

COLLEGE OF CHIROPRACTORS OF ONTARIO



**PUBLIC ELECTRONIC INFORMATION PACKAGE FOR
COUNCIL (IN-PERSON) MEETING
WEDNESDAY, APRIL 19, 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

MISSION

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

VISION

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

VALUES

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

STRATEGIC OBJECTIVES

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.
3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Developed at the strategic planning session: September 2017

CCO CODE OF CONDUCT FOR CURRENT AND FORMER 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

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 interests¹;
9. refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards;²

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

² 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 stakeholder³ on behalf of CCO, including on social media, unless authorized by Council⁴;
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: _____

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

⁴ This does not preclude Council members from communicating about CCO, provided they are not communicating on behalf of CCO.

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

Approved by Council: September 20, 2014

Amended: June 17, 2020

1. In this Schedule, "Council Member" means a Member of the Council of the CCO.
2. Each agenda topic may be introduced briefly by the person or committee representative raising it. Council Members may ask questions for clarification. However, a Council Member shall make a motion and another Council Member shall second the motion before it can be debated.
3. When any Council Member wishes to speak, they shall so indicate by raising their hand. When speaking the Council Member shall address the presiding officer and confine themselves to the matter under discussion.
4. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to provide information or answer specific questions about the matter.
5. Observers at a Council meeting shall not speak to a matter that is under debate.
6. A Council Member shall not speak again on the debate of a matter until every other Council Member of Council who wishes to speak to it has been given an opportunity to do so. An exception is that the person introducing the matter or a staff person or consultant may answer questions about the matter. Council Members shall not speak to a matter more than twice without the permission of the presiding officer.
7. No Council Member may speak longer than five minutes upon any motion except with the permission of the Council.
8. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a committee.
9. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
10. When it appears to the presiding officer that the debate on a matter has concluded, that Council has passed a motion to vote on the motion or that the time allocated to the debate of the matter has concluded, the presiding officer shall put the motion to a vote.
11. When a matter is being voted on, no Council Member shall enter or leave the Council room, and no further debate is permitted.

12. No Council Member shall be present in the room, participate in a debate or vote upon any motion in which they have a conflict of interest, and the vote of any Council Member so interested shall be disallowed.
13. Any motion decided by the Council shall not be re-introduced during the same session except by a two-thirds vote of the Council then present.
14. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the by-laws, the presiding officer shall rule the motion out of order and give reasons for doing so.
15. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
16. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances unless the Council requires strict adherence.
17. Council Members shall not discuss a matter with observers while it is being debated.
18. Council Members shall turn off their electronic devices during Council meetings and, except during a break in the meeting, shall not use their electronic devices. Computers shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate. The presiding officer may make reasonable exceptions (e.g., if a Council Member is awaiting an important message on an urgent matter).
19. Council Members shall be silent while others are speaking.
20. In all cases not provided for in these rules or the by-laws, the current edition of Robert's Rules of Order shall be followed so far as they may be applicable and consistent with these rules.

List of Commonly Used Acronyms at CCO

as at November 17, 2022

Acronym	Full Name
ACE	Accessing Centre for Expertise, Dalla Lana School of Public Health, University of Toronto
ADR	Alternative Dispute Resolution
AFC	Alliance For Chiropractic (formerly CAC)
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

Acronym	Full Name
OCA	Ontario Chiropractic Association
ODP	Office Development Project
OFC	Office of the Fairness Commissioner
OHIP	Ontario Health Insurance Plan
OHPR	Ontario Health Professions Regulators
OHR	OntarioHealthRegulators.ca (HPRO's public-focused website)
OHRC	Ontario Human Rights Commission
PHIPA	<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) ¹

COUNCIL MEETING

Wednesday, April 19, 2023 (8:30 a.m. – 1:00 p.m.) ²

In Person for CCO Council ³

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 ⁴

AGENDA (Public) ⁵

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

¹ Information which is included for background or context (i.e., not requiring Council action) is shaded in grey.

² Subject to Council's direction.

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

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

⁵ 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).

⁶ Subject to Council's direction.

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

⁸ 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 ⁶
	1. Consent Agenda	Approve	Council	High
10	1.1 Discipline Committee Report			
11	1.1.1 HPRO Training (Discipline) – May 26, June 9, 2023	FYI		
14	1.2 Fitness to Practise Committee Report			
15	1.3 Inquiries, Complaints, and Reports Committee (ICRC) Report			
	<i>Health Professions Appeal and Review Board (HPARB) Decisions ⁹</i>			
17	1.3.1 <i>Shannel Pearson and Chris Triantafilou</i> (received January 31, 2023) (ICRC decision upheld)			
35	1.3.2 <i>Channel Pearson and Guy Pelletier</i> (received January 31, 2023) (ICRC decision upheld)			
54	1.4 Patient Relations Committee Report			
56	1.5 Advertising Committee Report			
	2. Main Agenda	Adopt	Council	High
	2.1 Conflict of Interest	Review/ Declare any real or perceived conflicts of interest as agenda item reached ¹⁰	Council	High

⁹ HPARB decisions are public documents and are included in the Council information packages for transparency and to demonstrate feedback on ICRC decision making from an independent review body.

¹⁰ Standing conflicts of interest do not need to be declared at every meeting.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
	3. Adoption of Minutes ¹¹			
	4. Committee Reports			
73	4.1 Executive Committee Report	Report/ Approve Recom- menda- tions	Mizel/ Council	High
	<i>Move in Camera</i> ¹²			
	<i>Move Out of Camera and Ratify Decisions made In Camera</i>			
	<i>Dr. B.J. Hardick v CCO</i> ¹³			
202	4.1.17 Endorsement of Justice O’Brien re: hearing on February 17, 2023	Review Decision	Council	Medium
211	4.1.18 Order dated February 17, 2023	FYI		
214	4.1.19 Grey Areas dated April 2023 “The Legal Value of a Sound Policy-Making Process”	FYI		
	<i>Ministry of Health</i>			
	<i>College Performance Measurement Framework (CPMF)</i> ¹⁴	Verbal Report	Friedman	High
217	4.1.20 CPMF Report (filed March 31, 2023)	Review	Council	High
337	4.1.21 Key Performance Indicators dated November 21, 2021			
338	4.1.22 DEI Plan (approved April 20, 2022)			

¹¹ Only members present at the meeting should approve the minutes. Once Council minutes are approved, they are posted on the CCO website.

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

¹³ Court orders are public documents. Legal advice, if any, to be discussed in camera.

¹⁴ CCO’s third CPMF Report was submitted on March 31, 2023 and is available on CCO’s website.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
346	4.1.23 HPRO Information re: DEI tools and resources ¹⁵	Verbal Report/ Incorporate into CCO Plan	Kenny/ DEI Officers	Medium
	<i>Other Ministry Related Matters</i>	Verbal Report/ Review	Willson/ Friedman/ Council	Medium
394	4.1.24 Circulation of Proposed Amendments to Registration Regulation: Creation of Emergency Class of Registration – February 28, 2023			
414	4.1.25 Posting of CCO Draft Regulation on Regulatory Registry	Back-ground/ Context		
419	4.1.26 Regulatory Registry – Current Proposals			
	<i>Bill 60, Your Health Act, 2023 (Proposed “As of Right” Legislation and “Reducing Wait Times for Publicly Funded Surgeries and Diagnostics”)</i>			
426	4.1.27 News Release dated January 19, 2023 entitled “New “As of Right” Rules a First in Canada to Attract More Health Care Workers to Ontario”			
429	4.1.28 News Release dated February 21, 2023 entitled “Ontario Reducing Wait Times for Publicly Funded Surgeries and Diagnostics”			
439	4.1.30 Correspondence dated February 9, 2023 to Ms Henry, Director, Health Workforce Regulatory Oversight Branch, MOH from Elinor Larney, Chair, HPRO			
443	4.1.31 Extract from <i>Bill 60, Your Health Act, 2023</i>			

¹⁵ The Patient Relations Committee is reviewing the DEI Plan to incorporate best practices from the work conducted by HPRO.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
460	4.1.32 Communication dated February 22, 2023 re: <i>Your Health: A Plan for Connected and Convenient Care</i>	Back-ground/Context		
463	4.1.33 Media dated March 9, 2023 entitled “ <i>Ontario considers expanding scope of practice for nurses, pharmacists, and more</i> ”			
465	4.1.34 Media dated March 13, 2023 “ <i>Gelinas worried unregistered health workers might abuse system</i> ”			
468	4.1.35 Media dated April 5, 2023 entitled “ <i>Ontario to expand list of tests midwives can order; midwives say it’s a first step</i> ”			
	<i>Strategic Planning</i>			
493	4.1.38 Article from October 21, 2022 meeting entitled “ <i>Cyber resilience: 12 key controls to strengthen your security</i> ”			
496	4.1.39 Various Cyber Security Training Sessions ¹⁶			
	<i>Communications/Media</i>	Back-ground/Context		
498	4.1.40 Communication exchange with CBC Reporter			
504	4.1.41 CBC article dated March 11, 2023 entitled “ <i>Backlogged tribunals creating distress for Ontarians waiting months or years to be heard</i> ”			
512	4.1.42 President’s Message – March 28, 2023	Review	Council	Medium
	<i>Council and Committees</i>			
515	4.1.43 Health and Safety Protocols for Hybrid (In-Person/Virtual)	Approve	Council	Medium

¹⁶ Staff attending.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
	Council and Committee Meetings (draft)			
517	4.1.44 COVID-19 Protocols for Hybrid (In-Person/Virtual) Council and Committee Meetings	Revoke (if new Protocol approved)	Council	Medium
518	4.1.45 Internal Policy I-021: Guidance for New Committee Chairs	Approve	Council	Medium
	<i>Elections</i>			
520	4.1.46 Announcement of Election Results	Verbal Report	Willson	Medium
522	4.1.47 Distribution of Election information dated January 26, 2023	Back-ground/Context		
547	4.1.48 Distribution of Candidate Biographies in District 6 dated March 6, 2023			
550	4.1.49 Distribution of further Candidate information in District 6 dated March 10, 2023			
553	4.1.50 Distribution of ballots in District 6 dated March 13, 2023			
555	4.1.51 Communication from OCA re: Voting for 2023 Elections to CCO Council			
	<i>Other Chiropractic/Health Related Stakeholders</i>	Primarily FYI (subject to questions)	Council	Medium
	<i>Ontario Chiropractic Association (OCA)</i>			
	<i>Animal Chiropractic</i>	Verbal Report	Willson	Medium
610	4.1.54 S-009: Chiropractic Care of Animals	Back ground/Context		
614	4.1.55 Historical Correspondence re: Chiropractic Care of Animals with CVO	Review	Council	Medium
628	4.1.56 New Discussion paper from Ministry of Agriculture, Food and Rural Affairs dated March 1, 2023	Review	Council	Medium

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
655	4.1.57 Correspondence dated February 16, 2023 to Ms Willson from Ms Caroline Brereton, CEO, OCA	Review	Council	Medium
	<i>Federation of Canadian Chiropractic (FCC)</i>	Primarily FYI subject to questions		
	<i>College of Chiropractors of Alberta</i>			
675	4.1.61 Hearing Tribunal Written Decision and Orders for the Hearing of Dr. Curtis Wall on January 27, 2023	Back-ground/Context		
797	4.1.63 Letter to CCO dated March 7, 2023			
800	4.1.64 CCGI Stakeholder Report – March 2023			
	<i>Health Profession Regulators of Ontario (HPRO)</i>			
807	4.1.65 HPRO Remarks to Ontario’s Standing Committee on Social Policy Bill 60 Your Health Act, 2023 (March 21, 2023)	Verbal Report	Willson	Medium
811	4.1.66 HPRO Correspondence dated March 10, 2023, re: Registration Open for Spring 2023 Discipline Orientation Workshop – Basic and Advanced Sessions			
816	4.1.67 HPRO Legislative Update for February 2023			
	<i>Other Ontario Health Regulatory Colleges</i>			
830	4.1.68 Michael Venneri v. College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario			

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
841	4.2 Quality Assurance Committee Report	Report/ Approve Recomm- endations	Groulx	High
850	4.2.3 Responses of CCO Members Registered in the General (i.e., Active) Class of Registration for 2023 Renewal of Selected Practice-Related Questions	Back- ground/ Context		
851	4.3 Registration Committee Report	Report/ Approve Recomm- enda- tions	De Domenico / Willson/ Friedman/ Council	High
854	4.3.1 CCO distribution of proposed amendments to Registration Regulation (Emergency Class of Registration) February 28, 2023	Back ground/ Context		
883	4.3.2 Communication with the Ministry re: CCO's Emergency Class – Regulatory Registry Posting			
889	4.3.3 Feedback as of April 10, 2023	Review	Council	High
898	4.3.4 Application for Temporary Certificate of Registration (draft)	Approve	Council	Medium
902	4.3.5 Application for Temporary Certificate of Registration (current)			
	<i>Office of the Fairness Commissioner</i>	Back ground/ Context		
906	4.3.6 CCO's 2021 Fair Registration Practices Report			
925	4.3.7 Notification dated March 15, 2023 re: Fair Registration Practice reporting			
932	4.3.8 OFC Newsletter dated March			

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
	2023 – Regulator Spotlight			
	5. New Business	TBD		
	6. FYI	Back-ground/ Context only		
937	6.1 Chiropractic and Manual Therapies (2023) “A two-year follow up: Twitter activity regarding misinformation about spinal manipulation chiropractic care and boosting immunity during the COVID-19 pandemic”			
949	6.2 Press Release dated March 30, 2023 “Province Helping More Ontario Students Become Doctors at Home in Ontario”			
954	6.3 Announcement dated April 5, 2023 “CPSO Removes Barriers for Internationally Educated Physicians”			
957	6.4 CTV news March 24, 2023 “Coun. Josh Matlow broke code of conduct on Twitter, should face 10-day pay suspension, says commissioner”			
968	6.5 Grey Areas (March 2023)			
970	6.6 Council Members Terms (dated March 17, 2023)			
	DATE AND TIME OF MEETINGS ¹⁷			
	ADJOURNMENT			

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

¹⁷ Please mark your calendar and advise Rose Bustria ASAP if you are unable to attend any meetings.

Executive Committee Meeting Dates to December 2023

Year	Date	Time	Event	Location
2023	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 27 ¹⁸	8:30 a.m. – 1:00 p.m.	Meeting	CCO

Council Meeting Dates to December 2023

Year	Date	Time	Event	Location
2023	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 ¹⁹	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	The Royal Sonesta, Toronto, Yorkville Barclay Room ²⁰
	Friday, September 8	1:00 p.m. – 4:30 p.m.	Meeting	White Oaks Resort and Spa ²¹
	Saturday, September 9	8:30 a.m. – 4:30 p.m.	Strategic Planning/Topic Specific Meeting	White Oaks
	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

¹⁸ Note change in date to October 27, 2023 (from October 20, 2023).

¹⁹ For current and former BDC Chairs and CCO Presidents.

²⁰ The Royal Sonesta, Toronto, Yorkville, 220 Bloor Street West, Toronto, Ontario M5S 1T8
<https://www.sonesta.com/royal-sonesta/on/toronto/yorkville-royal-sonesta-hotel-toronto/>

²¹ White Oaks Resort and Spa: 253 Taylor Rd, Niagara-on-the-Lake, Ontario
www.whiteoaksresort.com

**College of Chiropractors of Ontario
Discipline Committee Report to Council
April 19, 2023**

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, February 7, 13,14, 2023, March 1,2,9,21 and continuing on April 11,12, 17 & 18, 2023.

The Health Profession Regulators of Ontario (HPRO) is holding its next Discipline Orientation on May 26, 2023(Basic) and June 9, 2023(Advanced). Just a reminder that according to our bylaws, every member of Council may be called upon to serve on a discipline panel to ensure the timely adjudication of discipline referrals. If any Council members are interested in the above training and have not attended the program previously, please contact Ms Rose Bustria. The training is offered three times per year.

I would like to thank the members of the discipline committee for their time and commitment. Also, appreciation goes to all Council members who have given their time and expertise to serve on a panel or panels. Thank you to Mr. Robert MacKay, Council appointed member, for addressing urgent discipline matters in a timely manner. 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

**Discipline Orientation Workshop
Basic Session—May 26, 2023 Webinar**

Conducting a Discipline Hearing - In-Person and Online Hearings

Program Objectives

This program is designed to provide professional regulators with a comprehensive orientation to the discipline process. At the conclusion of the session, participants will have an understanding of:

- ✓ Relevant principles of administrative law
- ✓ Roles of various participants in the hearings process
- ✓ Activities that occur prior to a hearing
- ✓ Procedures associated with the process, including hearings held electronically
- ✓ Responsibilities of panel members

Note: scheduled subject to change

Faculty

Luisa Ritacca, Stockwoods LLP
&
Julie Maciura,
Steinecke Maciura LeBlanc

**Discipline Orientation
Committee Members**

- **Tina Langlois**, College of Medical Radiation & Imaging Technologists of Ontario
- **Genevieve Plummer**, Ontario College of Pharmacists

- 8:45 a.m. Registration into the Go-To-Webinar System Opens**
- 9:00 a.m. Introduction and Legal Framework**
Topics include: applicable legislation, jurisdiction, the public interest, confidentiality, disclosure, allegations, penalties, and costs
- 9:45 a.m. BREAK**
- 10:00 a.m. Principles of Administrative Law and Fitness to Practice Process**
Topics include: nature of a hearing, natural justice, transparency, burden of proof, and accountability, and how the FTP process differs from discipline, and the definition of incapacity
- 10:45 a.m. BREAK**
- 11:00 a.m. Pre-Hearing Procedures and Roles of Participants in the Hearings Process**
Role-play will focus on conducting a videoconference Pre-Hearing Conference and the goal of narrowing the issues, coming to an agreed statement of fact, and developing joint submissions on penalty; discussion will focus on the roles of panel members, members, prosecution and defence counsel, independent legal counsel, intervenors, media, experts, witnesses, court reporters, and staff
- 12:00 p.m. LUNCH BREAK**
- 1:00 p.m. Roles of Participants in the Hearing Process (Continued) and The Discipline Hearing**
Discussion will focus on the roles of panel members, members, prosecution and defence counsel, independent legal counsel, intervenors, media, experts, witnesses, court reporters, and staff; through a role-play, participants will experience an abbreviated, contested virtual hearing
- 1:45 p.m. BREAK**
- 2:00 p.m. The Discipline Hearing (Continued)**
- 2:45 p.m. BREAK**
- 3:00 p.m. Responsibilities of Panel Members**
Discussion will focus on panel member conduct prior to, during, and after the hearing by using real case examples of situations where panel member conduct is questioned (completion of assigned homework recommended)
- 3:45 p.m. Wrap Up and Closing of Session**

Conducting a Discipline Hearing - In-Person and Online Hearings

Program Description

This advanced program was developed because of the success of the Basic Program and an identified need for advanced training. It is a “beyond-the basics” learning opportunity for adjudicators. The advanced program will help discipline panel members develop their skills to deal with challenging situations while chairing hearings and deliberations. The program is intended to develop critical thinking and the “how to” needed to meet unique situations. Participants will learn how to confidently control the proceedings, demonstrate fairness, assess the evidence, facilitate panel deliberations and ensure adequate reasons for the decision while meeting head-on, a complex array of challenges that can arise in hearings.

Note: scheduled subject to change

Faculty

Luisa Ritacca, Stockwoods LLP
&
Julie Maciura,
Steinecke Maciura LeBlanc

**Discipline Orientation
Committee Members**

- **Tina Langlois**, College of Medical Radiation & Imaging Technologists of Ontario
- **Genevieve Plummer**, Ontario College of Pharmacists

- 8:45 a.m. Registration into the Zoom Meeting**
- 9:00 a.m. Welcome and Basic Overview**
Introduction to the concepts of controlling the proceedings, giving parties a fair opportunity to participate, explaining the decision, and managing conflicts/potential bias
- 9:05 a.m. “Give Everyone a Chance” — Role Play**
Participants will act out scenes which demonstrate the first and last rule structure for objections, motions and submissions, and how the panel ensures fairness to the parties
- 9:35 a.m. “You’re in Charge”**
Participants will consider challenging situations that test the panel’s ability to be in charge of conducting the hearing and control the proceedings
- 9:55 a.m. BREAK**
- 10:10 a.m. “You’re in Charge” (continued)**
- 10:25 p.m. “Only the Evidence”**
Participants will discuss how they would deal with the evidence and how the evidence forms the basis for the decision
- 11:00 a.m. BREAK**
- 11:15 a.m. “Only the Evidence” (continued)**
- 11:45 a.m. LUNCH BREAK**
- 12:45 p.m. “Explain Yourself”**
Participants will interact to learn about the deliberation process, highlighting the Chair’s role in leading the deliberation process and how it is separated from the reason-writing process. A perfunctory credibility assessment, which could lead to an appeal, is highlighted; requirements for adequate reasons in decision-write are also highlighted
- 1:25 p.m. BREAK**
- 1:40 p.m. “Explain Yourself” (continued)**
- 2:30 p.m. BREAK**
- 2:45 p.m. “No Connection with Participants”**
Scenarios will be presented which demonstrate situations where panel members may find themselves unwittingly mingling with the parties or realize that they may know a witness from their personal or professional lives
- 3:45 p.m. Concluding Remarks and Evaluation**



Discipline Orientation Workshop—Spring 2023
Basic (May 26) & Advanced (June 9) Sessions
Registration Form

REGISTRANT INFORMATION

Name: _____

College: _____

Phone: _____

Email: _____

Accommodation Needs (please advise if you wish to be contacted prior to the event re. your specific needs):

Have you attending a previous Discipline Orientation Workshop? Yes No

Have you participated in discipline hearings? Yes (1) Yes (2-5) Yes (6+) No

If the person completing the form is not the Registrant, please share the following:

Name & email of person completing the form: _____ / _____

RATES (HST INCLUDED)		By May 1	After May 1	TOTAL
Basic (May 26 only)	HPRO Member*	\$450	\$500	_____
Basic (May 26 only)	Non-Member	\$550	\$650	_____
Advanced (June 9 only)	HPRO Member*	\$450	\$500	_____
Advanced (June 9 only)	Non-Member	\$550	\$650	_____
Basic & Advanced (both)	HPRO Member*	\$800	\$900	_____
Basic & Advanced (both)	Non-Member	\$900	\$1000	_____
Basic Session Binder Only (by request/by courier)	Only 'til May 1	\$75	N/A	_____

* Member rates apply to all Council, Committee Members, and Staff of HPRO Members

HST #871392825

College to be invoiced for registrations submitted from that College, payable in advance of the session

See the HPRO website (www.regulatedhealthprofessions.on.ca) for terms/policies related to event registration

SUBMIT FORM BY:

Mail: HPRO - 301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0 | Fax: 1-866-814-6456

Email: info@regulatedhealthprofessions.on.ca

**College of Chiropractors of Ontario
Fitness to Practise Committee Report to Council
April 19, 2023**

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.

ITEM 1.3

Generated Internally

**College of Chiropractors of Ontario
Inquiries, Complaints and Reports Committee Report to Council
April 19, 2023**

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:

February reviewed 14 cases

Made decisions on 7 cases
Appointed 75(1)(a) investigators on 1 case
Appointed 75(1)(c) investigators on 6 cases

March reviewed 16 cases

Made decisions on 9 cases
Appointed 75(1)(a) investigator on 2 cases
Appointed 75(1)(c) investigators on 3 cases

April reviewed 16 cases

Made decisions on 11 cases
Appointed 75(1)(a) investigator on 1 case
Appointed 75(1)(c) investigators on 2 cases

The Health Professions Appeal and Review Board (HPARB) upheld 2 Committee decisions, (attached).

The Committee would like to thank Dr. Julia Viscomi for being able to participate on an ICRC panel to review a matter and facilitate the ICRC's disposition in accordance with the provisions of the RHPA.

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 # 22-CRV-0021

CONFIDENTIAL

January 30, 2023

17

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.**

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 made¹. 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
Case Officer

Encl: Decision dated January 30, 2023

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

¹ 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.

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 4th 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

Trina Morissette

Greg Kanargelidis

Greg Kanargelidis

Yasmeen Siddiqui

Yasmeen Siddiqui

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



ITEM 1.3.2

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

CONFIDENTIAL

January 30, 2023

RECEIVED

35

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.**

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 made¹. 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
Case Officer

Encl: Decision dated January 30, 2023

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

¹ 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.

39

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

Trina Morissette

Greg Kanargelidis

Greg Kanargelidis

Yasmeen Siddiqui

Yasmeen Siddiqui

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

**College of Chiropractors of Ontario
Patient Relations Committee Report to Council
April 19, 2023**

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 March 30, 2023, since the last meeting of Council.

The Committee reviewed the DEI resources from the Health Professions Regulators of Ontario, including the Self Assessment Guide. These resources will be further reviewed in assessing and revising CCO’s DEI plan.

The Committee continues to monitor funding for therapy and counselling and review new applications for funding for therapy, consistent with CCO Policy P-018: Policy for Therapy and Counselling for Patients Sexually Abused by Members.

The Committee reviewed statistics related to languages spoken in Ontario but is not recommending any further translations of the Partnership of Care at this time. The Partnership of Care is currently translated into 8 of the most commonly used languages in Ontario.

The Committee reviewed an invitation to join the Citizen Advisory Group (CAG) as well as additional information from the CAG. As there are 22 health regulatory colleges that are members of the CAG, the Committee is of the opinion that it would be beneficial for CCO to join the CAG on a trial basis. The estimate of a one year membership in the CAG is \$650. CCO staff will participate for one year and will report on the value add to the work of the Committee.

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

**College of Chiropractors of Ontario
Advertising Committee Report to Council
April 19, 2023**

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

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

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 reviewed and provided feedback on a number of proposed advertisements submitted by members.

ITEM 4.1

73

Generated Internally

**College of Chiropractors of Ontario
Executive Committee Report to Council
April 19, 2023**

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 one occasion, namely March 24, 2023. The draft, confidential minutes for March 24, 2023 are included in the Council information packages and are subject to approval at the next meeting, scheduled for May 17, 2023.

- I would like to welcome back to CCO Council Drs. Sarah Green, Jarrod Goldin and Colin Goudreau. Thank you for your ongoing interest in serving on CCO Council and in CCO's responsibility to regulate chiropractic in the public interest. Drs. Green and Goldin were acclaimed in their respective districts, and Dr. Goudreau was successful in the election in District 6.
- Council members will note that the agenda for this meeting includes a new approach, in that items which are included for background and context are highlighted in grey in the agenda. That hopefully directs Council members' attention to those items requiring discussion and decisions. The Committee is open to feedback about other ways in which to facilitate the effective distribution of information packages. At the March 24, 2023 meeting, we had a presentation from the Diligent Group which presented one approach, and this along with other options will be considered with further recommendations to go to Council.

II Potential in Camera Matters – Ss. 7 (2) of the Code

III Ministry of Health – College Performance Measurement Framework (CPMF) and Related Matters (Item 4.1.24 and following, page 394, Main Agenda)

- I trust and expect that all Council members will have reviewed CCO's CPMF Report, filed on March 31, 2023 with the Ministry. CCO has made considerable progress on several initiatives identified in 2022, and we will continue to move forward with the various priorities identified by Council. The September 2023 meetings will also provide an opportunity for Council to review best practices and to ensure we are meeting our objectives, consistent with the report. I will ask Mr. Joel Friedman to take us through the highlights of the report.
- CCO has two related documents which should also be reviewed by the respective committees when the committees are formed on April 20, 2023, namely the key Performance Indicators dated November 21, 2021, and the DEI Plan (approved April 20, 2022). I am also aware that HPRO has produced helpful resources which will facilitate revisions to CCO's DEI Plan. CCO's DEI Officers, as well as the newly formed Patient Relations Committee will be undertaking this important work.
- CCO's 2022 Annual Report is in the process of being prepared, and an advanced copy of the report will be available at the 2022 AGM scheduled for June 21, 2023 at the Royal Sonesta Hotel, starting at 6:00 p.m. (the details are included in the Agenda for all Council meetings, including the April 19, 2023 meeting). Consistent with the prior year, the 2022 Annual Report will focus on CCO's CPMF Report.
- Another Ministry matter of high priority is the distribution and the Registration Regulation amendments relating to an emergency class of registration. A consideration of this topic is deferred to the Registration Committee Report later in the Council agenda.

- CCO continues to monitor legislative changes, including the progress of Bill 60, Your Health Act, 2023. HPRO, on behalf of its members, made a submission to the Standing Committee expressing some concerns about the legislation. The Ministry has had various information and consultation sessions with HPRO, and the directly affected regulators (namely CPSO, CNO, College of Respiratory Therapists, and College of Medical Laboratory Therapists).

IV Strategic Planning/Topic Specific Meetings (Item 4.1.36 and following, page 473, Main Agenda)

- Included in the Council Information Package is the CCO 2022 Strategic Planning Session Report. When the new committees are formed on April 20, 2023, I will ask all committee chairs to review this summary report to confirm all action identified by Council has been appropriately addressed or that there is a status report on any future action required. I am aware many items are in progress, including for example ongoing cyber security training, and the safety and security audit.
- The Executive Committee was tasked with reviewing some matters, including government relations. At this time, CCO is monitoring various government initiatives and responding appropriately, leveraging the work being done on an ongoing basis by HPRO, and the recommendation is that CCO retain any government relations consultants on an *as needed* basis, carefully considering CCO's regulatory role as distinguishable from the advocacy roles of other organizations such as the OCA.
- In preparation for the September 2023 meetings which will include topic specific meetings and training, I encourage all council members to forward any recommended topics to Ms Willson and me at the earliest opportunity so we can proceed with effective planning, including retaining appropriate and relevant experts to facilitate CCO's discussions. Suggestions to date have included effective council evaluation, safety and security, and a consideration of the areas of focus in the most recent CPMF, namely diversity, equity and inclusion as well as cyber security (both of which were also considered at the September 2022 meetings). CCO's CPMF Report, Action Plan, and Key Performance Indicators will also be reviewed through the lens of public interest protection and CCO's mission, vision and strategic objectives.

V Council and Committees (Item 4.1.43 and following, page 515, Main Agenda)

- At the March 24, 2023 meeting, the Committee considered the COVID-19 Protocols for Hybrid Meetings and determined that the Protocol should reflect a Health and Safety Protocol, rather than a COVID-19 Protocol. Accordingly, the Committee has the following recommendation for Council’s consideration:

Recommendation 4:

That Council approve Health and Safety Protocols for Hybrid (In-Person/Virtual) Council and Committee Meetings.

- On approval of the new protocol, the COVID-19 protocol can be revoked.
- The Committee is also recommending a new Policy I-021: Guidance for New Committee Chairs to facilitate effective chairing of CCO committees. The policy may also be helpful for experienced chairs, so the policy could retain its meaning by removing the word “new” if Council is agreeable.

Recommendation 5:

That Council approve I-021: Guidance for New Committee Chairs.

- In accordance with CCO by-laws and approved processes, an election was conducted in District 6 in March 2023 resulting in Dr. Colin Goudreau returning to CCO Council. The various documents used in the election process are included in the Council information package for background and context. The Committee will be reviewing the documents to determine if any further changes are required to ensure the elections are conducted in a fair and transparent manner with all candidates and their supporters being encouraged to ensure all communications are professional and respectful. Consistent with Council’s previous improvement recommendations, candidates attended an orientation session on February 21, 2023 to review the roles and responsibilities of CCO Council members.

- My understanding is that the results of the election were not challenged as of the deadline date of April 12, 2022. The Election Review Committee reviewed the various material from the candidates, and addressed one issue that was raised relating to a candidate speaking at an event. The Election Review Committee determined that speaking at the event did not create a real or perceived conflict of interest. Ms Willson will provide a verbal report at the April 19, 2023 Council meeting.

VI Consideration of Changes to Meeting Processes/Information Packages (Item 4.1.53 and following, page 588 Main Agenda)

- The Committee has been considering various changes to both processes at Council meetings and the inclusion of information in council information packages.
- Ideas to date include:
 - Incorporating some of the best practices of other regulators identified in the various agendas from other regulators included in previous information packages;¹
 - Including in the committee reports or the agendas an identification of the public interest benefits and risks associated with a particular action;
 - Identifying how any committee recommendations relate to CCO's duties, or mission/vision/strategic objectives;
 - orienting chairs following the composition of new committees on April 20, 2023 to outline their role and responsibilities in working with their staff support to facilitate the preparation of agendas and reporting to Council;
 - Consistency on how reports are received at Council (i.e., motion to approve, adopt, accept) and when those motions occur;
 - Consistency in how the reports are made at Council i.e., focus only on the motions/recommendations rather than reading the report;
 - Having designated e-mail addresses for Council members which are devoted to CCO materials only to enhance security;
 - Having links in the agenda to background and context documents;
 - Having better reliance on CCO's Rules of Procedure (included at the front of every information package) including the role of presiding officer.

