change in Outcome per SD Increase in Score					P Value for Interaction†
			All Practice Years		Practice Year†			
			$\beta$ (95% CI)*	P Value	1-2	3-4	5-7	
Preventive care Mammography screening rate among eligible women	117.4 (136.6)	Overall	17.37 (10.6 to 24.1)	<.001	13.3	21.7	19.2	.005
		Prevention	15.61 (8.9 to 22.3)	<.001	17.9	15.9	12.7	.03
		Clinical assessment	14.22 (6.9 to 22.6)	.001	11.7	18.4	13.4	.11
Coordination of care Continuity of care, % of visits	28.3 (11.0)	Overall	0.2 (-0.3 to 0.6)	.46	0.2	0.03	0.05	.27
		Communication	0.05 (-0.4 to 0.5)	.85	0.1	-0.1	0.1	.64
		Management	0.2 (-0.3 to 0.6)	.44	0.4	0.09	-0.2	.04
Resource use Consultation rate	76.6 (52.3)	Overall	2.92 (0.4 to 5.4)	.02	2.7	2.4	3.3	.74
Acute and chronic disease management Symptom-relief prescription rate among elderly patients	148.9 (116.7)	Overall	-2.83 (-8.7 to 3.0)	.34	-2.7	-2.8	-2.9	.66
		Diagnosis	-2.56 (-7.9 to 2.8)	.34	-2.0	-1.8	-3.9	.35
		Management	-5.97 (-12.0 to 0)	.05	-5.8	-6.2	-5.9	.32
Disease-specific prescription rate minus symptom-relief prescription rate	-1.45 (76.2)	Overall	2.89 (-0.6 to 6.4)	.10	1.5	2.9	5.3	.24
		Diagnosis	3.94 (0.9 to 7.0)	.01	3.0	3.6	6.1	.15
		Management	2.42 (-0.9 to 5.7)	.15	1.6	3.3	2.7	.95
Contraindicated prescriptions among elderly patients§	32.6 (43.3)	Overall	0.97 (0.9 to 1.1)	.62	0.97	0.96	0.99	.52
		Diagnosis	0.99 (0.9 to 1.1)	.97	0.98	0.99	1.04	.16
		Management	0.94 (0.8 to 1.0)	.26	0.94	0.93	0.95	.27

\*The regression coefficient  $\beta$  represents the estimated change in the rate or value of the practice outcome per SD increase in score in the first 4 to 7 years in practice with a 95% confidence interval (CI). In these overall models, the interaction term to test the potential modification of the magnitude of the effect between practice outcome and examination scores in relationship with the number of months in practice is not included. In instances in which there was a significant interaction between examination score and months in practice (ie, mammography screening rate), the estimates for each category of years in practice provide a more appropriate estimate of the effects. Each  $\beta$  was estimated by a multivariate regression model within a generalized estimating equation framework, in which physician was the unit of analysis and annual assessment of outcome rates/values, were represented as repeated measurements for each physician. Observations were weighted by the logarithm of each physician's annual practice size. The estimate of the examination score, practice outcome relationship was adjusted for differences in annual practice case-mix including age and sex structure, socioeconomic status, geographic access to health care, comorbidity, and propensity to use health care services based on data for individual practice patients in the year prior to outcome assessment. The only exception was for contraindicated prescribing in which practice size was used to weight estimate regression coefficients and medical school was included, but practice case-mix covariates were not included as these attributes of the practice population would rarely justify contraindicated prescribing in the elderly. When medical school was excluded from the regression models, the magnitude of the association between examination scores and practice outcomes increased because some medical schools had systematically lower scores than others. If the analysis were based on usual practice, in which pass-fail decisions are made irrespective of medical school, the overall predictive relationship between examination scores and outcomes would have been higher: mammography screening and overall score ( $\beta$ , 19.3; 95% CI, 13.1-25.4), consultation rate and overall score ( $\beta$ , 3.70; 95% CI, 1.4-5.9), symptom relief prescribing and management score ( $\beta$ , -7.30; 95% CI, -13.4 to -1.2), disease-specific minus symptom-relief prescribing rate and diagnosis score ( $\beta$ , 4.07; 95% CI, 1.2-7.0), and contraindicated prescribing and management score (relative risk, 0.89; 95% CI, 0.8-1.0).

†To facilitate interpretation of changes in the magnitude of the association between examination scores and practice outcomes over the first 4 to 7 years of practice, examination score outcome relationships were estimated for 3 time intervals of practice based on a categorization, for each physician, of the cumulative months in practice from the practice entry month. The interaction effects presented by intervals of years in practice were produced by a separate analysis to facilitate easier interpretation, in which the interactions between examination score and 2 dummy variables, representing practice years 3 to 4 and 5 to 7 relative to years 1 to 2 were estimated.

‡To test the hypothesis that the relationship between certification examination scores and practice outcomes would be attenuated with increasing time in practice, we tested the interaction between examination score and cumulative months in practice. Cumulative practice months, treated as a time-dependent covariate, were determined by counting each month that the physician billed the Québec health insurance agency (Régie de l'assurance maladie due Québec; RAMQ) for fee-for-service or salaried care for Québec medical care beneficiaries. *P* values are reported for each of the interaction terms (examination score multiplied by cumulative months in practice) that were estimated for each combination of outcome and examination score.

§Included phenylbutazone, dipyridamole, reserpine, disopyramide, clofibrate, methylphenidate, chlorthalidone, diazepam, clorazepate, flurazepam, clonazepam, clobazam, primidone, fluoxetine, phenelzine, tranlycypromine, moclobemide, amitriptyline, doxepin, imipramine, trimipramine, clomipramine, amoxapine, maprotiline, cyclobenzaprine, methocarbamol, pentazocine, meperidine, triazolam, and theophylline. Data expressed as relative risk of contraindicated prescribing per 1 SD increase in score.

have resulted in failing 16 additional physicians on the MCCQE licensing examination over 4 years. It would also have reduced the expected risk of contraindicated prescriptions for elderly patients seen by these physicians by approximately 42% (from 4.7% for these low-scoring physicians to 3.3% for an average physician). A reduction in risk

of this magnitude is equivalent to or greater than that reported for the most effective form of continuing medical education for physicians with high rates of inappropriate prescribing.<sup>43</sup> To minimize the risk of adverse outcomes for the population, passing standards may need to be established for individual components of the examination, such

as drug knowledge, diagnosis, and management.

Consultation rates increased linearly with examination score. Physicians tend to report higher referral rates in clinical areas in which they felt more competent.<sup>33,34</sup> More competent physicians may be more aware of their limitations. However, most examinations do

**Table 4.** Association Between Medical Council of Canada Licensing Examination Scores and Practice Performance in the First 4 to 7 Years of Practice

Outcome	Mean (SD) Rate per 1000 Patients	Type of Certification Examination Score	Change in Outcome per SD Increase in Score					
			All Practice Years			Practice Year†		
			β (95% CI)*	P Value	1-2	3-4	5-7	P Value for Interaction‡
Preventive care Mammography screening rate	122.6 (140.9)	Overall	16.81 (8.7 to 24.9)	<.001	15.2	21.5	15.3	.02
		Prevention	8.10 (-1.0 to 17.2)	.08	8.7	4.7	9.5	.17
		Clinical assessment	11.54 (5.5 to 17.6)	.002	10.5	14.5	11.1	.001
Coordination of care Continuity of care, % of visits	28.3 (11.0)	Overall	0.2 (-0.4 to 0.8)	.52	0.5	0.1	-0.1	.48
		Management	0.01 (-0.6 to 0.6)	.96	0.2	0.1	-0.3	.26
Resource use Consultation rate	77.76 (53.5)	Overall	4.93 (2.1 to 7.8)	<.001	4.9	5.4	5.0	.26
Acute and chronic disease management Symptom-relief prescribing rate among elderly patients	149.8 (118.7)	Overall	-7.15 (-15.0 to 1.0)	.08	-6.1	-9.3	-6.8	.36
		Diagnosis	-5.1 (-12.0 to 2.3)	.18	-3.2	-7.3	-5.7	.87
		Management	-7.0 (-14.0 to 2.2)	.15	-5.3	-6.1	-6.5	.51
		Drug knowledge	-6.99 (-14.0 to 0.4)	.06	-5.5	-8.3	-8.0	.61
Disease-specific prescription rate minus symptom-relief prescription rate	-2.11 (75.03)	Overall	4.83 (0.9 to 8.8)	.01	3.2	5.4	6.6	.30
		Diagnosis	3.80 (0.3 to 7.3)	.03	3.8	4.1	3.1	.69
		Management	3.0 (-1.0 to 6.9)	.15	1.2	3.8	4.6	.27
		Drug knowledge	3.5 (0 to 7.1)	.05	1.8	4.7	5.0	.50
Contraindicated prescribing among elderly patients§	32.58 (44.1)	Overall	0.93 (0.82 to 1.05)	.21	0.93	0.91	0.94	.44
		Diagnosis	0.97 (0.86 to 1.10)	.67	0.99	0.95	0.99	.75
		Management	0.91 (0.80 to 1.03)	.13	0.91	0.90	0.90	.54
		Drug knowledge	0.88 (0.77 to 1.0)	.05	0.88	0.87	0.88	.55

\*The regression coefficient  $\beta$  represents the estimated change in the rate or value of the practice outcome per SD increase in score in the first 4 to 7 years in practice with a 95% confidence interval (CI). In these overall models, the interaction term to test the potential modification of the magnitude of the effect between practice outcome and examination scores in relationship with the number of months in practice is not included. In instances in which there was a significant interaction between examination score and months in practice (ie, mammography screening rate), the estimates for each category of years in practice provide a more appropriate estimate of the effects. Each  $\beta$  was estimated by a multivariate regression model within a generalized estimating equation framework, in which physician was the unit of analysis and annual assessment of outcome rates/values, were represented as repeated measurements for each physician. Observations were weighted by the logarithm of each physician's annual practice size. The estimate of the examination score, practice outcome relationship was adjusted for differences in annual practice case-mix including age and sex structure, socioeconomic status, geographic access to health care, comorbidity, and propensity to use health care services based on data for individual practice patients in the year prior to outcome assessment. The only exception was for contraindicated prescribing in which practice size was used to weight estimated regression coefficients and medical school was included, but practice case-mix covariates were not included as these attributes of the practice population would rarely justify contraindicated prescribing in the elderly. When medical school was excluded from the regression models, the magnitude of the association between examination scores and practice outcomes increased because some medical schools had systematically lower scores than others. If the analysis were based on usual practice, in which pass-fail decisions are made irrespective of medical school, the overall predictive relationship between examination scores and outcomes would have been higher: mammography screening and overall score ( $\beta$ , 18.3; 95% CI, 10.3-26.3), consultation rate and overall score ( $\beta$ , 5.13; 95% CI, 2.3-7.9), symptom relief prescribing and drug knowledge score ( $\beta$ , -8.36; 95% CI, -15.8 to -0.9), disease-specific minus symptom-relief prescribing rate and diagnosis score ( $\beta$ , 3.39; 95% CI, -0.4 to 6.8), and contraindicated prescribing and drug knowledge score (relative risk, 0.85; 95% CI, 0.7-0.9).

†To facilitate interpretation of changes in the magnitude of the association between examination scores and practice outcomes over the first 4 to 7 years of practice, examination score outcome relationships were estimated for 3 time intervals of practice based on a categorization, for each physician, of the cumulative months in practice from the practice entry month. The interaction effects presented by intervals of years in practice were produced by a separate analysis to facilitate easier interpretation, in which the interactions between examination score and 2 dummy variables, representing practice years 3 to 4 and 5 to 7 relative to years 1 to 2 were estimated.

‡To test the hypothesis that the relationship between certification examination scores and practice outcomes would be attenuated with increasing time in practice, we tested the interaction between examination score and cumulative months in practice. Cumulative practice months, treated as a time-dependent covariate, were determined by counting each month that the physician billed the Québec health insurance agency (Régie de l'assurance maladie due Québec; RAMQ) for fee-for-service or salaried care for Québec medical care beneficiaries. *P* values are reported for each of the interaction terms (examination score multiplied by cumulative months in practice) that were estimated for each combination of outcome and examination score.