¹ Examples of agendas from other regulators were included in the February 24, 2023 Council information package.

- Improvements are being made on an ongoing basis. For example:
 - for this Council agenda, the background and context documents are shaded in grey. This indicates to more experienced Council members that they will likely have seen the information before, or that the information does not require action by Council but is useful to understanding the broader health regulatory landscape and may therefore be of assistance to less experienced Council members.
 - The Executive Report now includes the item and page numbers in the report itself (as well as being referenced in the agenda) for easier access to the documents. The new Policy I-021: Guidance for New Committee Chairs will also be implemented with the new committees as a starting point and may be amended depending on the feedback received.
 - I have found it extremely helpful to have Mr. MacKay facilitate the meetings, allowing me to focus on the responsibility of chairing.
- On March 24, 2023, the Committee received a presentation from Diligent, which is a company with an online platform for the distribution of information and materials to board members. The next Executive will consider the advisability of using this or a similar product, which may necessitate a Request for Proposals to ensure we are exercising fiscal responsibility and due diligence.

VII Other Chiropractic/Health Related Stakeholders (Item 4.1.54 and following, page 610 Main Agenda)

- Information concerning CCO's involvement with other chiropractic/health related stakeholders is included in the Council information package primarily as FYI.
- The topic of animal chiropractic has been reviewed at both the Executive and Quality Assurance Committees. Ms Willson and Mr. Friedman had a meeting with Ms Jan Robinson, Registrar at the College of Veterinarians of Ontario, on March 17, 2023. Another meeting was held between CCO and the OCA on April 5, 2023. At that meeting, Ms Willson, Mr. Friedman, Dr. Katherine Tibor, and Dr. Sarah Dale attended on behalf of CCO. Dr. Dale is a CCO peer assessor who has recently obtained her animal chiropractic certification.

- There is a long history of communications between CCO and the CVO concerning animal chiropractic. Council members will note the first animal chiropractic standard of practice was approved by Council in 1998. Since that time, CCO has not had any complaints from animal owners about the chiropractic care of animals. Ms Willson is preparing a submission to the Ministry of Agriculture, Food and Rural Affairs outlining the history and background of animal chiropractic through the lens of public interest protection to facilitate the Ministry's current legislative review of the Veterinarians Act. The OCA is participating in various advocacy efforts on behalf of their members who provide chiropractic care to animals.
- Council members will also note that:
 - Dr. Green, Ms Willson and I attended the special meeting of FCC on April 12, 2023 addressing the topic of accrediting the approved chiropractic specialties. Further information will be reported on this and other FCC initiatives following the meetings to be held in Toronto April 22, 23, 2023;
 - I encourage Council members to review the confidential information from the CCEB relating to updates on the launch of the new CCEB examination, policies, and the AGM. CCEB administers examinations on behalf of the regulators in Canada, and it is important that CCO be mindful of and review the efforts undertaken to ensure individuals who are registered have successfully completed examinations that are valid, reliable and defensible;
 - HPRO made submissions on behalf of its members to the Standing Committee on Social Policy relating to Bill 60 *Your Health Act, 2023*, identifying some concerns from the perspective of regulators. I found the comments helpful and insightful in explaining the key issues on behalf of regulators;
 - 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.

82(a)

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 Ms Robyn Gravelle whose term on Council is expiring in May 2023. Thank you, Ms Gravelle, for your contributions to Council and CCO's key committees, including Executive and Quality Assurance. We look forward to honouring you at the June 21, 2023 AGM.
- I thank all Council members for your support, and thoughtful and spirited discussions over the past several months. I have enjoyed serving as Council's President over the last term, and I look forward to serving in a mentoring and supportive role for the next President, Executive and Council. I believe we have accomplished a great deal during a challenging time. I extend my personal thanks to everyone on Council and staff for your participation and commitment to CCO, and for your steadfast focus on CCO's public interest mandate. I trust and expect the next term will continue the positive momentum and build on CCO's accomplishments over the past term. Thank you all!
- I would be pleased to answer any questions arising from my report.

Respectfully submitted by,

Dr. Dennis Mizel,
President

CITATION: Hardick v. College of Chiropractors of Ontario, 2023 ONSC 1479
DIVISIONAL COURT FILE NO.: 060/23
DATE: 20230303

**SUPERIOR COURT OF JUSTICE – ONTARIO
DIVISIONAL COURT**

RE: BENJAMIN HARDICK Applicant

AND:

COLLEGE OF CHIROPRACTORS OF ONTARIO Respondent

BEFORE: Justice O’Brien

COUNSEL: *D. Cowling and A. Boissonneau-Lehner*, for the Applicant
C. Paliare, K. Jones, and D. Rosenbluth, for the Respondent

HEARD: February 17, 2023

ENDORSEMENT

Overview

[1] The moving party Dr. Hardick seeks an interim stay of the operation of a bylaw of the respondent College of Chiropractors of Ontario (the “College”) pending the hearing of his application for judicial review. The by-law has the effect of disqualifying Dr. Hardick from running in the upcoming election to become a member of the College’s Council, which is akin to its board of directors.

[2] In approximately October 2022, after Dr. Hardick had contacted the College to express an interest in running for Council, the College’s Executive Committee (“EC”) began considering an amendment to its By-Law 6: Election of Council Members (the “Bylaw”). Until the events at issue in this proceeding, s. 6.9(e) of the Bylaw provided that members were ineligible to run for Council if they had been the subject of a finding of professional misconduct within the three years before the election. After a number of meetings and a process of consultation, the College decided to amend the Bylaw to provide that members were ineligible for election to Council if they had been the subject of a finding of professional misconduct in the preceding six years.

[3] In 2018, Dr. Hardick was the subject of professional discipline by the College’s Discipline Committee. According to the previous version of the Bylaw, Dr. Hardick would have been eligible to run for the upcoming election. However, the amended Bylaw precluded Dr. Hardick’s candidature.

[4] Dr. Hardick submits that the College amended the Bylaw specifically to render him ineligible to stand for election to Council in the 2023 election. In his submission, this constituted bad faith and an improper purpose. He further submits the Bylaw should be struck on the basis that it impermissibly purports to have retrospective effect by providing consequences for past conduct.

[5] Dr. Hardick goes on to say that in the absence of a stay, he will suffer irreparable harm, as he will have been wrongfully denied his right to run for the 2023 Council election. He submits that the balance of convenience weighs in his favour given that a stay would simply continue a *status quo* that existed for well over 20 years prior to the Bylaw amendment. He has undertaken to terminate his candidacy and/or resign his seat on Council should he win a seat but fail on the application for judicial review.

[6] The deadline for submitting nomination papers for election to Council was the date this motion was heard, February 17, 2023. At the conclusion of argument on the motion, I advised orally that the stay was denied and Dr. Hardick's motion dismissed, with reasons to follow. I dismissed the motion for the following reasons.

Analysis

Test for Granting a Stay

[7] The test regarding whether to grant a stay is set out in *RJR-MacDonald Inc. v. Canada (Attorney General)*, [1994] 1 S.C.R. 311. Ordinarily, the moving party must demonstrate that there is a serious issue to be tried; that it will suffer irreparable harm if the stay is not granted; and that the balance of convenience favours a stay. However, the minimal threshold at the first step assumes that the stay will operate as a temporary measure pending the full hearing. In cases where, as a practical matter, the rights of the parties will be determined by the outcome of the stay motion, the question becomes whether there is a strong likelihood that the case will succeed on the merits: *Toronto (City) v. Ontario (Attorney General)*, 2018 ONCA 761, 142 O.R. (3d) 481, at para. 10.

[8] Dr. Hardick disputes the relevance of the *Toronto* case. There, the province passed legislation during a municipal election period to change the ward structure from 47 to 25 wards. The city successfully challenged the constitutionality of the new legislation in the Superior Court of Justice. In response to the Attorney General's motion seeking a stay pending appeal, the Court of Appeal articulated the first part of the stay test as whether there was a strong likelihood that the appeal would succeed. This more onerous test was necessary because the Court's decision on the stay could effectively determine whether the election proceeded on the basis of 25 or 47 wards.

[9] Dr. Hardick submits that the case is distinguishable in that there was no way to undo the municipal election once it occurred. In the current case, he says, it will be possible to reverse a decision to stay the Bylaw given that, should Dr. Hardick win a seat on Council but be unsuccessful on judicial review, he has undertaken to resign his Council seat.

[10] I disagree that Dr. Hardick resigning his seat would effectively "undo" the election. First, I am not as confident as Dr. Hardick that his judicial review, which has not yet been scheduled, will be heard and decided quickly enough to avoid a period during which he would be involved in the College's governance. More importantly, resigning from his seat would not reverse the election. Although there was a suggestion in the evidence that the second-place candidate might

be able to assume his seat, the College's bylaws provide that when a seat of an elected Council member becomes vacant, an election will be held. This would be an entirely new election with new dynamics. It is unknown, for example, which of the previous candidates or which new candidates would choose to run. In other words, if Dr. Hardick won his seat and was ultimately unsuccessful on his judicial review, he likely would have held office for some period although unqualified to do so and a new election would then need to be held. In these circumstances, the stay effectively would determine the parties' rights in the pending election. This leads me to apply the higher standard at the first stage of the stay test.

Is there a strong likelihood the judicial review will succeed?

[11] Turning then to the first part of the test, I am unable to find a strong likelihood that the judicial review will succeed. The standard of review applicable to the review of a professional regulator's bylaw is reasonableness. As the Supreme Court of Canada stated in *Green v. Law Society of Manitoba*, 2017 SCC 20, 407 D.L.R. (4th) 573, at para. 20, in the context of a law society rule, the rule will be set aside only if it "is one no reasonable body informed by the relevant factors could have enacted."

[12] Dr. Hardick has not demonstrated a strong likelihood that the Bylaw will be found to be unreasonable. Dr. Hardick does not take issue with what the College describes as a "cooling off period" following a finding of professional misconduct. His position is that it was unreasonable for the College to make the Bylaw amendment effective immediately. He submits that in implementing the amendment immediately, the College gave the amendment impermissible retrospective effect. He also submits that Council's actions demonstrate bad faith and an improper purpose.

A. Retrospective Effect

[13] As explained by the Supreme Court of Canada in *Tran v. Canada (Public Safety and Emergency Preparedness)*, 2017 SCC 50, [2017] 2 S.C.R. 289, at para. 43, the presumption against retrospectivity is a rule of statutory interpretation. Its purpose is to protect acquired rights and prevent a change in the law from attaching new prejudicial consequences to a completed transaction. The presumption works such that "statutes are not to be construed as having retrospective operation unless such a construction is expressly or by necessary implication required by the language of the Act": *Tran*, at para. 43, quoting from *Gustavson Drilling (1964) Ltd. v. Minister of National Revenue*, [1977] 1 S.C.R. 271, 1975 CanLII 4 (SCC), at p. 279.

[14] However, the presumption exists to ensure laws will apply retrospectively only where the legislature has clearly signaled that it has weighed the benefits of retrospectivity with its potential unfairness. Where the legislature signals by express language or necessary implication that it has turned its mind to the issue of retrospectivity, the presumption does not apply: *Tran*, at para. 50.

[15] In this case, I accept, as submitted by the College, that there is a strong likelihood a panel would find that Council expressly engaged with the issue of retrospectivity.

[16] The issue of the Bylaw amendment came before Council at a special meeting held on January 20, 2023. Eleven of Council's 16 members were present. They voted unanimously to approve the proposed amendment to the Bylaw.

[17] There was then a debate as to when the amendment should come into effect. Some Council members took the position that the effective date should be delayed until after the upcoming 2023 elections for Council. Others held the view that an immediate effective date was in the public interest. They reasoned that if it was in the public interest to amend the Bylaw, it was equally in the public interest to implement the amendments immediately and not wait until after the next election.

[18] Ultimately, Council voted 6-5 in favour of implementing the amendments immediately. Of Council's 16 members, 9 are chiropractors who are elected by their peers in specific electoral districts and 7 are public members appointed by the Lieutenant Governor in Council. All six votes in favour of immediate implementation came from Council's public members.

[19] The vote as to whether the amendment should be delayed was an express engagement with the issue of retrospectivity. The only concern with immediate implementation was the question of fairness to anyone caught by the changes in the 2023 election. Council was aware that the issue of the Bylaw amendment was triggered by Dr. Hardick's interest in running. Indeed, the package of material provided to Council members in advance of the meeting included letters from Dr. Hardick's supporters specifically raising the issue of his disqualification for candidacy should the amendment be passed immediately. In short, there is a strong argument to say that Council, after debate and some dissent, voted that the amended Bylaw should have retrospective effect and should capture those who would be impacted retrospectively in the 2023 election.

[20] Dr. Hardick points to a statement in the EC report to Council for the January 20, 2023 meeting, which, he submits, provides evidence that Council did not consider the impact of the amendment on him. The report states: "Consistent with legal advice, Council was encouraged to make its policy decision on a principled basis, and information concerning individual(s) who had already expressed an interest in running for election was not part of Council's deliberations." The report goes on to state:

The By-law Amendments do not target any one member. Rather, the By-law Amendments will affect anyone who, following a full and fair investigation, hearing, and referral to the discipline committee, has been found to have committed an act of misconduct or is incompetent as reflected on the COO's public register at any time up to six years from the finding.

[21] In my view, this excerpt should be read to say that Council was not targeting Dr. Hardick to prevent him from running for Council. This does not mean Council was unaware of the possible retrospective impact of the amended Bylaw.

[22] Dr. Hardick also submits that it was not open to Council to pass a bylaw with retrospective application where the enabling statute, the *Health Professions Procedural Code* (the "Code"), being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 (the "RHPA"), does not expressly authorize it to do so.

[23] It goes without saying that delegated legislation must fall within the bounds of the authority provided by the enabling statute. However, the Supreme Court of Canada has repeatedly emphasized a professional regulator's broad discretion to regulate. In *Green*, for example, it

compared rules made by a law society to bylaws passed by municipal councils. The Court emphasized that such bylaws “must reflect the broad discretion provincial legislators have traditionally accorded to municipalities engaged in delegated legislation”: at para. 21, quoting from *Catalyst Paper Corp. v. North Cowichan (District)*, 2012 SCC 2, [2012] 1 S.C.R. 5, at para. 19. The Court further underscored, at para. 22, the professional regulator’s “broad discretion to regulate ... on the basis of a number of policy considerations related to the public interest.” See also *Trinity Western University v. Law Society of Upper Canada*, 2018 SCC 33, [2018] 2 S.C.R. 453, at para. 18.

[24] Here, the College has a duty under s. 3(2) of the *Code* to serve and protect the public interest. Further, Council is granted broad powers to pass bylaws relating to the administration and internal affairs of the College, combined with express authority to pass bylaws regarding qualifications for members to run for Council, as well as conditions disqualifying members of Council. Subsection 94(1) of the *Code* provides, in relevant part:

94(1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws,

...

(d.1) respecting the election of Council members, including requirements for members to be able to vote, electoral districts and election recounts;

(d.2) respecting the qualification and terms of office of Council members who are elected;

(d.3) prescribing conditions disqualifying elected members from sitting on the Council and governing the removal of disqualified Council members;

...

[25] In the circumstances of this case, Council expressly passed the Bylaw amendment to serve and protect the public interest. I will deal more fully below with the allegations that the College targeted Dr. Hardick with its amendments to the Bylaw. For now, I focus on the evidence the College relies on to say it was focused on the public interest.

[26] The College fully acknowledges that Council’s EC began to look into the issue of the cooling-off period after Dr. Hardick contacted the College’s Registrar in August and September 2022 to express an interest in running for Council. The EC was aware that Dr. Hardick had been found to have committed professional misconduct. This type of issue had not arisen at the College since 1999, when a Council member had been the subject of a Discipline Committee hearing.

[27] Since 1999, the environment in which the College operates as a regulatory health college had changed substantially. There had been significant changes to the expectation that regulatory colleges act in the public interest, including stricter requirements related, for example, to the publication of information regarding members on the public register. In addition, in 2020, the Ontario Ministry of Health established annual reporting requirements for all regulated health

profession colleges using a College Performance Measurement Framework (“CPMF”) to measure and report, in a standardized manner, how they were acting in the public interest. An important aim of the CPMF was consistency across colleges. The College had been working to improve its processes and structures, guided by the goals of the CPMF.

[28] In this context, the College’s EC considered Dr. Hardick’s potential candidacy to raise an important issue for consideration in the current regulatory environment. During its initial meetings to discuss the issue triggered by Dr. Hardick’s candidacy, the EC received information that a number of other regulated health colleges had a six-year cooling off period, including the three largest colleges: the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists.

[29] The EC came to the view and recommendation that the six-year cooling off period was a best practice. It reasoned that such a change increased the chances that the candidate would be running for election to regulate the profession in the public interest rather than to address their recent interactions with the College. Further, it found the amendment to be in the public interest because of enhanced public confidence in the College by members of the public who might be concerned about Council members who had recently been found to have committed professional misconduct or be incompetent. Finally, the EC was of the view that the amendment reduced the chance of a candidate, if elected, having a conflict of interest when dealing with issues related to a recent finding of professional misconduct.

[30] At the same time that it was considering the amendment in dispute, the EC also looked at other cooling off periods in the bylaws. It recommended an additional amendment so that the six-year cooling off period would also apply to the appointment of non-Council members to committees.

[31] The EC’s recommendation came before Council at the November 24, 2022 meeting. Council decided that it was in the public interest to solicit stakeholder feedback regarding the proposed amendments. Therefore, on December 2, 2022, it circulated a request for feedback. The College received extensive responses to this request, most of which were supportive of the proposed changes. Among other positive responses, the Ontario Chiropractic Association, which represents approximately 80% of the College’s members, sent a supportive letter. The College also received some feedback opposing the timing of the changes.

[32] Prior to the January 20, 2023 meeting at which Council held its votes, each Council member received an information package containing the complete set of feedback received during the consultation process. As set out above, the amendment passed unanimously, though the decision to implement the changes immediately passed 6-5 with the public members all voting in favour of immediate implementation.

[33] In brief, Council passed the amendment with a focus on adhering to best practices in protecting the public and in the context of a regulatory environment intent on public accountability. It also expressly considered and voted in favour of the Bylaw’s retrospective application.

[34] Dr. Hardick has not provided any authority for the proposition that a public regulator is not entitled to pass a bylaw with retrospective application where the bylaw is expressly intended to protect the public interest and where the delegated authority specifically turned its mind to its retrospective impact. In view of the College's broad statutory mandate to serve and protect the public, combined with Council's wide bylaw powers, Dr. Hardick has not demonstrated his claim on this point has a strong likelihood of success. Put otherwise, in the circumstances of this case, Dr. Hardick has not shown a strong likelihood that, on judicial review, a panel of this Court would find Council's amendment to be outside the range of options available to the College applying a reasonableness standard.

B. Bad Faith/Improper Motive

[35] Dr. Hardick also submits that the Bylaw amendment should be quashed on the basis that Council passed it in bad faith and pursuant to an improper motive. He submits that the College's claims that it was acting in the public interest constitute a "thin veneer" hiding the real substance of the matter, which was to target his candidacy. He asks the Court to infer bad faith and improper purposes from factors such as the following: But for the fact of Dr. Hardick having notified the College's Registrar that he intended to run for election, there would have been no amendment prior to the current election cycle; the process was accelerated to capture him prior to the current election; he was the only member affected by the change for the current election; Council did not apply the same rule to sitting Council members; and there was no urgency to the amendment given that the College had considered the prior version of the Bylaw to be in the public interest for the previous 20 years.

[36] Bad faith connotes a lack of candour, frankness and impartiality. It includes arbitrary or unfair conduct and the exercise of power to serve private purposes at the expense of the public interest: *Equity Waste Management of Canada Corp v. Halton Hills (Town)*, 1997 CanLII 2742 (Ont. C.A.), 35 O.R. (3d) 321, at para. 61. Bylaws also may be set aside where they are passed for an improper purpose, including a purpose collateral to the one for which the power to make the bylaw was granted: *Hummel Properties Inc. v. Niagara-on-the Lake (Town)*, 2022 ONCA 737, at para. 26; *Markham v. Sandwich South (Township of)*, 1998 CanLII 5312 (Ont. C.A.), at para. 24.

[37] Dr. Hardick faces a heavy burden in seeking to demonstrate bad faith on the part of the majority of Council members: *Friends of Lansdowne Inc. v. Ottawa (City)*, 2012 ONCA 273, 110 O.R. (3d) 1, at para. 79.

[38] Dr. Hardick has not identified any private purpose or other personal reason that the public members of Council voted in favour of the immediate implementation of the Bylaw. Indeed, he acknowledged on cross-examination that he was not aware of any public member of Council having a bias against him, nor was he able to identify any motivation against him.

[39] I do not find a strong likelihood that on judicial review this Court would find the College acted for a purpose other than the public interest. Although the process of amending the Bylaw was triggered by Dr. Hardick's expression of interest, the basis for the review was to ensure the College's qualification rules complied with best practice. The College proceeded on an expedited basis and ultimately Council decided to pass the amendment with immediate effect. But it only did

so after engaging in consultations with the profession and public, through which the proposed amendment received broad support.

[40] With respect to the argument that the amendment did not potentially disqualify sitting Council members, there is a distinction between the retroactive and retrospective application of a bylaw. Retrospectivity changes the future legal effect of past events whereas retroactivity changes the legal effect of past events as if the law were different when those events occurred: Ruth Sullivan, *Sullivan on the Construction of Statutes*, 7th ed (Markham: LexisNexis, 2022), at § 25.02 [4] and 25.05 [1]; *Gustavson*, at p. 279. The fact that Council did not give the Bylaw retroactive effect does not detract from its ability to give the Bylaw retrospective effect. Sitting Council members are in a different position than those running for election. To disqualify them would mean undoing the results of an election *ex post facto*. Moreover, there is no evidence that any current Council member would have been captured by such a rule.

[41] Overall, in my view, a panel of this Court on judicial review would likely interpret the College as having acted in the public interest in a manner that impacted a particular member, Dr. Hardick, but not with the purpose of doing so. Therefore, in my view, Dr. Hardick has not demonstrated a strong likelihood that, on judicial review, the Bylaw would be found unreasonable.

Will Dr. Hardick suffer irreparable harm?

[42] I accept that Dr. Hardick will suffer irreparable harm if prevented from running in the election. The next election for the seat on Council in his electoral district will be in 2026. By then, the finding of professional misconduct against him will be sufficiently outdated that the Bylaw will not prevent him from running. Still, I do not consider the opportunity to run in the next election to obviate the three-year wait and lost opportunity to participate in the current governance of the College.

Does the balance of convenience favour a stay?

[43] Overall, the balance of convenience weighs in favour of denying a stay. When a court is considering a request for a stay suspending the operation of a validly enacted law, the law is presumed to be in the public good. In assessing the balance of convenience, therefore, the motions judge must proceed on the assumption that the law, or bylaw in this case, is directed to the public interest and serves a valid public purpose: *Harper v. Canada (Attorney General)*, 2000 SCC 57, 2 S.C.R. 764, at para. 9; *RJR-MacDonald*, at pp. 348-49.

[44] This presumed public interest must be weighed against Dr. Hardick's assertion of his own rights. I have found that he stands to suffer irreparable harm if he is prevented from running in the election. That said, and although not a cure for the harm he will suffer, he will have the opportunity to run again in the next election. Meanwhile, if the election proceeds on an invalid basis, this must be presumed to harm the public interest as a whole. Practically speaking, as I have said above, the election cannot simply be undone by Dr. Hardick's undertaking to resign. Requiring that an entirely new election be held, potentially with new candidates, in my view constitutes a greater harm than requiring Dr. Hardick to wait for the next election cycle.

Disposition

[45] Therefore, as indicated at the conclusion of the hearing, the motion is dismissed. Dr. Hardick shall pay costs to the College in the agreed-upon amount of \$20,000.



O'Brien J

Date: March 3, 2023

2. **THIS COURT ORDERS** that Dr. Hardick shall pay costs to the College of \$20,000 inclusive of tax and disbursements.

THIS ORDER BEARS INTEREST at the rate of 5% per year commencing on February 17th, 2023.

**Saurabh
Baweja** Digitally signed by
Saurabh Baweja
Date: 2023.03.28
11:38:01 -04'00'

BENJAMIN HARDICK
Applicant/Moving Party

and

**COLLEGE OF
CHIROPRACTORS OF
ONTARIO**
Respondent/Responding
Party

Court File No. 060/23

ONTARIO
SUPERIOR COURT OF JUSTICE
(Divisional Court)
Proceeding commenced at
TORONTO

213

ORDER

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The Legal Value of a Sound Policy-Making Process

by Bernie LeBlanc
April 2023 - No. 277

A major function of the Council or Board of a regulator is to make policies that direct the organization and guide the profession or industry. Most commentators agree that a sound process results in better quality policies. A model process might be described as follows:

1. Identifying an issue warranting a policy,
2. Researching the nature of the issue and options for addressing it,
3. Preparing a briefing note for the policy decision makers,
4. Consulting with stakeholders and affected persons,
5. Deciding on what the policy should be,
6. Implementing the policy, and
7. Monitoring the impact of the policy and reviewing and revising the policy as needed.

However, a sound policy-making process can also help defend the validity of the policy from legal challenge. In [Sobeys West Inc. v. College of Pharmacists of British Columbia](#), 2016 BCCA 41 (CanLII), a lower court decision found a policy by a pharmacy regulator, prohibiting customer incentive programs, to be unreasonable because there was no empirical evidence to support it. (The decision was reversed on appeal, although the appeal court commented that “the evidence supporting the need for the bylaws was thin”.)

The value of a sound policy-making process was demonstrated in the recent decision of [Hardick v. College of Chiropractors of Ontario](#), 2023 ONSC 1479 (CanLII). In that case the regulator amended its election by-law to extend the period, from three years to six years, of disqualification for being elected to the

Council after having been disciplined. The change was made after the registrant, who had been disciplined five years previously, indicated an interest in running for election. The registrant brought an application for judicial review challenging the validity of the by-law and sought a stay to enable him to seek office in the upcoming Council election. He argued that the by-law was amended in bad faith and for an improper purpose. He also argued that the by-law had an impermissible retrospective effect.

The Court refused to issue the requested stay.

The Court concluded that there was not a strong likelihood that the judicial review application would succeed. On the issue of retrospectivity, the Court found that there was evidence that the Council had expressly considered whether the amendment should apply to the upcoming election. In fact, there was a separate vote on the effective date of the amendment. The Council voted, six in favour and five opposed, that “if it was in the public interest to amend the Bylaw, it was equally in the public interest to implement the amendments immediately and not wait until after the next election.” All six votes in favour of an immediate effect came from publicly-appointed members of the Council.

The Court noted that the information package considered by the Council identified that the by-law amendment was triggered by the registrant’s interest in running for election. Thus, the fairness to the registrant of changing the rules was before the Council.

The Court also observed that the materials before the Council expressly stated that the decision should be made to protect the public interest. While the Council’s Executive Committee was aware of the registrant’s interest in running for election and that the current by-law only had a three-year cooling off period, circumstances had changed since that by-law had originally been enacted.

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867, E-Mail: info@sml-law.com

WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

215

Since 1999, the environment in which the College operates as a regulatory health college had changed substantially. There had been significant changes to the expectation that regulatory colleges act in the public interest, including stricter requirements related, for example, to the publication of information regarding members on the public register. In addition, in 2020, the Ontario Ministry of Health established annual reporting requirements for all regulated health profession colleges using a College Performance Measurement Framework (“CPMF”) to measure and report, in a standardized manner, how they were acting in the public interest. An important aim of the CPMF was consistency across colleges. The College had been working to improve its processes and structures, guided by the goals of the CPMF.

The information package before the Council indicated that several other health regulators had a six-year cooling off period. Three rationales were contained in the Council briefing materials as to why a six-year cooling off period would be a best practise:

It reasoned that such a change increased the chances that the candidate would be running for election to regulate the profession in the public interest rather than to address their recent interactions with the College. Further, it found the amendment to be in the public interest because of enhanced public confidence in the College by members of the public who might be concerned about Council members who had recently been found to have committed professional misconduct or be incompetent. Finally, the EC was of the view that the amendment reduced the chance of a candidate, if elected, having a conflict of

interest when dealing with issues related to a recent finding of professional misconduct.

The Court also noted that other portions of the by-laws that did not affect the upcoming election, such as appointments to committees, were amended at the same time in a similar way.

The Court also observed that, not only was the amendment considered over several meetings, but there had also been a public consultation on the proposed by-law amendment, and that feedback had been presented to the Council.

In brief, Council passed the amendment with a focus on adhering to best practices in protecting the public and in the context of a regulatory environment intent on public accountability.

Similarly, the Court also found that it was unlikely that the registrant would be able to establish that the by-law amendment was made in bad faith and for an improper purpose.

Although the process of amending the Bylaw was triggered by Dr. Hardick’s expression of interest, the basis for the review was to ensure the College’s qualification rules complied with best practice. The College proceeded on an expedited basis and ultimately Council decided to pass the amendment with immediate effect. But it only did so after engaging in consultations with the profession and public, through which the proposed amendment received broad support....

Overall, in my view, a panel of this Court on judicial review would likely interpret the College as having acted in the public interest in a manner that impacted a particular member, Dr. Hardick, but not with the purpose of doing so. Therefore, in my view, Dr. Hardick

has not demonstrated a strong likelihood that, on judicial review, the Bylaw would be found unreasonable.

While the Court found that the by-law amendment would cause irreparable harm to the registrant, the balance of convenience still weighed in favour of denying the stay. The potential disruption, of having to remove the registrant should he win the election but then be unsuccessful on the later application for judicial review, was too great.

The outcome for the regulator in this case was greatly assisted by its policy-making process involving:

- comprehensive briefing materials focussing on the public interest rationale for the change including evidence of the approach of other regulators,
- external consultation on the proposal (even though one was not required by the enabling legislation), and
- the participation of public members in the decision.

From: Jo-Ann Willson
Sent: March 31, 2023 9:08 AM
To: Allison Henry (allison.henry@ontario.ca); Maurier, Jason (MOH)
Cc: Joel Friedman; Dennis Mizel (drmizel@stcatharineschiropractic.com)
Subject: CCO's College Performance Measurement Framework (CPMF) Report for 2022 (dated March 31, 2022)
Attachments: CPMF2022March31,2023.pdf

Good morning:

Attached please find CCO's CPMF Report for 2022 dated March 31, 2022. I would like to thank Joel Friedman, Deputy Registrar, for the compilation of the relevant data and the preparation of CCO's Report. We look forward to an ongoing dialogue with the Ministry concerning the CPMF and how to effectively facilitate the best practices demonstrated by all health regulators in Ontario, consistent with our respective public interest mandates. CCO's 2022 CPMF Report has been posted on the CCO website at <https://cco.on.ca/wp-content/uploads/2023/03/CPMF2022March312023.pdf>

Thank you.

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College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

Version Date: March 31, 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 1063

Table 7 – Context Measure 1165

Table 8 – Context Measure 1266

Table 9 – Context Measure 1367

Table 10 – Context Measure 1469

Glossary70

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

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

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.

		<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>
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	ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Candidates, Council and Committee members are required to participate in various orientation and training sessions throughout the year. These include:</p> <ul style="list-style-type: none"> • In April 2021, Council approved a mandatory orientation session (communicated to members and stakeholders as part of the 2022 Notice of Election) for candidates for CCO Council for the 2022 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 23, 2022 from 6 pm - 8 pm. • On April 21, 2022, 8:30 am - 1 pm, Council and committee members participated in an orientation on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2022, each committee held an introduction to its committee at its first meeting. • On September 9 - 11, 2022 - Council and staff attended strategic planning and educational sessions related to best practices on CPMF, conflict of interest, Diversity, Equity and Inclusion and Cyber Security. • On November 25, 2022, 8:30 am - 11:30 am, Council and committee members attended an educational session on regulatory practices led by outside legal counsel and staff. • New Council and Discipline committee members are required to complete the discipline training sessions conducted by the Health Professions Regulators of Ontario (HPRO). 		
	<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. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Choose an item. If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. Competencies for Council and Committee Members - this document was passed by Council on November 25, 2021 to identify competencies for Council and Committee members. CCO By-law 7 and By-law 12 identify duties and powers of executive officers and committee chair and criteria for appointing committee members. Candidates interested in all committee positions are required to submit a letter of intent and curriculum vitae, identifying their interest, relevant competencies, skills and qualifications for committees. Committee members may also speak to their interest, competencies, skills and qualifications to Council, prior to the appointment to committee. CCO Council passed a policy, Internal Policy I-019: Policy on Nominations and Election Procedures for Committee Positions (page 168 of April 21, 2022 public Council package), on November 25, 2021, to outline the policies and procedures for the nomination and election procedures for committee positions. CCO applied this policy to elections of committee members, which took place on April 21, 2022. Consistent with the CPMF-inspired move toward competency-based selection and appointments process for all members of Council or committees, CCO, like many health regulators in Ontario, has amended its by-laws to permit the appointment of an individual who is neither a member of the college nor a public member appointed by government, but who demonstrates the competencies, skills and judgement to contribute to the work of a specific committee. Mr. MacKay was reappointed to the Discipline Committee on April 21, 2022, consistent with this policy. With respect to evidencing the suitability of nominees, in keeping with the aspirational objectives of Measure 1.1 of the CPMF this year the CCO Executive Committee directed all Council members to provide their interest, and relevant background and skills for any desired Committee position. These responses were compiled for Council's consideration at the meeting on April 21, 2022. Matching interest with skills and competency for committee membership is a recognized best practice, supported by the MOHLTC and highlighted in the landmark 2018 inquiry into the BC College of Dental Surgeons undertaken by Harry Cayton (known as the 'Cayton Report'). 	<p>Yes</p>
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		<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>	<table border="1"> <tr> <td data-bbox="636 592 1707 646"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="1707 592 2022 646"> <p>Yes</p> </td> </tr> <tr> <td colspan="2" data-bbox="636 646 2022 1278"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. • Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 23, 2022. • Committee members are required to attend an orientation session, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2022, each committee held an introduction to its committee at its first meeting. • New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. • Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 23, 2022. • Committee members are required to attend an orientation session, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2022, each committee held an introduction to its committee at its first meeting. • New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. 	
<p>The College fulfills this requirement:</p>	<p>Yes</p>					
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. • Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 23, 2022. • Committee members are required to attend an orientation session, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2022, each committee held an introduction to its committee at its first meeting. • New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. 						

	<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>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 fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Duration of orientation training. Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Once appointed to Council, new public members participate in informal communication with the President, Registrar and General Counsel, and outside legal counsel on the College's mandate and expectations pertaining to the appointee's role and responsibilities. Council members, including public members, are required to attend an orientation session, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. New Council and Discipline committee members are required to complete the discipline training sessions conducted by the Health Professions Regulators of Ontario (HPRO). All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. 	
			<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: 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"> i. Council meetings; and ii. Council. 	<p>The College fulfills this requirement:</p> <div style="text-align: right;">Partially</div> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • <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> <p>As part of its strategic planning sessions on September 9 – 11, 2022, CCO Council and staff attended educational sessions on practices of other colleges related to evaluating Council performance, led by CCO outside consultants and legal counsel. CCO will continue to receive training and education on evaluating Council effectiveness and implementing a framework for evaluation in 2023.</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> <div style="text-align: right;">Yes</div>
	<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to receive training and education on evaluating Council effectiveness and will be further exploring options of implementing a framework for Council evaluation in 2023.</p>

	<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>	<p>Partially</p>
	<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>Although CCO has not engaged a third party for a formal review of the Council’s effectiveness in 2022, CCO has brought in outside consultants, including regulatory consultants, legal counsel and communication experts to facilitate education sessions on issues related to governance, best practices for regulators, evaluating Council performance, and duties of Council. On September 9 - 11, 2022 , Council and committee members attended an educational session on evaluating Council performance, led by CCO outside consultants and legal counsel.</p> <p>CCO last updated its missions, vision, values, and strategic objectives using an outside facilitator in 2017 (last full strategic planning to update CCO’s mission, vision, values, and strategic objectives).</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>Yes</p>	
	<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to receive training and education on evaluating Council effectiveness and will be further exploring options of implementing a framework for Council evaluation in 2023.</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>	<p>Partially</p>
		<ul style="list-style-type: none"> Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. Please insert a link to Council meeting materials and indicate the page number where this information is found OR Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. 	
		<p>Council and committee education and training are informed by council and committee member feedback and direction. Specific education and training in 2022 took place at various times during the year – in February and April for orientation, September for strategic planning and November for an end of year educational sessions. Topics included introduction to CCO and professional regulation, duties of council and committee members, governance, best practices of colleges with respect to CPMF, avoidance of conflict of interest, diversity, equity and inclusion training, cyber security training, lessons learned from the COVID-19 pandemic and reflections on professional regulation.</p> <p>CCO staff also participated in various education and training, including presenting and attending the CNAR Conference in October 2022, attending the HPRO EDI consultation sessions in December 2022, attending an educational session “Equality, Diversity and Inclusion: Cultural Competence Skills for Legal Professionals”, put on by York University on November 15, 2022, “Changing Tides: The Ebb and Flow of Administrative Justice” put on by the Society of Ontario Adjudicators and Regulators on November 3, 2022, continuing education on prosecuting and defending discipline cases on April 19, 2022, and various Administrative Law continuing professional development events. Materials from educational sessions are often included in public Council packages.</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>Yes</p>
	<p><i>Additional comments for clarification (optional):</i></p> <p>CCO will continue to hold education and training sessions for Council and committee informed by Council and committee member feedback.</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"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <ul style="list-style-type: none"> • In April 2021, Council approved a mandatory orientation session (communicated to members and stakeholders as part of the 2022 Notice of Election) for candidates for CCO Council for the 2022 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 23, 2022 from 6 pm - 8 pm. • On April 21, 2022, 8:30 am - 1 pm, Council and committee members participated in an orientation on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2022, each committee held an introduction and orientation to its committee at the first meeting of each committee. Depending on the committee, staff and outside legal counsel provided this orientation. • On September 9 - 11, 2022 - 8:30 am - 11:30 am, Council and committee members attended a strategic planning session, which addressed topics such as: best practices of colleges with respect to CPMF, avoidance of conflict of interest, diversity, equity and inclusion training, cyber security training led by CCO outside consultants and legal counsel. • On November 25, 2022, 8:30 am - 11:30 am, Council and committee members attended educational sessions on lessons learned from the COVID-19 pandemic and messages around professional regulation, led by outside legal counsel Richard Steinecke. • New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • CCO staff also participated in various education and training, including presenting and attending the CNAR Conference in October 2022 and attending the HPRO EDI consultation sessions in December 2022. • Review of standards of practice, policies and guidelines continue to be informed by emerging regulatory issues, input from the Inquiries, Complaints and Reports Committee based on trends and emerging issues in complaints, and correspondences from system partners, such as chiropractic professional associations. 	<p>Partially</p>
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	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
<i>Additional comments for clarification (optional):</i> Education and training sessions for Council members, committee members and staff will continue to be informed by emerging issues, public expectations, and risk management, with input provided by Council and committee members and emergency regulatory issues.		

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		
<p>a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is:</p> <p style="margin-left: 20px;">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</p> <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>		<p>The College fulfills this requirement:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. <p>CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include:</p> <ul style="list-style-type: none"> Code of Conduct (public document on CCO's website, reviewed on an annual basis, last amended April 2016) Confidentiality Undertaking (public document on CCO's website, reviewed on an annual basis, last amended April 2018) Internal Policy I-015: Zero Tolerance for Abuse, Neglect and Harassment (internal policy, reviewed on an annual basis, last amended September 2018) <p>Included in every Council and committee information package, are the mission, vision, values and strategic objectives of CCO and the duties and objects of the College under the <i>Regulated Health Professions Act, 1991 (RHPA)</i> and the code of conduct for Council and committee members. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training.</p> <p>CCO also has a Policy on Conflict of Interest for Council and Non-Council Committee Members which is included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website.</p> <p>CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents.</p>			Yes
	Yes				

	<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>	

	ii. accessible to the public.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>Included in every Council and committee information package, are the mission, vision, values and strategic objectives of CCO and the duties and objects of the College under the <i>Regulated Health Professions Act, 1991 (RHPA)</i> and the code of conduct for Council and committee members. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training.</p> <p>CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include:</p> <ul style="list-style-type: none"> Code of Conduct (public document on CCO's website, reviewed on an annual basis, last amended April 2016) Confidentiality Undertaking (public document on CCO's website, reviewed on an annual basis, last amended April 2018) Internal Policy I-015: Zero Tolerance for Abuse, Neglect and Harassment (internal policy, reviewed on an annual basis, last amended September 2018) 	Yes
	<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 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>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Cooling off period is enforced through: Choose an item. • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. <p>CCO By-law 6: Election of Council Members and By-law 12: Appointment of Non-Council Members identify “cooling off” periods as follows:</p> <ul style="list-style-type: none"> • A member may be on CCO council or a committee for a maximum of nine years and then is required to be off CCO council or a committee for at least three years until being eligible for election again to Council or appointment to a committee. • A member may only be chair of Council or a committee for a maximum of two consecutive years. • A member is required to not be an employee, officer or director of a professional chiropractic organization that is identified as having a conflict of interest with CCO for a period of at least three years before being eligible for election to CCO Council • On December 2, 2022, proposed amendments to By-law 6 and By-law 12 were circulated to stakeholders, including members, for feedback on increasing the cooling off period from to six years from three years the amount of time that must have elapsed since a disciplinary finding or disqualification from serving against any prospective Council candidate or committee appointee. This circulation is available at the following link. Feedback and final approval for these amendments were reviewed and considered in January 2023. 	

		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. The College has a conflict-of-interest questionnaire that all Council members must complete annually.</p> <p>Additionally:</p> <p>i. the completed questionnaires are included as an appendix to each Council meeting package;</p> <p>ii. questionnaires include definitions of conflict of interest;</p> <p>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</p> <p>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></p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • 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. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>CCO has a Policy on Conflict of Interest for Council and Non-Council Committee Members and Code of Conduct which are included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website. At the beginning of every Council and committee meetings, council and committee members are required to identify any conflict of interest that may arise with any item on the agenda, based on the criteria of this policy. The remainder of Council and committee members will then make a determination of whether this member has a conflict and whether they should be absent from the meeting for this agenda item. Legal advice may also be sought, depending on the issue.</p> <p>CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents. CCO Council received training on conflict of interest as part of its strategic planning sessions on September 9 – 11, 2022.</p>	
		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>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>Yes</p>	
			<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. 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. 		
			<p>Council materials include committee reports that describe the public interest rationale, as well as processes, research and background materials for any motion that is made for approval from Council. Reports to Council often includes research on practices and procedures of other jurisdictions and Ontario regulators in Ontario, feedback from distributions from members, patients and stakeholders and government regulations and priorities. Public Council packages can be found at the following link.</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>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>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. <p>CCO regularly reviews, assesses, and manages internal and external risks in the following manner:</p> <ul style="list-style-type: none"> • CCO reviews all standards of practice, policies and guidelines on an annual basis. This review involves how assessing internal and external risks may inform the review and any amendments considered for these documents. Review of standards of practice, policies and guidelines are also informed by internal communication, such as communication from the Inquiries, Complaints and Reports Committee based on trends in complaints, and external communication, such as communication from system partners and stakeholders, as well as circulation of documents for feedback from stakeholders, including members, organizations and patients. • The Inquiries, Complaints and Reports Committee continued to apply risk management tools developed in 2021, available to the public and posted on the complaints webpage, to identify, assess and manage risk associated with complaints. • In 2022, CCO continued to prioritize identifying, assessing, and managing risk associated with IT functions and cyber security, including obtaining enhanced cyber security insurance, requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO also amended record keeping standards, including Standard of Practice S-002: Record Keeping and S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information to include further requirements and resources related to protection of electronic records and cyber security. 	

 	<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>	



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.	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>CCO posts on its "News & Updates" page and distributes to members and stakeholders President's Messages, which often include new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into effect following approval of the minutes. Status reports are also publicly communicated through committee reports as part of public Council packages.</p> <p>CCO publishes Council minutes once they are approved, in accordance with Policy I-017: Minutes for CCO Meetings (page 493 of the April 14, 2021 public Council package).</p> </td> <td style="width: 20%; text-align: center;"> Yes </td> </tr> </table>	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>CCO posts on its "News & Updates" page and distributes to members and stakeholders President's Messages, which often include new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into effect following approval of the minutes. Status reports are also publicly communicated through committee reports as part of public Council packages.</p> <p>CCO publishes Council minutes once they are approved, in accordance with Policy I-017: Minutes for CCO Meetings (page 493 of the April 14, 2021 public Council package).</p>	Yes
	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>CCO posts on its "News & Updates" page and distributes to members and stakeholders President's Messages, which often include new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into effect following approval of the minutes. Status reports are also publicly communicated through committee reports as part of public Council packages.</p> <p>CCO publishes Council minutes once they are approved, in accordance with Policy I-017: Minutes for CCO Meetings (page 493 of the April 14, 2021 public Council package).</p>	Yes		
	<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 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"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. 	Yes
			<p>CCO publishes Executive Committee meetings dates in its public Council packages, posts them on the CCO website on the Council meeting page. The public Council package includes committee reports, including the Executive Committee report to Council, which includes all recommendations recommended to Council by the Executive Committee. Recommendations include a description of the recommendation, all relevant documents, including marked up copies of changes to existing documents, relevant information from other regulators, stakeholders and system partners, and feedback from members and stakeholders, if applicable. The Executive Committee report also includes any decisions or approvals made by the Executive Committee to be ratified by Council, if properly constituted.</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>	Choose an item.

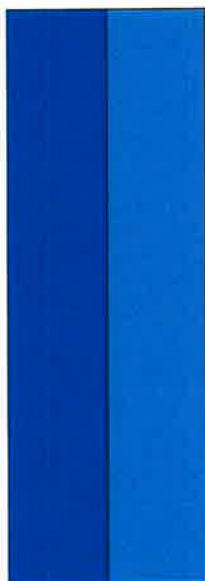


or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
iv. if decisions will be ratified by Council.

Additional comments for clarification (optional)

Measure:		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and 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. 	The College fulfills this requirement: Yes <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. CCO posts its upcoming Council meeting dates and public council meeting materials once they are prepared, general one week in advance.	
	<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. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: Yes <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. Notices of discipline hearings are posted both on the CCO website and under the member profile on the public register . These postings include a link to the Notice of Hearing and discipline hearing dates once they are scheduled. Following the discipline hearing, an agreed statement of fact, discipline decision and suspension dates are posted.	

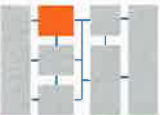
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional).</i></p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
	<p>Required Evidence</p>	<p>College Response</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>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> ▪ Please insert a link to the College's DEI plan. ▪ 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. <p>CCO Council approved a Diversity, Equity and Inclusion (DEI) Plan on April 20, 2022. Among the objectives in the DEI Plan are:</p> <ul style="list-style-type: none"> • Appointing three CCO staff members as DEI officers. • Directing CCO committees to review standards of practice, policies and guidelines through a DEI lens. CCO Council approved amendments to several standards of practice, policies and guidelines, including Standard of Practice S-002: Record Keeping and Policy P-045: CCO's Legislation and Ethics Examination, Guideline G-001: Communication with Patients, and the Application Form for initial registration to amend certain demographics and gender requirements and further describe CCO's accessibility policies for examinations. • Identify current CCO standards of practice, policies and guidelines which include DEI principles for both members and CCO, such as Guideline G-001: Communication with Patients and Policy P-057: Accessibility Policy. • Publish CCO's Land Acknowledgement on the CCO website, and begin every Council meeting with a reading of this. • DEI training for Council and staff as part of the Strategic Planning sessions on September 9 – 11, 2022. • Including questions related to DEI in the interview process in August 2022 in selecting new peer assessors. • Planning for a DEI presentation at the Peer Assessor Workshop on January 28, 2023. • Attendance at DEI consultation sessions from the HPRO in December 2022. 	

		<ul style="list-style-type: none"> • CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on Diversity, Equity and Inclusion. • Attendance at an educational session “Equality, Diversity and Inclusion: Cultural Competence Skills for Legal Professionals”, put on by York University on November 15, 2022 and “Changing Tides: The Ebb and Flow of Administrative Justice” put on by the Society of Ontario Adjudicators and Regulators on November 3, 2022. • DEI events for staff, including the celebration and education on various events and holidays throughout the year.
		<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>

Choose an item.

	<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"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • 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. <p>CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:</p> <p><u>Diversity, Equity and Inclusion Plan</u></p> <ul style="list-style-type: none"> • Direction to Committees to review standards of practice, policies and guidelines through a DEI lens. <p><u>Guideline G-001: Communication with Patients</u></p> <ul style="list-style-type: none"> • Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary • Members are to address the patient directly, even if an interpreter or support person is present <p><u>Guideline G-009: Code of Ethics</u></p> <ul style="list-style-type: none"> • 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 <p><u>Guideline G-011: Accommodation of Human Rights and Disabilities</u></p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ provide health care services without discrimination; and ○ accommodate patients who may face barriers to accessing care <p><u>Policy P-045: CCO's Legislation and Ethics Examination</u></p> <ul style="list-style-type: none"> • CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities. 	<p>Partially</p>
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		<p><u>Policy P-057: Accessibility Policy</u></p> <ul style="list-style-type: none"> • 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. <p><u>Competencies for Council and Committee Members (November 25, 2021)</u></p> <ul style="list-style-type: none"> • 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. <p>Amendments to document in 2022 related to DEI, included Standard of Practice S-002: Record Keeping and Policy P-045: CCO's Legislation and Ethics Examination, Guideline G-001: Communication with Patients, and the Application Form for initial registration to amend certain demographics and gender requirements and further describe CCO's accessibility policies for examinations.</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>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to review and adopt DEI principles, including further review and revisions of CCO's DEI plan, participation and adoption of HRPO DEI resources, and further education and training related to DEI.</p>	

		<p>Measure:</p> <p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>	
<p>DOMAIN 2: RESOURCES</p> <p>STANDARD 4</p>	<p>Required Evidence</p>	<p>College Response</p>	
	<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><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.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Among its strategic objectives is "Continue to meet CCO's statutory mandate resource priorities in a fiscally responsible manner".</p> <p>Fiscal management is one criterion at which CCO has excelled, as evidenced by the following:</p> <ul style="list-style-type: none"> Through extensive efforts over many years, CCO built sufficient resources to purchase a new home for CCO headquarters in 2019 at Yonge and Bloor; CCO's new office space was built out on budget (despite many setbacks); CCO increased members' fees for 2023 renewal by the Cost-of-Living-Adjustment (COLA), as authorized in By-law 13: Fees. This resulted in a \$50 increase to General members' fees for 2023 renewal. This was the first fee increase since 2011; The staff complement is small, competent, and loyal; there are 12 staff members for just over 5300 members. <p>CCO has operated in a fiscally responsible manner as evidenced in its financial reports published in its annual reports and in every Council meeting package. 2021 audited financial statements are included in the 2021 Annual Report and 2022 financial statements will be posted in the 2022 Annual Report, once the auditing of them is complete. CCO has operated with a surplus in every year in the recent past and has reserves that are sufficient to operate CCO for at least one fiscal year.</p> <p>At every Council meeting, CCO Council reviews its expenses vs. budget for every budget item ongoing during the fiscal year. CCO will review any budget items where the actual expenses may be in excess of the budgeted cost. This may occur for committees such as Inquiries, Complaints and Reports and Discipline where the costs of the committees are contingent on the number of complaints and discipline hearings and may be difficult to predict exactly when approving a budget. Since these are core functions, CCO has always been able to fulfill the mandate of these committees by increasing the budget line for that particular college committee or function. CCO will also use these increased figures as a guide for budgeting for the next year.</p>	

		<p>Despite the requirement to increase particular budget items or committees as described above, CCO has not gone over budget as a whole during a fiscal year.</p> <p>At every Council and Executive meeting, actual financial results are compared with the budget and significant variances are reviewed and investigated further.</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>

Choose an item.



		<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>	Yes
			<ul style="list-style-type: none"> ▪ Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. ▪ Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. ▪ Has the financial reserve policy been validated by a financial auditor? Yes <p>CCO Council approved a financial reserve policy (page 664 of the June 22, 2022 public Council package) on November 25, 2021, based on recommendations from the Executive Committee. This policy was developed in collaboration with CCO’s financial auditor.</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 (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"> • Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: 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>CCO includes detailed financial statements in the in-camera section of each Council package as well as each Executive Committee meeting package. At each meeting, the Treasurer provides a detailed report on CCO's updated financial information, including assets and liabilities, yearly spending vs. budget items, details around various fixed costs and reports about human resources, staff and staff training updates.</p> <p>CCO's financial and human resources information is publicly available in CCO's annual reports.</p>	<p>Yes</p>
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		<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>
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		<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>	The College fulfills this requirement:	Yes	
			<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>In 2022, CCO continued to prioritize 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 and conducting an independent assessment on cyber security. CCO obtained additional cyber security insurance, and continued requiring two factor authentication for remote access to CCO emails and files. CCO Council and staff received training in cyber security as part of its Strategic Planning sessions on September 9 – 11, 2022.</p> <p>CCO continues to review its use of technology as it applies to virtual council and committee meetings, virtual discipline hearings, member and corporation renewal, and reporting of quality assurance activities.</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>		Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>		

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><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></p> <p><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>
<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>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.</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"> <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> <p>CCO actively engages with other health regulatory colleges, system partners and stakeholders to align the oversight of the practice of the profession and support execution of its mandate. The following is a description of several of those organizations and CCO's involvement in them. Specific initiatives with stakeholders and system partners are further described in standards 5 and 6.</p> <p>Health Professions Regulators of Ontario (HPRO): is an organization comprised of all health regulatory colleges governed under the <i>RHPA</i>. HPRO regularly has meetings of all its directors and Executive Committee, as well as several sub-committees, including Communications and Corporate Services. HPRO conducts training and seminars for council and staff of regulatory colleges, such as governance training, basic and advanced discipline training and prevention of sexual abuse of patients. The <u>discipline training</u> is a requirement for CCO Council and committee members to complete before sitting on a Discipline panel. Additionally, HPRO has conducted many virtual meetings in 2022, primarily to communicate with the</p>

Ontario Government and Ministry of Health and communicate among health regulatory colleges to ensure consistent messages and regulation with respect to the COVID-19 pandemic. CCO staff have attended many meetings and educational session conducted by HRPO, including ongoing meetings related to the CPMF and DEI consultation in December 2022. CCO staff participate in several HPRO groups including those related to practice advisors, DEI, CPMF and others.

The [Ontario Fairness Commissioner](#) (OFC) is the organization that assesses the registration practices of regulated professions and trades in Ontario to make sure they are transparent, objective, impartial and fair for anyone applying to practise his or her profession in Ontario. CCO provides annual reports to the OFC, posted on [CCO's website](#) and has annual meetings with the OFC to discuss ongoing developments in registration practices. CCO's [2021 annual report](#) to the OFC is posted on CCO's website.

The [Federation of Canadian Chiropractic](#) (FCC) is a national federation of chiropractic regulators, educational institutions and specialty colleges whose purpose is to promote effective communication and cooperation among its members relating to education, accreditation and regulation of chiropractic in the public interest that enhances the work of the members collectively and individually. The FCC typically holds board meetings in April and November. CCO actively participates in these meetings, and specifically in the chiropractic regulatory group. The FCC provides a national forum to:

- exchange best practices concerning regulatory issues, develop the capacity to:
- develop the capacity to:
 - educate federal government policy makers in the public interest concerning regulatory affairs
 - educate those involved in chiropractic regulation
 - educate the chiropractic profession concerning the public interest
- establish standards and to evaluate and accredit chiropractic educational programs
- provide leadership on issues such as licensure, accreditation, examination, continuing competence, inter-jurisdictional mobility, scope of practice, standards of practice, codes of ethics and specialty designation.

The FCC regularly holds two multi-day meetings, typically taking place in April and November each year, as well as holding additional meetings and communication exchanges throughout the year.

The [Canadian Chiropractic Protective Association](#) (CCPA): the largest malpractice protective association for chiropractors in Canada. The CCPA attends meetings at the FCC and has presented on issues related to professional liability protection. CCO engages in regular communication with the CCPA and both organizations often refer members with questions related to professional liability protection vs. professional regulation. The CCPA was also instrumental in helping to develop the "Roadmap of Care" documents (linked above).

The [Canadian Chiropractic Examining Board](#) (CCEB): conducts clinical competency examinations for individuals seeking licensure to practise chiropractic in Canada. The CCEB is responsible for the development, delivery and administration of three examinations:

- Component A – Chiropractic Knowledge
- Component B – Clinical Decision Making
- Component C – Clinical Skills Demonstration

As a member of its board of directors, CCO attends annual meetings of the CCEB, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, as well as the election of various board positions the review and approval of financial information. CCO attended the CCEB Board Meeting on November 24, 2022.

The [Canadian Memorial Chiropractic College](#) (CMCC) is the only English-speaking accredited chiropractic college in Canada. CMCC is a member of the FCC and attends those meetings to participate in discussions and policy development around accreditation and educational. CCO is in continuous communication with CMCC concerning the requirements for new graduates to become registered with CCO following graduation. CCO, along with other stakeholders and system partners will often present to students at CMCC on matters related to professional regulation. CCO presented on two occasions to CMCC students in 2022 on topics related to professional regulation, on August 26, 2022 to third year students and on November 7, 2022 to first year students. These presentations are included in the [September 9, 2022](#) (page 1008) and [November 24, 2022](#) (page 749) Council packages.

The [Ontario Chiropractic Association](#) (OCA) is the largest professional association for chiropractors in Ontario. CCO continuously engages in communication with the OCA. The OCA is a stakeholder for CCO and is included as a recipient for CCO communications, including the distribution of draft documents for feedback.

The [Canadian Chiropractic Association](#) (CCA) the largest professional association for chiropractors in Canada. CCO continuously engages in communication with the CCA. The CCA is a stakeholder for CCO and is included as a recipient for CCO communications, including the distribution of draft documents for feedback.

The [Alliance for Chiropractic](#) (AFC) is an Ontario chiropractic advocacy group that exists to heighten public awareness of the multitude of health benefits associated with chiropractic care. CCO continuously engages in communication with the AFC. The AFC is a stakeholder for CCO and is included as a recipient for CCO communications, including the distribution of draft documents for feedback.

	<p>CCO received and participated in communication with various chiropractic associations on topics related to orthotics and assistive devices with respect to business practices, chiropractic care of animals and expansion of cooling off periods related to elections to CCO Council.</p>
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	<p>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</p> <p>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.</p> <ul style="list-style-type: none"> • <i>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.</i> • <i>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).</i> <p>Health Professions Regulators of Ontario (HPRO): CCO Council and committee members attended various training sessions conducted by HRPO related to conducting discipline hearings, governance and other professional regulatory topics. Staff participated in various HRPO meetings, committees and educational sessions related to the COVID-19 pandemic, communications with the Ministry of Health, Quality Assurance, Practice Advisory, CPMF and DEI training. Council and committee members applied the knowledge from discipline training to serve on seven discipline panels in 2022, which were all uncontested hearings, decided by agreed statement of fact and penalty. CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on Diversity, Equity and Inclusion. Participating in the Quality Assurance and Practice Advisory groups has helped inform amendments to CCO's Quality Assurance program, including introducing more mandatory continuing education programs for the July 1, 2022 – June 30, 2024 CE cycle, updating a second version of the Self Assessment for more experienced practitioners, and updating Peer and Practice Assessment 2.0 to include more examples and case scenarios to be analyzed as part of Peer and Practice Assessment.</p> <p>CCO filed its 2021 Annual Report to the OFC, posted on CCO's website. CCO continues to be meet its key performance indicators for registering applicants in a timely, consistent and transparent manner, as reported to the OFC, including those registering under labour mobility and from other jurisdictions outside of Canada. CCO regularly communicates with other regulators inside and outside Canada to obtain letters of standing and other information relevant to registration of applicants.</p>
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CCO discussed and reviewed practices of other Ontario health regulatory colleges in implementing and revoking policies related the [COVID-19 pandemic](#). These updates were then communicated to members and stakeholders and posted on the CCO website to be implemented.

CCO attends annual meetings of the CCEB as a member of the board, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, the election of various board positions the review and approval of financial information. CCO attended the CCEB Board Meeting on November 24, 2022.

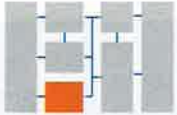
CCO approved in principle a draft national code of ethics approved by the FCC in an effort to help harmonize standards across Canada. This draft will be brought forward for final approval in 2023.

CCO presented on two occasions to CMCC students in 2022 on topics related to professional regulation, on August 26, 2022 to third year students and on November 7, 2022 to first year students. These presentations are included in the [September 9, 2022](#) (page 1008) and [November 24, 2022](#) (page 749) Council packages.

CCO received communications from chiropractic professional associations on business practices as they related to orthotics and assistive devices and recent discipline decision on this topic. CCO's Quality Assurance Committee reviewed this issue and CCO Council approved amendments to [Standard of Practice S-012: Orthotics](#), [Standard of Practice S-021: Assistive Devices](#) and [Guideline G-008: Business Practices](#). Amendments emphasize the sections of the professional misconduct regulation that requires that accounts for services must not be false or misleading, fees must be disclosed in advance to the patient, including fees that are not payable by the patient (i.e., payable by an insurance company or third party payor) and that an account for professional services must be itemized upon request.


On December 2, 2022, proposed amendments to By-law 6 and By-law 12 were circulated to stakeholders, including members, for feedback on increasing the cooling off period from to six years from three years the amount of time that must have elapsed since a disciplinary finding or disqualification from serving against any prospective Council candidate or committee appointee. This circulation is available at the [following link](#). Extensive feedback was received from members and stakeholders, including chiropractic patients, members of the public and chiropractic organizations. Feedback and final approval for these amendments were reviewed and considered in January 2023.

CCO representatives attended the Ontario Chiropractic Association's AGM and Gala on January 29, 2022.

		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: <ul style="list-style-type: none"> i. uses policies and processes to govern the disclosure of, and requests for information; 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="615 535 1743 576">The College fulfills this requirement:</td> <td data-bbox="1743 535 2011 576" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="615 576 2011 971"> <ul style="list-style-type: none"> • Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>CCO has various policies and by-laws intended to maintain privacy and the prevent unauthorized disclosure of information:</p> <ul style="list-style-type: none"> • CCO has a Privacy Code outlining the privacy practices of the College, available on the CCO website. • CCO Council and committee members and peer assessors are required to sign annually a confidentiality undertaking. • CCO staff members have all signed a confidentiality undertaking with regard to working remotely. This undertaking outlines the expectations of maintaining privacy and confidentiality specific to remote work. • CCO staff members have participated in various continuing education events related to confidentiality and privacy in the face of the COVID-19 pandemic, specifically addressing working remotely. <p>CCO makes member information public in accordance with the public register requirements of the Health Professions Procedural Code and By-law 17: Public Register.</p> </td> </tr> <tr> <td data-bbox="615 971 1743 1011"> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> </td> <td data-bbox="1743 971 2011 1011" style="text-align: center;">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="615 1011 2011 1256"> <i>Additional comments for clarification (optional)</i> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>CCO has various policies and by-laws intended to maintain privacy and the prevent unauthorized disclosure of information:</p> <ul style="list-style-type: none"> • CCO has a Privacy Code outlining the privacy practices of the College, available on the CCO website. • CCO Council and committee members and peer assessors are required to sign annually a confidentiality undertaking. • CCO staff members have all signed a confidentiality undertaking with regard to working remotely. This undertaking outlines the expectations of maintaining privacy and confidentiality specific to remote work. • CCO staff members have participated in various continuing education events related to confidentiality and privacy in the face of the COVID-19 pandemic, specifically addressing working remotely. <p>CCO makes member information public in accordance with the public register requirements of the Health Professions Procedural Code and By-law 17: Public Register.</p>		<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.
The College fulfills this requirement:	Yes								
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<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>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"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>CCO implemented several cyber security initiatives in 2022:</p> <ul style="list-style-type: none"> CCO conducted an internal audit of its information technology and cyber security processes CCO continued to apply and expand its use of two-factor authentication access to CCO emails and files while working remotely. CCO approved several amendments to record keeping standards to enhance requirements for members' use of electronic record keeping and cyber security (referenced later in this document) <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>In conjunction with its IT providers, CCO will continue prioritizing IT and cyber security reviews in 2023, enhancing security, and performing independent assessments.</p>	<p>Yes</p>
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		Measure: 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).	
		Required Evidence	College Response
DOMAIN 5: REGULATORY POLICIES STANDARD 8	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.	The College fulfills this requirement:	Yes
	<hr/> <p style="text-align: center; color: #0056b3;"><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p>At the first committee meeting, following the constitution of new committees annually, every committee reviews all of its standards of practice, policies, guidelines, policies and by-laws and identifies documents that should be reviewed and considered for amendments. Committees may recommend amendments to documents for various reasons, including receiving a memorandum from the Inquiries, Complaints and Reports Committee on recent complaints matters, complying with legislative and regulatory amendments, researching and applying best practices from other professional regulators and other jurisdictions and other communications from system partners such as the Office of the Fairness Commissioner, chiropractic professional associations and malpractice insurance providers and members of the public. The following are examples of revisions made to CCO documents in 2022:</p> <ul style="list-style-type: none"> Standard of Practice S-002: Record Keeping and Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information were amended to include the requirement to collect demographic information as necessary to identify, assess and treat patients, instead of requiring the collection of specific demographic information such as gender. This is a practice taken by many other Ontario health regulatory colleges in their record keeping standards. Members may exercise professional judgment in collecting and recording demographic information necessary to identify, assess and treat patients. Amendments to the electronic record keeping section of Standard of Practice S-002 and s-022 further emphasize the importance of the security, protection and confidentiality of patient personal health information maintained in electronic record keeping systems. This includes ensuring that electronic record keeping system are compliant with the Personal Health Information Protection Act, 2004 (PHIPA), having cyber security protections in place to protect personal health information from loss, tampering, interference and unauthorized use and access, and having protocols in place on steps to take in the event of a privacy breach. It is imperative that members have an understanding and are educated in their electronic record keeping systems and employ best practices to ensure the protection of patient personal health information. In the process of this review, practices and standards of other Ontario 	

health regulatory colleges were researched and reviewed.