§Included phenylbutazone, dipyridamole, reserpine, disopyramide, clofibrate, methylphenidate, chlorthalidone, diazepam, clorazepate, flurazepam, clonazepam, clobazam, primidone, fluoxetine, phenelzine, tranylcypromine, moclobemide, amitriptyline, doxepin, imipramine, trimipramine, clomipramine, amoxapine, maprotiline, cyclobenzaprine, methocarbamol, pentazocine, meperidine, triazolam, and theophylline. Data expressed as relative risk of contraindicated prescribing per 1 SD increase in score.

not test whether an individual knows when to refer. This may be an important area for test development, as the risk of outcomes related to medical errors has been shown to increase when physicians practice beyond their areas of competence.<sup>44</sup>

The finding that examinations taken at the end of medical school were also predictive of future practice may be useful for residency program directors, who could use this information to target learning opportunities to areas of deficiency. Medical school educators may also be able to identify persons more likely to experience difficulty in practice earlier in training, as scores on medical school examinations are strongly correlated with scores on licensing examinations.<sup>45</sup>

Future research should investigate methods of establishing outcome-based passing scores, and develop more refined measures of quality of care in disease-specific populations. Longitudinal follow-up studies should be conducted in multijurisdictional cohorts of medical graduates to explore the aspects of admissions, undergraduate, and postgraduate training that may influence practice.

**Author Contributions:** Study concept and design: Tamblin, Abrahamowicz, Dauphinee.

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**Analysis and interpretation of data:** Tamblin, Abrahamowicz, Hanley, Norcini, Girard.

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**Obtained funding:** Tamblin, Abrahamowicz, Dauphinee.

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**Study supervision:** Tamblin.

**Funding/Support:** Research support was provided by the Canadian Institutes of Health Research, and the Fonds de Recherche en Santé du Québec. In addition, Dr Tamblin and Dr Abrahamowicz are medical scientists at the Canadian Institutes of Health Research.

**Acknowledgment:** We thank Tim Wood, PhD, and André Philippe Boulais, MSC, of the Medical Council of Canada for their expert assistance in data retrieval, linkage, and score reclassification; Joelle Lesco, MD, MPH, of the Québec College of Physicians who made this study possible; M. Jacques Barry, MBA, of the Régie de l'assurance maladie du Qué-

bec for his assistance in retrieving the health service data and responding to our many questions; and M. Jimmy Fragos, BSc, for his expert assistance in database management and variable creation.

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## ITEM 4.4.7

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952



**FAIRNESS COMMISSIONER**  
**COMMISSAIRE À L'ÉQUITÉ**

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## NEWSLETTER - JANUARY 2023

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### UPDATES TO OFC PUBLICATIONS FOR REGULATORS



**NEW!!** On January 26, 2023, the Office of the Fairness Commissioner (OFC) published the [Guidelines Respecting Applications for Exemptions from Time Limits Contained in FARPACTA](#). The purpose of these guidelines is to provide information and advice to non-health regulated professions on the process for seeking an exemption from the time limits obligations to register internationally trained Individuals (ITIs) and domestic labour mobility applicants (DLMAs).

In **November 2022**, the OFC published the [Legal Obligations and Fair Registration Best Practices Guide for Health Regulatory Colleges](#). This guide provides health regulatory colleges with information and advice to understand how to comply with their obligations under Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA). It also gives OFC staff with a tool to help them assess the degree to which a health regulatory college is achieving compliance.

In **October 2022**, the OFC updated its [Legal Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades](#) to reflect the recent amendments to the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA) relating to the English and French Language Testing Proficiency Requirements.

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### OFC WEBINAR FEEDBACK

953



The OFC hosted a webinar in October 2022 directed to health and non-health professional regulators entitled “**Diversity, Equity and Inclusion Principles in Fair Registration Practices**”. It featured three separate presentations from Professional Engineers Ontario, the College of Audiologists and Speech-Language Pathologists of Ontario, and the Ontario College of Social Workers and Social Services Workers. The purpose of the webinar was for these three professional regulators and health regulatory colleges to share how they have incorporated diversity, equity and inclusion principles into their registration processes.

The webinar was a success with 72 attendees. 26 of which (36%) also took the time afterwards to complete the survey. All 26 respondents indicated they would like to see more webinars from the OFC.

The OFC also received positive feedback. Here are some of the comments:

*“It was very interesting to hear about the progress and work of other regulators. Hearing the more practical information was very helpful. I can envision our organization implementing some of the same tools and approaches”.*

*“It was insightful learning how different regulators approached EDI within their organizations and with registrants”.*

Keep watching for more webinars in 2023! Let us know at [ofc@ontario.ca](mailto:ofc@ontario.ca) if you have a topic involving the registration process with regulators that could be the subject of a webinar in the future.

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## MEET THE STAFF AT THE OFC



**Please tell us about yourself. Who are you? What do you do at the Office of the Fairness Commissioner (OFC)?**

**954**

My name is Mercy Barzallo. I was born in Ecuador and I am an immigrant to Canada. Since arriving, immigration has been my passion and, as a result, my first jobs were at various Immigration law firms in the private sector. Eventually, I found employment with the Government of Ontario with the Ontario Immigrant Nominee Program where I assisted legal counsel in putting together the regulations to the Ontario Immigration Act, 2015. I feel grateful that in my role as Compliance Analyst in the OFC, I can continue assisting immigrants in Ontario who want to utilize their acquired knowledge and experience in Ontario's workforce.

**What gets you excited about coming to work?**

I enjoy my role as a Compliance Analyst as it gives me the opportunity to connect with the regulatory bodies and support them in their path to be modern regulators. I achieve this by reviewing with them the changes in the registration process that benefit local and Internationally Trained Professionals (ITP) applicants for licensures. Each step forward to facilitate the recognition of ITP's working experience and knowledge produces such enthusiasm within me and makes my job rewarding. In addition, the OFC Team is a group of talented, generous, and commitment individuals who are always open to listen to your initiatives and contributions that make your workday a pleasant and productive day.

**How do you focus on your own growth and development?**

The OFC gives me the opportunity to apply my background in law to my role as a Compliance Analyst. I continue to utilize my skills in analysis, investigation, research and communication in the further development of my career. I participate regularly in the Anti-discrimination groups in Ontario Public Service (OPS) while contributing as a leader for our Diversity Committee at the OFC. Sitting on various committees and groups in the OPS provides me the opportunity to help others in their career or personal development. As a result, this allows me to take my own career or personal development to the next level.

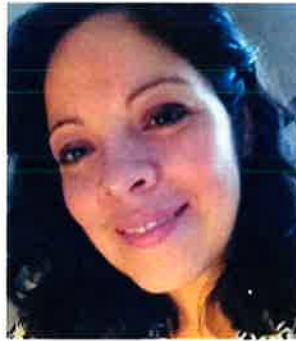
**What superpower will you bring to our company?**

You may have heard about a Latin's joyful and friendly personality: "personalidad alegre y amistosa". These are my superpowers and I bring them to the OFC in my day-to-day work. I enjoy interacting regularly with staff: having conversations, speaking, listening, changing ideas, and, of course, making them to laugh with my funny comments.

**Do you fully disconnect during holidays and vacations?**

Of course! I do exactly that. I disconnect completely from my responsibilities during the deserved vacation time. I think that it is the best way to recharge your batteries, to refresh your mind, to enjoy your work-related accomplishments, and to return to your job filled with a positive energy so you can continue doing what you are passionate about.

955



Version française

## BULLETIN DE NOUVELLE - JANVIER 2023

### MISES A JOUR DES PUBLICATIONS DE LA BCE POUR LES ORGANISMES DE RÉGLEMENTATION



**NOUVEAU !** Le 26 janvier 2023, le Bureau du commissaire à l'équité (BCE) a publié [Lignes directrices sur les demandes de dispense de respecter les délais prévus par la Loi de 2006](#). L'objet de ces lignes directrices est de donner des renseignements et des conseils aux professions non réglementées dans le domaine de la santé sur le processus de demande d'exemption des obligations de délai pour inscrire les personnes formées à l'étranger et de candidats à la mobilité de la main-d'œuvre nationale.

En **novembre 2022**, le BCE a publié le [Guide des obligations prescrites par la législation et des meilleures pratiques d'inscription équitables à l'intention des ordres de réglementation des professions de la santé](#). Ce guide fournit aux ordres de réglementation des professions de la santé des informations et des conseils pour comprendre comment se conformer à leurs obligations aux termes de l'annexe 2 de la *Loi de 1991 sur les professions de la santé réglementées* (LPSR). Il donne au personnel du BCE un outil pour l'aider à évaluer la mesure dans laquelle un ordre de réglementation des professions de la santé se conforme à ses obligations légales.

En **octobre 2022**, le BCE a mis à jour son [Guide des obligations prescrites par la législation et des meilleures pratiques d'inscription équitables à l'intention des professions réglementées et des métiers à accréditation obligatoire](#) afin de refléter les récentes modifications apportées à la *Loi de 2006 sur l'accès équitable aux*

*professions réglementées et aux métiers à accréditation obligatoire (Loi de 2006) concernant les exigences en matière de compétence linguistique en français et en anglais.*

**956**

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## FEEDBACK DU WEBINAIRE DU BCE



Le BCE a organisé en octobre 2022 un webinaire à l'intention des organismes de réglementation professionnels de la santé et des professions non réglementées dans le domaine de la santé, intitulé « **Principes de diversité, d'équité et d'inclusion dans les pratiques d'enregistrement équitables** ». Il comprenait trois présentations distinctes des Ingénieurs professionnels de l'Ontario, de l'Ordre des audiologistes et des orthophonistes de l'Ontario et de l'Ordre des travailleurs sociaux et des techniciens en travail social de l'Ontario. L'objectif de ce webinaire était de permettre à ces trois organismes de réglementation professionnelle et aux ordres des professions de la santé de partager la façon dont ils ont intégré les principes de diversité, d'équité et d'inclusion dans leurs processus d'enregistrement.

Le webinaire a été un succès avec 72 participants. 26 d'entre eux (36 %) ont également pris le temps de répondre au sondage. Les 26 répondants ont indiqué qu'ils aimeraient voir d'autres webinaires du BCE.

Le BCE a également reçu des commentaires favorables. Voici quelques-uns des commentaires :

*" Il était très intéressant d'entendre parler des progrès et du travail des autres régulateurs. Entendre des informations plus pratiques a été très utile.. Je peux envisager que notre organisation mette en œuvre certains des mêmes outils et approches".*

*"C'était très instructif d'apprendre comment les différents organismes de réglementation ont abordé le sujet de l'EDI au sein de leurs organisations et avec leurs candidats".*

Surveillez les prochains webinaires en 2023 ! Faites-nous savoir à [ofc@ontario.ca](mailto:ofc@ontario.ca) si vous avez un sujet concernant le processus d'enregistrement avec les organismes de réglementation qui pourrait faire l'objet d'un webinaire à l'avenir.

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## RENCONTREZ LE PERSONNEL DU BCE



957



**Parlez-nous de vous. Qui êtes-vous ? Que faites-vous au Bureau du commissaire à l'équité (BCE)?**

Je m'appelle Mercy Barzallo. Je suis née en Équateur et je suis une immigrante au Canada. Depuis mon arrivée, l'immigration est ma passion et, par conséquent, mes premiers emplois ont été dans divers cabinets d'avocats spécialisés en immigration dans le secteur privé. J'ai fini par trouver un emploi au sein du gouvernement de l'Ontario, dans le cadre du Programme des candidats à l'immigration de l'Ontario, où j'ai aidé le conseiller juridique à élaborer les règlements de la Loi de 2015 sur l'immigration en Ontario. Je suis reconnaissante de pouvoir, dans mon rôle d'analyste de la conformité au BCE continuer à aider les immigrants de l'Ontario qui veulent utiliser leurs connaissances et leur expériences acquises dans la main-d'œuvre de l'Ontario.

**Qu'est-ce qui vous fait plaisir quand vous venez travailler ?**

J'aime mon rôle d'analyste de la conformité, car il me donne l'occasion d'établir des liens avec les organismes de réglementation et de les aider à devenir des organismes de réglementation modernes. J'y parviens en examinant avec eux les changements apportés au processus d'inscription qui profitent aux demandeurs de permis d'exercice locaux et aux professionnels formés à l'étranger (PFE). Chaque progrès réalisé pour faciliter la reconnaissance de l'expérience professionnelle et des connaissances des PFE suscite en moi un tel enthousiasme et rend mon travail gratifiant. De plus, l'équipe du BCE est un groupe de personnes talentueuses, généreuses et engagées qui sont toujours prêtes à écouter à vos initiatives et contributions qui font de votre journée de travail une journée agréable et productive.

**Comment vous concentrez-vous sur votre propre avancement et développement ?**

Le BCE me donne la chance de mettre en pratique ma formation en droit dans mon rôle d'analyste de la conformité. Je continue à utiliser mes compétences en analyse, en investigation, en recherche et en communication dans le cadre du développement de ma carrière. Je participe régulièrement à des groupes contre la discrimination au sein de la Fonction publique de l'Ontario (FPO), tout en contribuant en tant que leader à notre comité sur la diversité au BCE. Faire partie de divers comités et groupes au sein du FPO me donne l'occasion d'aider les autres dans leur développement professionnel ou personnel. Par conséquent, cela me permet de faire avancer ma propre carrière ou mon développement personnel à un niveau supérieur.

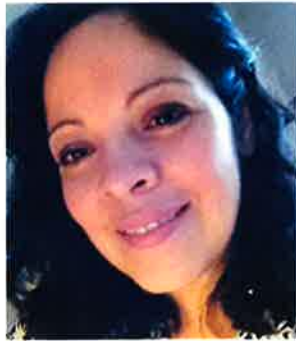
**Quel superpouvoir apporterez-vous à notre entreprise ?**

Vous avez peut-être entendu parler de la personnalité joyeuse et amicale d'un latin : "personalidad alegre y amistosa". Ce sont mes superpouvoirs et je les apporte au BCE dans mon travail quotidien. J'aime interagir régulièrement avec le

personnel : avoir des conversations, parler, écouter, changer les idées et, bien sûr, les faire rire avec mes commentaires amusants.

**958****Vous déconnectez-vous complètement pendant les vacances et les congés ?**

Bien sûr ! C'est exactement ce que je fais. Je me déconnecte complètement de mes responsabilités pendant les vacances méritées. Je pense que c'est la meilleure façon de recharger ses batteries, de se rafraîchir l'esprit, de profiter de ses réalisations professionnelles et de revenir à son poste avec une énergie positive pour continuer à faire ce qui vous passionne.



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Office of the Fairness Commissioner

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# TORONTO STAR

## Ontario to allow pharmacies to prescribe medication for 13 minor illnesses next week

The province said the move will not cost Ontarians extra money and will help ease the burden on doctor offices.

By [Edward Djan](#) Staff Reporter

[Irem Koca](#) Staff Reporter

Wed., Dec. 28, 2022 timer 3 min. read



Ontario pharmacists will be allowed to prescribe medication for the treatment of 13 common ailments without a doctor's prescription as of Jan. 1.

Minister of Health Sylvia Jones confirmed the news Wednesday on Twitter, saying the move is part of the province's efforts to make health care more convenient.

"You won't need a doctor's appointment and there's no charge for the visit and you can easily get prescriptions filled on the spot," Jones said.

The Health Ministry described common ailments as conditions that can be reliably diagnosed and handled with self-care and minimal treatment.

The 13 “most common ailments” listed in the new measure are hay fever, cold sores, oral thrush, dermatitis, pink eye, acid reflux, UTIs, menstrual cramps, hemorrhoids, impetigo, insect bites and hives, tick bites, sprains and strains.

Pharmacies will offer free treatment to patients who present health cards, as stated by the provincial health ministry and the process will be similar to seeing a family physician.

“It will be almost identical (to seeing a physician) in terms of ... the process itself, the difference is, it’s not something you need to go to your doctor,” according to Justin Bates, the head of the Ontario pharmacist’s association.

The program will likely be appointment-based, and the patient would get one-on-one counselling with a pharmacist, Bates said.

The pharmacist will determine an appropriate treatment based on their guidelines, which could include over-the-counter or prescription medication, or a referral to a doctor or an ER if the situation is more complex.

“The main benefit is getting care closer to where you live and work, giving choice for individuals.

“(Pharmacists) are highly qualified and trained to do this,” said Bates, who highlighted that the scheme helps add capacity to the health-care system at a time when it is under stress from emergency departments.

“This is a good news day. It’s something that we have been advocating for more than a decade and a bit of a catch-up play to the other provinces.”

“The policy helps provide care to new patients and increase patient access to services delivered by community pharmacists — who the patients often have a significant relationship with,” said Jennifer Lake of University of Toronto who said she fully supports Ontario’s move.

“The list of minor ailments was selected carefully and cautiously based on evidence from other jurisdictions. There are many other (treatments) that could be included, but I think that there has been significant compromise to allow stakeholders to get confidence in this change.”

Ontario is the ninth jurisdiction in the country to authorize pharmacists to prescribe medication for any condition, aside from Paxlovid, which is an antiviral against COVID-19.

Alberta was the first province to allow pharmacists to prescribe medications in 2007. British Columbia and Yukon have pending legislation which will make them 10 and 11 jurisdictions to adopt the practice.

Some of the country’s biggest retail pharmacy chains, including Shoppers Drug Mart, Rexall Pharmacy Group, and McKesson Canada, confirmed Wednesday they will participate in the Ontario plan.

But the Ontario College of Pharmacists website urged patients to speak to their pharmacist about what health-care services they offer.

“Having the legislated authority to prescribe for minor ailments does not mean all pharmacists must provide this service,” it said.

Pharmacists will have to complete a free orientation module by the end of the year to be eligible, the website said. Whether or not the participating pharmacies will be ready to take on patients by Jan. 1 remains to be seen.

# Ontario pharmacists will soon be able to prescribe medications for 13 common ailments

1041



- [Abby O'Brien](#)
- CTV News Toronto Multi-Platform Writer

Ontario pharmacists will soon be able to [prescribe medications for a number of common ailments without the approval of a physician](#).

As of Jan. 1, pharmacists across the province will be able to fill prescriptions on the spot, without a doctor's appointment, for 13 of "the most common ailments."

The 13 ailments include hay fever, oral thrush, dermatitis, pink eye, menstrual cramps, acid reflux, hemorrhoids, cold sores, impetigo, insect bites and hives, tick bites, sprains and strains, and UTIs, according to the Ministry of Health. The service will be free for Ontario health card holders.

Minister of Health Sylvia Jones made the announcement Wednesday, saying the move will make it easier for Ontarians to receive "the care they need."

"You won't need a doctor's appointment, [...] there's no charge for the visit and you can easily get prescriptions filled on the spot," Jones said.

"Expanding the ability of pharmacists to provide care is one more way we're putting people at the centre of our health care system, making it easier, faster and more convenient to access health care in their community."

The ministry says, in addition to providing more convenience, pharmacy prescribing will also help "free-up doctors" bandwidth to provide care for more complex needs.

"Empowering pharmacists to use their expertise to assess and treat minor ailments helps patients get the care they need sooner and closer to home –

but the benefits go much further,” Justin Bates, Chief Executive Officer of the Ontario Pharmacists Association, said in a statement.

“It reduces demand on hospitals, emergency departments, walk-in clinics and family physicians. It also frees up time for our healthcare partners, allowing doctors, nurses and other healthcare providers to focus on more complex care cases.”

As of Dec. 12, Ontario pharmacists have been permitted to prescribe Paxlovid, an antiviral COVID-19 treatment, without a prescription issued by a physician.

## Pharmacists address questions over new prescribing powers in Ontario

By Nicole Ireland **The Canadian Press**

Posted January 21, 2023 10:31 am

Updated January 21, 2023 10:33 am

Since new legislation came into effect on Jan. 1 allowing **Ontario** pharmacists to prescribe for 13 “minor ailments,” some doctors have taken to social media to voice concerns.

With the ability to assess and write prescriptions for conditions such as pink eye and uncomplicated urinary tract infections — a regulatory change that brings Ontario in step with nine other provinces and territories — some doctors and students questioned the move in opinion columns and social media posts, suggesting pharmacists could potentially miss a more serious diagnosis, or that their new powers could lead to an over-prescribing of antibiotics.

Jen Belcher, vice-president of strategic initiatives and member relations at the Ontario Pharmacists Association, said most of the discussion has been happening on social media, but the association has also had “productive” one-on-one conversations with physicians to answer their questions.

“Although there are a few voices that are raising these flags, generally most physicians welcome this,” said Mina Tadrous, an assistant professor of pharmacy at the University of Toronto who specializes in drug policy and has been monitoring the reaction.

“I think some of these concerns are coming from a place ... (of) thinking about what’s best for their patients and what’s best for the health-care system,” said Tadrous, who was on the advisory committee that helped decide which minor ailments pharmacists should start prescribing for in Ontario.

Those ailments also include acid reflux, cold sores, oral thrush, allergies and hayfever, some types of rashes, painful menstruation, hemorrhoids, impetigo, insect bites and musculoskeletal sprains and strains. They can also prescribe preventative antibiotics for Lyme disease.



Concerns from the public or the medical community could be eased with a better understanding of what the changes actually mean – and the fact that pharmacists have already been prescribing medications in other parts of Canada for years, Tadrous said.

“We’ve been able to watch what’s occurred in other provinces and learn from it,” said Tadrous,

In Alberta, pharmacists can prescribe most medications, with the exception of narcotics.

Pharmacists in Saskatchewan, Manitoba, Quebec, New Brunswick, Prince Edward Island, Nova Scotia, Newfoundland and Labrador and Yukon can prescribe medication for several “common or minor ailments,” according to information gathered by the Canadian Foundation for Pharmacy and the Canadian Pharmacists Association.

British Columbia is set to allow pharmacist-prescribing for minor ailments and some forms of contraception this spring.

Beverley Zwicker, CEO and registrar for the Nova Scotia College of Pharmacists, said pharmacists outside Ontario are “sort of scratching our heads a little bit ... (about) a lot of hoopla over something that everyone has been doing for a long time, clearly without harm.”

The Canadian Press asked Belcher, Tadrous, Zwicker and other experts to respond to the three most common questions they’ve been getting.

**Question:** Could pharmacists miss potential serious diagnoses? For example, what if a heartburn complaint is really a heart condition, or an uncomplicated urinary tract infection is really a sexually transmitted infection?

**Response:** Pharmacists are clinically trained to recognize “red flags” when a patient comes in looking for a treatment for what appears to be a minor condition, Tadrous said.

Canadian pharmacy students get “just over 90 hours of instruction on these minor ailments,” said Belcher in an email.

“We have been assessing for these ailments as part of general practice, just without the ability to prescribe.”

Zwicker agreed, noting, for example, that customers were already coming in to seek advice on over-the-counter products that could help alleviate the symptoms of heartburn.

The only change with the ability to prescribe, she said, is that pharmacists can offer more suggestions for available treatments. During that interaction, pharmacists can talk to patients about what to do if their condition doesn't get better and redirect them to their doctor, nurse practitioner or the emergency department if there are indications it could be something more serious.

"Although what the public sees is mostly pharmacists dispensing medication, their scope is actually much broader," Zwicker said.



1:54

**Question:** Is there a financial conflict of interest for pharmacists to be prescribing drugs?

**Response:** "We are professionals and ethically bound to do what is best for our patients, no different than any other health-care professional," said Margaret Wing, chief executive officer of the Alberta Pharmacists' Association.

Pharmacists in that province have had the broadest prescribing scope in Canada for more than a decade, and there's no reason to believe inappropriate prescribing has occurred, she said.

“Pharmacists in Alberta are initiating 433,500 new prescriptions annually, or less than 1% of the total 55 million prescriptions dispensed annually in Alberta. I believe that is evidence that pharmacists are not over-prescribing,” Wing said in an email.