- [Standard of Practice S-003: Professional Portfolio](#) was amended to require members registered in the General (i.e., Active) class of registration to attend the CCO Virtual Regulatory Excellence Workshop at least once every three CE cycles (or once every six years) as part of their structured CE hours. Members may complete this requirement over the next three CE cycles or until June 30, 2028. The Regulatory Excellence Workshop builds upon the previous Record Keeping Workshop and includes topics related to all aspects of the regulation of chiropractic in Ontario. This virtual workshop is typically offered three times per year and is free for all CCO members.
- [Standard of Practice S-013: Consent](#) was amended to include language that the requirement for a patient to bring another individual to any future appointment is considered a breach of patient privacy and is inappropriate, except for reasons of capacity to consent and/or substitute-decision making. Amendments to this standard were approved based on a recent Inquiries, Complaints and Reports decision. A patient's right to privacy and confidentiality must be respected and it must be the patient's choice of whether they wish to bring another individual with them to future appointments. Review of this standard was a result of a memorandum from the Inquiries, Complaints and Reports Committee to address complaints related to this issue.
- [Guideline G-001: Communication with Patients](#) was amended to include requirements that members should be particularly sensitive to individual patient's comprehension of verbal, written and non-verbal communication, and communicate using as plain language as possible. If there are any barriers in communication, language or interpretation, members should support patients in identifying potential resources for reducing these barriers. Members should also ensure that communication with patients is consistent with Standard of Practice S-001: Chiropractic Scope of Practice and Standard of Practice S-013: Consent, including that communication should be patient-centred, focusing on the patient's reasons, objectives and goals for seeking chiropractic care, using clear and concise language to communicate matters related to examination, care and informed consent, and referring a patient to an appropriate health professional if a matter is beyond the chiropractic scope of practice. Members should respect any patient requests to have a third-party of their choosing present (e.g., spouse, trusted friend) for any appointments, subject to any safety, public health and privacy measures. However, it must be the patient's choice whether they would like to have a third-party present, and a member must not require this, subject to any capacity to consent and/or substitute-decision making issues.
- [Standard of Practice S-012: Orthotics](#), [Standard of Practice S-021: Assistive Devices](#) and [Guideline G-008: Business Practices](#) were amended to address the following:
 - There have been past disciplinary findings related to improper billing practices and documentation related to the prescribing, manufacturing, selling and dispensing of orthotics. The amendments emphasize the sections of the professional misconduct regulation that requires that accounts for services must not be false or misleading, fees must be disclosed in advance to the patient, including fees that are not payable by the patient (i.e., payable by an insurance company or third party payor) and that an account for professional services must be itemized upon request.
 - Any fees charged for orthotics or any assistive device must be consistently applied in accordance with the member's fee



<p>schedule and based on a clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as documented in the patient health record.</p> <ul style="list-style-type: none"> ○ A member should familiarize themselves with a patient’s insurance company or third-party payor if any third-party is involved with reimbursement for services or products related to chiropractic care. ○ Recommendations for amendments include the use of gender neutral pronouns. <p>Review and amendments to these documents were conducted following communications from system partners, such as professional associations, and involved research from other Ontario health regulatory colleges.</p> <ul style="list-style-type: none"> ● CCO updated its COVID-19 guidance for members and the public, based on changing directives from the Ontario Government and adopted COVID-19 protocols for hybrid meetings (page 686 of the February 24, 2023 public Council package) reviewed and amended throughout the year.
<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>

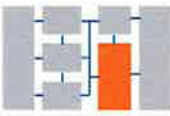


	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <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"> • 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) OR please briefly describe the College's development and amendment process. <p>CCO reviews all its by-laws, internal policies standards of practice, policies and guidelines on an annual basis or if there is a regulatory reason for review, such as a change in legislation, a direction from the Inquiries, Complaints and Reports Committee or Discipline Committee or a change in public health requirements (e.g., related to the COVID-19 pandemic). In its review, CCO committees will include as part of their review, as included in committee materials:</p> <ul style="list-style-type: none"> • Evidence and data related to inquiries, complaints and discipline trends and results • Risk based analysis posed to patients and the public, including the review of journal and academic articles • Comparable documents from other Ontario Health regulatory colleges and other chiropractic regulators across Canada and sometimes in other jurisdictions (USA, Australia, UK) <p>Submissions and responses to distributions and requests for feedback from members, patients, stakeholders, system partners, professional associations, academic institutions, and professional malpractice insurance providers.</p>	<p>Yes</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>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> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:</p> <p><u>Diversity, Equity and Inclusion Plan</u></p> <ul style="list-style-type: none"> • Direction to Committees to review standards of practice, policies and guidelines through a DEI lens. <p><u>Guideline G-001: Communication with Patients</u></p> <ul style="list-style-type: none"> • Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary • Members are to address the patient directly, even if an interpreter or support person is present <p><u>Guideline G-009: Code of Ethics</u></p> <ul style="list-style-type: none"> • 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 <p><u>Guideline G-011: Accommodation of Human Rights and Disabilities</u></p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ provide health care services without discrimination; and ○ accommodate patients who may face barriers to accessing care <p><u>Policy P-045: CCO's Legislation and Ethics Examination</u></p> <ul style="list-style-type: none"> • CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities. <p><u>Policy P-057: Accessibility Policy</u></p> <ul style="list-style-type: none"> • 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. 	<p>Yes</p>
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		<p><u>Competencies for Council and Committee Members (November 25, 2021)</u></p> <ul style="list-style-type: none"> • 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. <p>Various amendments to CCO standards of practice, policies and guidelines reflect DEI principles as discussed further in this document. Amendments include Standard of Practice S-002: Record Keeping, Standard of Practice S-013: Consent, Guideline G-001: Communication with Patients, Policy P-045: CCO's Legislation and Ethics Examination, and CCO's initial registration forms.</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>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to review its by-laws, standards of practice, policies and guidelines as well as its processes and educational opportunities for short term and long term objectives in enhancing DEI related issues.</p>	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9		Required Evidence	College Response
		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.) ¹ .	<table border="1" data-bbox="619 532 1995 576"> <tr> <td data-bbox="619 532 1627 576">The College fulfills this requirement:</td> <td data-bbox="1627 532 1995 576">Yes</td> </tr> </table> <ul data-bbox="619 576 1995 714" style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p data-bbox="619 738 1995 836">CCO's Prospective Members section of its website includes all regulations, by-laws, policies, application forms, decision-making charts for requirements for registration and links to outside organizations, such as educational accrediting agencies and the clinical competency examining board.</p> <p data-bbox="619 860 1995 982">CCO's Registration Coordinator receives completed applications from prospective members and verifies them to determine if all the requirements for registration are included. As part of the registration application submission, CCO will receive documents from outside organizations, such as transcripts from accredited chiropractic educational institutions, examination results from the CCEB and Vulnerable Sector Police Checks from police departments.</p> <p data-bbox="619 1006 1995 1104">Once a completed application is received and reviewed by the Registration Coordinator, it will then be reviewed by the Registrar and General Counsel. The Registration Coordinator and Registrar and General Counsel will review each application to ensure that all requirements for registration in CCO's Registration Regulation and various registration by-laws and polices have been met.</p> <p data-bbox="619 1128 1995 1193">If any application is missing a requirement or if there is a question as to the completeness of an application, the applicant will be asked to provide additional information.</p>
The College fulfills this requirement:	Yes		

Only after review and approval from the Registrar and General Counsel, will an application for registration be approved and the applicant be issued a certificate of registration. Approximately 95% of applications are approved by the Registrar and General Counsel.

If there is a question whether the applicant meets the requirements for registration, the application and additional information will be referred to the Registration Committee for review and a decision. Review of the application may include additional information for review, such as a member's professional portfolio, outlining their quality assurance and continuing education activities, letters of good standing from other regulated jurisdictions in which the member practised and any applicable letters from medical or legal practitioners or experts. The Registration Committee will also review CCO [regulations](#) and [policies](#) as well as decision-making charts based on specific criteria and past precedents to help guide its decisions for [previous members](#) and [new applicants](#).

Following review of an application and all applicable information, the Registration Committee may make the following decisions:

- Register the applicant
- Register the applicant with terms, conditions and limitations
- Not register the applicant
- Require the applicant to complete further requirements to be eligible for registration
- Request further information

¹ 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.

		<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 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>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • 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 OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The Registration Committee annually reviews its regulations, policies and by-laws related to criteria and processes for registration. CCO also reviews its annual recommendations from the Ontario Fairness Commissioner for ways to further ensure its registration processes are fair, impartial, and transparent. CCO's bi-annual meetings with the Federation of Canadian Chiropractic often include discussions and sharing of best practices regarding registration issues, accreditation and movement of members and applicants across jurisdictions within Canada.</p>	
		<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>	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		Yes
c.	A risk-based approach is used to ensure that currency ² 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.).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • 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. <p>The Registration Committee reviews its annual renewal processes each year to ensure that members self-declare on various aspects of their practice, including their business addresses, preferred methods of communications with CCO, professional malpractice insurance provider and coverage, mental and physical competency to practise chiropractic, good character reporting, reporting of any criminal charges or convictions or findings of professional negligence and other practice information. Every two years, during the same renewal period, members are also required to report on their compliance with CCO's Quality Assurance requirements, such as compliance with self assessment and continuing education. Quality Assurance requirements and reporting are found in the Quality Assurance section of this document. Information related to 2022 renewal can be found at the following link.</p> <p>CCO's Registration Committee reviews legislation and regulation, specifically the <i>RHPA</i> and its regulations, for any updates to registration, renewal or public register requirements to ensure its renewal process is compliant with existing legislation and regulation. As well, in its review, the Registration Committee will review all relevant by-laws, regulations and policies for any updates to the renewal process. If necessary, CCO will consult with outside legal counsel for any advice.</p> <p>For the 2023 renewal process, the Registration Committee met in July 2022 to review the 2023 renewal memorandum and online questionnaire and made recommendations to Council, which were approved in September 2022.</p> <p>If a member answers certain questions, such as disclosing that they have a criminal offence or charge or that they lack the mental or physical capacity to practise chiropractic, CCO's Registration Coordinator will automatically be notified by email through the renewal system, and that member's renewal will be pending a review by the Registrar and if necessary, the Registration Committee. Following review, the renewal status of the member may be approved, denied or approved with terms, conditions and limitations.</p>



	<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>	

² 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:	Yes
	<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: Completed <p>CCO's OFC reports can all be found at the following link.</p> <p>CCO has continuously updated the "Prospective Members" section of its website to ensure that its registration practices are transparent, objective, impartial and fair. These updates, based on its meetings and self assessments with the OFC, have included more links to outside organizations, costs associated with the registration process, lists of requirements and forms to be completed for registration with CCO, links to all relevant by-laws, regulations and policies associated with registration, and flowcharts to visualize requirements for registration for different types of applicants, depending on their circumstances.</p> <p>CCO's meetings with chiropractic stakeholders, such as educational accrediting boards and clinical competency examination providers include discussions and meetings to ensure that CCO's registration practices, including those administered by third parties, are transparent, objective, impartial and fair.</p>	
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>
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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
	<p>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).</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • 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"> - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants - % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <ul style="list-style-type: none"> • Standard of Practice S-002: Record Keeping and Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information were amended to include the requirement to collect demographic information as necessary to identify, assess and treat patients, instead of requiring the collection of specific demographic information such as gender. This is a practice taken by many other Ontario health regulatory colleges in their record keeping standards. Members may exercise professional judgment in collecting and recording demographic information necessary to identify, assess and treat patients. Amendments to the electronic record keeping section of Standard of Practice S-002 and s-022 further emphasize the importance of the security, protection and confidentiality of patient personal health information maintained in electronic record keeping systems. This includes ensuring that electronic record keeping system are compliant with the Personal Health Information Protection Act, 2004 (PHIPA), having cyber security protections in place to protect personal health information from loss, tampering, interference and unauthorized use and access, and having protocols in place on steps to take in the event of a privacy breach. It is imperative that members have an understanding and are educated in their electronic record keeping systems and employ best practices to ensure the protection of patient personal health information. In the process of this review, practices and standards of other Ontario health regulatory colleges were researched and reviewed. • Standard of Practice S-003: Professional Portfolio was amended to require members registered in the General (i.e., Active) class of registration to attend the CCO Virtual Regulatory Excellence Workshop at least once every three CE cycles (or once every six years) as part of their structured CE hours. Members may complete this requirement over the next three CE cycles or until June 30, 2028. The Regulatory Excellence Workshop builds upon the previous Record Keeping Workshop and includes topics related to all aspects



of the regulation of chiropractic in Ontario. This virtual workshop is typically offered three times per year and is free for all CCO members.

- [Standard of Practice S-013: Consent](#) was amended to include language that the requirement for a patient to bring another individual to any future appointment is considered a breach of patient privacy and is inappropriate, except for reasons of capacity to consent and/or substitute-decision making. Amendments to this standard were approved based on a recent Inquiries, Complaints and Reports decision. A patient's right to privacy and confidentiality must be respected and it must be the patient's choice of whether they wish to bring another individual with them to future appointments. Review of this standard was a result of a memorandum from the Inquiries, Complaints and Reports Committee to address complaints related to this issue.
- [Guideline G-001: Communication with Patients](#) was amended to include requirements that members should be particularly sensitive to individual patient's comprehension of verbal, written and non-verbal communication, and communicate using as plain language as possible. If there are any barriers in communication, language or interpretation, members should support patients in identifying potential resources for reducing these barriers. Members should also ensure that communication with patients is consistent with Standard of Practice S-001: Chiropractic Scope of Practice and Standard of Practice S-013: Consent, including that communication should be patient-centred, focusing on the patient's reasons, objectives and goals for seeking chiropractic care, using clear and concise language to communicate matters related to examination, care and informed consent, and referring a patient to an appropriate health professional if a matter is beyond the chiropractic scope of practice. Members should respect any patient requests to have a third-party of their choosing present (e.g., spouse, trusted friend) for any appointments, subject to any safety, public health and privacy measures. However, it must be the patient's choice whether they would like to have a third-party present, and a member must not require this, subject to any capacity to consent and/or substitute-decision making issues.
- [Standard of Practice S-012: Orthotics](#), [Standard of Practice S-021: Assistive Devices](#) and [Guideline G-008: Business Practices](#) were amended to address the following:
 - There have been past disciplinary findings related to improper billing practices and documentation related to the prescribing, manufacturing, selling and dispensing of orthotics. The amendments emphasize the sections of the professional misconduct regulation that requires that accounts for services must not be false or misleading, fees must be disclosed in advance to the patient, including fees that are not payable by the patient (i.e., payable by an insurance company or third party payor) and that an account for professional services must be itemized upon request.
 - Any fees charged for orthotics or any assistive device must be consistently applied in accordance with the member's fee schedule and based on a clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as documented in the patient health record.
 - A member should familiarize themselves with a patient's insurance company or third-party payor if any third-party is involved with reimbursement for services or products related to chiropractic care.
 - Recommendations for amendments include the use of gender neutral pronouns.



<p>Review and amendments to these documents were conducted following communications from system partners, such as professional associations, and involved research from other Ontario health regulatory colleges.</p> <ul style="list-style-type: none"> • CCO updating its COVID-19 guidance for members and the public, based on changing directives from the Ontario Government. • CCO communicates and actively supports implementation of new and amended documents through President’s Messages and communications to stakeholders, including members, the Regulatory Excellence Workshop and updates to its Peer and Practice Assessment 1.0 and 2.0 checklists and programs. Further statistics about these initiatives can be found in the Quantitative section of this document related to Quality Assurance initiatives. • As of July 1, 2022, the Regulatory Excellence Workshop (REW) has become a mandatory component of CE requirements, to be completed once every six years. The REW is continuously updated to include the most recent version of standards of practice, policies and guidelines, as they related to all aspects of professional regulation and patient care, as well as new and amended documents and how they apply to practice. • CCO staff is always available to respond to questions from members, stakeholders, and members of the public. If there is a novel issue raised, this may be brought to the attention of the appropriate committee for further review. 	
<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:		
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	The College fulfills this requirement:	Yes
<p>a. The College has processes and policies in place outlining:</p> <p>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;</p>	<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy: Choose an item. If yes, please insert link to the policy. <p>The <u>QA</u> Program is described on CCO's website and consists of many components, including Professional Portfolio, Self Assessment, Continuing Education, Peer and Practice 1.0, Peer and Practice Assessment 2.0 and Regulatory Excellence Workshops and the Core Competencies Document.</p> <p>All members are required to participate in the quality assurance program and are required within a two-year Continuing Education (CE) cycle to complete a self assessment, participate in continuing education and report these activities to CCO through the member portal. The requirements of the quality assurance program are described in Standard of Practice S-003: Professional Portfolio. As well, approximately 250 – 500 members are selected for either Peer and Practice Assessment 1.0 or 2.0 each year. These selections are random in nature; however, there are several factors which may trigger a member being selected for a peer and practice assessment, a requirement to attend a record keeping workshop or additional educational activities:</p> <ul style="list-style-type: none"> Members re-entering the General (i.e., active) class of registration after a period of at least two years are required to attend a record keeping workshop and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in Policy P-053: Returning to the General Class of Certificate of Registration. Members who are subject to the inquiries, complaints and reports or discipline process are often required to participate in various components of the quality assurance program, such as a record keeping workshop and peer and practice assessment, through undertakings and discipline decision. These activities are intended to remediate deficiencies found as a result of the complaints or discipline processes. 	

		<p>CCO receives feedback on its quality assurance program through several mechanisms:</p> <ul style="list-style-type: none"> • CCO holds an annual peer and practice assessment workshop with all its peer assessors. In 2021, CCO did not hold this workshop due to the COVID-19 pandemic; however, it did conduct a virtual workshop on January 29, 2022. This workshop provided an opportunity for peer assessors to offer valuable feedback on both versions of the PPA program. Each peer assessor conducts approximately 10 – 20 peer assessments per year and, as representatives of CCO who have the opportunity to assess and interact with members in an educational setting, they provide invaluable feedback on strengths, weaknesses and areas of improvement for the PPA program and the quality assurance program in general. Peer Assessors can provide feedback to the program through a number of exercises and all feedback is brought back to the QA Committee for review and consideration of further changes to the program. • Each peer and practice assessment includes a feedback form that is completed by the member being assessed. All feedback is reviewed by the QA Committee for the purposes of improving the program. • All substantive new or amended by-laws, regulation, standards of practice, policies and guidelines are distributed to members and stakeholders for feedback, as well as posted publicly on the “News & Updates” section of the CCO website providing an opportunity for the public and patients to provide feedback as well. All feedback related to quality assurance initiatives is reviewed by the Quality Assurance Committee and Council for further amendments. • The Quality Assurance Committee reviewed in detail the “Right Touch” regulation document and will be including it in all committee information packages. In late 2021, the Quality Assurance Committee reviewed the principles of the document to be applied to the review of standards of practice, policies, guidelines and processes. The current Peer and Practice Assessment program utilizes the “Right Touch” principles as it is clearly an educational and remediation program and not punitive in nature. Only continued non-compliance has resulted in punitive measures, such as referral to the Inquiries, Complaints and Reports Committee. 	
		<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>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of various Ontario health regulatory colleges. This sharing of best practices assists in identifying areas for improvement for CCO’s QA Program. CCO will also continue to review the “Right Touch” model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.</p>	



³ “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"> 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). OR please briefly describe right touch approach and evidence used. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <p>The Quality Assurance Committee reviewed the Right Touch regulation document in detail at several meetings in Fall 2021 and reported on this as part of the Quality Assurance report to Council on November 25, 2021. As part of its review, the Quality Assurance Committee applied the following principles:</p> <ul style="list-style-type: none"> Using a risk-based approach, primarily risk to the patient, in reviewing standards of practice, policies and guidelines as well as programs and processes of Quality Assurance. Reviewing relevant information in the review of standards of practice, policies and guidelines, including but not limited to: comparable documents from other Ontario health profession and other chiropractic regulators from other jurisdictions, memoranda from the Inquiries, Complaints and Reports Committee, statistics related to complaints and discipline, feedback from members, stakeholders, patients and organizations, and research and academic articles. Amendments to various CCO documents and programs such as the Regulatory Excellence Workshop are reported on elsewhere in this document. <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <ul style="list-style-type: none"> Public Yes Employers Yes Registrants Yes other stakeholders Yes 	<p>Yes</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>Yes</p>	
	<p><i>Additional comments for clarification (optional)</i></p> <p>CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of various Ontario health regulatory colleges. This sharing of best practices assists in identifying areas for improvement for CCO's QA Program. CCO will also continue to review the "Right Touch" model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.</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>	Yes
			<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>As described above, the Quality Assurance program and specifically Peer and Practice Assessment is primarily an educational and remediation program, and punitive measures, such as referral to the Inquiries, Complaints and Reports Committee have only occurred in situations of non-compliance. Individual peer and practice assessments may result in additional remediation or member requirements, such as re-submitting patient health records for review.</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>CCO updates its peer and practice assessment materials annually to reflect new and amended standards of practice, policies and guidelines and will continue to review and update these materials to incorporate "Right Touch" regulation principles.</p>	Yes

		<i>Additional comments for clarification (optional)</i>	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
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.	The College fulfills this requirement:		Yes
	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Both peer and practice assessment (PPA) streams are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Additionally, the QA Committee reviews the summary reports and provides all members with an official Disposition Report. This report would include, if appropriate, specific remediation recommendations for the member to follow. Further remediation follow-up is scheduled on a case-by-case basis and CCO staff follows up with these members to ensure remediation recommendations are incorporated into their practices. This can occur through resubmission of updated record keeping forms.</p>		
	<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>			


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	
	a. The different stages of the complaints process and all relevant supports available to complainants are: <ol style="list-style-type: none"> 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; 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; 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> The College fulfills this requirement: <ul style="list-style-type: none"> 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. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>CCO has several pages on its website describing the complaints process, including how to file a complaint, the information to be included in a complaint, template letters involved in the complaints process, the various steps of the complaints process and the possible outcomes of the complaints process. Any complaint involving allegations of sexual abuse involve communication from CCO staff informing the complainant of their ability to apply for funding for therapy and counselling and direction to the webpage with the appropriate information and forms. These are included at the following links, under both the "Members of the Public" and "Members of CCO" tab on the website:</p> <ul style="list-style-type: none"> https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-complaints-process-2/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/appointment-and-powers-of-investigators/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-discipline-process/ https://cco.on.ca/members-of-the-public/funding-for-therapy-and-counselling/ <p>CCO staff will often correspond with potential complainants by phone and/or email to assist them with the complaints process.</p> </td> <td style="width: 20%; text-align: center; vertical-align: top;"> Yes </td> </tr> </table>	The College fulfills this requirement: <ul style="list-style-type: none"> 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. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>CCO has several pages on its website describing the complaints process, including how to file a complaint, the information to be included in a complaint, template letters involved in the complaints process, the various steps of the complaints process and the possible outcomes of the complaints process. Any complaint involving allegations of sexual abuse involve communication from CCO staff informing the complainant of their ability to apply for funding for therapy and counselling and direction to the webpage with the appropriate information and forms. These are included at the following links, under both the "Members of the Public" and "Members of CCO" tab on the website:</p> <ul style="list-style-type: none"> https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-complaints-process-2/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/appointment-and-powers-of-investigators/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-discipline-process/ https://cco.on.ca/members-of-the-public/funding-for-therapy-and-counselling/ <p>CCO staff will often correspond with potential complainants by phone and/or email to assist them with the complaints process.</p>
The College fulfills this requirement: <ul style="list-style-type: none"> 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. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>CCO has several pages on its website describing the complaints process, including how to file a complaint, the information to be included in a complaint, template letters involved in the complaints process, the various steps of the complaints process and the possible outcomes of the complaints process. Any complaint involving allegations of sexual abuse involve communication from CCO staff informing the complainant of their ability to apply for funding for therapy and counselling and direction to the webpage with the appropriate information and forms. These are included at the following links, under both the "Members of the Public" and "Members of CCO" tab on the website:</p> <ul style="list-style-type: none"> https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-complaints-process-2/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/appointment-and-powers-of-investigators/ https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-discipline-process/ https://cco.on.ca/members-of-the-public/funding-for-therapy-and-counselling/ <p>CCO staff will often correspond with potential complainants by phone and/or email to assist them with the complaints process.</p>	Yes		



	<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>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>All committee, including the Inquiries, Complaints and Reports Committee, review their policies and procedures on an annual basis, or if there is any regulatory amendment or committee or stakeholder feedback that will result in changes, to reflect any updated policies and processes.</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>Yes</p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p> <p>Responses to inquiries from the public or members regarding the filing of an inquiry, complaint or report, are provided within one to five business days. Emails and phone inquiries are directed to the staff member associated with the question or concern. If staff are away for a period of time, an auto response is provided by email or phone to contact another staff member who will be able to assist the individual.</p> <p>College staff will also inform individuals of the timeline associated with a response to their inquiry, complaint or report. This includes the date of the next Inquiries, Complaints and Reports Committee meeting, an upcoming investigation or other process within the complaints committee.</p>	<p>Yes</p>

	<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>	



		<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.	
		<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> <ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>CCO's ICRC prioritizes complaints that have a high level of public risk, such as allegations of sexual abuse, patient harm and financial/insurance fraud. In 2020, CCO also prioritized complaints that were related to allegations of failure to comply with COVID-19 protocols and with respect to advertising or posts for claims related to COVID-19 that fall outside of the chiropractic scope of practice claims.</p> <p>CCO developed a number of risk assessment tools for reviewing and prioritizing complaints, which are posted publicly on the CCO webpages related to complaints:</p> <ul style="list-style-type: none"> • Risk Assessment Framework Statement • Risk Assessment Framework • Risk Assessment Framework Tool • Interim Order Assessment Tool • Transparency Principles

	<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>	



DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 13	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.	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. 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'). <p>Historically, CCO has communicated and shared information with other authorities, such as law enforcement, criminal and civil courts, as authorized by governing legislation, when there are matters or concerns related to professional regulation as well as another governing authority. These matters may arise in the inquiries, complaints and reports, discipline, fitness to practise and registration processes when there are simultaneous investigations or decisions of other external system partners.</p> <p>CCO developed a "Transparency Principles" policy document, available to the public, which outlines this framework of transparency and disclosure to outside parties.</p> </td> <td style="width: 20%; text-align: center; vertical-align: top;"> Yes </td> </tr> </table>	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. 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'). <p>Historically, CCO has communicated and shared information with other authorities, such as law enforcement, criminal and civil courts, as authorized by governing legislation, when there are matters or concerns related to professional regulation as well as another governing authority. These matters may arise in the inquiries, complaints and reports, discipline, fitness to practise and registration processes when there are simultaneous investigations or decisions of other external system partners.</p> <p>CCO developed a "Transparency Principles" policy document, available to the public, which outlines this framework of transparency and disclosure to outside parties.</p>	Yes
	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. 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'). <p>Historically, CCO has communicated and shared information with other authorities, such as law enforcement, criminal and civil courts, as authorized by governing legislation, when there are matters or concerns related to professional regulation as well as another governing authority. These matters may arise in the inquiries, complaints and reports, discipline, fitness to practise and registration processes when there are simultaneous investigations or decisions of other external system partners.</p> <p>CCO developed a "Transparency Principles" policy document, available to the public, which outlines this framework of transparency and disclosure to outside parties.</p>	Yes		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		<input type="text"/> Choose an item.	
<i>Additional comments for clarification (if needed)</i>				



	<p>Measure: 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.</p>	
	<p>DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT</p> <p>STANDARD 14</p>	<p>Required Evidence</p> <p>a. Outline the College's KPIs, including a clear rationale for why each is important.</p>

		<p><i>Additional comments for clarification (if needed)</i></p>
	<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>	<p>The College fulfills this requirement: Partially</p> <ul style="list-style-type: none"> 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. <p>Public Council packages include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes</p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.</p>

<p>Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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. 	<p>Partially</p>
	<p><u>Public Council packages</u> include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.</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>CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.</p>	
<p>Measure: 14.3 The College regularly reports publicly on its performance.</p>		
<p>a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. 	<p>Yes</p>
	<p>All decisions addressing these issues are included in <u>public Council package</u> and communicated to members, stakeholders and system partners and posted on the CCO website under the "<u>New & Updates</u>" section.</p>	

			<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>	

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.

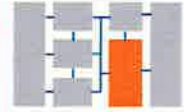
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be 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	
STANDARD 10			
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>			
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>1. Regulatory Excellence Workshops</p> <p>CCO, for many years, has mandated that all members attend a mandatory, in-person and interactive record-keeping workshop within the first year of registering with CCO. This workshop is led by CCO staff, including one member of the profession, the Director of Professional Practice. This workshop is also available to all CCO members to refresh and review updates to standards, policies and guidelines and their implementation strategies. It also provides an opportunity, for the College to communicate to members, key messages about expectations related to advertising, social media, and prevention of sexual abuse. These workshops are also used as a remediation tool for QA, ICRC and Discipline Committee decisions and undertakings.</p> <p>In 2022, CCO changed the name of this workshop to the Regulatory Excellence Workshop (REW), since it includes so much more material related to chiropractic care of patients and professional regulation. CCO continued to provide these workshops, (three in total) for members to attend virtually. The interactive workshops continue to be a very good opportunity for the college to set member expectations, to talk about</p>	<p>3 Workshops 351 Members</p>	<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>	



emerging trends, to quantify and qualify and address potential risks as members enter their practice life, all in keeping with the principles of “right touch regulation”.

The workshop features a STEP-BY-STEP approach that includes:

- an introduction to CCO
- accurately documenting the “story” of the doctor/patient relationship (consultation, history, examination, diagnostic imaging, report of findings, communicating a diagnosis, treatment, SOAP notes, re-assessment, dismissal)
- informed consent - when and how
- communication with patients, avoiding boundary crossings and prevention of sexual abuse
- chiropractic scope of practice
- billing and business practices
- adjunctive therapies and assistive devices
- assignment and referral of care
- advertising, websites and social media
- privacy of personal health information
- changes to and dissolution of practice
- COVID-19 protocols and updates
- new and amended CCO standards of practice, policies and guidelines
- current events

This is the link to CCO’s [posted announcements](#) for the upcoming REW.



<p>Below is the total number of attendees for each workshop held in 2022:</p> <table border="1"> <thead> <tr> <th>Workshop Date</th> <th>Actual Number of Attendees Present</th> </tr> </thead> <tbody> <tr> <td>24-Feb-22</td> <td>33</td> </tr> <tr> <td>8-Jun-22</td> <td>172</td> </tr> <tr> <td>28-Oct-22</td> <td>146</td> </tr> </tbody> </table> <p>Total: 351</p>		Workshop Date	Actual Number of Attendees Present	24-Feb-22	33	8-Jun-22	172	28-Oct-22	146	<p>557 Members</p>	
Workshop Date	Actual Number of Attendees Present										
24-Feb-22	33										
8-Jun-22	172										
28-Oct-22	146										
<p>2. Peer and Practice Assessment</p> <p>Details surrounding the Peer and Practice Assessment Program can be found on CCO's website:</p> <ul style="list-style-type: none"> • Peer and Practice Assessment 1.0 • Peer and Practice Assessment 2.0 <p>CCO's Quality Assurance (QA) Committee developed the Peer and Practice Assessment (PPA) Program to enhance members' learning opportunities and ensure their compliance with the regulations, standards of practice, policies, and guidelines.</p> <p>On becoming registered with CCO, members have the right to call themselves chiropractors and to practice chiropractic within the scope of practice identified in the <i>Chiropractic Act, 1991</i>. In assuming the right to practice, members also assume the responsibilities associated with this right, including the responsibility to maintain competence.</p> <p>The public must feel confident that chiropractors within Ontario, who demonstrated entry-level competencies when they registered with CCO, continue to demonstrate their competence for the duration of their practice. As such, there is an expectation that members engage in life-long learning, continually building their competencies throughout their career.</p>											



During the assessment, peer assessors can flag any deficiencies noted with the members' record keeping and/or knowledge of the College's standards of practice, policies, and guidelines. This process also allows the member to engage in conversations with their peer assessor regarding any noted deficiencies so that they may address them immediately.