Ontario legislation stipulates a patient receiving a prescription from a pharmacist can fill it anywhere they choose, Tadrous said, meaning there’s not necessarily a financial incentive for the prescribing pharmacist.

There are potential conflicts of interest in any profession, Tadrous said, adding pharmacists are licensed and must follow professional ethics.

Plus, “in many cases, pharmacists aren’t paid by the prescription,” Tadrous said. “These are (mostly) people who work as employees somewhere, and if they give out more prescriptions ... there’s no incentive there for them.”

**Question:** Could giving prescribing powers to pharmacists lead to over-prescription of antibiotics and contribute to antimicrobial resistance (AMR)?

**Response:** There has been no “uptick” in antibiotic prescriptions in provinces where pharmacists have prescribing authority, Tadrous said.

“Most of the evidence points in the other direction – that pharmacists are better (antibiotic) stewards than physicians are,” he said.

Andrew McArthur, a professor at the David Braley Centre for Antibiotic Discovery and M.G. DeGroot Institute for Infectious Disease Research at McMaster University, agreed.

“Overall, pharmacists are highly trusted members of our health systems and already play a strong role in combatting AMR by ensuring patients do not misuse their antibiotics,” McArthur wrote in an email.

“One of the major drivers of AMR is patients stopping use early because they feel better and pharmacists have been key in reducing this behaviour.”



## ITEM 6.2

1047

October 24, 2022

Dear Colleagues,

Re: ABA & Dual Registration

The College of Psychologists of Ontario has been working towards welcoming Behaviour Analysts into what will be the new College of Psychologists and Behaviour Analysts of Ontario being established under the yet to be proclaimed [Psychology and Applied Behaviour Analysis Act, 2021](#). The Act creates the new health profession of Applied Behaviour Analysis with its own distinct scope of practice.

Once proclaimed, the Act will restrict the use of the title “Behaviour Analyst” to those professionals registered with the College. Under the Act, registration will be required both for non-regulated individuals as well as those already registered with another College. Many of you expressed concern in your submissions to the government about the burden that dual registration would place on the members of your College who practise Applied Behaviour Analysis. As you are aware however, the legislation was written such that any individual who wishes to use the title “Behaviour Analyst” or hold themselves out as qualified to practice Applied Behaviour Analysis, will be required to register with the new College of Psychologists and Behaviour Analysts. This includes those already registered with another regulatory College.

The scope of practice or activities that a Behaviour Analyst performs are not Controlled Acts as defined in the *Regulated Health Professions Act, 1991*, and are in the public domain. Many professionals registered with your Colleges may use behavioural techniques in their practice which will remain in the public domain after the Act is proclaimed. These practitioners will be able to continue to use these techniques and only those who wish to identify themselves as Behaviour Analysts will be required to register with the College.

Dual registration occurs often in many sectors as professionals may hold certificates of registration with more than one regulator in order to practice multiple professions. As proclamation approaches, we would be pleased to engage in discussions to develop a collaborative process for applying regulatory tools fairly and consistently (e.g., ICRC and Discipline) when dealing with members in common. This will ensure that these members are not subject to unnecessary regulatory burden while maintaining our public protection responsibility.

The College has circulated the draft regulations related to the regulation of Behaviour Analysts and we welcome and encourage your participation in the consultation process. The consultation documents can be viewed [here](#).

I look forward to working with you and continuing this important discussion.

Sincerely,

Rick Morris, Ph.D., C.Psych.  
Registrar & Executive Director

RESEARCH

Open Access

# A two-year follow-up: Twitter activity regarding misinformation about spinal manipulation, chiropractic care and boosting immunity during the COVID-19 pandemic

1048

Gregory Neil Kawchuk<sup>1,3\*</sup>, Steen Harsted<sup>2</sup>, Jan Hartvigsen<sup>2,3</sup>, Luana Nyirö<sup>4</sup> and Casper Glissmann Nim<sup>2,5,6</sup>

## Abstract

**Background** Spinal manipulative therapy (SMT) is offered by many health professions, most often by chiropractors. While SMT can be effective for some musculoskeletal disorders, there is no evidence that SMT improves human immunity in a clinically meaningful way. Despite this, we showed previously that Twitter misinformation about chiropractic/SMT improving immunity increased sharply at the start of the COVID-19 pandemic. Here, we perform a two-year follow-up.

**Methods** We previously employed specialized software (i.e. Talkwalker) to search the entirety of Twitter activity in the months before and after the COVID-19 pandemic was declared (March 11, 2020). In this paper, we conducted follow-up searches over two successive 12 month periods using terms related to SMT, immunity and chiropractic. The resulting tweets were then coded into those promoting/refuting a relation between SMT and immunity (tone) and messaging about chiropractic/interventions (content). Further analyses were performed to subcategorize tweet content, tally likes, retweets and followers, and evaluate refuting tweets and the country of origin. Finally, we created a chronology of Twitter activity superimposed with dates of promoting or refuting activities undertaken by chiropractic organizations.

**Results** Over the 27 month study period, Twitter activity peaked on March 31, 2020 then declined continuously. As in our first paper, our follow-up data showed that (1) the ratio of refuting/promoting tweets remained constant and (2) tweets that refuted a relationship between SMT and immunity were substantially more liked, retweeted and followed than those promoting. We also observed that promoting tweets suggesting that SMT improves immunity decreased more rapidly. Overwhelmingly, promoting tweets originated in the USA while refuting tweets originated in Canada, Europe and Australia. The timing of the decline in peak Twitter activity, together with a parallel decline in tweets claiming that SMT improves immunity, was coincident with initiatives by chiropractic organizations and regulators targeting misinformation.

**Conclusion** Overwhelmingly, Twitter activity during the COVID-19 pandemic focussed on refuting a relation between chiropractic/SMT and immunity. A decline in Twitter activity promoting a relation between SMT and immunity was observed to coincide with initiatives from chiropractic organizations and regulators to refute these claims. The majority of misinformation about this topic is generated in the United States.

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**Keywords** Social media, Twitter, Spinal manipulation, Chiropractic, Misinformation, Immunity

## Introduction

On March 11, 2020, the World Health Organization officially declared a pandemic for COVID-19 [1]. Since then, the SARS-CoV-2 virus has been responsible for more than 550 million infections and 6 million deaths [2].

As the pandemic evolved, the resulting mass of information generated by media, government, scientists and social media created what has become known as an “infodemic” [3]. Navigating this infodemic has become a challenge not only because of its sheer volume, but also because of the patchwork nature of information describing regional policies, spot outbreaks, new variants, and research distribution.

Adding to this challenge was the emergence and growth of pandemic-specific misinformation [4]. Defined as inaccurate information spread without specific intent, misinformation occurs regularly in daily life such as a misquoted address, but on a global level, misinformation wreaked havoc on efforts to combat the pandemic; sometimes with fatal consequences [4]. Specifically, the WHO has stated, “The unfolding of the COVID-19 pandemic has demonstrated how the spread of misinformation, amplified on social media and other digital platforms, is proving to be as much a threat to global public health as the virus itself [5].”

As a result, studying the genesis, spread and evolution of pandemic misinformation is a growing academic area that now places misinformation into categories about the virus itself, vaccines, politics, conspiracy theories and possible cures and/or interventions [6]. Early in the pandemic, before vaccinations or anti-viral drugs were available, a great amount of misinformation was focused on interventions purported to “boost” immunity for the prevention or mitigation of covid infections [7]. These “boosting” interventions are typically associated with optimizing basic human functions such as eating, sleep, exercise, or through specific products like nutritional supplements.

Included in these “immune-boosting” interventions is Spinal Manipulative Therapy (SMT) [8]. Most commonly delivered by chiropractors in the management of musculoskeletal conditions, SMT is sometimes promoted as having systemic effects including the ability to boost immunity [9]. While there is evidence supporting the use of SMT as an intervention for low back pain and other MSK conditions [10], we are not aware of any robust evidence that SMT, nor a specific profession that provides SMT, creates a clinically meaningful improvement in the human immune system [11, 12].

Nonetheless, we have shown that social media claims of a positive association between SMT provided in a chiropractic context, and boosting immunity, rose sharply at the onset of the pandemic [8]. Although these claims have also been documented outside of social media [9], our prior analysis of the entirety of Twitter data demonstrated that:

- Twitter misinformation claiming a positive relation between SMT and immunity increased dramatically during the onset of the COVID crisis compared to the 12 months prior.
- The potential reach (audience) of tweets refuting a link between SMT and immunity was 3 times higher than those promoting a link.
- Users with the greatest influence on Twitter, as either promoters or refuters, were individuals, not institutions or organizations.
- Of tweets mentioning a profession, chiropractic was most frequent.
- The majority of tweets promoting a relation between SMT and immunity were generated in the USA while the majority of refuting tweets originated from Canada.

Since then, we have collected two years of follow-up data with the goal of determining if, and how, Twitter messaging regarding SMT and immunity has evolved during the pandemic. Here, we compare Twitter data from the first 3 months of the pandemic (January 2020–March 2020), the next 12 months of the pandemic (April 2020–April 2021) and then the following 12 months (April 2021–April 2022).

Given the number of efforts by the chiropractic profession aimed at decreasing misinformation about chiropractic/SMT and immunity during the early pandemic, we hypothesized that: (1) tweet frequency regarding chiropractic/SMT and immunity would decrease, (2) the proportion of refuting versus promoting tweets would remain stable over time and (3) the content (chiropractic/intervention) of the promoting tweets would change over time.

## Methods

### Search strategy

Social media searching was performed using Talkwalker Quick Search (Luxembourg, Luxembourg), the details of which we have published previously [8]. Talkwalker searches were performed exclusively on Twitter data for

three time periods: period A (January 1, 2020–March 31, 2020), period B (April 1, 2020–March 31, 2021) and period C (April 1, 2021–March 31, 2022). We constructed our searches to identify tweets related to SMT, chiropractic and immunity. For period A (performed previously), our search terms were (adjust\* OR manipulat\* OR smt) AND (chiro\* OR physio\* OR “physical therap\*” OR naturo\* OR osteo\* OR napra\*) AND (immun\*). Based on our prior results from this search that showed chiropractic to be the profession most often associated with SMT and claims of boosting immunity, search terms for periods B and C were constructed as (smt AND immun\*) OR (chiro\* AND immun\*) AND NOT (immunocompromised) AND NOT (immune-compromised). The above searches identified tweets that contained the search terms in the body of the tweet as words and/or hashtags (e.g. #chiropractic). For each search result, individual tweet attributes were obtained including date, creator, messaging, country of origin, language, likes, retweets and followers.

#### Coding of tweets

Resulting tweets were coded manually for their tone using the Twitter Tone Index (TTI). The TTI [8] is a nominal index of four coding options: (1) promoting a relation between SMT and/or a profession providing SMT and improved immunity, (2) refuting that same relation, (3) neutral messaging or (4) irrelevant messaging. Prior calibration resulted in a Fleiss Kappa score of 0.85 interpreted as almost perfect agreement [13]. Three evaluators (LN, SH, CN) independently assessed each tweet using the TTI. Tweets not having complete agreement were discussed until agreement was obtained. Tweets in all four categories were tallied. Only tweets that were promoting or refuting were taken forward for analysis.

Search results were then coded for mentions of professions/interventions by the same evaluators. First, tweets were coded using any combination of the following 5 categories: chiropractic mentioned, SMT mentioned, health advice mentioned (not chiropractic or SMT), supplements mentioned, or other interventions mentioned. Again, Tweets not having complete agreement were discussed to determine a majority rating. From these results, the 5 content categories create 120 possible combinations (5 factorial). These were then pooled into three main categories based on their content: Chiropractic care only (CC), SMT only (SMT) and Chiropractic care with non-SMT interventions (noSMT).

Engagement was defined as the likes plus retweets linked to any one tweet while reach was defined as the number of followers associated with a tweet.

#### Data analysis

First, the number of tweets was tallied, as was engagement and reach, then stratified into promoting and refuting tweets. The data were then plotted over time as weekly totals and also plotted to show the proportion of promoting and refuting tweets for periods A, B and C.

We then divided absolute counts by the number of months in each period to arrive at monthly rates for tweets, measures of engagement and reach. These results were then plotted by period.