CCO has developed two phases (thus far) to the PPA Program to acknowledge and address the changes in member competencies that are gained with clinical experience. **PPA 1.0** is intended for use with entry-to-practice new registrants/practitioners. **PPA 2.0** has been developed for assessing more experienced practitioners and typically, is only used after a member has undergone PPA 1.0 and addressed any issues revealed in that process. These two streams of assessments also provide opportunities to interact, one-on-one, with members at different stages of their professional lives.

Building on successful elements of PPA 1.0, the PPA 2.0 assessment process involves:

- A more in-depth, conversational review of a selection of patient files to better ensure that members are maintaining an accurate patient health record, reflective of the patient encounter and "story".
- A review and conversation related to scenarios commonly encountered in clinical practice that show implementation of regulations, standards of practice, policies, and guidelines in real life situations.
- A more complete review of the member's professional portfolio to ensure that all components, especially areas needing improvement identified in the member's Self-Assessment Plan of Action, are being addressed by the member.

Both PPA streams are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Members are randomly selected to participate in the program. Once assessments have been completed, the QA Committee reviews the summary reports and provides all members with an official disposition report. This report would include, if appropriate, specific



remedial recommendations for the member to address. If required, further remedial follow-up is scheduled on a case-by-case basis. A system has been implemented to track members who require additional submissions due to deficiencies noted during their PPA. This is to help reduce the potential risk of members receiving complaints and maintain the interest of the public.

The number of selected members for both PPA 1.0 and PPA 2.0 for 2022 are as follows:

**PPA 1.0 2022,
members selected**

Totals	
PPA1.0	263

**PPA 2.0 2022,
members selected**

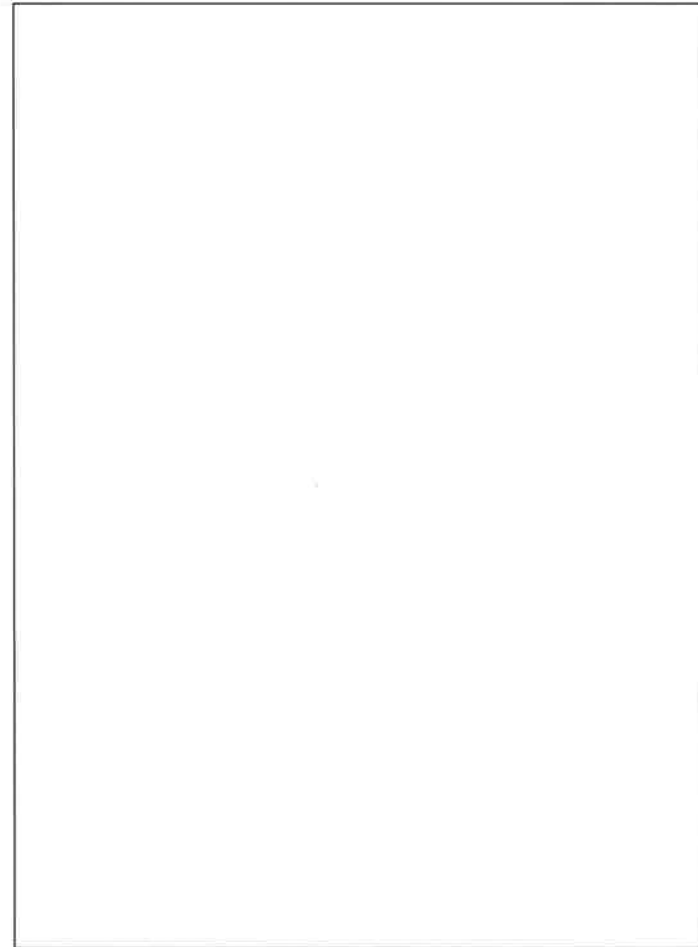
Totals	
PPA2.0	294

Participation is Mandatory

Members who hold a General (i.e., General Active, General Non-Practising and General Non-Resident) Certificate of Registration are required to participate in this program.

If a member is registered as General Non- Practising and General Non-Resident, they will undergo a modified assessment. For example, if the member does not actively see patients (General Non- Practising), the assessment would entail a review of their knowledge of CCO regulations, standards of practice, policies, and guidelines.

The QA Committee has taken steps to ensure that ALL members registered, regardless of whether they work in direct patient care or not, take steps to maintain the skills and knowledge that is core to providing direct patient care.





Information gathered during the peer assessment is shared with the members of the Quality Assurance Committee only.

Member Selection

CCO randomly selects members to participate in the program and matches the selected member with a suitable peer assessor: a colleague trained to identify areas of improvement and encourage members to strive for continuous quality improvement will conduct the assessment, designed to be educational, not punitive.

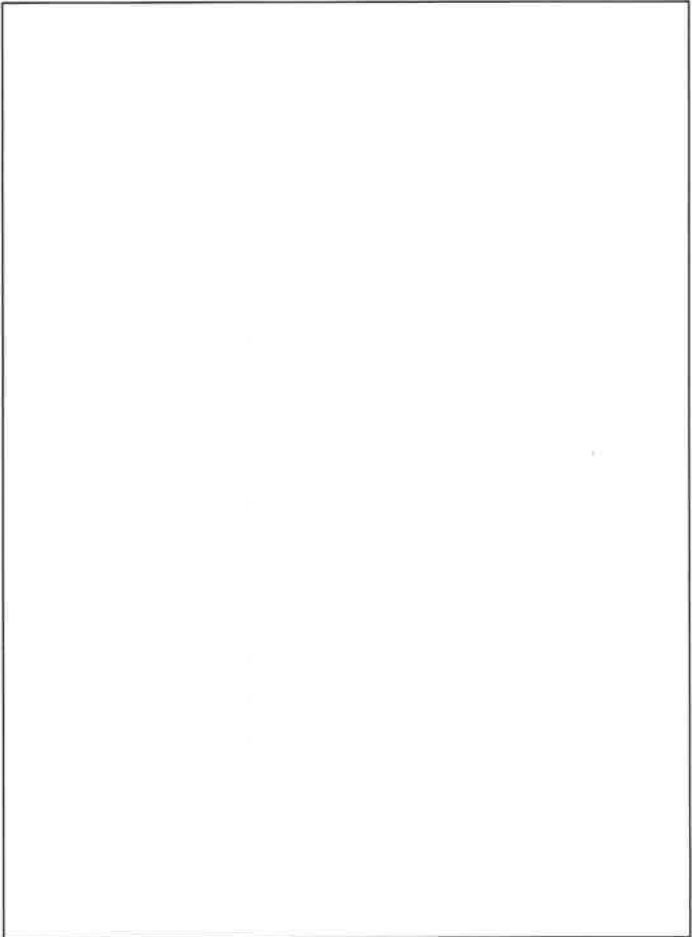
It should also be noted that, in keeping with “right touch regulation” principles, the PPA Program has been increasingly utilized by both CCO’s Registration Committee (e.g. having members undergo a proactive PPA when returning to practice after an absence) and ICRC (e.g. creating the Peer Mentoring Program, based on PPA 2.0, that helps guide members’ understanding and implementation of better practices after behaviour has been identified as non-compliant in some manner).

Peer Assessors, Training and Support

CCO continues to maintain a core group of highly trained peer assessors since the inception of the program. These assessors play a key and vital role in the success of both the development and implementation of the program. Successful peer assessors must meet the conditions and elements outlined in our Peer Assessor Policy, CCO [Policy P-051: Peer Assessors](#).

In 2022, CCO had a roster of 29 trained and experienced peer assessors working in the field providing valuable guidance to members, in-person and remotely.

Each year, since the start of the PPA program, the QA Committee has hosted all peer assessors for an in-person day-long training workshop. This workshop typically involves the following elements:



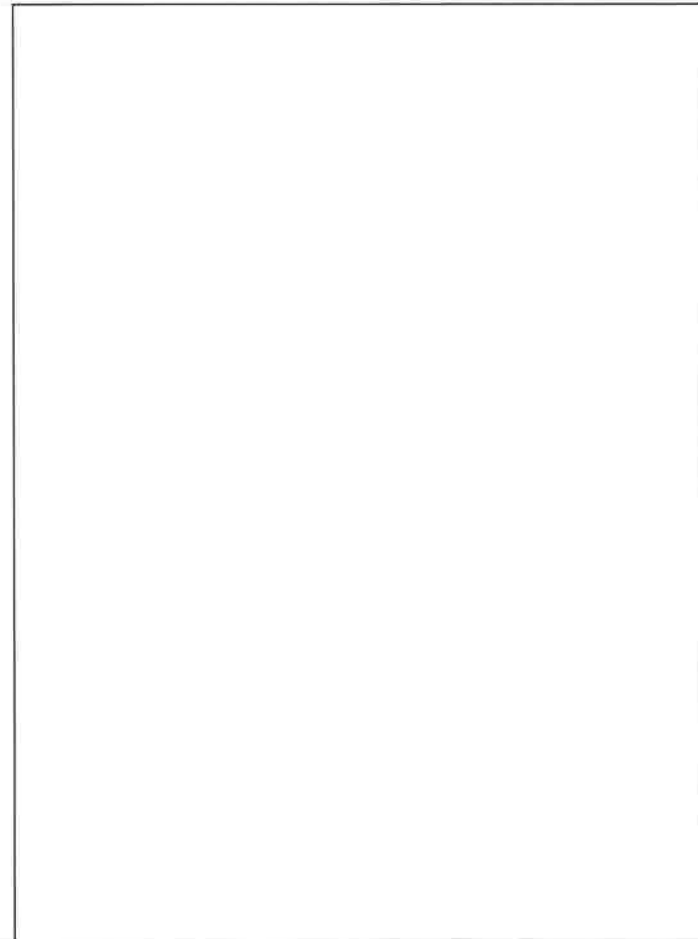


- Review of updates to regulations, standards of practice, policies and guidelines related to the practice of chiropractic;
- Review of changes to the PPA programs to accommodate the above updates;
- Gathering front-line feedback from assessors on their experiences of the past year's PPA cycle;
- Group and/or individual performance feedback to peer assessors;
- Small group break-out sessions that often task assessors with brainstorming, creating and developing ideas for new elements, changes or refinements of future PPA or other QA initiatives;
- Guest speakers with experience in quality assurance, continuing competencies or other areas relevant to this initiative;
- Updates on current events such as professional or government trends and/or initiatives;
- Plenty of opportunity for assessors from all over the province to interact with their colleagues.

On January 29, 2022, the Annual Peer Assessor Workshop was held virtually, to accommodate for restrictions regarding COVID-19. This year's workshop, which is typically a full day in-person workshop, was condensed into a four-hour virtual experience. Although a guest speaker was not present for this workshop, all other elements were effectively covered within the tight schedule.

Feedback (page 797 of the February 25, 2022 public Council package) from the workshop was obtained from all attendees. Once again, feedback was quite positive, and assessors provided various suggestions for future workshops.

Peer assessors are always encouraged to contact the Director of Professional Practice if they have any questions/concerns regarding the PPA Program or if they encounter a unique situation/question during an assessment.





Peer assessors are always encouraged to contact the Director of Professional Practice if they have any questions/concerns regarding the PPA Program or if they encounter a unique situation/question during an assessment.

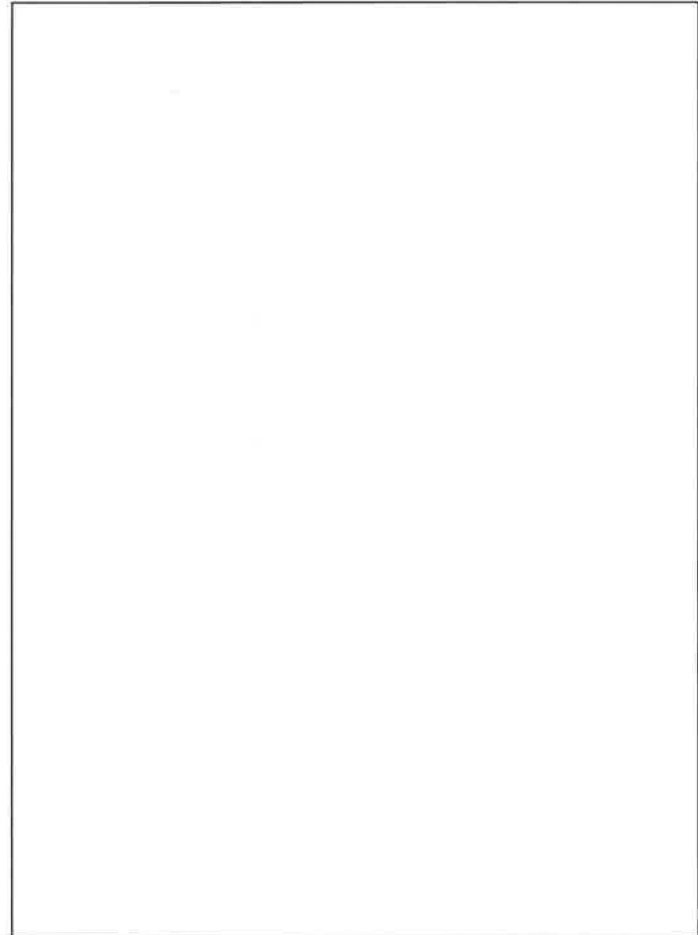
New Peer Assessors

Each year, the QA Committee reevaluates the needs of the PPA Program, including the requirement for additional peer assessors. Considerations when appointing a peer assessor may include:

- interview evaluation
- need for peer assessor(s) in each CCO district
- geographical location of the member's practice
- type of practice and/or practice style
- experience
- additional professional qualifications, expertise and/or specialty
- languages spoken
- communication skills
- successful completion of both the internal and field training portions of the Assessor-In-Training (AIT) Program
- additional qualifications and characteristics to complement the attributes of the Peer and Practice Assessment program.

As per Policy P-051: Peer Assessors, members who are successfully appointed as peer assessors serve a three-year term, with the eligibility to complete up to three terms consecutively. The assessors are ineligible for re-appointment until a full three-year term has been completed.

In 2022, the QA Committee and supporting staff determined the need to appoint new peer assessors due to five assessors having reached their maximum nine-year appointment, and one assessor who needed to resign due to medical reasons. Moreover, it was noted that there were areas within the province that could benefit



from having an assigned assessor for that region.

A call for new peer assessors was released in the President's Message dated June 29, 2022, with a deadline for applications set for July 22, 2022. After reviewing the numerous applications, interviews were held and a total of nine new peer assessors were appointed, one of whom was a former peer assessor.

In-field training began with each new assessor (AIT) being required to observe a current peer assessor as they conducted both a PPA 1.0 and a PPA 2.0. For any AIT who had yet to complete PPA 2.0, they were required to undergo this assessment which would then count toward their observations.

Training for the new assessors continued into 2023 with an Orientation Day, as well as being required to attend the Peer Assessor Workshop the following day. Finally, in-field training will take place once again where AITs will, this time, be observed by a current peer assessor as they conduct two assessments (PPA 1.0 and PPA 2.0). This particular portion of the training will allow the new assessor to hone their assessment skills with the aid and experience of their colleague.

3. Professional Portfolio and Continuing Education

CCO requires that members maintain a Professional Portfolio log where they track compliance with all CCO continuing competency initiatives. The professional portfolio would include, among other things:

- Self-Assessment Plan of Action Summary Sheet
- A log of all completed continuing education activities
- materials collected while fulfilling their continuing education (CE) requirements (e.g., course outlines brochures from conventions/conferences, etc.)
- current samples of advertising.

Approximately
4892 Members

All professional portfolio information is available at the following links:

- <https://cco.on.ca/members-of-cco/quality-assurance/professional-portfolio/>
- https://cco.on.ca/wp-content/uploads/2017/10/PP_handbook_Jan2017.pdf

Members were encouraged to log and track all their continuing education activities through a confidential on-line member portal. This was developed to provide CCO the ability to track member activities as well as link registration actions to a member's completion of other mandatory activities.

Self-Assessment

In 2020, the QA Committee completed a lengthy process of developing, prototyping, beta-testing, and gathering feedback to further make improvements on the development of a second generation self-assessment.

As noted above, in the report on *Peer and Practice Assessment*, we acknowledge the evidence which supports that members should be demonstrating ongoing and evolving competencies throughout their careers. This would be demonstrated in the types of CE activities undertaken. It was the Committee's view that it would also be prudent to have a self-assessment suitable to reflect on basic, entry-to-practice competencies and then to have further self-assessments that engaged the member in self-reflection on competencies more relevant to advancing experience and expertise.

The new version of the Self-Assessment, now referred to as "[SA 2.0](#)", was launched at the start of the new CE cycle, July 1, 2022. It is important to note that, where elements of SA 1.0 focus on entry-to-practice competencies such as knowledge of regulations, standards of practice, policies and guidelines, SA 2.0 was framed around the revised [CCO Core Competencies for CCO Members](#).

SA 2.0 is designed to assist more experienced members of the profession to reflect on their competencies after several years of practice experience. For example, members reflect on various scenarios they may have encountered or may encounter in practice.



These scenarios are based on archival case examples and trends. The Core Competencies for CCO Members also clearly lays out basic expectations members should be aware of when providing care to the public in the section titled: “What to Expect when attending a chiropractor appointment: an application of the core competencies.”

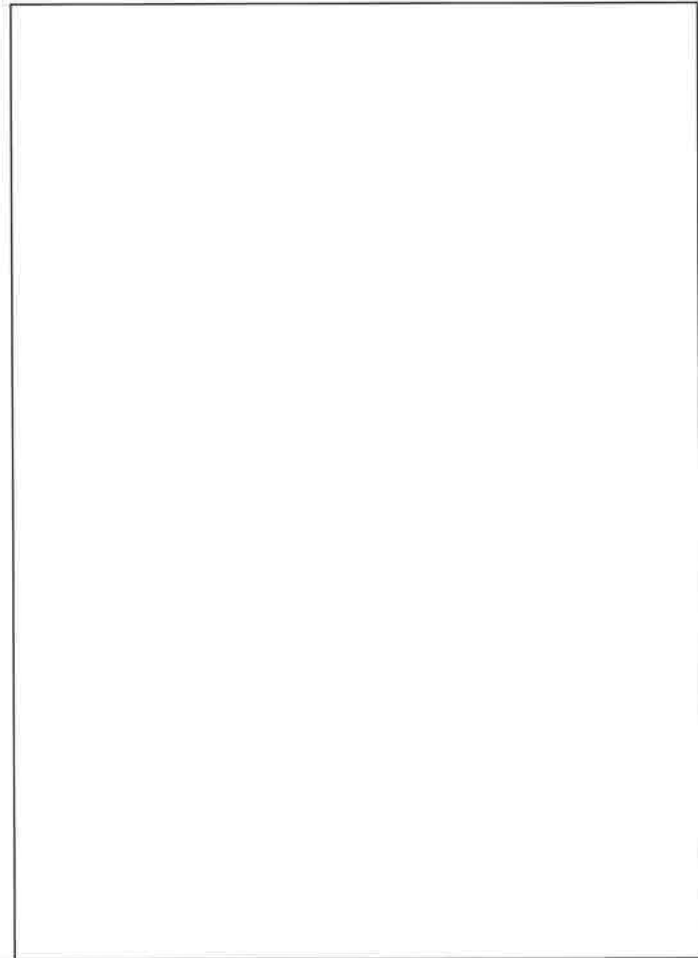
In 2022, the QA Committee revised the latest draft of SA 2.0 to better reflect the needs and expectations of the experienced chiropractor, and common issues that might arise related to each core competency. Members were notified of the new Self-Assessment Questionnaire via the [President’s Message dated June 29, 2022](#) and its official launch at the beginning of Cycle 7 (July 1, 2022 – June 30, 2024).

Continuing Education Requirements

As in all previous CE cycles, CCO has developed a mandatory CE program that is built on the best available evidence, with respect to professional continuing competency. As such, our program is a balance of “trust” and “proof” models, i.e., providing members a range of options for meeting their requirements that embrace the diversity of practices and populations served by those practices.

Additionally, CCO has always allowed members to engage in ongoing, continuing competency development that is relevant to their areas of interest and expertise. This has been true even for those members who may not be engaged in direct patient care, but rather serving in administrative, research or academic roles. However, CCO still requires that all members comply with the 5-hours of structured activities related to the core, controlled acts (e.g., diagnosis and treatment of patients) in the event that they choose to engage in direct patient care at any point in time.

As mentioned in the section Regulatory Excellence Workshop, it is now mandatory for members to attend one REW every three CE cycles, or rather, once every six years. This measure is meant to be proactive and educational in nature, to ensure all members are keeping up to date with all standards of practice, policies, and guidelines, including their



record keeping skills.

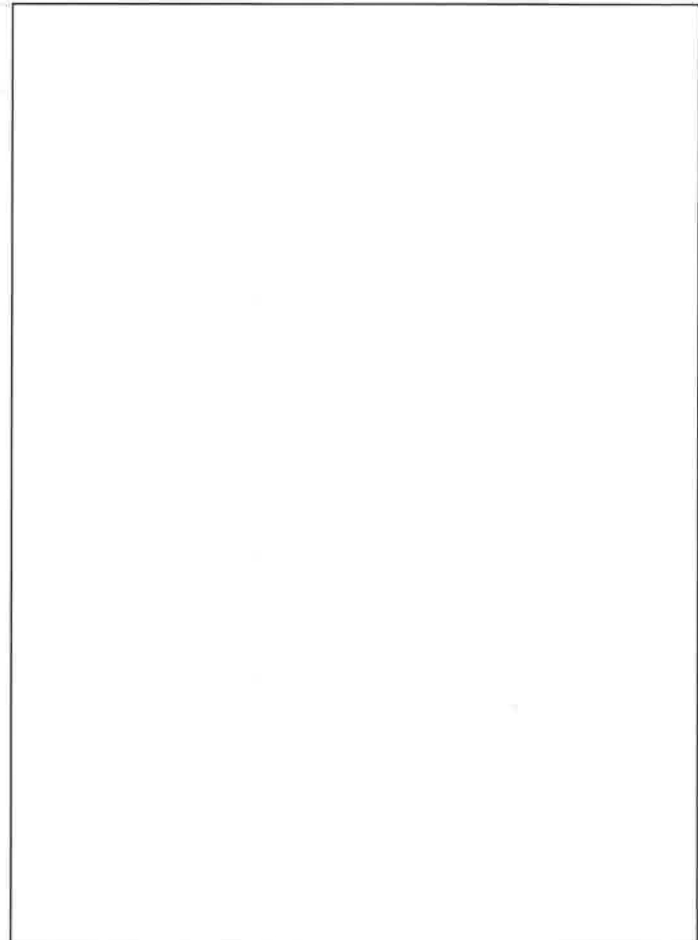
4. Peer Mentoring Program

As mentioned above, PPAs were often used as a means of remediation from both ICRC and the Discipline Committee. The results of a complaint from 2019 prompted ICRC to recommend the member undergo a series of peer assessments (up to four peer assessments) within a 12-month period. This one-year remedial process was to garner increased confidence in the member's competency to practice, ensure their adherence to CCO's standards of practice, policies, and guideline, and provide the member with ample opportunity to amend any deficiencies noted throughout the process.

Due to the positive findings of this specified continued educational remedial program (SCERP), this remained as a SCERP option for ICRC, as well as a course of action for members with disciplinary findings. To distinguish this new format of remediation from the PPA Program, this process was termed the "Peer Mentoring Program", and continues to be used by both ICRC and the Discipline Committee.

A formal training session for the Peer Mentoring Program took place on November 9, 2022 as a joint endeavor between the Discipline, ICR, and QA Committees. A guest speaker, who practices in regulatory law, attended the workshop, along with 13 peer mentors: a group of individuals who are current/former peer assessors who bring with them a wealth of knowledge from their role as a PA, and potential expertise within a particular field of chiropractic (e.g., the peer mentor is a Fellow of the College of Chiropractic Orthopedic Specialists). During the training session, mentors learned about the purpose and development of the program, the role of the mentor, and in-depth details pertaining to the PM process. It was stressed to the mentors that although the PM process is similar to PPA 2.0, the premise of peer mentoring is beyond the educational nature of the peer assessment, but rather PM is in fact remedial. Therefore, mentors should gear the PM session toward the findings discovered by the ICR or Discipline Committee.

7 Members





<p>Feedback was obtained from all 13 peer mentors, all of whom rated the training session 5 out of 5.</p> <p>In 2022, a total of seven members began the Peer Mentoring Program. Members are complying with the process and all participating mentors have commented on the positive attitude and feedback from the members.</p> <ul style="list-style-type: none">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>		
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** 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

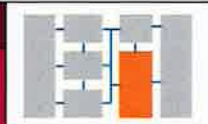
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2022	Regulatory Excellence Workshop: 351 members	Regulatory Excellence Workshop: 7.2%	<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> <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>
	Peer and Practice Assessment 1.0: 263 members	Peer and Practice Assessment 1.0: 5.4%	
	Peer and Practice Assessment 2.0: 294 members	Peer and Practice Assessment 2.0: 6.0%	
	Self Assessment, Professional Portfolio and Continuing	Self Assessment, Professional Portfolio and Continuing	

	Education: Approximately: Approximately 4892 Members (Members registered in the General class of registration)	Education: 100% of members registered in the General class of registration
CM 3. 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.	7	0.14%
<i>NR</i>		
<i>Additional comments for clarification (if needed)</i>		

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)	#	%	
CM 4. Outcome of remedial activities as at the end of CY 2022:**			<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>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	3	42.86%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	4	57.14%	
<p><u>NR</u></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



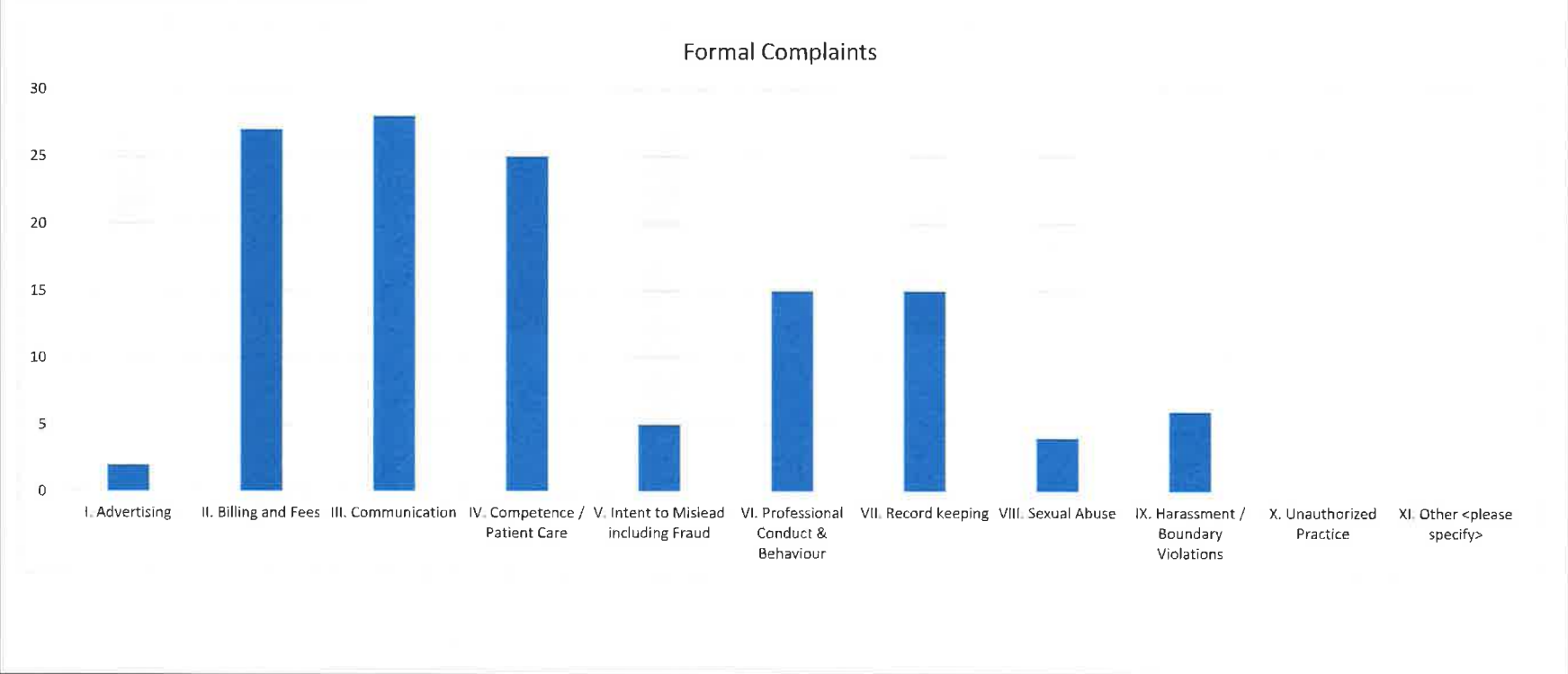
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	2	2	1	7
II. Billing and Fees	27	21	4	29
III. Communication	28	22	0	0
IV. Competence / Patient Care	25	20	2	14
V. Intent to Mislead including Fraud	5	4	3	21
VI. Professional Conduct & Behaviour	15	12	0	0
VII. Record keeping	15	12	2	14
VIII. Sexual Abuse	4	3	2	14
IX. Harassment / Boundary Violations	6	5	0	0
X. Unauthorized Practice	0	0	0	0
XI. Other <please specify>	0	0	0	0
Total number of formal complaints and Registrar's Investigations**	127	100%	14	100%

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.