For refuting tweets, we tallied their content (chiropractic/intervention) coded as CC, SMT and CC noSMT for periods A, B and C then determined the percentage distribution of these three codes in each period. We then wanted to know if the percentage distribution of the three content codes in period A was preserved in period B and period C in order to determine if any change from period to period was spread equally between the three content codes, or if the content codes shifted unequally. We first divided code counts by the months in each period to determine the monthly rate of tweets for each code, then we did the same for the total number of codes in each period. Expecting the percentage distribution of the three content codes in period A would remain the same in period B, we calculated the expected change rate by dividing the total monthly rate in period B by the same in period A (39%) and then did the same from period B to C (46%). We then calculated the difference between the expected rate of change and the actual rate of change for each code in each period. This difference allowed us to determine if the changes in content codes distribution from period to period was spread equally across the three content codes, or if the codes changed unequally from period to period.

Tweets were then plotted geospatially with their individual latitude and longitude coordinates.

#### Chronological event plot

In order to illustrate potential impact of activity from chiropractic organizations and regulators designed to combat misinformation about SMT/chiropractic and immunity, we plotted weekly tweet counts together with the dates of these activities. Specifically, between March 10 and March 31, 2020 several chiropractic organizations made formal announcements that emphasized the lack of evidence for chiropractic/SMT and a clinically significant improvement in human immunity. These announcements came from several sources including a joint announcement from organizations in the United Kingdom (British Chiropractic Association, McTimoney Chiropractic, Scottish Chiropractic Association, United Chiropractic Association, Royal College of Chiropractors) [14],

the Canadian Chiropractic Association [15], the World Federation of Chiropractic [11], the European Union of Chiropractors Associate Members [16], a Facebook interview between the President of Parker University and a staff researcher [17], the American Chiropractic Association [18] and the Swedish Chiropractic Association [19].

In addition, several chiropractic regulators made official statements outlining the consequences of making misleading claims about chiropractic care, SMT, immunity and COVID infections (Fig. 6). Examples include statements from The College of Chiropractors of Alberta [20], The College of Chiropractors of British Columbia [21] and the Australian Health Practitioner Regulation Authority [22] with regulators from British Columbia [23] and Alberta using specialized software to monitor their member’s social media activity.

Finally, we plotted announcements from chiropractic organizations and individuals with contrary messaging [24–27].

**Results**

Our searches identified 916 tweets in total. After eliminating tweets coded as neutral (e.g. “#ChironRetrograde after yet another bout of reoccurring auto-immune”) or Irrelevant (e.g. “No one is immune to this situation. This is not a chiropractic thing”), there were 792 remaining tweets that were then stratified by period, Tone and tallied for metrics of engagement (Table 1, Figs. 1, 2 and 3).

Table 1 and Fig. 1 show that monthly tweet rates declined during the study from a high in period A (36/month promoting, 39/month refuting) to approximately half that in period B (16/month promoting, 15/month refuting) and then approximately half that again in period C (7/month promoting, 9/month refuting).

The ratio of tweets that promoted and refuted a relation between chiropractic/SMT and immunity was approximately equal in all time periods (Table 1, Fig. 2).

Likes, retweets and followers were plotted over time (Fig. 1) with proportions plotted in Fig. 3. Over the study, a much greater proportion of likes were expressed for refuting tweets which captured at least 90% of all likes compared to around 10% for promoting tweets. For

Retweets, the proportion in support of refuting tweets remained above 93% for all time periods. In periods A and C, followers of refuting tweets were in the majority at 99% and 84%, respectively. In period B, the percentage of followers between refuting and promoting tweets was roughly equal.

For tweets promoting a relation between chiropractic/SMT and immunity, tweet content (chiropractic/interventions) for period A (Table 3, Fig. 4) was distributed as follows: CC (38.9%), noSMT (13.9%) and SMT (47.2%). To maintain the same percentage distribution from period A to B, we would expect each of these three content codes to decrease equally by 39% each (Table 3). This was not observed. The proportion of CC, SMT and noSMT tweets changed at different rates from period A to B. Tweets promoting a positive relation between SMT and immunity decreased at a rate of 22% which was 17% faster than expected. Content coded as CC and noSMT decreased to 55% and 55% respectively, which was 15% and 16% slower than expected. Similarly, for periods B–C, the expected rate of decline was 46%. In this period, promoting tweets coded as SMT declined faster than expected (40%) while CC and no SMT tweets declined less quickly than expected (48% and 52% respectively).

Geospatial analysis demonstrated that over all time periods, tweets that promoted a positive relation between chiropractic/SMT and improved immunity originated overwhelmingly in the USA whereas tweets that refuted such a relationship originated primarily in Canada, Europe and Australia. Figure 5 shows the distribution of promoting and refuting tweets for each time period.

Figure 6 plots total Twitter activity over time with the superimposed dates of announcements from chiropractic organizations and regulators that were designed to either refute, or promote, a relation between chiropractic/SMT and immunity.

**Discussion**

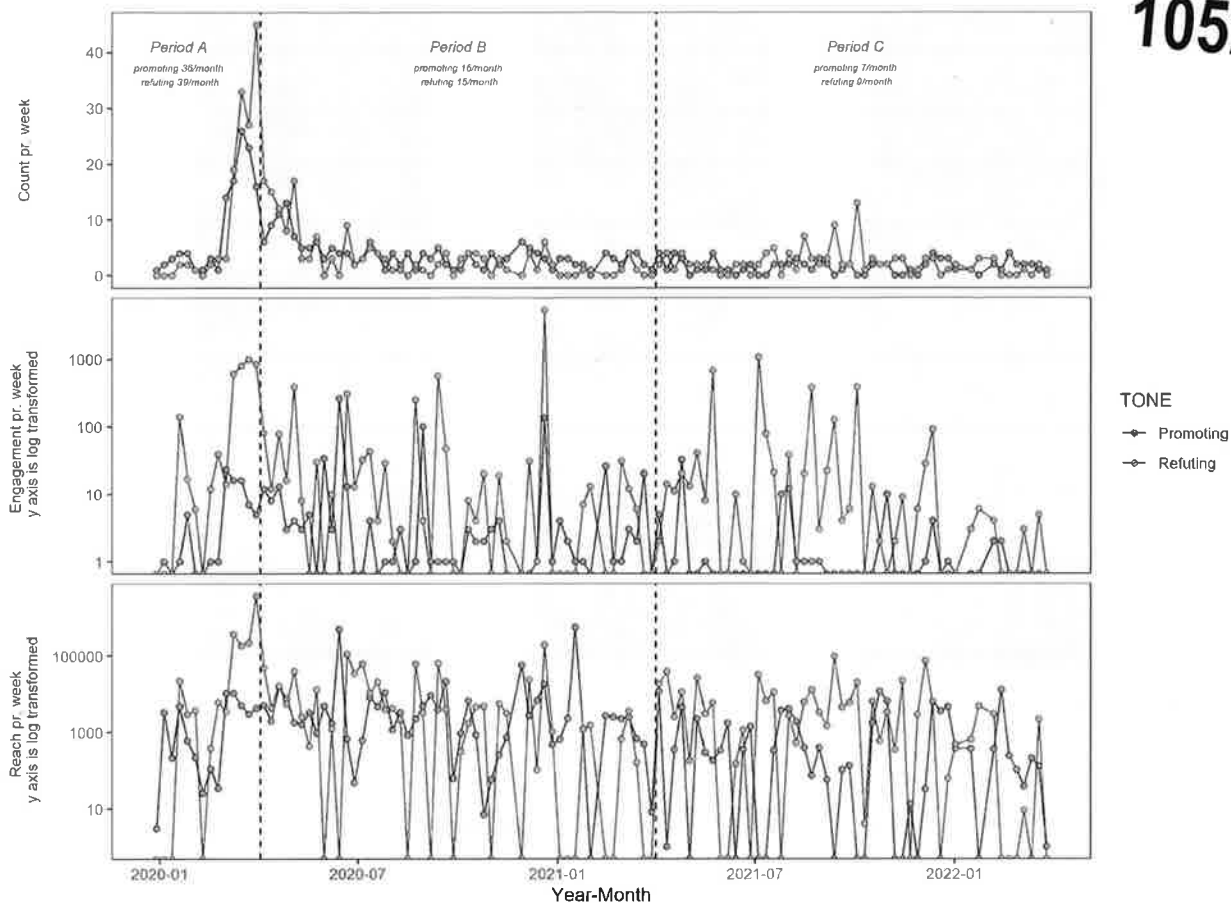
This paper presents a 27 month time-series analysis of Twitter messaging related to chiropractic/SMT and immunity. From January 1, 2020, Twitter activity increased until March 31, 2020 when it peaked then

**Table 1** Absolute counts and rates (per month)

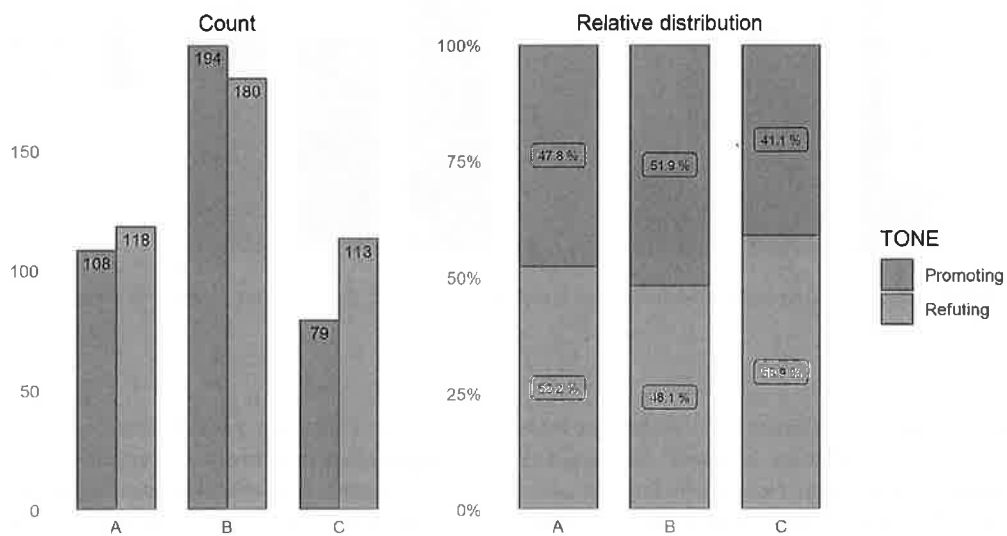
Period	Tone	Tweet count	Total likes	Total retweets	Total followers	Count rate	Like rate	Retweet rate	Follower rate
A	Promoting	108	44	23	38,757	36	15	8	12,919
	Refuting	118	1837	558	42,71,250	39	612	186	14,23,750
B	Promoting	194	581	114	12,86,766	16	48	10	1,07,230
	Refuting	180	7053	1484	9,99,842	15	588	124	83,320
C	Promoting	79	61	26	82,939	7	5	2	6912
	Refuting	113	2657	484	4,40,109	9	221	40	36,676



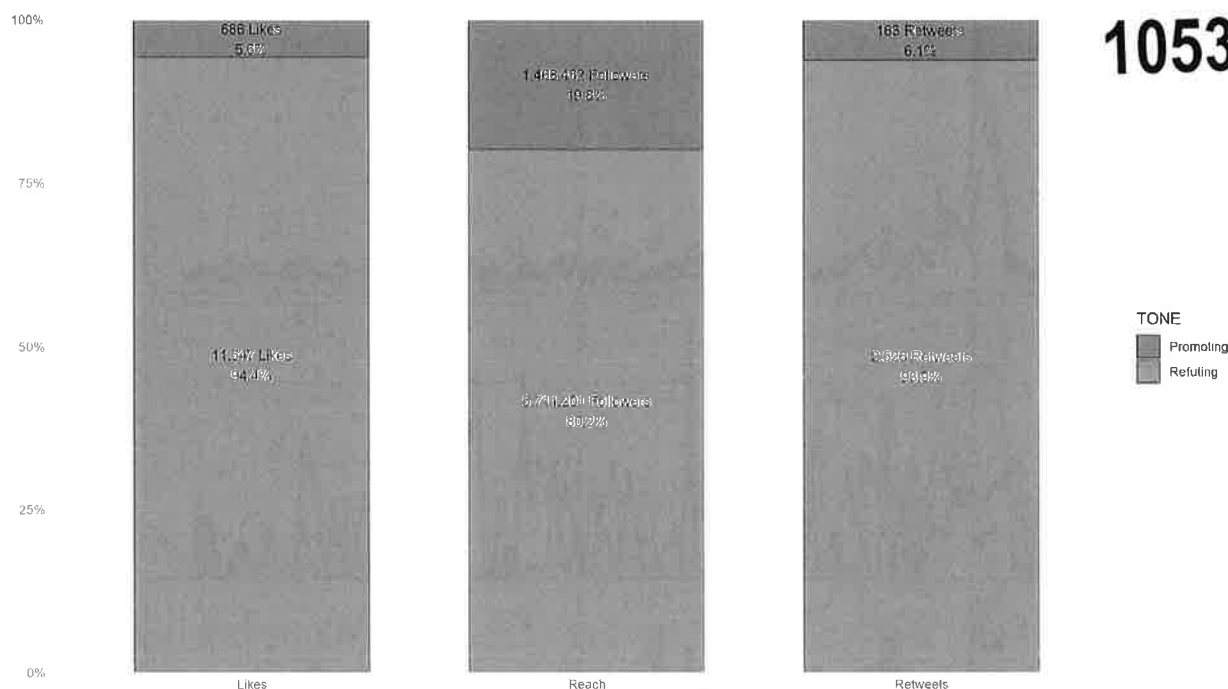
1052



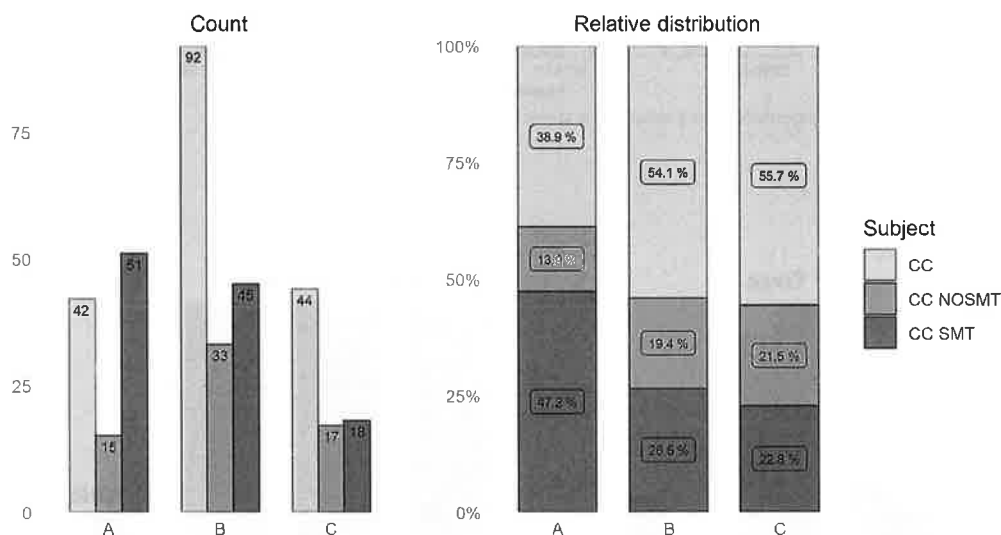
**Fig. 1** Weekly count of tweets, engagement (likes + retweets) and reach (followers)



**Fig. 2** Absolute and relative distribution of promoting and refuting tweets by period



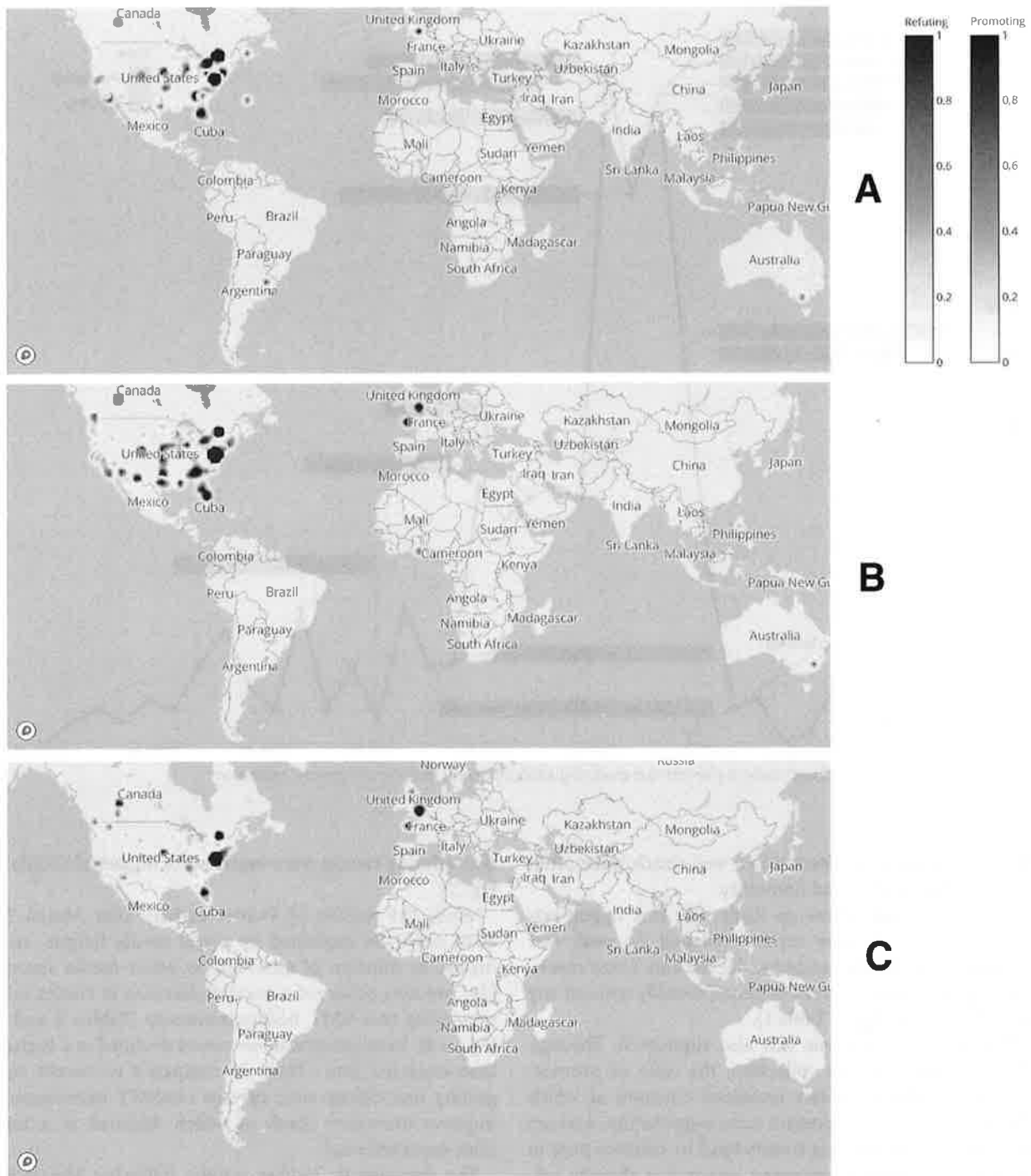
**Fig. 3** Total engagement (likes plus retweets) and reach (followers)



**Fig. 4** Proportion of subject content (chiropractic/interventions) in promoting tweets (CC, SMT, CC noSMT) in monthly tweet rates for each time period

declined steadily over the remaining 24 months. The ratio of tweets promoting a relation between chiropractic/SMT and immunity and those tweets refuting the same relation, remained relatively constant over the 27 months. Metrics of engagement overwhelmingly supported tweets that refuted a relation between chiropractic/SMT and

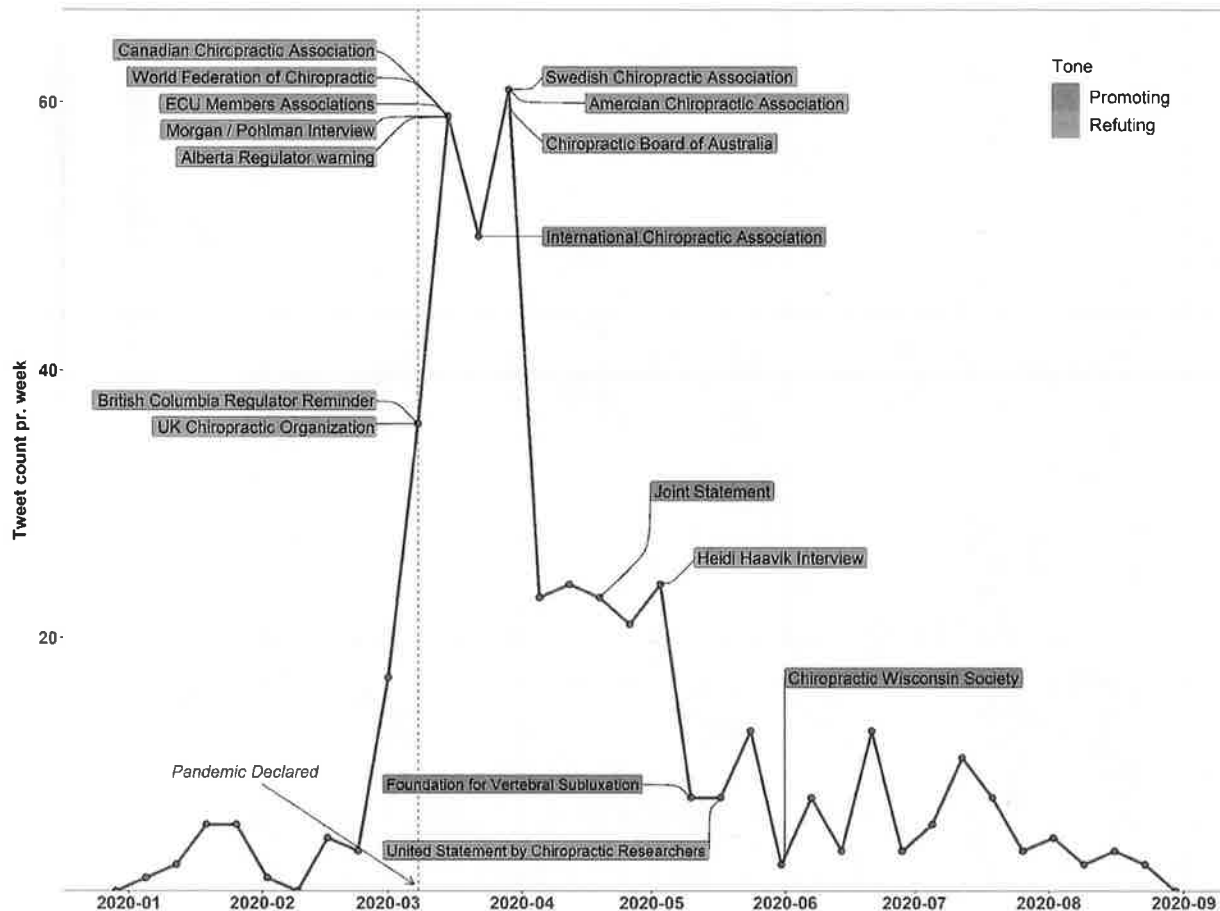
immunity. Following peak Twitter activity, tweets promoting a relation between chiropractic/SMT and immunity decreased at a rate that was higher than expected. Possible reasons for this observation include efforts by chiropractic organizations and regulators to address misinformation early in the pandemic. There remains a



**Fig. 5** Geospatial heat map of promoting and refuting tweets in time periods A, B and C

divide between the geospatial origin of tweets promoting a relation between chiropractic/SMT and immunity (United States of America) and tweets refuting this relation (Canada, Europe and Australia).