Formal Complaints
NR
Registrar's Investigation

****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.**

Additional comments for clarification (if needed)



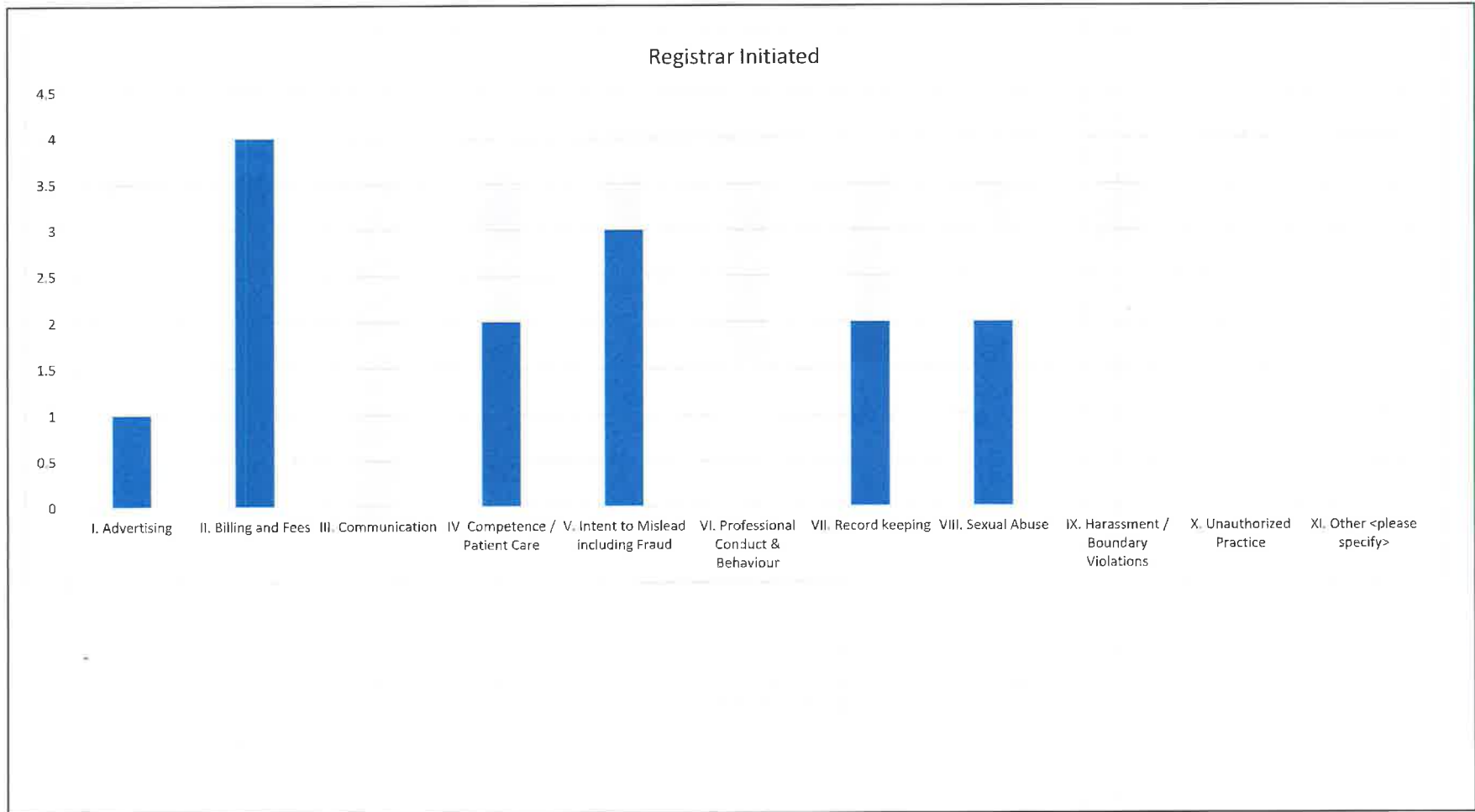


Table 5 – Context Measures 6, 7, 8 and 9

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. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	99	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	11	
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	8	
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	82	82
IV. Formal complaints that proceeded to ICRC and are still pending	17	17
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
<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>		

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
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[ADR](#)
[Disposal](#)
[Formal Complaints](#)
[Formal Complaints withdrawn by Registrar at the request of a complainant](#)
[NR](#)
[Registrar's Investigation](#)

May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

** 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.

Additional comments for clarification (if needed)

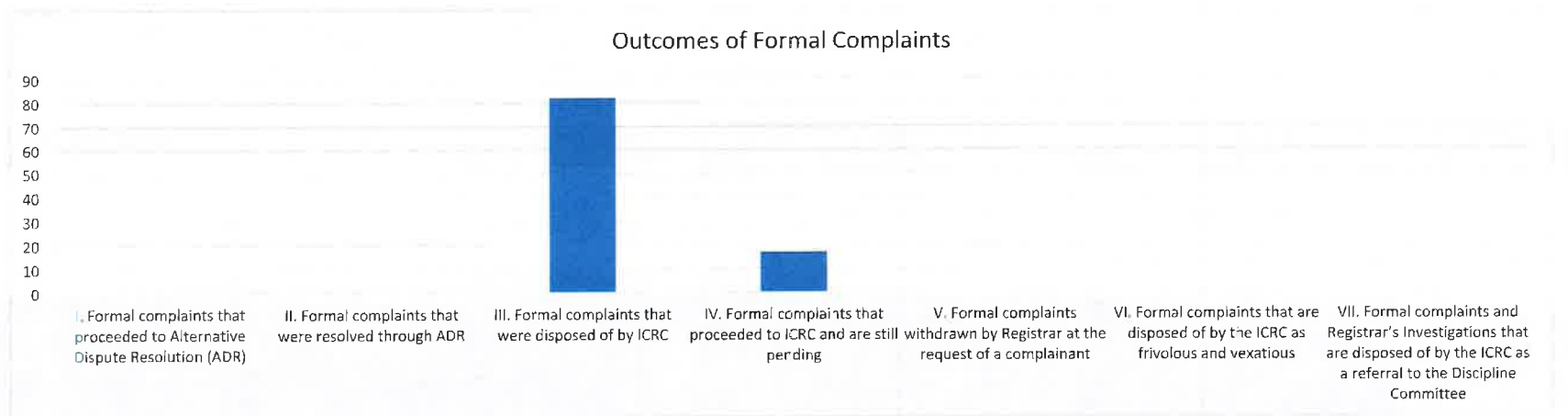
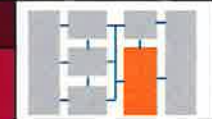


Table 6 – Context Measure 10



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.							
<i>If a College method is used, please specify the rationale for its use:</i>							
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	0	1	0	1	0	0	0
II. Billing and Fees	2	0	0	2	0	0	0
III. Communication	13	9	0	1	0	0	0
IV. Competence / Patient Care	14	1	0	0	0	0	0
V. Intent to Mislead Including Fraud	2	1	0	0	0	0	0
VI. Professional Conduct & Behaviour	10	7	0	0	0	0	0
VII. Record Keeping	4	7	3	7	0	0	0
VIII. Sexual Abuse	1	0	0	0	0	0	0
IX. Harassment / Boundary Violations	1	1	0	1	0	0	0



X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	0	0	0	0	0	0	0
<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.</p> <p>++ 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.</p> <p><u>NR</u></p>							
<p>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.</p>							
<p>Additional comments for clarification (if needed)</p>							

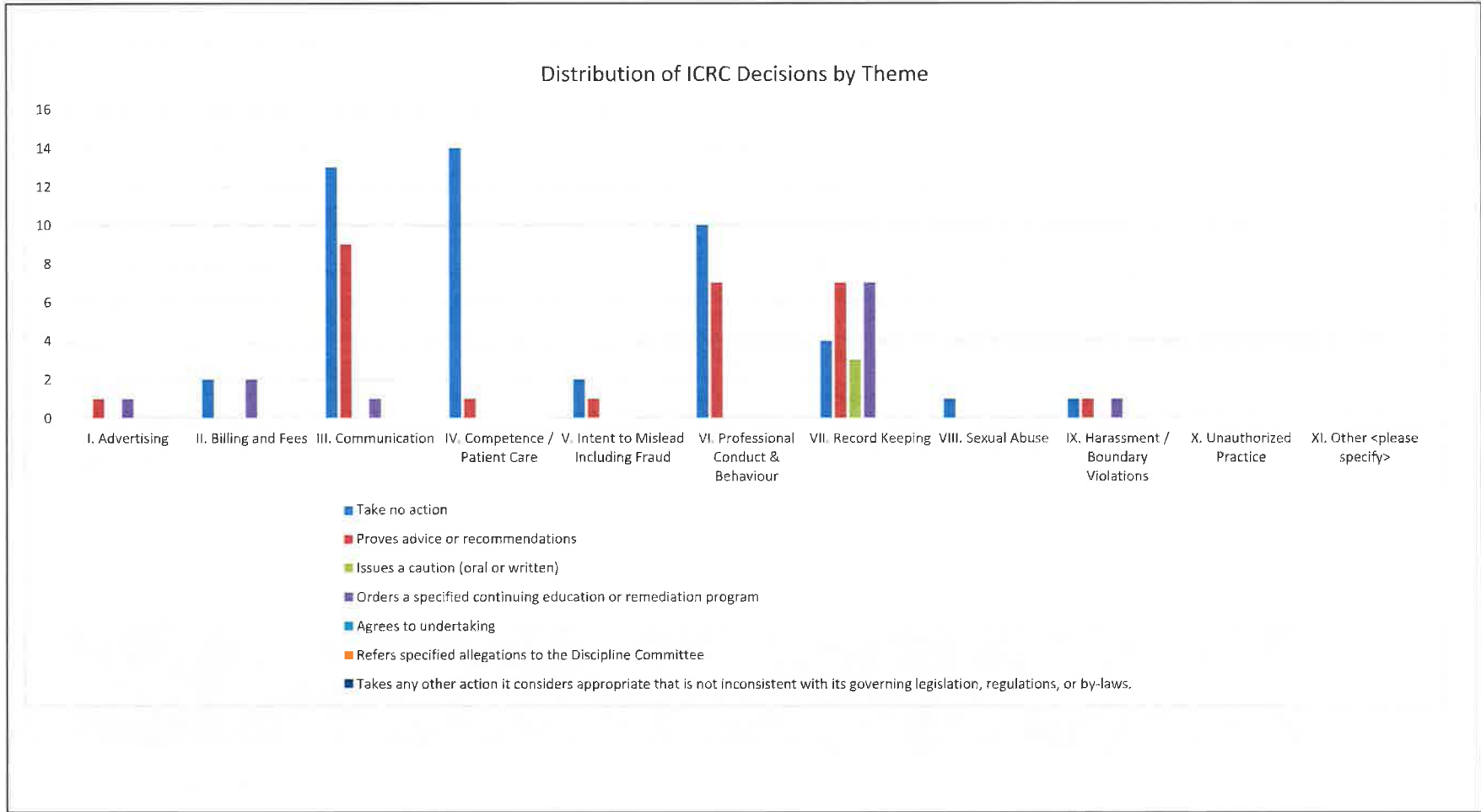


Table 7 – Context Measure 11

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 College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>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>
I. A formal complaint in working days in CY 2022	139	<i>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.</i>
II. A Registrar's investigation in working days in CY 2022	199	
<u>Disposal</u>		
<i>Additional comments for clarification (if needed)</i>		

Table 8 – Context Measure 12

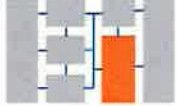
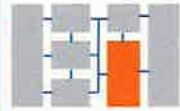
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<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> <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>
I. An uncontested discipline hearing in working days in CY 2022	231	
II. A contested discipline hearing in working days in CY 2022	N/A	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i>		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d		
<i>If College method is used, please specify the rationale for its use:</i>		
Discipline decisions may have more than one finding by type. There were a total of 7 discipline decisions in 2022.		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	3	
II. Incompetence	0	
III. Fail to maintain Standard	6	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	4	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	4	
XII. False or misleading document	4	
XIII. Contravene relevant Acts	0	
		<i>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.</i>



* 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)

Distribution of Discipline Decisions by Type

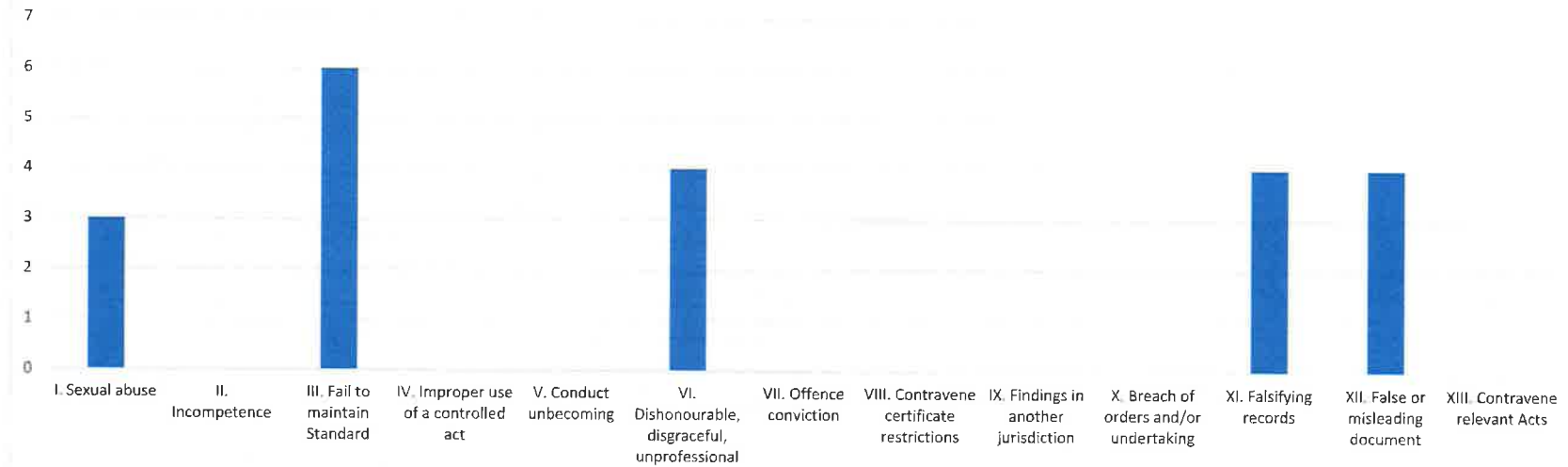
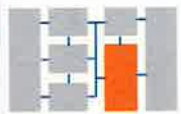
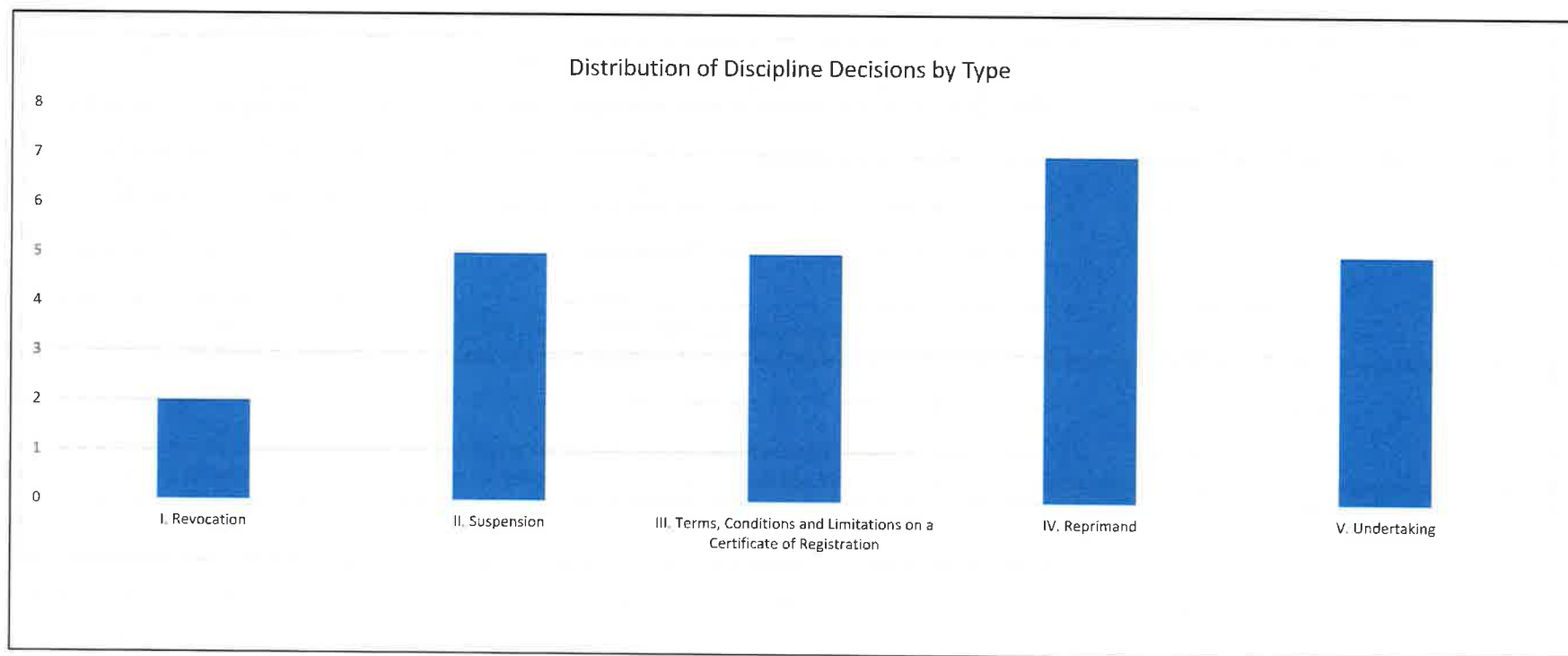


Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<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>
Type	#	
I. Revocation	2	
II. Suspension	5	
III. Terms, Conditions and Limitations on a Certificate of Registration	5	
IV. Reprimand	7	
V. Undertaking	5	
* 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.		
Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR		
<i>Additional comments for clarification (if needed)</i>		
A discipline decision may have multiple orders.		



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](#)

ITEM 4.1.21

Key Performance Indicators

Recommended to 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 4.1.22

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

		<ul style="list-style-type: none"> • Include the Canadian Native Flag and LGBTQ+ Flag alongside the Canadian or Ontario Flag, if/when they are used. 
<p>WRITTEN COMMUNICATION</p>		<ul style="list-style-type: none"> • Review the Conflict of Interest and Code of Conduct with a DEI lens. • Remove cisgender pronouns (e.g. “he/she”) and replace with nonbinary pronouns (e.g. “they/them”) • Remove traditional marriage titles (Ms./ Mr./ Miss) when referring to Public Council Member. • Expand Partnership of Care document to reference expectation of DEI.
<p>COUNCIL and COMMITTEE MEMBER</p>		<ul style="list-style-type: none"> • Provide a recommendation to the public appointments office to consider appointing a French speaking public member to Council. • Include the following general direction to the Discipline Committee Chair: <ul style="list-style-type: none"> • 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. • Include an optional, open ended question on applications, for non-council committee members to answer: <ul style="list-style-type: none"> • “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”. • Include a mandatory question on applications for non-council committee members to answer: <ul style="list-style-type: none"> • “Are you bilingual in both of Canada’s Official Languages (English and French)?”

Long-term (6-12 months)

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

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.¹

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.

¹ 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 socioeconomics, 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.

Indigenous awareness and cultural sensitivity	<p>Bear Standing Tall and Association https://www.bearstandingtall.com/</p> <ul style="list-style-type: none"> • Toronto-based company dedicated to “creating bridge between Indigenous and Non-Indigenous nations”
	<p>Native Canadian Centre of Toronto https://ncct.on.ca/</p> <ul style="list-style-type: none"> • Toronto-based organization that hosts a variety of workshops and activities based on Indigenous teachings and traditions
LGBTQ2S+ awareness and educational	<p>Sherbourne Health https://sherbourne.on.ca/</p> <ul style="list-style-type: none"> • Toronto-based health care clinic that serves many groups, including LGBTQ2S+ community
	<p>Mr. Robert MacKay</p> <ul style="list-style-type: none"> • 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
Abilities Awareness	<p>Abilities Centre LEAD Canada™ Abilities Centre Whitby</p> <ul style="list-style-type: none"> • 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

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.



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

ITEM 4.1.24

Proposed Amendments to Registration Regulation: Creation of Emergency Class of Registration - February 28, 2023

On February 24, 2023, CCO Council approved circulation for feedback of proposed amendments to Regulation 137/11: Registration to create an Emergency class of registration. Amendments to the *Regulated Health Professions Act, 1991* require all colleges to create an Emergency class of registration, in accordance with [Ontario Regulation 508/22: Registration Requirements](#).

Pursuant to section 95(1.4) of the *Health Professions Procedural Code* under the *Regulated Health Professions Act, 1991*, regulations must be circulated to members at least 60 days before they are approved by Council.

CCO's draft regulation is generally consistent with the regulations of other regulators, posted on the Ontario Government's [Regulatory Registry](#).

Please review the following documents and provide any feedback by **April 28, 2023, 9 am**.

- [Proposed Amendments to Regulation 137/11: Registration with rationale](#)
- [Complete Regulation 137/11: Registration with proposed amendments](#)
- [Survey for Feedback](#)

CCO Council will review all feedback from stakeholders, including members, as part of its deliberations before submitting the regulation to the Ministry of Health for processing. Thank you for participating in the self regulation of the chiropractic profession in Ontario.

College of Chiropractors of Ontario | 59 Hayden Street, Suite 800, Toronto, ON M4Y 0E7 Canada

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**PROPOSED EMERGENCY CLASS OF REGISTRATION:
DRAFT AMENDMENTS TO ONTARIO REGULATION 137/11 UNDER THE CHIROPRACTIC ACT, 1991
APPROVED BY COUNCIL FOR DISTRIBUTION AND FEEDBACK: FEBRUARY 24, 2023**

Section	Current Provision	Proposed Provision (changes underlined)	Rationale for Proposed Provision
1.	<p>The following are prescribed as classes of certificate of registration:</p> <ol style="list-style-type: none"> 1. General. 2. Temporary. 3. Inactive. 4. Retired. 	<p>The following are prescribed as classes of certificate of registration:</p> <ol style="list-style-type: none"> 1. General. 2. Temporary. 3. Inactive. 4. Retired. <u>5. Emergency</u> 	<p>An emergency class of registration is being proposed in accordance with the <i>Pandemic and Emergency Preparedness Act, 2022</i> requirements and amendments to <i>Regulation 508/22: Registration Requirements</i> under the <i>Regulated Health Professions Act, 1991</i>.</p>
16.1(1)	New	<p><u>The Council may declare that emergency circumstances exist such that it is in the public interest to issue certificates of registration in the emergency class. In making this determination, the Council may take into account all of the relevant circumstances including the presence of a significant interruption in the processing of applications for registration for other classes such that there is a lengthy delay in their being registered and any requests by the Minister to initiate registrations under the Emergency class.</u></p>	<p>It is not the intention that the Emergency class of registration be available at all times. The regulation specifies emergency circumstances that will cause the class to be open for issuance and renewal of emergency certificates of registration</p>

16.1(2)	New	<p><u>The following are requirements for an Emergency certificate of registration:</u></p> <ol style="list-style-type: none">1. <u>Emergency circumstances must exist as described in section 16.1(1) above.</u>2. <u>The applicant must have satisfied the registration requirements in sections 3, 4, 5, 6(1), 6(3) and 6(4) of this regulation. The educational requirement in subsection 6(1) is non-exemptible.</u>3. <u>The applicant must submit a criminal record check, in accordance with CCO policy.</u>4. <u>The applicant must complete examination requirements and/or a refresher course approved by the Registration Committee or otherwise satisfy the Registration that the member is competent to practise.</u>	<p>Registration requirements that are applicable for all classes of registration are applicable to an Emergency class of registration (see sections 3, 4, and 5 of the Registration Regulation).</p> <p>Graduation from an accredited chiropractic education program or a chiropractic education program considered equivalent by the Council is a non-exemptible requirement for registration in any class of registration, including the Emergency class.</p> <p>Depending on the nature and effect of the emergency (e.g., cancellation of entry-to-practice examinations), applicants for an Emergency class of registration must satisfy the Registration Committee that they are competent to practise, which may include competing modified examinations and/or a refresher course.</p>
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16.1(3)	New	<p><u>Every certificate of registration in the emergency class of registration is subject to the following terms, conditions and limitations:</u></p> <ol style="list-style-type: none"> 1. <u>The member shall practise the profession only within the scope of practice of the Emergency certificate.</u> 2. <u>The member shall at all times when providing chiropractic services identify themselves as member registered in the Emergency class of registration, only authorized to practise under supervision.</u> 3. <u>The member shall be restricted to the title Chiropractor (Emergency Class).</u> 4. <u>The member shall only practise the profession while under the direct supervision of a member who:</u> <ol style="list-style-type: none"> a. <u>Holds a General certificate of registration</u> b. <u>Is current actively providing direct patient care to patients</u> 	<p>Terms, conditions and limitations for an Emergency certificate of registration are consistent with similar past supervised classes of registration, such as the General (Provisional) class of registration.</p> <p>Terms, conditions and limitations for an Emergency class of registration, include requirements to protect the public interest, such as: only practising within the scope of practice of an emergency certificate, representation and use of title that indicates an Emergency class of registration, and only practising under the supervision of a member in the General class of registration who meets the listed requirements.</p>
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		<ul style="list-style-type: none">c. <u>Is in good standing with CCO</u>d. <u>Is not the subject of any disciplinary or incapacity proceeding or has an outstanding referral for a disciplinary of incapacity proceeding</u>e. <u>Is authorized to practise in any area of chiropractic that requires specific additional education or certificate, such as acupuncture and chiropractic care of animals, if the member in the emergency class of registration is authorized to practise in these areas of practice</u>f. <u>Any other criteria identified in CCO policy</u>	
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16.1(4)	New	<p><u>An emergency certificate of registration expires:</u></p> <ol style="list-style-type: none">1. <u>Unless stated otherwise on the certificate, six months after it is issued, unless it is renewed.</u>2. <u>Unless stated otherwise on the certificate, a renewed certificate expires six months after it is renewed, unless it is renewed again.</u>3. <u>Despite subsections 1 and 2 above, an emergency certificate expires on the earlier of the any of the following:</u><ol style="list-style-type: none">a. <u>Three months after the date the Council declares that the emergency circumstances in which it is in the interest of the public to issue and renew emergency certificates of registration have ended.</u>b. <u>The date the member is issued a General certificate of registration.</u>	<p>The legislation allows for up to a one year expiration period. Six months is an appropriate length of time to allow for planning and adjustments based on the nature of the emergency. Three months after the declaration that the emergency has ended provides sufficient time to complete the requirements for a General certificate of registration.</p>
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16.1(5)	New	<u>A member who holds a certificate of registration in the emergency class of registration may be issued a certificate of registration in the General class of registration if the member satisfies the requirements for a General class certificate of registration, including meeting any requirements in Regulation, By-law and Policy and paying all applicable fees, and completes an application for registration in the General class that is approved by the Registrar.</u>	This section provides the requirements for a member in the Emergency class of registration to apply and be issued a General certificate of registration.
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DRAFT

**ONTARIO REGULATION 137/11: REGISTRATION
UNDER THE *CHIROPRACTIC ACT, 1991***

Effective Date: May 6, 2011.

**Proposed Amendments Approved by Council for Circulation and Feedback:
February 24, 2023 (indicated in underline)**

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

GENERAL

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.
 5. Emergency

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.

Registration requirements, all classes

3. The following are registration requirements for a certificate of registration of any class:
 1. If the applicant has previously been or is registered or licensed to practise another health profession in Ontario, or chiropractic or another health profession in any other jurisdiction, the applicant must provide evidence that there has been no finding of, and that there is no current investigation or proceeding involving an allegation of, professional misconduct, incompetence or incapacity or similar conduct.
 2. The applicant must be able to speak and write either English or French with reasonable fluency.
 3. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.
 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.

Requirement to provide details

4. Every applicant is required to provide the College with details of the following with respect to the applicant that occur or arise after the applicant has submitted his or her application, and if the applicant becomes a member, it is a condition of the member's certificate of registration that he or she provide such details:
 1. A finding of professional misconduct, incompetence or incapacity or similar finding in Ontario in relation to another health profession or in any other jurisdiction in which the applicant is registered or licensed to practise chiropractic or another health profession.
 2. An investigation or proceeding for professional misconduct, incompetence or incapacity or similar finding in Ontario in relation to another health profession or in any other jurisdiction in which the applicant is registered or licensed to practise chiropractic or another health profession.
 3. A finding of guilt in relation to any offence. O. Reg. 137/11, s. 4.

Revocation for false and misleading statements

5. The Registrar may revoke the member's certificate of registration if the member made a false or misleading statement in his or her application for registration or on any form related to his or her renewal or reinstatement of registration. O. Reg. 137/11, s. 5.

GENERAL CERTIFICATES

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.
4. The applicant must provide evidence satisfactory to the Registrar that, as of the anticipated date for the issuance of his or her certificate of registration, the applicant,
 - i. will have professional liability insurance in the amount and in the form as required by the by-laws, or
 - ii. will belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability. O. Reg. 137/11, s. 6.

Labour mobility, general certificate

7. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraph 1, subparagraph 2 ii and paragraph 3 of section 6 are deemed to have been met by the applicant. O. Reg. 137/11, s. 7 (1).
- (2) Despite subsection (1), it is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a chiropractor in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 137/11, s. 7 (2).
- (3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 2 of section 3 where the requirements for the issuance of the applicant's out-of-province certificate of registration included language

proficiency requirements equivalent to those required by that paragraph. O. Reg. 137/11, s. 7 (3).

- (4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 137/11, s. 7 (4).

Issuance of general certificate of registration to retired or inactive member

8. (1) The following rules apply where a member who holds a retired or inactive certificate of registration wishes to be issued a general certificate of registration:
1. An application must be made to the Registrar.
 2. The member shall pay the applicable fee for a general certificate of registration.
 3. A member who has held an inactive or retired certificate of registration for more than two consecutive years preceding his or her application for a general certificate of registration shall only be entitled to have a general certificate of registration issued if he or she satisfies the Registration Committee that he or she is currently competent to practise.
 4. The member shall not resume active practice until his or her application for issuance of a general certificate of registration has been approved by the Registration Committee. O. Reg. 137/11, s. 8 (1).
- (2) Where a member who wishes to be issued a general certificate of registration pursuant to subsection (1) was issued his or her inactive or retired certificate of registration pursuant to section 13 or 16, the reference to “inactive or retired certificate of registration” in paragraph 3 of subsection (1) shall be a reference to any out-of-province certificate that was, at the time he or she was issued their inactive or retired certificate of registration, considered by the Registration Committee to be substantially equivalent to an inactive or retired certificate of registration. O. Reg. 137/11, s. 8 (2).

TEMPORARY CERTIFICATES

Additional requirements, temporary certificate

9. The following are additional registration requirements for a temporary 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. This requirement is non-exemptible.

2. The applicant must be registered or licensed to practise chiropractic in another jurisdiction.
3. The applicant must provide evidence satisfactory to the Registrar that, as of the anticipated date for the issuance of his or her certificate of registration, the applicant,
 - i. will have professional liability insurance in the amount and in the form as required by the by-laws, or
 - ii. will belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability. O. Reg. 137/11, s. 9.

Temporary certificate, expiry

10. A temporary certificate of registration expires on the earliest of the following:
 1. The expiry date set out on the certificate.
 2. Twelve weeks after the date the temporary certificate of registration was issued.
 3. If the temporary certificate of registration was issued for a temporary appointment or exchange program, the date of termination of the temporary appointment or exchange program for which it was issued. O. Reg. 137/11, s. 10.

INACTIVE CERTIFICATES

Additional requirements, inactive certificate

11. The following are additional registration requirements for an inactive certificate of registration:
 1. The applicant must hold, or be eligible to hold, a general certificate of registration.
 2. The applicant must not be in default of any fee, fine or other amount owed to the College or in default in providing any information to the College.
 3. The applicant must give a written undertaking to the College not to engage in chiropractic practice in Ontario and not to submit accounts to the Workplace Safety and Insurance Board or any other third party payer in respect of chiropractic services. O. Reg. 137/11, s. 11.

Conditions, inactive certificate

12. The following are conditions of an inactive certificate of registration:
 1. The member shall not engage in chiropractic practice in Ontario.
 2. The member shall not submit an account to the Workplace Safety and Insurance Board or any other third party payer in respect of a chiropractic service. O. Reg. 137/11, s. 12.

Labour mobility, inactive certificate

13. Where an applicant holds an out-of-province certificate which, in the opinion of the Registration Committee, is substantially equivalent to an inactive certificate of registration, the requirement of paragraph 1 of section 11 is deemed to have been met by the applicant if he or she provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a chiropractor in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 137/11, s. 13.

RETIRED CERTIFICATES

Additional requirements, retired certificate

14. The following are additional requirements for a retired certificate of registration:
 1. The applicant must hold either a general or an inactive certificate of registration.
 2. The applicant must not be in default of any fee, fine or other amount owed to the College or in default in providing any information to the College.
 3. The applicant must give a written undertaking to the College not to engage in chiropractic practice in Ontario and not to submit accounts to the Workplace Safety and Insurance Board or any other third party payer in respect of chiropractic services. O. Reg. 137/11, s. 14.

Conditions, retired certificate

15. The following are conditions of a retired certificate of registration:
 1. The member shall not engage in chiropractic practice in Ontario.

2. The member shall not submit an account to the Workplace Safety and Insurance Board or any other third party payer in respect of a chiropractic service. O. Reg. 137/11, s. 15.

Labour mobility, retired certificate

16. Where an applicant holds an out-of-province certificate which, in the opinion of the Registration Committee, is substantially equivalent to a retired certificate of registration, the requirement of paragraph 1 of section 14 is deemed to have been met by the applicant if he or she provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a chiropractor in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 137/11, s. 16.

EMERGENCY CERTIFICATES

- 16.1 (1) The Council may declare that emergency circumstances exist such that it is in the public interest to issue certificates of registration in the emergency class. In making this determination, the Council may take into account all of the relevant circumstances including the presence of a significant interruption in the processing of applications for registration for other classes such that there is a lengthy delay in their being registered and any requests by the Minister to initiate registrations under the Emergency class.
- (2) The following are requirements for an Emergency certificate of registration:
 1. Emergency circumstances must exist as described in section 16.1(1) above.
 2. The applicant must have satisfied the registration requirements in sections 3, 4, 5, 6(1), 6(3) and 6(4) of this regulation. The educational requirement in subsection 6(1) is non-exemptible.
 3. The applicant must submit a criminal record check, in accordance with CCO policy.
 4. The applicant must complete examination requirements and/or a refresher course approved by the Registration Committee or otherwise satisfy the Registration that the member is competent to practise.
- (3) Every certificate of registration in the Emergency class of registration is subject to the following terms, conditions and limitations:
 1. The member shall practise the profession only within the scope of practice of the Emergency certificate.