It should be noted that in our previous paper, chiropractic was mentioned most often in tweets associated with immunity (21%) followed by naturopathy (6%). As a result, this two-year follow-up was limited specifically



**Fig. 6** Tweets superimposed with dates of promoting and refuting announcements from the chiropractic profession

to the chiropractic profession as it was clearly most often associated with SMT and immunity.

In this two-year follow-up study, our first hypothesis was supported; Twitter activity reached its peak just 20 days following the pandemic declaration. Once reaching its peak, Twitter activity declined steadily without any sign of rebound (Fig. 1, Table 1).

Our second hypothesis was also supported. Through the 27 months of data collection, the ratio of promoting versus refuting tweets remained constant at ~50% (Table 2, Fig. 2). This constant ratio suggests that authors of promoting or refuting tweets tend to counter-post in response to tweets of opposing viewpoints thereby balancing out the ratio over time.

Interestingly, engagement and reach of promoting versus refuting tweets were far from equivalent. As was the case in our first paper [8], the total likes, retweets and followers of refuting tweets were orders of magnitude greater compared to promoting tweets. The result was

that refuting tweets were much more impactful (Table 1, Fig. 3).

While the decline of Twitter activity after March 31, 2020 could be explained by social media fatigue, confusion, or dilution of attention by other media sources [28], we also observed a parallel decrease in tweets with messaging that SMT boosts immunity (Tables 2 and 3, Figure 4). Interestingly, these tweets declined at a higher-than-expected rate (Table 3) compared to tweets suggesting that chiropractic care or nonSMT interventions improve immunity (both of which declined at a less-than-expected rate).

The decrease in Twitter activity following March 31, 2020, combined with a coincident decrease in controversial tweets with messaging that SMT boosts immunity, strongly suggests the appearance of some external factor driving these parallel changes. While we cannot confirm the chiropractic announcements plotted in Fig. 6 caused a parallel decline in Twitter activity and SMT messaging, the intended effect was observed; there is quantitatively

**Table 2** Engagement of tweets (absolute counts and monthly percentages) stratified by period and content

Period	Content	Tweet count	Total likes	Total retweets	Total followers	% Count	% Likes	% Retweets	% Followers
A	CC	42	14	5	17,856	38.9	32	22	46
	CC NOSMT	15	16	14	7329	13.9	36	61	19
	CC SMT	51	14	4	13,572	47.2	32	17	35
B	CC	92	212	49	1,40,176	54.1	37	44	11
	CC NOSMT	33	82	29	5,78,450	19.4	14	26	47
	CC SMT	45	278	33	5,16,349	26.5	49	30	42
C	CC	44	21	7	69,057	55.7	34	27	83
	CC NOSMT	17	37	18	11,787	21.5	61	69	14
	CC SMT	18	3	1	2095	22.8	5	4	3

less misinformation on Twitter regarding SMT and immunity. Interestingly, the timing of these contrary efforts was not associated with any contrary rise in Twitter activity nor contrary increase in SMT messaging.

The resulting decrease in Twitter activity, together with the parallel decrease in tweets linking SMT to improved immunity, may have been sustained by other activities occurring weeks or months after peak Twitter activity and include:

- A unified statement from more than 150 chiropractic researchers against the claim that chiropractic care boosts immunity [29].
- An interview with a prominent chiropractic vitalistic researcher who stated that “because we have no studies yet that look at would chiropractic care prevent you from getting sick or would chiropractic care reduce the symptoms of being sick or the frequency of getting sick? Those studies haven’t been done yet.” [30].
- The emergence of interventions over the course of the pandemic (social distancing, vaccines and antiviral medications) that mitigated infection and/or serious consequences of covid infection (hospitalization, long-covid, death), acting to make messaging about boosting immunity less relevant, urgent or attention-grabbing.
- Changes in Twitter policy designed to target misinformation, and account owners who distribute misinformation.

Although the overall decline in tweets promoting SMT as a positive influence on immunity is a desirable development, we note that the remaining proportion of tweets extolling a positive benefit of chiropractic care on immunity is no less of a concern. Although we cannot know the intent of those posting to social media, we suspect that given the factors listed above (especially

increased regulatory oversight), some tweet authors may have consciously or unconsciously developed a Trojan Horse strategy by de-emphasizing controversial messaging about SMT while alternatively promoting the profession that provides it. It must be emphasized here that replacing SMT with chiropractic care to suggest a positive effect on immunity, is also misinformation. As is the case with SMT, there is no evidence that chiropractic care, however it may be defined, generates a clinically meaningful improvement in human immunity compared to those withheld from the same intervention. Importantly, we acknowledge studies that report changes in immune parameters following SMT, but these studies have not shown clinical significance in humans. They join an almost endless list of other studies showing any number of changes in anatomy, physiology, various biomarkers and neurology post-SMT. The critical point in the evolution of this body of literature is that for any of these observed changes to be meaningful, these changes must result in a clinically important improvement in human health compared to persons who do not receive the same intervention(s) [11].

Our observation that the majority of promoting tweets originate in the United States is in agreement with the data from our prior paper. While it is difficult to know the global extent of all prompting and refuting messaging outside of Twitter, we also note that announcements from chiropractic organizations that promoted the idea of chiropractic/SMT improving immunity also came primarily from the United States. Explanations for this geographic separation are not readily available, but possible avenues of future investigation may include comparing the proportion of senior versus early career chiropractors in various countries and the location of chiropractic schools that emphasize conservative or dogmatic chiropractic views [31].

1057

**Table 3** Overall tweet rates with the expected and actual tweet rates between time periods

Content	Number of promoting Tweets			Tweets/m			Proportion of tweets/m (%)			Period A–B			Period B–C		
	Period A	Period B	Period C	Period A	Period B	Period C	Period A	Period B	Period C	Expected rate of to preserve proportion (%)	Actual rate of change (%)	Difference (%)	Expected rate of to preserve proportion (%)	Actual rate of change (%)	Difference (%)
CC	42	92	44	14.00	7.67	3.67	39	54	56	39	55	15	46	48	1
noSMT	15	33	17	5.00	2.75	1.42	14	19	22	39	55	16	46	52	5
SMT	51	45	18	17.00	3.75	1.50	47	26	23	39	<b>22</b>	<b>-17</b>	46	<b>40</b>	<b>-6</b>
Total	108	170	79	36.00	14.17	6.58	100	100	100						

Bold values indicate a decline in expected tweet rates

### Limitations

It is important to emphasize that it is not possible to confirm the occupation or affiliation of those who author tweets. In addition, Twitter was selected for this study as its entire corpus is searchable. While there is evidence that other social media outlets such as Facebook have many more posts regarding this issue, the majority of these posts occur within private groups and are therefore inaccessible to systematic searching and analysis. The ability to search and track content of Tweets is an advantage and is indicative of the volume of activity in a specific topic. It is also a common way of measuring impact of social media and it is done in many different ways including through Altmetric ([www.altmetric.com](http://www.altmetric.com)). However, it must be remembered that measures of engagement do not guarantee that tweets, like any other written content, influences actions or public opinion.

In rating Tweets, the TTI is a new tool that is not used widely, therefore, we took great care discussing its development in our prior paper and then how it was applied here by the same investigators using the same processes to resolve any disagreement.

Finally, it is important to note that we do not infer causal relationships between events and twitter claims; we simply describe what was observed and suggest there is a striking pattern between these events.

### Conclusion

Overwhelmingly, Twitter activity during the COVID-19 pandemic focussed on refuting a relation between chiropractic/SMT and immunity. We observed that a decline in Twitter activity promoting a relation between SMT and immunity coincided with initiatives from chiropractic organizations and regulators to refute these claims. The majority of misinformation about this topic is generated in the United States.

### Abbreviations

CC	Chiropractic care
noSMT	Chiropractic care with non-SMT intervention
SMT	Spinal manipulative therapy
TTI	Twitter tone index

### Acknowledgements

The authors would like to thank the staff at Talkwalker for their technical support and expertise.

### Author contributions

All authors (GK, JH, SH, CN, LN) developed, wrote, edited and proofread this work. All author(s) read and approved the final manuscript.

### Funding

Funds from the Canadian Chiropractic Research Foundation were used to purchase Talkwalker access.

### Availability of data and materials

All data generated or analysed during this study are included in this published article.

### Declarations

#### Ethics approval and consent to participate

Approval for this project was provided by the University of Alberta Human Research Ethics Board (Pro00099881).

#### Consent for publication

Not applicable.

#### Competing interests

GK reports active research grants unrelated to this work from The Natural Sciences and Engineering Research, The National Institutes of Health, The Alberta Spine Foundation, The American Orthotic and Prosthetic Association, The New Frontiers in Research Fund and the Canadian Chiropractic Research Foundation. He has received coverage of travel expenditures from multiple sources internationally in connection with speaking engagements. Fees for medical-legal expertise unrelated to this work from the Canadian Chiropractic Protective Association. JH reports that he holds multiple research grants from Danish and international funding agencies and charities. He has received coverage of travel expenditures from multiple sources internationally in connection with speaking engagements. SH has no declarations, CN has no declarations, LN has no declarations.

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Received: 26 September 2022 Accepted: 6 December 2022

Published online: 23 January 2023

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## A Long Time Coming

by Erica Richler  
November 2022 - No. 272

In May of 2019 we predicted that Harry Cayton's report on the regulation of health professions in British Columbia would be transformative: [The Cayton Report: The Wolf Finally Arrives](#). That prediction is coming true.

That report led to recommendations from the [Steering Committee on Modernization of Health Professional Regulation](#) in August of 2020, which adopted the bulk of the Cayton report. Late last month, Bill 36, the [Health Professions and Occupations Act](#), was introduced implementing the thrust of both documents, and a whole lot more.

The Cayton report, or at least the trends that it embodies (e.g., smaller Boards, an oversight body, separation of the Board and committees), have influenced regulatory reform across Canada since 2019. Bill 36 surpasses them all.

The delay in introducing legislation may be attributed, at least in part, to its length. At 276 packed pages containing 645 sections, the Bill is massive. This reflects a "command and control" approach (somewhat inconsistent with Cayton's call for greater flexibility for the regulators) that will likely cause challenges for the regulators in the future.

Another contributing factor to the delay likely related to including comprehensive requirements for cultural sensitivity and humility, including reconciliation and meaningful consultation with Indigenous peoples.

### Governance Reform

Bill 36 fundamentally restructures the governance of health professions in British Columbia. Features include:

- Language will be updated. For example, the Councils will be called "Boards" and practitioners will be called "licensees", not members.
- Smaller Boards (eight to 12 members).
- A rigorous, arms-length, competency-based selection system for Board members that is operated by neither the government nor the regulators.
- The Board will have equal public and professional members.
- The Board will focus on policy-making and oversight; they are prohibited from attempting to influence individual regulatory decisions.
- Term limits for Board members (a lifetime limit of 12 years).
- The mandate for regulators is focused primarily on safety and prevention of harm by licensees.
- Separation, and indeed, independence, of the discipline tribunal from the regulator.
- Amalgamation of regulatory bodies can be imposed by the Minister. This is expected to occur.
- A strong oversight body (i.e., the office of the Superintendent).
- The professions' role with their regulator is limited to being consulted; they will no longer be able to approve policy decisions or regulatory changes.

### Going Beyond Cayton

Bill 36 contains too many innovations and directions to describe here. Many go beyond the Cayton core proposals. Some of the provisions that may be of interest to other regulators include the following:

- A streamlined regulatory regime is established for health occupations (essentially practitioners who implement care rather than

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determine care). Thus, there is a two-tiered regulatory approach.

- Much of the work previously done by committees is transferred to the Board (for policy aspects) and staff (for operational aspects). The only committees operated by the regulator are the investigation committee, licensing committee and the “permit committee” for professional health corporations.
- Regulators are required to establish a support program that includes providing information to eligible vulnerable complainants and similarly situated individuals. It is contemplated that regulators will jointly operate such a program(s). Decisions in respect of eligibility and the nature of support are anticipated to be separated from the College staff team.
- The public registry for the regulators will likely contain more information about licensees than is currently provided. However, details are still to come. Cayton’s proposal for a single registry for all health professions seems to have disappeared.
- Regulators are required to operate a program to review and act on unauthorized practice concerns.
- Not surprisingly, there are provisions that address how the Minister can conscript regulators to assist in public health emergencies.
- Discrimination, by either the regulator or licensees, is discussed in numerous places in the Bill. There is a provision that could require regulators to collect and report demographic data that might assist in understanding and addressing systemic discrimination.
- The discipline provisions contain several powers to reduce the trauma for vulnerable complainants and witnesses including limits on their cross-examination and other possible restrictions on the participation of licensees in their own discipline hearing.