2. The member shall at all times when providing chiropractic services identify themselves as member registered in the Emergency class of registration, only authorized to practise under supervision.
 3. The member shall be restricted to the title Chiropractor (Emergency Class).
 4. The member shall only practise the profession while under the direct supervision of a member who:
 - a. Holds a General certificate of registration
 - b. Is current actively providing direct patient care to patients
 - c. Is in good standing with CCO
 - d. Is not the subject of any disciplinary or incapacity proceeding or has an outstanding referral for a disciplinary or incapacity proceeding
 - e. Is authorized to practise in any area of chiropractic that requires specific additional education or certificate, such as acupuncture and chiropractic care of animals, if the member in the emergency class of registration is authorized to practise in these areas of practice
 - f. Any other criteria identified in CCO policy
- (4) An Emergency certificate of registration expires:
1. Unless stated otherwise on the certificate, six months after it is issued, unless it is renewed.
 2. Unless stated otherwise on the certificate, a renewed certificate expires six months after it is renewed, unless it is renewed again.
 3. Despite subsections 1 and 2 above, an Emergency certificate expires on the earlier of the any of the following:
 - a. Three months after the date the Council declares that the emergency circumstances in which it is in the interest of the public to issue and renew emergency certificates of registration have ended.
 - b. The date the member is issued a General certificate of registration.
- (5) A member who holds a certificate of registration in the Emergency class of registration may be issued a certificate of registration in the General class of registration if the member satisfies the requirements for a General class certificate of registration, including meeting any requirements in Regulation, By-law and Policy and paying all applicable fees, and completes an application for registration in the General class that is approved by the Registrar.

INSURANCE

17. It is a condition of every general certificate of registration and of every temporary certificate of registration that the member continue,
- (a) to maintain professional liability insurance in accordance with the by-laws; or
 - (b) to belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability. O. Reg. 137/11, s. 17.

FAILURE TO PAY FEES

18. (1) If the Registrar suspends a member's certificate of registration for failure to pay a required fee, the Registrar shall lift the suspension on payment of,
- (a) the fee the member failed to pay;
 - (b) the annual fee for the year in which the suspension is to be lifted; and
 - (c) any applicable penalty. O. Reg. 137/11, s. 18 (1).
- (2) If a certificate of registration has been suspended for failure to pay a required fee for more than two years from the date of the suspension and the suspension has not been lifted under subsection (1), the certificate is automatically revoked. O. Reg. 137/11, s. 18 (2).
- (3) A person whose certificate of registration was revoked under subsection (2) or a predecessor provision and who applies to be reinstated is required to pay,
- (a) the applicable application fee under the by-laws;
 - (b) the annual fees and any applicable penalties the member failed to pay up to the date of revocation; and
 - (c) the annual fee for the year in which the member wishes to be reinstated. O. Reg. 137/11, s. 18 (3).
- (4) A person whose certificate of registration was revoked pursuant to subsection (2) or a predecessor provision must successfully complete a refresher course approved by the Registration Committee, or otherwise satisfy the Registration Committee that he or she is currently competent to practise before being entitled to have his or her general certificate of registration reinstated. O. Reg. 137/11, s. 18 (4).

TRANSITIONAL

19. (1) A certificate of registration of any class that was valid immediately before the coming into force of this Regulation is deemed to be the equivalent certificate of registration under this Regulation, and continues until it is revoked or otherwise expires. O. Reg. 137/11, s. 19 (1).
 - (2) Where a person submitted an application for a certificate of registration before the coming into force of this Regulation, and that application was still being dealt with at the time this Regulation came into force, Ontario Regulation 862/93 (Registration) made under the Act, as it read immediately before this Regulation came into force, applies with respect to that application. O. Reg. 137/11, s. 19 (2).
20. Omitted (revokes other Regulations). O. Reg. 137/11, s. 20.
 21. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 137/11, s. 21.



Distribution for Feedback: Proposed Amendments to Regulation 137/11: Registration - Emergency Class of Registration

* 1. Are you a Member of CCO

- Yes
- No

* 2. If you are not a member of CCO, what type of stakeholder are you?

- Member of the Public
- Chiropractic Organization
- Not Applicable (Member of CCO)

Other (please specify)

* 3. If you are a member of CCO, how long have you been in practice?

- Less than 5 years

412

- 6 - 10 years
- 11 - 20 years
- More than 20 years
- Not applicable

* 4. If you are a member of CCO, what is the location of your primary practice or residence

- Ontario
- Outside of Ontario, in Canada
- Outside of Canada
- Not Applicable

* 5. I agree/disagree with the draft proposed amendments to the Registration Regulation to create an Emergency Class of Registration

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Opinion

6. The following amendments would better protect the public interest:

413

7. Any other comments

Done

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Regulation - LGIC

ITEM 4.1.25

College of Chiropractors of Ontario: Creation of Emergency Class Certificate of Registration

Regulation Number(s):

O. Reg. 137/11

Instrument Type:

Regulation - LGIC

Bill or Act:

Chiropractic Act, 1991

Summary of Proposal:

In Ontario, the regulation of health professions is based on a self-governance model. There are 26 health regulatory colleges governing 28 health professions under the Regulated Health Professions Act, 1991, (RHPA) and their respective health profession Acts.

The RHPA was amended in October 2022 to reduce barriers to registration and require Colleges to establish an Emergency Class. To meet this requirement, the College of Chiropractors of Ontario is proposing to amend its Registration regulation made under the Chiropractic Act, 1991, to add an emergency class certificate of registration.

The proposed regulation amendments are subject to prior review by the Minister of Health and the approval of the Lieutenant Governor in Council.

Analysis of Regulatory Impact:

The proposed regulation amendment is not anticipated to result in increased administrative costs to members and/or businesses as it creates additional pathways for new health professionals to begin practicing their profession in Ontario.

Further Information:

College of Chiropractors of Ontario – Public Consultation:

Proposal Number:

23-HLTC028

Posting Date:

March 8, 2023

Comments Due Date:

April 24, 2023

Contact Address:

Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division
438 University Avenue, 10th Floor
Toronto ON M5G 2K8
Regulatoryprojects@Ontario.ca

Comment on this proposal via email

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Joel Friedman

415

From: Ali, Asna (MOH) <Asna.Ali@ontario.ca>
Sent: Wednesday, March 8, 2023 12:00 PM
To: Joel Friedman
Cc: Jo-Ann Willson; Maurier, Jason (MOH); Pang, Vivian (MOH)
Subject: RE: CCO's Emergency Class - Regulatory Registry Posting

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

Good Afternoon Joel,

I just wanted to circle back and let you know that CCO's proposed registration regulation amendment has been posted to the Regulatory Registry. The posting will be active for 45 days, and is scheduled to end on April 24, 2023. You can find the posting here: [College of Chiropractors of Ontario: Creation of Emergency Class Certificate of Registration](#).

Thanks,
Asna

Asna Ali

Senior Policy Analyst, Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Ministry of Health

438 University Ave, 10th floor
Toronto, ON M7A 1N3

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E: asna.ali@ontario.ca

From: Joel Friedman <JFriedman@cco.on.ca>
Sent: February 28, 2023 3:58 PM
To: Ali, Asna (MOH) <Asna.Ali@ontario.ca>
Cc: Jo-Ann Willson <jpwillson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>
Subject: RE: CCO's Emergency Class

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Good Afternoon,

Thank you.

I can confirm that statement to be true – that the proposed regulation amendment is not anticipated to result in increased administrative costs to members and/or businesses as it creates additional pathways for new health professionals to begin practicing their profession in Ontario.

Regards,

416

Joel D. Friedman, BSc, LL.B
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From: Ali, Asna (MOH) <Asna.Ali@ontario.ca>
Sent: Tuesday, February 28, 2023 3:33 PM
To: Joel Friedman <JFriedman@cco.on.ca>
Cc: Jo-Ann Willson <jwillson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>
Subject: RE: CCO's Emergency Class

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Good Afternoon Joel,

Thank you for the update We will prepare the posting for the Regulatory Registry and hopefully will have this proposal posted on it by week's end.

At your earliest convenience, could you please confirm the following relating to the costs associated with proposed regulation? The proposed language is consistent with the rest of the Emergency Class proposals posted on the Regulatory Registry.

The proposed regulation amendment is not anticipated to result in increased administrative costs to members and/or businesses as it creates additional pathways for new health professionals to begin practicing their profession in Ontario.

Thanks,
Asna

417

Asna Ali

Senior Policy Analyst, Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Ministry of Health

438 University Ave, 10th floor
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P: 437.243.8547

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From: Joel Friedman <JFriedman@cco.on.ca>

Sent: February 28, 2023 12:24 PM

To: Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>

Cc: Jo-Ann Willson <jpwillson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Ali, Asna (MOH) <Asna.Ali@ontario.ca>

Subject: RE: CCO's Emergency Class

CAUTION -- EXTERNAL E-MAIL - Do not click links or open attachments unless you recognize the sender.

Good Afternoon,

CCO Council approved distribution for feedback of draft amendments to the Registration Regulation to create an Emergency class of registration on February 24, 2023. This has been circulated to stakeholders, including members. The distribution can be accessed on the CCO website at the following link: <https://cco.on.ca/2023/01/25/proposed-amendments-to-registration-regulation/>.

Regards,

Joel D. Friedman, BSc, LL.B

Deputy Registrar

College of Chiropractors of Ontario

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418

From: Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>

Sent: Wednesday, February 22, 2023 9:16 AM

To: Joel Friedman <JFriedman@cco.on.ca>

Cc: Jo-Ann Willson <jpwillson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Ali, Asna (MOH) <Asna.Ali@ontario.ca>

Subject: CCO's Emergency Class

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

Hi Joel!

Hope you're doing well since the last we spoke at the system partner meeting. We heard you were working on the emergency class file and wanted to follow up.

We reviewed the council meeting package for the meeting this Friday and see that the Registration Committee is developing a draft. Could you let us know what CCO's plans were to begin its 60-day circulation in order to meet the May 1st deadline?

Thanks,
Vivian

Vivian Pang | Senior Policy Analyst
Regulatory Oversight and Performance Unit
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Current Proposals

Instrument Type: **ITEM 4.1.26****419**

Posted Date Comments Due Date

A Proposal to Modernize the Veterinarians Act

The Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) is consulting on a proposal for legislative changes to modernize the Veterinarians Act, to allow for legislation and regulations that are flexible, modern, and reflective of the current practice of veterinary medicine, including more current approaches to professional regulation and governance.

Posting Date: March 1, 2023**Open for Comments: March 1, 2023 – May 30, 2023**

National and Ontario Code Consultations on the 2025 National Construction Codes

Ontario's Building Code is a regulation under the Building Code Act, 1992 which sets out minimum administrative and technical requirements for new construction, renovation, and change of use of buildings. New editions or major amendments to Ontario's Building Code are generally released every five years to coincide with updates to the National Construction Codes.

Posting Date: February 27, 2023**Open for Comments: February 27, 2023 – April 27, 2023**

College of Chiropractors of Ontario: Creation of Emergency Class Certificate of Registration

College of Chiropractors of Ontario is proposing amendments to O.Reg. 137/11 made under the Chiropractic Act, 1991, to create this new certificate of registration.

Posting Date: March 8, 2023**Open for Comments: March 8, 2023 – April 24, 2023**

College of Psychologists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Psychologists of Ontario is proposing amendments to O.Reg. 74/15 made under the Psychology Act, 1991, to create this new certificate of registration.

Posting Date: March 8, 2023**Open for Comments: March 8, 2023 – April 24, 2023**

College of Dental Technologists of Ontario: Creation of Emergency Class Certificate of Registration

College of Dental Technologists of Ontario is proposing amendments to O. Reg. 874/93 made under the Dental Technology Act, 1991, to create this new certificate of registration amongst other proposed amendments.

Posting Date: March 8, 2023**Open for Comments: March 8, 2023 – April 24, 2023**

College of Optometrists of Ontario: Creation of Emergency Class Certificate of Registration

College of Optometrists of Ontario is proposing amendments to O.Reg. 837/93 made under the Optometry Act, 1991, to create this new certificate of registration among other changes.

Posting Date: March 8, 2023**Open for Comments: March 8, 2023 – April 24, 2023**

Proposed regulatory changes to closure plan rehabilitation requirements for advanced exploration and mine production and adding an additional class of facilities to the list of such classes that are excluded from the definition of "mine". (source: Environmental Registry)

If enacted, Bill 71, will add clarity and flexibility to mine rehabilitation requirements. Proposed regulatory amendments to closure planning and the Mine Rehabilitation Code would make the rehabilitation framework more adaptable to new technology and expert-driven, while ensuring protection for the environment, public health and safety.

Posting Date: March 9, 2023**Open for Comments: March 9, 2023 – April 23, 2023**

Proposal to make consequential administrative amendments to several regulations under the Mining Act (source: [Environmental Registry](#))

If enacted, Bill 71, Building More Mines Act, 2023 will create new statutory authorities for conditional filing and phased financial assurance, and the decision-maker for some decisions under the Mining Act will change. As a result, administrative amendments to several Ontario regulations will be required. This posting describes the proposed regulatory changes.

Posting Date: March 9, 2023

Open for Comments: March 9, 2023 – April 23, 2023

420**Proposed Amendments to R.R.O. 1990, Regulation 430: Sheep - Plan and R.R.O. 1990, Regulation 429: Sheep - Marketing under the Farm Products Marketing Act.**

Following a request of the Ontario Sheep Marketing Agency (OSMA), the Ontario Farm Products Marketing Commission (Commission) is proposing amendments to Regulation 430: Sheep - Plan that would introduce a limit to the number of years a sheep producer could serve consecutively as a member on the board before having a break in service as well as change the board's name from OSMA to "Ontario Sheep Farmers". A consequential change to the name of the board in Regulation 429: Sheep - Marketing is also required.

Posting Date: March 7, 2023

Open for Comments: March 7, 2023 – April 21, 2023

Amendments to the Mining Act: Recovery of Minerals and Decision-making Authorities (source: [Environmental Registry](#))

Through Bill 71, Building More Mines Act, 2023, the Ministry of Mines is proposing amendments to the Mining Act that would: (1) amend one of the requirements for obtaining a "recovery permit" and (2) provide the Minister with decision-making authorities in respect of exploration and mine rehabilitation.

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 16, 2023

Proposed, Building More Mines Act, 2023 (source: [Environmental Registry](#))

Through Bill 71, Building More Mines Act, 2023, the Ministry of Mines is proposing to make amendments to the Mining Act that are intended to ensure Ontario has a modern and competitive regime for mineral exploration and development. The proposed amendments aim to reduce administrative burden, clarify requirements for rehabilitation and create regulatory efficiencies

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 16, 2023

Amendments to the Mining Act: Closure Plans and Financial Assurance (source: [Environmental Registry](#))

Through Bill 71, Building More Mines Act, 2023, the Ministry of Mines is proposing to make amendments to the closure plan framework under the Mining Act to improve timelines for preparing closure plans, reduce proponents' up-front expenses for opening or changing a mine, reduce the frequency of notifications and closure plan amendments required, and improve flexibility in closure planning.

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 16, 2023

College of Dental Hygienists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Dental Hygienists of Ontario is proposing amendments to O.Reg. 218/94 made under the Dental Hygiene Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Physiotherapists of Ontario: Creation of Emergency Class Certificate of Registration

College of Physiotherapists of Ontario is proposing amendments to O.Reg. 532/98 made under the Physiotherapy Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Audiologists and Speech-Language Pathologists of Ontario: Creation of Emergency Class Certificate of Registration

College of Audiologists and Speech-Language Pathologists of Ontario is proposing amendments to O.Reg. 21/12 made under the Audiology and Speech-Language Pathology Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

Proposal to amend Ontario Regulation 161/17 to the Public Lands Act to change the requirements for camping on water over Ontario's public lands (source: Environmental Registry)

We are proposing to amend Ontario Regulation 161/17 to the Public Lands Act. The key proposed amendments relate to conditions that would need to be met to camp on water and are intended to reduce the environmental and social impacts of floating accommodations and long camping stays.

Posting Date: February 24, 2023

Open for Comments: February 24, 2023 – April 11, 2023

Proposed Amendments to the General Regulation (O. Reg. 37/09) of the Taxation Act, 2007 regarding the Ontario Film and Television Tax Credit and the Ontario Production Services Tax Credit

Proposed amendments to O. Reg. 37/09 would expand eligibility of Ontario's film and television tax credits to include film and television productions distributed online and would introduce a requirement that eligible productions provide on-screen acknowledgement of Ontario tax credit support.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Denturists of Ontario: Creation of Emergency Class Certificate of Registration

College of Denturists of Ontario is proposing amendments to O.Reg. 833/93 made under the Denturism Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Medical Laboratory Technologists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Medical Laboratory Technologists of Ontario (CMLTO) is proposing amendments to O.Reg. 207/94 made under the Medical Laboratory Technology Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Dietitians of Ontario: Creation of Emergency Class Certificate of Registration

College of Dietitians of Ontario is proposing amendments to O.Reg. 593/94 made under the Dietetics Act, 1991, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario: Creation of Emergency Class Certificate of Registration

College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario is proposing amendments to O.Reg. 67/15 made under the Psychotherapy Act, 2007, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Kinesiologists of Ontario: Creation of Emergency Class Certificate of Registration

College of Kinesiologists of Ontario is proposing amendments to O.Reg. 401/12 made under the Kinesiology Act, 2007, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

College of Respiratory Therapists of Ontario: Creation of Emergency Class Certificate of Registration

421

The College of Respiratory Therapists of Ontario is proposing amendments to O.Reg. 596/94 made under the Respiratory Therapy Act, 1991, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

College of Occupational Therapists of Ontario: Creation of Emergency Class Certificate of Registration

College of Occupational Therapists of Ontario is proposing amendments to O.Reg. 226/96 made under the Occupational Therapy Act, 1991, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

New Hobby Mineral Collecting Guide (source: Environmental Registry)

The Ministry of Mines (MINES) wants to provide further clarity for those requesting guidance on hobby mineral collecting.

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 8, 2023

College of Chiropodists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Chiropodists of Ontario is proposing amendments to O.Reg. 830/93 made under the Chiropody Act, 1991, to create this new certificate of registration.

Posting Date: February 15, 2023

Open for Comments: February 15, 2023 – April 3, 2023

College of Massage Therapists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Massage Therapists of Ontario is proposing amendments to O.Reg. 864/93 made under the Massage Therapy Act, 1991, to create a new Emergency Class certificate of registration.

Posting Date: February 15, 2023

Open for Comments: February 15, 2023 – April 3, 2023

College of Homeopaths of Ontario: Creation of Emergency Class Certificate of Registration

The College of Homeopaths of Ontario is proposing amendments to O.Reg. 18/14 made under the Homeopathy Act, 2007, to create this new certificate of registration.

Posting Date: February 13, 2023

Open for Comments: February 13, 2023 – March 30, 2023

Pharmacy Reconciliation Adjustment Extension

The Ministry of Health is proposing amendments to Ontario Regulation 201/96 under the Ontario Drug Benefits Act (ODBA), to advance a short-term extension of the reconciliation adjustment to pharmacy payments under the Ontario Drug Benefit Program, for a time-limited basis to ensure the continued financial sustainability of the Program and cooperation on necessary sector innovations and improvements are advanced, including initiatives that consider the challenges of rural and independent pharmacies.

Posting Date: February 27, 2023

Open for Comments: February 27, 2023 – March 29, 2023

Providing Authority to Waive or Alter the 30-day Waiting Period for Class Environmental Assessment Projects

We have proposed an amendment to the Environmental Assessment Act to provide the Minister of the Environment, Conservation and Parks with authority to waive or alter the 30-day waiting period following completion of a class environmental assessment (EA) process. This will help critical projects to proceed more quickly.

Posting Date: February 27, 2023

Open for Comments: February 27, 2023 – March 28, 2023

Centralization of Broader Real Estate Authority (CBREA) Proposed Legislative Amendments

The proposed amendments to the Ministry of Infrastructure Act, 2011 (MOI Act) and nine (9) other Acts would, if passed, establish a framework to remove and/or modify the realty authority of fourteen (14) entities under Phase 1 of the Centralization of Broader Real Estate Authority (CBREA) initiative and to provide the Minister of

Infrastructure (the MOI Minister) with the ability to oversee and manage this real estate This would help improve the management of realty property across ministries and entities

Posting Date: February 27, 2023

Open for Comments: February 27, 2023 – March 28, 2023

Royal College of Dental Surgeons of Ontario (RCDSO): Creation of Emergency Class Certificate of Registration

The Royal College of Dental Surgeons of Ontario is proposing amendments to O.Reg. 205/94 made under the Dentistry Act, 1991, to create this new certificate of registration.

Posting Date: February 9, 2023

Open for Comments: February 9, 2023 – March 27, 2023

College of Midwives of Ontario: Creation of Emergency Class Certificate of Registration

The College of Midwives of Ontario is proposing amendments to O.Reg. 168/11 made under the Midwifery Act, 1991, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Opticians of Ontario: Creation of Emergency Class Certificate of Registration

The College of Opticians of Ontario is proposing amendments to O.Reg. 869/93 made under the Opticianry Act, 1991, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Medical Radiation and Imaging Technologists of Ontario (CMRITO): Creation of Emergency Class Certificate of Registration

College of Medical Radiation and Imaging Technologists of Ontario is proposing amendments to O.Reg. 866/93 made under the Medical Radiation and Imaging Technology Act, 2017, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Physicians and Surgeons of Ontario: Creation of Emergency Class Certificate of Registration

The College of Physicians and Surgeons of Ontario is proposing amendments to O.Reg. 865/93 made under the Medicine Act, 1991, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Naturopaths of Ontario: Creation of Emergency Class Certificate of Registration

The College of Naturopaths of Ontario is proposing amendments to O.Reg. 84/14 made under the Naturopathy Act, 2007, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

Regulatory fee increase for body transport services required as part of death investigations

The Ministry of the Solicitor General intends to make a minister's regulation amendment to increase provincial rates paid to service providers for the transportation of deceased persons as part of a coroner's investigation. This increase in rates is meant to support the licensed funeral establishments and transfer service operators to manage mounting operational costs.

Posting Date: February 22, 2023

Open for Comments: February 22, 2023 – March 24, 2023

Proposed Legislative Amendments to Enable Interjurisdictional Mobility for Select Registered Health Professionals

The Ministry of Health is proposing legislative amendments to the Medicine Act, 1991; Nursing Act, 1991; Medical Laboratory Technology Act, 1991; and the Respiratory Therapy Act, 1991 to give the Minister regulation-making powers regarding exempting persons from the provisions that place restrictions around the use of professional titles and holding oneself out as being qualified to practice the profession. Additionally, consequential changes to

numerous Acts are proposed to ensure there no barriers to providing care.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

A legislative proposal to repeal the Independent Health Facilities Act and the Oversight of Health Facilities and Devices Act and replace with new legislation, the Integrated Community Health Services Centres Act, 2023

The proposed repeal of the Independent Health Facilities Act and replacement with the Integrated Community Health Services Centres Act, 2023.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

Proposed Amendments to Ontario Regulation 413/05 (Vehicle Weights and Dimensions - For Safe, Productive, Infrastructure-Friendly (SPIF) Vehicles)

The Ministry of Transportation is proposing to amend Ontario Regulation 413/05 under the Highway Traffic Act which outlines requirements related to optional emergency lift axle override control on trucks and tractors. The proposed change would provide flexibility to manufacturers in how they ensure road safety without prescribing a narrowly defined technical approach and provide a clarification edit to regulatory wording recently identified.

Posting Date: February 6, 2023

Open for Comments: February 6, 2023 – March 23, 2023

Proposed Amendments to the Pharmacy Act, 1991

The Ministry of Health is proposing legislative amendments to section 3 of the Pharmacy Act, 1991 to update the scope of practice statement to include the term assessment.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

Proposed amendments to extra-ministerial data integration units in the Freedom of Information and Protection of Privacy Act

Proposing amendments to the Freedom of Information and Protection of Privacy Act to extend its application to external data integrators that are not FIPPA institutions. If passed, such integrators would need to make information available about how the public may make requests for records, publish certain information annually and report annually to the Information and Privacy Commissioner.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

College of Psychologists of Ontario's Proposed Amendments to its Regulations for Behaviour Analysts

The College of Psychologists of Ontario is proposing regulatory amendments made under the Psychology and Applied Behaviour Analysis Act, 2021 needed to regulate the profession of Applied Behaviour Analysis (ABA). The affected regulations include Ontario Regulation 74/15 (Registration), Ontario Regulation 209/94 (General), and Ontario Regulation 801/93 (Professional Misconduct).

Posting Date: February 6, 2023

Open for Comments: February 6, 2023 – March 23, 2023

Changes to Panel Composition Requirements of the Law Society Tribunal

1. In certain proceedings before the Law Society Tribunal, an elected bench lawyer is required to sit on the panel. It is proposed that this requirement be amended such that either an elected lawyer bench or the Chair of the Tribunal are required to sit on those panels. 2. A motion in a Hearing Division proceeding may be heard by a one-person panel, unless a three-person panel is required. It is proposed that the requirement for a three-person motion panel in certain circumstances be replaced by the authority of the Tribunal Chair to decide whether a one-person or three-person panel should be assigned in each matter.

Posting Date: March 3, 2023

Open for Comments: March 3, 2023 – March 17, 2023

Consultation Paper on Modernizing the Consumer Protection Act, 2002

The ministry is re-engaging with stakeholders through a consultation paper that sets out proposals for reform to the Consumer Protection Act, 2002 grouped in two categories broad consumer protection and empowerment, and sector-specific protections. This paper builds on the consultation that occurred in 2020-21 and includes many of

the proposals that were in the 2020 consultation paper. Some of the proposals from 2020 have been updated to reflect feedback from respondents to the previous consultation and new proposals are also included. The ministry is seeking feedback on whether these proposals are supported by consumers and businesses.

Posting Date: February 6, 2023

Open for Comments: February 6, 2023 – March 17, 2023

425

Air Brake Renewal Knowledge Test and Learning Modules

The Ministry of Transportation (MTO) is proposing to introduce a digital learning module for air brake holders that may be completed as an alternative to the knowledge test currently required at time of renewal. The module can be accessed by drivers at any time, from any location, and will take about 30 minutes to complete. The learning module will be designed specifically for drivers and will focus on operational and practical knowledge a driver should have to operate a vehicle with air brakes. Drivers will have the option to complete either the air brake learning module or the current air brake knowledge test; both will satisfy the knowledge renewal requirement.

Posting Date: January 30, 2023

Open for Comments: January 30, 2023 – March 16, 2023

Proposed Regulatory Amendments to Ontario Regulation 107/96 (Controlled Acts) made under the Regulated Health Professions Act, 1991.

The Ministry of Health is proposing to make regulatory amendments to O.Reg. 107/96 made under the Regulated Health Professions Act, 1991, to exempt respiratory therapists from the prohibition on the controlled act of applying soundwaves for diagnostic ultrasound when acting under the order of a physician or nurse practitioner.

Posting Date: February 16, 2023

Open for Comments: February 16, 2023 – March 10, 2023

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New “As of Right” Rules a First in Canada to Attract More Health Care Workers to Ontario

426

Changes will automatically recognize the credentials of health care workers registered in other provinces and territories

January 19, 2023

Office of the Premier

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.

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.

Additional Resources

- [Ontario Doing More to Further Expand Health Workforce](#)
- [Ontario Upskilling More Nurses to Work in Critical Care](#)
- [Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery](#)

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428

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Ontario Reducing Wait Times for Publicly Funded Surgeries and Diagnostics

429

New legislation outlines next steps in province's plan to connect people to convenient care, close to home

February 21, 2023

[Health](#)

TORONTO — Today, the Ontario government introduced the *Your Health Act, 2023*, which outlines the province's next steps in its plan to reduce wait times for surgeries, procedures and diagnostic imaging, while enabling its new "As of Right" rules to automatically recognize the credentials of health care workers registered in other provinces and territories.

"With the *Your Health Act*, Ontario is boldly breaking with a status quo that has stifled innovation and struggled to respond to growing challenges and changing needs," said Sylvia Jones, Deputy Premier and Minister of Health. "Instead, our government is being bold, innovative and creative. We're making it easier and faster for people to connect to convenient care closer to home, including and especially the surgeries they need to maintain a high quality of life."

Based on feedback from frontline partners, the *Your Health Act, 2023* will, if passed, enhance guardrails to integrate community surgical and diagnostic centres into the health system, enhance quality standards and oversight while protecting the stability of doctors, nurses and other health-care workers in public hospitals and other health-care settings. The legislation will also, if passed, put into law that people will always access insured services at community surgical and diagnostic centres with their OHIP card and never their credit card, consistent with the *Canada Health Act*.

Integration with Hospitals and Other Health-care Settings to Reduce Wait Times

If passed, the *Your Health Act, 2023* will require applicants to outline how the new community surgical and diagnostic centre will promote connected and convenient care, including its capacity to improve patient wait times and improve patient experiences, as well as its plans to integrate with the health system. The legislation

will also, if passed, require centres to provide a description of current linkages with health system partners and how the centre will maintain and improve those linkages to promote optimal patient care pathways.

430

Ontario Health will also ensure that these centres are included in regional health system planning, 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.

Quality and Oversight

As the province expands the types of surgeries and procedures being done in the community to include hips and knees and orthopedics, it will ensure the new community surgical and diagnostic centres have in place the highest quality standards with strong oversight. The *Your Health Act, 2023* will, if passed, enable the province to designate one or more expert organizations as inspecting bodies of the centres. To be completed before hips and knees and orthopedics are expanded to community surgical and diagnostic centres, these expert organizations will work with Ontario Health and the Ministry of Health to establish, maintain and publish quality and safety standards and establish schedules for regular inspections of the centres. The province is working with its frontline partners to determine what organizations are best positioned to serve as inspecting bodies and is exploring several options, including continuing the role of regulatory colleges to ensure continuity of the existing quality assurance programs. By naming inspecting bodies, the government will ensure flexibility to appoint additional or alternate inspecting bodies in the future to support system change as required.

The *Your Health Act, 2023* will also, if passed, require centres applying for a licence to provide details of its quality assurance and continuous quality improvement programming, including policies for infection prevention and control. These details will be considered against the quality standards set by the expert organizations designated as inspecting bodies.

If an individual believes they did not receive the highest quality care, the *Your Health Act, 2023* will, if passed, also mandate that every community surgical and diagnostic centre must have a process for receiving and responding to patient complaints. This process will include the documentation of all complaints and the timely

response and actions taken by the centre. If patients are not able to have their complaints addressed at the centre, they will be able to seek help from the patient ombudsman.

431

The *Your Health Act, 2023* will also, if passed, include community surgical and diagnostic centres under the oversight of Ontario's patient ombudsman. The province also expects the patient ombudsman to report on any patient complaints and will adjust quality and oversight controls as needed to be responsive to these concerns.

Protecting Stability of Doctors, Nurses and Other Health-care Workers

The legislation will, if passed, mandate several components of a proposed centre's application to protect the stability of doctors, nurses and other health-care workers at public hospitals and other health-care settings. This includes the requirement to submit a detailed staffing model, including evidence of its sustainability and the specific model for staffing anaesthesia delivery, given specific concerns about the global availability of these professionals. The centres will also be required to provide a description of how it consulted with health system partners, including public hospitals, in the development of its application, including any endorsements, which will be considered before any licence is granted.

If passed, the *Your Health Act, 2023* will lead to a requirement that physicians employed by community surgical and diagnostic centres must also have privileges to do the same work in a hospital. This will ensure that anyone seeking emergency care at a hospital will be able to receive the urgent treatment they need. The legislation will also, if passed, enable Ontario Health and the Ministry of Health to require centres to report on their compliance with these health care workforce protections.

Paying with Your OHIP Card, Not Your Credit Card

Consistent with the *Canada Health Act*, the *Your Health Act, 2023* will, if passed, reinforce that people always receive insured services using their OHIP card, never their credit card. If passed, no centre will be allowed to refuse service to someone because they choose not to purchase upgrades, such as an upgraded cataract lens, and people cannot pay an additional fee to receive services faster than anyone else. The *Your Health Act, 2023* will also, if passed, require centres to transparently provide this information upfront and ensure there is a mechanism to address people's concerns.

First-in-Canada "As of Right" Rules and Stronger Data Protections

The *Your Health Act, 2023* will, if passed, enable the recently announced “As of Right” rules that allow health care workers registered in other provinces and territories to immediately start working and caring for people in Ontario 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.

432

The legislation will also, if passed, strengthen protections for personal health information and data as the province puts in place new models to better inform policy and program planning to improve services. These changes will support improvements to the health care system by integrating data while enhancing privacy protection, transparency and accountability for organizations that collect and use data.

[Your Health: A Plan for Connected and Convenient Care](#) will put Ontarians back in charge of their health, making it easier and more convenient 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.