The office of the Superintendent is given extensive oversight powers including the power to conduct reviews, audits, and investigations. One of the more surprising provisions imposes a duty upon the Superintendent to receive and dispose of governance complaints against regulators. This likely includes breaches of the fiduciary duties by the leadership of a regulator, such as acting in a conflict of interest or participating in a breach of confidentiality. However, one can also expect complaints challenging decisions of the Board of a regulator on the basis that a proper procedure was not followed or that relevant considerations were not taken into account.

Bill 36 may be a sign of changes to come for professional regulators across the country.

### Measuring Regulatory Performance Part 1 – Recurring Features

by Rebecca Durcan  
December 2022 - No. 273

How should regulators measure their regulatory performance? We were surprised at a [newspaper reporter's observation](#) that securities regulators were less effective regulators because they obtained lower fines and less prison time than in previous years.

We have conducted a review of the most recent annual reports (all for 2021) of ten Ontario regulators. Five were for regulators of health professions and five were for regulators for other professions. We selected a mix of larger, medium and smaller sized regulators. Our goal was to identify what objective measures of performance the regulators highlighted in their annual reports.

We were struck by the diversity of approaches taken to annual reports. A few were innovative and looked like a PowerPoint presentation with less narrative. Other reports were more traditional. For example, they contained statements from organizational leaders, recognized the contributions of board and committee members, included reports from all or the more significant committees or program areas, described recent initiatives, and attached a copy of the financial statements of the organization.

In our assessment, six of the regulators predominately followed the traditional model, even though performance measures were also included in the reports. For example, one report from a smaller regulator listed the names of all of the registrants who were no longer members for various reasons (e.g., retirement, resignation, revocation, suspension, death). Another report listed the registrants who had passed away in the previous year. One annual report was dominated by a transcript of the verbal

presentation made at the annual general meeting of its registrants.

This two-part series of articles is not intended to take away from the importance of qualitative information. For the foreseeable future, prose descriptions, analysis, proposals, and predictions about regulatory activities will continue to provide immensely significant information about the performance of regulators.

However, the main take away from these articles is to examine how regulators of professions can choose to publish quantifiable measures of their performance.

### Dashboards

Dashboards provide a pictorial or graphic display of information that allows the reader to quickly assess information. Dashboards are increasingly used by organizations to provide executive level insight to Boards or Councils so as to enable high level monitoring while, at the same time, discouraging operational level intrusion.

Seven of the reports contained a significant amount (ten or more) of dashboards in their annual report.

A somewhat related concept is the length of the report. Reports containing numerous dashboards tended, with notable exceptions, to be shorter and less wordy than reports with fewer dashboards. Three of the reports were fewer than 25 pages and three contained between 26 and 50 pages. Four of the reports were over 50 pages long. One was over two hundred pages long. Another of the longer reports was difficult to measure in this way because the report was in a webpage format with numerous links. In total, the report would have been many hundreds of paper pages long.

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### Throughput Numbers

All of the reports contained “throughput numbers” such as the number of applicants registered, the number of registrants participating in some form of quality assurance, the number of complaints, or the number of discipline hearings. Interestingly, which throughput numbers were included varied although most included registration, complaints / investigations and discipline numbers.

Seven of the reports compared at least some of the throughput numbers to previous years so that comparisons could be made.

Five of the reports provided information about the nature of the outcomes of complaints, investigations and discipline proceedings. Five of the reports (but not precisely the same five) also set out the frequency of the type of concerns raised (e.g., professionalism, standards of practice, competence, practice management). Some of the reports may have minimized this information because the information was contained elsewhere (e.g., for the health regulators, in their College Performance Measurement Framework<sup>1</sup> (CPMF) reports). In fact, one report referenced the CPMF and reported on its degree of compliance with the CPMF requirements rather than to report on those matters directly in its own annual report.

Eight of the reports contained information about the outcomes of quality improvement activities, such as participation rates in the programs and the percentage of successful completion of activities on a first attempt.

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<sup>1</sup> While some might view the College Performance Measurement Framework (CPMF) reports of the health regulators as representing a better presentation of their performance, this article focuses on the annual reports of the regulators. The performance measures contained in the

### Timeliness

Surprisingly, perhaps, given the recent emphasis on timeliness, including by the courts, only three of the reports contained at least some indication of how quickly core regulatory activities (e.g., processing applications for registration, assessing complaints, completing discipline hearings) were accomplished.

### Surveys

Three of the reports contained results of surveys. These included registrant satisfaction with their participation in the quality improvement program, participant satisfaction with continuing professional development programs offered by the regulator, satisfaction surveys about mentoring programs, and satisfaction with the practice management helpline.

Another report contained reference to one survey result related to customer satisfaction with its customer service in responding to inquiries.

### Preliminary Observations

Annual reports of regulators are quite diverse in format and content. Even recurring measures of performance are not universally adopted and vary in their presentation. As such, regulators and policy makers can learn much by studying the annual reports of other regulators and adopting the more useful performance measures for themselves.

CPMF reports are prescribed externally through a government-led process. The performance measures in a regulator’s annual report are largely (there are some minimum requirements that are externally imposed) chosen by the regulator themselves.

## Part 2

In Part 2 of this series, we will look at some of the less common and even unique performance measures contained in some regulators' annual reports.

To see the reports themselves, go to:

- [AOLS](#)
- [CMLTO](#)
- [CMO](#)
- [CNO](#)
- [COptomO](#)
- [CPSO](#)
- [HRPA](#)
- [LSO](#)
- [OAA](#)
- [RECO](#)

### Measuring Regulatory Performance Part 2 – Less Common Features

by Rebecca Durcan  
January 2023 - No. 274

How should regulators measure their regulatory performance? As noted last month, we were surprised at a [newspaper reporter's observation](#) that securities regulators were less effective regulators because they obtained lower fines and less prison time than in previous years.

We have conducted a review of the most recent annual reports (all for 2021) of ten Ontario regulators. Five were for regulators of health professions and five were for regulators of other professions. We selected a mix of larger, medium and smaller sized regulators. Our goal was to identify what objective measures of performance the regulators highlighted in their annual reports.

In Part 1 we examined the more common or recurring performance measures contained in regulatory annual reports. In this Part we will look at less frequently used measures of performance that some regulators chose to publish.

#### Demographic Data

Demographic data about a profession is not a performance measure in itself. However, the data can be relevant to assisting policy makers in workforce planning (e.g., age range, full or part-time practice, areas of practice). Five of the reports provided at least some of this sort of information.

In addition, some EDI data (e.g., race, gender, age, country of education) can be relevant to equity, diversity, and inclusion initiatives. Three of the reports provided this information, again to varying degrees.

### Inquiry Response Times

One of the reports contained data on response times for inquiries from registrants or the public. For example, what percentage of inquiries were responded to within 24 or 48 hours.

Another report contained data on the average time callers to their call centre were placed on hold. The regulator reported a significant increase in wait times that was well over its target prompting a discussion of its origin and measures taken to address the concern.

Another report did not contain this information but provided the total number of inquiries received and responded to by the practice advisor to registrants (i.e., a throughput number). Another report indicated an enhanced commitment from two-days to one-day response times but did not report on its success.

### Communications

Four of the reports set out statistical information about the effectiveness of their communications such as the frequency with which messages from the CEO were opened, or the number of social media followers, impressions, and engagements. One regulator provided detailed statistics of coverage of its activities by print, broadcast and online media and the number of media inquiries. Most regulators probably have at least some of this data but did not consider it worthy of inclusion in their annual report.

### Board Performance

One of the reports contained interesting measures of the performance of the governing Board. Examples included dashboards on percentage of Board members who attended meetings, percentage of Board members who attended orientation sessions, whether the Board assessed the CEO's performance, the hours of continuing education provided to Board members, and an evaluation of whether the Board

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## A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

members accurately responded to questionnaires about their understanding of their public interest role. Most of the dashboards for this portion of the report contained targets that the regulator was attempting to achieve.

### Regulatory Performance

As noted in Part 1, all of the health regulators are required to report on a government-required College Performance Measurement Framework (CPMF). In addition, one of the regulators has developed its own voluntary performance measurement framework that uses criteria analogous to that used by the Professional Standards Authority of the United Kingdom. The regulator assessed whether it has met the twenty standards (e.g., Regulation is proportionate to the risk of harm being managed).

### Other Unique Features

Some of the reports contained additional measures of performance that were not found in the other reports.

One regulator had a link to separate report on its EDI initiative. That report contained information about the number of visits to the EDI page on its website compared to total visits to its website (0.03% of total site traffic). The report also gave the number of pageviews of its five EDI cover stories in its newsletter, which figure was more than six times the number who had visited its EDI page. One could describe this kind of reporting both courageous and informative.

One of the reports limited the information reported to a single theme (i.e., how the regulator is strengthening the health care system, especially during the pandemic).

As noted in Part 1, one of the reports was in a webpage format with multiple links to specific documents. The cumulative report was hundreds of pages long. It was quite difficult for someone not

familiar with the organizational structure to navigate or to locate specific information. However, there were scores, if not hundreds, of performance measures to be found on many aspects of its operations.

Another regulator contained statistics of the use of online communities it had set up, including the number of active users, the number of users who had posted discussions, and the number of volunteers that were involved.

One of the reports contained information about its privacy improvements including a 52% reduction in boxes of paper stored off-site.

Another regulator reported on its commitment to providing services in French. Interestingly, despite its receiving over a hundred thousand calls, only 15 were in French. In addition, despite receiving over 2000 complaints, only one was in French.

### Conclusion

Regulators continue to work towards trying to identify and publish meaningful measures of their performance. The regulators' annual reports are an intuitive place in which to publish these statistics. However, there is little consensus in identifying which performance measures are relevant, useful, and quantifiable. Much more work needs to be done before consistent and meaningful reporting can be provided by regulators.

In the meantime, regulators will continue to provide qualitative reporting and, occasionally, rely on third party reviews.

To see the reports themselves, go to:

- [AOLS](#)
- [CMLTO](#)
- [CMO](#)
- [CNO](#)

ITEM 6.5

1067

**Council Member Terms as of February 4, 2023 <sup>1</sup>**

Name	District	Date First Elected/Appointed	Date Re-elected/ Reappointed	Date of Expiry of Current Term
<u>Elected Members</u>				
Dr. Michael Gautier	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	NA	April 2023
Dr. Colin Goudreau	6 (Western)	April 2020	NA	April 2023
Dr. Sarah Green	5 (Central West)	April 2020	NA	April 2023
Dr. Paul Groulx	2 (Eastern)	April 2019	April 2022	April 2025
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021	April 2024
Dr. Angelo Santin	1 (Northern)	April 2021	NA	April 2024
Dr. Julia Viscomi	4 (Central)	April 2021	NA	April 2024
<u>Appointed Members <sup>2</sup></u>				
Ms Anuli Ausbeth-Ajagu	Mississauga	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Markus de Domenico	Toronto	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Gagandeep Dhanda	Mississauga	April 9, 2020	April 9, 2021	April 9, 2024
Ms Robyn Gravelle	Burlington	May 16, 2019	May 16, 2020	May 16, 2023
Ms Zoe Kariunas	Toronto	October 14, 2021	NA	October 14, 2024
Mr. Scott Stewart	Cavan Monaghan	March 4, 2022	NA	March 4, 2025
Mr. Shawn Southern	Union	October 8, 2020	October 8, 2021	October 7, 2024

<sup>1</sup> Please advise Ms Rose Bustria a.s.a.p. if you aware of aware of any discrepancies.

<sup>2</sup> CCO requires at least 6 public members to be properly constituted.