Quick Facts

- On February 2, 2023, the Ontario government 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.
 - Ontario is making it more convenient for people to connect to care closer to home by allowing pharmacists to treat and prescribe medications [for thirteen common ailments](#), including rashes, pink eye, insect bites and urinary tract infections.
-

"The OMA is very encouraged by this next important step to reduce wait times. We support the government's action to move lower acuity surgeries out of hospitals, which in turn will free up hospital resources to focus on emergency, acute and complex cases, while relieving strain and capacity issues. The introduction of legislation to move from independent health facilities to integrated community health centres is the strongest signal yet of the government's intention to ensure the necessary safeguards are in place as part of this transformative reform."

**- Dr. Rose Zacharias
President, Ontario Medical Association**

"The OMA appreciates the collaboration with Ontario's government and their commitment to thoughtfully implement the shift of more procedures out of hospitals into the community. We are very encouraged this legislation, if passed, aligns with OMA's recommendation to replace the independent health facilities act with a more comprehensive framework that strengthens prohibitions against two-tier health care, creates greater capacity for quality and safety controls, and transitions towards a more integrated health care system. We look forward to participating fully in the legislative process to ensure shared principles are met for Ontario's patients."

**- Allan O'Dette
CEO, Ontario Medical Association**

"With the introduction of the government's Your Health Act, Ontario is setting the foundation to expand and integrate community-based surgical and diagnostic centres into the public system. The Ontario Hospital Association (OHA) welcomes the legislation which will require, for the first time, prospective clinics to satisfy public interest requirements and expectations to be granted a license. Ontario's hospitals look forward to working closely with proponents in developing new partnerships, while ensuring equity, access, and the prevention of unintended consequences, particularly in relation to health human resources. Our shared goal must be to create additional flexibility and health services capacity to meet the needs of all Ontarians. The OHA and Ontario's hospitals also look forward to working with the Ministry of Health, Ontario Health, clinical experts, and system partners in establishing the policies and regulations needed to ensure the successful implementation of the government's strategy, beginning with the allocation of new surgical volumes for hip and knee replacements starting in 2024. Ontario's hospitals are leaders in clinical innovation and will continue to develop new solutions to strengthen Ontario's health care system, and ensure it meets the needs of the patients it exists to serve."

- Anthony Dale

President and CEO, Ontario Hospital Association

Additional Resources

- [Your Health: A Plan for Connected and Convenient Care](#)
 - [Ontario Connecting More People to Care at Home](#)
 - [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](#)
 - Visit ontario.ca/yourhealth to find the health care services you need, close to home.
-

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435

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February 9, 2023

Allison Henry, Director
Health Workforce Regulatory Oversight Branch
Office of Chief Nursing and Professional Practice
Ministry of Health
438 University Ave, 10th Floor
Toronto ON M7A 1N3

Transmitted by email: Allison.Henry@ontario.ca

Re: As of Right Rules Legislation

Dear Ms Henry:

Thank you for giving the Health Profession Regulators of Ontario (“HPRO”), the opportunity to provide feedback with respect to the proposal to allow practitioners registered in other Canadian jurisdictions to practise in Ontario without being registered in the Province. We have identified a number of areas that we believe will be helpful to the Ministry, and those have been captured in Appendix A.

As the Government of Ontario further develops its proposal and legislative reforms, we suggest there are existing provisions that will help the Government achieve its goal. Several existing provisions in the *Code* would achieve what the recent proposal seems to be aimed at achieving in a way that best protects the health and safety of Ontarians. We believe there are sufficient options available under current registration practices and those in development.

The health regulatory Colleges certainly support initiatives that would enable a strong health care system and safe, effective patient care. It would be helpful if we could better understand the Ontario Government’s proposal and goals so that we can serve as partners with the Ministry in finding more specific solutions.

We understand the Ministry’s desire to consider novel solutions to remedy the shortages of qualified health practitioners in the province. To that end, we believe that the existing labour mobility provisions in the *Health Professions Procedural Code*, (the “Code”), Schedule 2 to the *Regulated Health Professions Act, 1991* (“RHPA”) currently give the Ministry the tools it needs to allow Canadian practitioners to join the Ontario workforce quickly and safely.

The *Code* (sections 22.16 to 22.23) already requires health regulators to register applicants who are in good standing and currently registered in other Canadian jurisdictions without imposing additional obligations on them. It is our understanding that, for most health professions, it takes less than a week to review a completed labour mobility application.

The *Code* permits an Ontario health regulator to obtain a letter of standing from the applicant's home jurisdiction to ensure that they meet the professional suitability (i.e., "good character", maintained competencies) requirements, and this can happen even before the healthcare professional arrives in Ontario, i.e., it does not delay registration processes. This is a crucial requirement in order to protect the public in Ontario because the information that statutory regulators are permitted to share with other statutory regulators generally goes beyond what is found on the public registers of those bodies. HPRO would ask if the Ministry has views on the tolerable length of time (in days) that it would take for a regulator to approve an out-of-province application to ensure good standing in their home province.

The Ministry has also recently amended the *RHPA* to remove the ability of a regulator to require Canadian experience. We would offer that insufficient time has passed to determine whether this amendment will result in increased registration by internationally trained applicants.

Regarding team-based care, provisions exist to support the best use of healthcare professionals' scopes of practice. As raised as examples during our recent meeting, redeploying trained healthcare professions to perform important but basic patient care duties like feeding and ambulating, we suggest, is not an effective use of resources. If the Ministry does not believe the existing provisions in the *RHPA* and *Code* are sufficient to allow for more team-based care, the Ministry could make a regulation under the *RHPA*, that applies to all colleges, permitting members with sufficient knowledge, skills, and judgment to work outside of their usual scope of practice along the lines of Regulation 305/21 which was in place under the *Emergency Management and Civil Protection Act* last year.

HPRO is of the view that the proposal may introduce a lack of safeguards and additional risks to the public, and we are open to discussing any further options to address scope of practice impediments and solutions.

Sincerely,



Elinor Larney, Chair

cc. Stephen Cheng, Manager
HPRO Board of Directors

APPENDIX A

The list below highlights what regulators take care of as part of regulation of healthcare professionals. Without regulation, other organizations will need to consider how to identify, prevent, and respond to these and other issues.

Authority

- HPRO has already heard from the regulators of some provinces that they will not serve as regulators of members/registrants who are practising outside of their jurisdiction.
- The power of an investigator to summons documents and witnesses is a provincial authority (i.e., it does not extend beyond provincial boundaries) so a regulator in another jurisdiction would not be able to summons the documents or witnesses in Ontario in the case of a complaint or disciplinary hearing about an occurrence in Ontario. Regulators of other provinces will face barriers investigating a complaint in Ontario, and Ontario health Colleges will have no authority to investigate the conduct of the practitioner because they would not be registered in Ontario. This raises the crucial issue of a lack of accountability and oversight relating to labour mobility professionals who come to Ontario and are not required to register with a regulatory college. Some mechanism to apply the *RHPA* provisions – especially those relating to complaints – needs to be put in place.
- The proposal says that only those who have practiced safely, ethically and competently in their home jurisdiction will be able to practise in Ontario, but how that will be enforced is unknown, including who would determine that status.
- The sexual abuse provisions in the *RHPA* are some of the most robust in Canada but those provisions will not be available to patients if they are sexually abused by a practitioner who is not registered in Ontario.
- It is a provincial offence to use a protected title in Ontario (such as nurse, doctor, medical laboratory technologist) without being a member of the respective college.

Team-Based Care

- Differing scopes of practice between jurisdictions will need to be addressed, i.e., if the scope of practice of a profession is broader in Ontario, the practitioner might not have received the adequate education or training necessary to provide safe patient care.
- There is flexibility in the *RHPA* and profession-specific *Acts* to allow hospitals to implement efficient team-based care. There might be other remedies to resolve issues related to health human resources by investigating financial aspects of recruitment and retention, e.g., collective agreements that restrict who can do what in a hospital.

Regulatory History

- The information on the public portion of a regulator’s register is often only a small part of the information known to the regulator about a practitioner, e.g., built-in terms conditions, and limitations. Most regulatory statutes have confidentiality provisions similar to the *RHPA* which prohibit a regulator in another province from sharing information other than that on the public register to an Ontario employer or even the Ontario government.
- HPRO is aware of instances where some out-of-province practitioners applying through the labour mobility process have been refused on the basis of a serious, ongoing investigation or complaint. These decisions have been upheld by the Health Professions Appeal and Review Board (or court in some cases). The only reason the current complaint or investigation became known was through the letter of standing process. Safeguards would be needed to be considered if that process will be bypassed and practitioners, facing serious allegations that have not yet gone to a discipline hearing, would be able to practise in Ontario.

Liability Insurance

- An individual’s professional liability insurance may not cover care given in a jurisdiction other than the one in which the practitioner is registered.
- Some healthcare practitioners do not have individual liability insurance and are instead covered by the insurance of their employer; as such it would not “travel” with them.

Use of Registration Number

- How third-party payors, e.g., OHIP, will be able to manage compensation processes where payments are made based on healthcare practitioner registration numbers will need to be considered.

Timing

- A recommendation of a much shorter timeframe for someone to practice without being registered if the one year option continues to be pursued.

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[\(www.ola.org\)](#)

ITEM 4.1.31

443

Bill 60, Your Health Act, 2023

[Jones, Hon. Sylvia \(www.ola.org/members/all/sylvia-jones\)](#) *Minister of Health*

Current status: Second Reading Ordered referred to Standing Committee

[\(www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-60\)](#)

Date	Bill stage	Event	Outcome	Committee
March 1, 2023	Second Reading	Ordered referred to Standing Committee	-	Standing Committee on Social Policy
March 1, 2023	Second Reading	Vote	Carried on division	-
March 1, 2023	Second Reading	Closure	Carried on division	-
February 28, 2023	Second Reading	Moved closure	Vote deferred	-
February 28, 2023	Second Reading	Debated	-	-
February 28, 2023	Second Reading	Debated	Debate adjourned	-
February 27, 2023	Second Reading	Debated	Debate adjourned	-
February 23, 2023	Second Reading	Debated	-	-
February 22, 2023	Second Reading	Debated	Debate adjourned	-
February 22, 2023	Second Reading	Debated	Debate adjourned	-
February 21, 2023	First Reading	Vote	Carried	-

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Bill 60, Your Health Act, 2023

[Jones, Hon. Sylvia \(www.ola.org/members/all/sylvia-jones\)](http://www.ola.org/members/all/sylvia-jones) *Minister of Health*

Current status: Second Reading Ordered referred to Standing Committee

www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-60

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Acts affected - Bill 60

The First Reading version of this bill proposed amendments to these acts (available to view on [e-Laws \(www.ola.orghttps://www.ontario.ca/laws\)](https://www.ontario.ca/laws).)

- Nursing Act, 1991
- Freedom of Information and Protection of Privacy Act
- Public Hospitals Act
- Respiratory Therapy Act, 1991
- Narcotics Safety and Awareness Act, 2010
- Pharmacy Act, 1991
- Ontario Medical Association Dues Act, 1991
- Medicine Act, 1991
- Medical Laboratory Technology Act, 1991
- Fixing Long-Term Care Act, 2021
- Health Insurance Act
- Healing Arts Radiation Protection Act
- Tobacco Damages and Health Care Costs Recovery Act, 2009
- Commitment to the Future of Medicare Act, 2004
- Social Contract Act, 1993
- Substitute Decisions Act, 1992
- Regulated Health Professions Act, 1991
- Quality of Care Information Protection Act, 2016
- Private Hospitals Act
- Gift of Life Act
- Protecting What Matters Most Act (Budget Measures), 2019
- Personal Health Information Protection Act, 2004
- Opioid Damages and Health Costs Recovery Act, 2019
- Plan to Build Ontario Together Act, 2019
- Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998
- Oversight of Health Facilities and Devices Act, 2017
- Independent Health Facilities Act
- Health Protection and Promotion Act
- Excellent Care for All Act, 2010
- Connecting Care Act, 2019
- Simpler, Faster, Better Services Act, 2019

- Providing More Care, Protecting Seniors, and Building More Beds Act, 2021
- Economic and Fiscal Update Act, 2020
- The People's Health Care Act, 2019

445

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Your Health Act, 2023

EXPLANATORY NOTE

SCHEDULE 1

INTEGRATED COMMUNITY HEALTH SERVICES CENTRES ACT, 2023

The Schedule enacts the *Integrated Community Health Services Centres Act, 2023* and makes consequential and related amendments to several other Acts. The major elements of the Act are described below.

Part I sets out interpretive provisions that apply to the Act and the application of the Act.

Part II provides for the appointment of one or more Directors, who have various functions, duties and powers under the Act.

Part III provides for the licensing of integrated community health services centres and related matters. It provides a prohibition for establishing and operating such a centre without a licence. It also sets out the process for applying for licences, the considerations in issuing licences and the processes for the renewal, relocation or transfer of licences. Provisions are provided for orders by the Director to take control of a centre in certain circumstances and for the revocation, suspension or amendment of licences. It also sets out requirements on all licensees, including the requirement to comply with requirements under this Act and to comply with the applicable quality and safety standards.

Part IV establishes the rules that apply with respect to payments and financial accountability. It permits the Minister to pay for facility costs or other operating costs of integrated community health services centres. It establishes a prohibition on charging a facility cost without a licence and provides that facility costs may only be charged to, and accepted from, the Minister or a prescribed person. It creates prohibitions on charging or accepting payments for providing a preference in obtaining access to an insured service at an integrated community health services centre. It also prohibits refusing to provide insured services to a person who chooses not to pay for any product, device or service offered at the integrated community health services centre. It also sets out situations in which payments may be refused or where the Minister may require reimbursement of payments, such as when the service was not in fact rendered, and provides for appeals from those payment decisions.

Part V establishes the procedures for inspections and the issuance of compliance orders. Inspectors may be appointed by the Minister, the Director or an organization that is prescribed as an inspecting body under the Act. Inspecting bodies are charged with several responsibilities,

including performing inspections and establishing and publishing quality and safety standards. The powers of inspectors to conduct inspections are set out. The Director and inspecting bodies are given powers to issue compliance orders to require licensees to achieve compliance with the Act.

Part VI sets out a number of miscellaneous provisions, including provisions respecting service, the confidentiality of information and the liability of the Crown.

Part VII sets out offences under the Act and establishes the penalty for committing an offence. It also empowers the Attorney General to seek a restraining order for contraventions of section 4 or 29.

Part VIII sets out the power to make regulations under the Act.

Part IX provides for the repeal of the *Independent Health Facilities Act*, the revocation of the regulations made under that Act and the repeal of the *Oversight of Health Facilities and Devices Act, 2017*.

Part X sets out consequential and related amendments.

Part XI sets out the commencement and short title of the Act set out in the Schedule.

SCHEDULE 2 REGULATED PROFESSIONS AMENDMENTS

The Schedule makes amendments to several Acts.

In the *Commitment to the Future of Medicare Act, 2004*, the *Fixing Long-Term Care Act, 2021*, the *Gift of Life Act*, the *Health Insurance Act* and the *Public Hospitals Act*, the definitions of “physician” are expanded to allow persons prescribed in the regulations to meet those definitions. The amendments to the *Fixing Long-Term Care Act, 2021* also allow prescribed persons to meet the definition for different classes of nurses, and include a regulation-making power to set conditions on the manner in which prescribed persons may carry out their duties and responsibilities under the Act.

The *Healing Arts Radiation Protection Act* is amended to allow for the operation of an x-ray machine in accordance with a prescription from a prescribed person.

The *Medical Laboratory Technology Act, 1991*, the *Medicine Act, 1991*, the *Nursing Act, 1991* and the *Respiratory Therapy Act, 1991* are amended to add a new power allowing the Minister of Health, with the approval of the Lieutenant Governor in Council, to make regulations exempting persons from the restricted title provisions and the holding out provisions of those Acts.

The *Narcotics Safety and Awareness Act, 2010* is amended to expand the definition of “dispenser” and “prescriber” to include prescribed persons. Persons who are prescribed as a “prescriber” are exempt from the requirement to record their health profession College registration number on a prescription.

The application of the *Ontario Medical Association Dues Act, 1991* is expanded so that the Act applies to prescribed persons who are engaged in the practice of medicine in Ontario.

The *Pharmacy Act, 1991* is amended to expand pharmacists’ scope of practice to include the assessment of conditions for the purposes of providing medication therapies.

SCHEDULE 3

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The Schedule amends the *Freedom of Information and Protection of Privacy Act* to extend the application of the Act to extra-ministerial data integration units that are not institutions under the Act, or part of such institutions. In such cases, the Act applies to extra-ministerial data integration units with specified modifications, including any modifications prescribed by the regulations. A new requirement is imposed on senior officers of such extra-ministerial data integration units to publish specified information on an annual basis.

An Act to amend and enact various Acts with respect to the health system**CONTENTS**

<u>1.</u>	Contents of this Act
<u>2.</u>	Commencement
<u>3.</u>	Short title
<u>Schedule 1</u>	Integrated Community Health Services Centres Act, 2023
<u>Schedule 2</u>	Regulated Professions Amendments
<u>Schedule 3</u>	Freedom of Information and Protection of Privacy Act

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Contents of this Act

- 1. This Act consists of this section, sections 2 and 3 and the Schedules to this Act.**

Commencement

2. (1) Except as otherwise provided in this section, this Act comes into force on the day it receives Royal Assent.

- (2) The Schedules to this Act come into force as provided in each Schedule.**

(3) If a Schedule to this Act provides that any provisions are to come into force on a day to be named by proclamation of the Lieutenant Governor, a proclamation may apply to one or more of those provisions, and proclamations may be issued at different times with respect to any of those provisions.

Short title

- 3. The short title of this Act is the *Your Health Act, 2023*.**

SCHEDULE 1
INTEGRATED COMMUNITY HEALTH SERVICES CENTRES ACT, 2023

CONTENTS

Preamble

PART I

INTERPRETATION AND APPLICATION

1. Interpretation
2. Application of Act

PART II

DIRECTOR

3. Director

PART III

LICENSING AND RELATED MATTERS

LICENCE APPLICATIONS

4. Licence required
5. Call for applications
6. Issuance of licence
7. Minister may direct refusal to issue licence in respect of call for applications
8. Expiry and surrender of licence

RENEWAL, RELOCATION, TRANSFER, ETC.

9. Renewal of licence
10. Relocation
11. Transfer of licence
12. Order by Director to take control

REVOCATIONS, SUSPENSIONS, REFUSALS TO RENEW AND LICENCE AMENDMENTS

13. Revocation or suspension of licence
14. Amendments to conditions of licence
15. Process where Director refuses renewal, revokes or suspends, etc.
16. Hearings before the Board
17. Appeal from decision of Board
18. Minister's direction

LICENSEE REQUIREMENTS

19. Requirements for all applications
20. Requirements on licensee
21. Truthfulness
22. Complaints process
23. Incident review process
24. Posting
25. Licence not to be used as security
26. Contracts
27. Share transfer
28. Duty of corporation to notify Director

PART IV

PAYMENTS AND ACCOUNTABILITY

29. Payments and facility costs
30. Record-keeping
31. Refusal to pay if not required form, etc.
32. Refusal to pay, pay reduced amount or substitute amount: circumstances
33. Reimbursement, non-entitled person
34. Debt
35. Transition
36. Settlement
37. Interest
38. Hearing by Board
39. Powers of Board
40. Appeal to Board
41. Ontario Health Insurance

PART V

INSPECTIONS AND COMPLIANCE ORDERS

INSPECTIONS

42. Inspectors
43. Inspecting bodies

- 44. Inspections
- 45. Copy constitutes evidence
- 46. Order to enter
- 47. Obstruction offence
- 48. Production order

COMPLIANCE ORDERS

- 49. Compliance orders

PART VI
MISCELLANEOUS

- 50. Consideration of past conduct
- 51. Service of notice
- 52. Not compellable witness
- 53. Protection of information
- 54. Certain documents
- 55. Filing with court
- 56. Publication
- 57. Confidentiality for inspecting body and inspectors
- 58. Personal information
- 59. Disclosure of information to the Director
- 60. Crown liability
- 61. No compensation
- 62. Transition

PART VII
OFFENCES AND COMPLIANCE

- 63. Offences
- 64. Restraining order

PART VIII
REGULATIONS

- 65. Regulations

PART IX
REPEALS AND REVOCATIONS

- 66. Independent Health Facilities Act
- 67. Oversight of Health Facilities and Devices Act, 2017

PART X
CONSEQUENTIAL AND RELATED AMENDMENTS

- 68. Commitment to the Future of Medicare Act, 2004
- 69. Connecting Care Act, 2019
- 70. Excellent Care for All Act, 2010
- 71. Health Insurance Act
- 72. Health Protection and Promotion Act
- 73. Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998
- 74. Opioid Damages and Health Care Costs Recovery Act, 2019
- 75. Personal Health Information Protection Act, 2004
- 76. Plan to Build Ontario Together Act, 2019
- 77. Private Hospitals Act
- 78. Protecting What Matters Most Act (Budget Measures), 2019
- 79. Providing More Care, Protecting Seniors, and Building More Beds Act, 2021
- 80. Public Hospitals Act
- 81. Quality of Care Information Protection Act, 2016
- 82. Regulated Health Professions Act, 1991
- 83. Simpler, Faster, Better Services Act, 2019
- 84. Social Contract Act, 1993
- 85. Substitute Decisions Act, 1992
- 86. The People's Health Care Act, 2019
- 87. Tobacco Damages and Health Care Costs Recovery Act, 2009

PART XI
COMMENCEMENT AND SHORT TITLE

- 88. Commencement
- 89. Short title

Preamble

The people of Ontario and their Government:

Share a vision for connected and convenient care, where the health and wellbeing of all OHIP-insured Ontarians is enabled through health services that are available at no cost to patients;

Commit to supporting access to safe, effective, equitable, efficient and person-centred care;

Recognize the value of a healthcare system that collaboratively integrates publicly funded, community-based health services with local and regional health system partners;

Intend to expand access to publicly funded community-based health services to improve patient wait times, patient experience and access to care in a way that considers the needs of diverse, vulnerable, priority and underserved populations, taking into account linguistic needs; and

Acknowledge the importance of advancing initiatives to optimize health human resources today and in the future.

PART I INTERPRETATION AND APPLICATION

Interpretation

1. (1) In this Act,

“Board” means the Health Services Appeal and Review Board under the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998*; (“Commission”)

“compliance order” means an order made under section 49; (“ordre de conformité”)

“Director” means the Director or Directors appointed under section 3 and, where more than one Director has been appointed, means the Director or Directors that have been assigned the power, function or duty in the provision in which the term appears; (“directeur”)

“facility cost” means,

- (a) a charge, fee or payment for or in respect of a service or operating cost that,
 - (i) supports, assists and is a necessary adjunct, or any of them, to an insured service, and
 - (ii) is not part of the insured service, or
- (b) any other charge, fee or payment that is prescribed as a facility cost; (“coûts d’établissement”)

“health facility” means a place in which one or more members of the public receive health services and includes an integrated community health services centre; (“établissement de santé”)

**SCHEDULE 2
REGULATED PROFESSIONS AMENDMENTS**

Commitment to the Future of Medicare Act, 2004

1. The definition of “physician” in section 8 of the *Commitment to the Future of Medicare Act, 2004* is repealed and the following substituted:

“physician” means a legally qualified medical practitioner who is lawfully entitled to practise medicine in Ontario or another prescribed person; (“médecin”)

Fixing Long-Term Care Act, 2021

2. (1) The definition of “physician” in subsection 2 (1) of the *Fixing Long-Term Care Act, 2021* is repealed and the following substituted:

“physician” means a member of the College of Physicians and Surgeons of Ontario or another person prescribed by the regulations; (“médecin”)

(2) The definition of “registered nurse” in subsection 2 (1) of the Act is repealed and the following substituted:

“registered nurse” means a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse under the *Nursing Act, 1991* or another person prescribed by the regulations; (“infirmière autorisée” or “infirmier autorisé”)

(3) The definition of “registered nurse in the extended class” in subsection 2 (1) of the Act is repealed and the following substituted:

“registered nurse in the extended class” means a registered nurse who holds an extended certificate of registration under the *Nursing Act, 1991* or another person prescribed by the regulations; (“infirmière autorisée ou infirmier autorisé de la catégorie supérieure”)

(4) The definition of “registered practical nurse” in subsection 2 (1) of the Act is repealed and the following substituted:

“registered practical nurse” means a member of the College of Nurses of Ontario who holds a certificate of registration as a registered practical nurse under the *Nursing Act, 1991* or another person prescribed by the regulations; (“infirmière auxiliaire autorisée” or “infirmier auxiliaire autorisé”)

(5) Subsection 28 (4) of the Act is amended by adding the following paragraph:

3. Any other person prescribed by the regulations.

(6) Subsection 193 (2) of the Act is amended by adding the following paragraphs:

- 8.1 prescribing persons who are “physicians”, “registered nurses”, “registered nurses in the extended class” or “registered practical nurses” for the purposes of this Act or for the purposes of specified provisions of this Act;
- 8.2 establishing and governing limitations, terms or conditions on the manner in which persons referred to in paragraph 8.1 may carry out their duties and responsibilities under this Act and the duties of licensees with respect to those persons;

Gift of Life Act

3. (1) The definition of “physician” in section 1 of the *Gift of Life Act* is repealed and the following substituted:

“physician” means a member of the College of Physicians and Surgeons of Ontario or another prescribed person; (“médecin”)

(2) Section 14 of the Act is repealed and the following substituted:

Regulations, Lieutenant Governor in Council

14. The Lieutenant Governor in Council may make regulations,

- (a) prescribing persons for the purposes of the definition of a “physician” in section 1;
- (b) providing that the definition of “tissue” in section 1 includes one or more of the following: bone marrow, spermatozoa, an ovum, an embryo, a foetus, blood or blood constituents.

Healing Arts Radiation Protection Act

4. (1) Clause 6 (1) (a) of the *Healing Arts Radiation Protection Act* is repealed and the following substituted:

- (a) a legally qualified medical practitioner or another person prescribed by the regulations;

(2) Clause 6 (1) (g) of the Act is repealed and the following substituted:

- (g) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the *Nursing Act, 1991* or another person prescribed by the regulations.

Health Insurance Act

5. The definition of “physician” in section 1 of the *Health Insurance Act* is repealed and the following substituted:

“physician” means a legally qualified medical practitioner lawfully entitled to practise medicine in the place where medical services are rendered by the physician or another prescribed person; (“médecin”)

Medical Laboratory Technology Act, 1991

6. The *Medical Laboratory Technology Act, 1991* is amended by adding the following section:

Minister regulations

12.1 Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations exempting a person from subsection 9 (1) or (2) and setting conditions on such an exemption.

Medicine Act, 1991

7. The *Medicine Act, 1991* is amended by adding the following section:

Minister regulations

12.2 Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations exempting a person from subsection 9 (1) or (3) and setting conditions on such an exemption.

Narcotics Safety and Awareness Act, 2010

8. (1) The definition of “dispenser” in section 2 of the *Narcotics Safety and Awareness Act, 2010* is repealed and the following substituted:

“dispenser” means a person authorized, under a health profession Act as defined in the *Regulated Health Professions Act, 1991*, to dispense drugs or another person designated by the regulations; (“préposé à la préparation”)

(2) The definition of “Minister” in section 2 of the Act is repealed and the following substituted:

“Minister” means the Minister of Health or such other member of the Executive Council to whom the administration of this Act is assigned under the *Executive Council Act*; (“ministre”)

(3) The definition of “prescriber” in section 2 of the Act is repealed and the following substituted:

“prescriber” means a person authorized under a health profession Act, as defined in the *Regulated Health Professions Act, 1991*, to prescribe drugs or another person designated by the regulations; (“personne autorisée à prescrire des médicaments”)

(4) Section 10 of the Act is amended by adding the following subsection:

Application to prescriber that is not a member of a College

(3) A prescriber who is not a member of a College, as defined in the *Regulated Health Professions Act, 1991*, is not required to record the information required under paragraph 1 of subsection (1).

(5) Subsection 17 (1) of the Act is amended by adding the following clause:

(a.1) designating persons for the purposes of the definition of a “dispenser” or “prescriber”;

(6) Subsection 17 (2) of the Act is amended by striking out “clause (1) (b)” in the portion before clause (a) and substituting “clause (1) (a.1), (b)”.

Nursing Act, 1991

9. The *Nursing Act, 1991* is amended by adding the following section:

Minister regulations

14.1 Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations exempting a person from subsection 11 (1) or (5) and setting conditions on such an exemption.

Ontario Medical Association Dues Act, 1991

10. (1) Subsection 1 (1) of the *Ontario Medical Association Dues Act, 1991* is repealed and the following substituted:

Application

(1) This Act applies to,

- (a) physicians who are legally qualified medical practitioners and who are engaged in the practice of medicine in Ontario or who conduct health research in Ontario; and
- (b) persons prescribed by the regulations made under this Act who are engaged in the practice of medicine in Ontario.

(2) The Act is amended by adding the following section:

Regulations

9. The Lieutenant Governor in Council may make regulations respecting any matter that this Act describes as being prescribed or provided for in the regulations.

Pharmacy Act, 1991

11. Section 3 of the *Pharmacy Act, 1991* is amended by striking out “and” at the end of clause (c), by adding “and” at the end of clause (d) and by adding the following clause:

- (e) the assessment of conditions for the purposes of providing medication therapies.

Public Hospitals Act

12. (1) The definition of “physician” in section 1 of the *Public Hospitals Act* is repealed and the following substituted:

“physician” means a member of the College of Physicians and Surgeons of Ontario or another prescribed person; (“médecin”)

(2) Subsection 32 (1) of the Act is amended by adding the following clause:

- (v.1) prescribing persons for the purposes of the definition of a “physician” in section 1;

Respiratory Therapy Act, 1991

13. The *Respiratory Therapy Act, 1991* is amended by adding the following section:

Minister regulations

12.1 Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations exempting a person from subsection 9 (1) or (2) and setting conditions on such an exemption.

Commencement

14. (1) Except as otherwise provided in this section, this Schedule comes into force on the day the *Your Health Act, 2023* receives Royal Assent.

(2) Sections 1 to 10, 12 and 13 come into force on a day to be named by proclamation of the Lieutenant Governor.

SCHEDULE 3
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

1. Part II of the *Freedom of Information and Protection of Privacy Act* is amended by adding the following section:

Extra-ministerial data integration units

36.1 (1) Where an extra-ministerial data integration unit under Part III.1 is not an institution, or part of an institution, the senior officer of the extra-ministerial data integration unit shall cause to be published annually information respecting,

- (a) where a request for a record should be made;
- (b) the name, title, business telephone number and business address of the senior officer;
- (c) a description of the unit's programs and functions as they relate to Part III.1;
- (d) an indication of the general types of records that are prepared by or are otherwise in the custody or under the control of the unit in relation to Part III.1; and
- (e) an indication of any changes to the information previously published under this section.

(2) The senior officer shall also cause the information to be provided to the responsible minister upon its publication.

2. (1) Clause (a) of the definition of "member" in subsection 49.1 (1) of the Act is amended by striking out "who works in the unit" and substituting "who works as part of the unit".

(2) The French version of clause (b) of the definition of "member" in subsection 49.1 (1) of the Act is amended by striking out "qui travaille dans le service" and substituting "qui travaille au sein du service".

3. The Act is amended by adding the following section:

Application of Act to extra-ministerial data integration units

49.1.1 (1) Where an extra-ministerial data integration unit is not an institution, or part of an institution, the extra-ministerial data integration unit is deemed to also be an institution under this Act, but only in respect of personal information that is collected by a member of the extra-ministerial data integration unit under this Part, and, for that purpose, its senior officer is deemed to be the head of the institution.

Modifications

(2) The application of this Act to an extra-ministerial data integration unit and its senior officer under subsection (1) is subject to the following modifications:

1. Sections 31, 32 and 33 do not apply with respect to the extra-ministerial data integration unit.
2. Section 62 shall be read without reference to subsection 62 (3).
3. Any other modifications prescribed by the regulations.
4. **The English version of subclause 49.9 (1) (d) (i) of the Act is amended by striking out “ministerial data integration unit” and substituting “ministry data integration unit”.**
5. **Subsection 60 (1) of the Act is amended by adding the following clause:**
 - (g.1) prescribing additional modifications to this Act for the purposes of subsection 49.1.1 (2);

Economic and Fiscal Update Act, 2020

6. Subsection 1 (2) and section 15 of Schedule 2 to the *Economic and Fiscal Update Act, 2020* are repealed.

Commencement

7. (1) **Except as otherwise provided in this section, this Schedule comes into force on the day the *Your Health Act, 2023* receives Royal Assent.**

(2) **Sections 1 to 5 come into force on a day to be named by proclamation of the Lieutenant Governor.**

From: Jo-Ann Willson
Sent: February 22, 2023 12:43 PM
To: Rose Bustria
Cc: Joel Friedman
Subject: FW: Update on the Oversight of Health Facilities and Devices Act

Exec and Council.

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

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From: Ng, Vivian (MOH) <Vivian.Ng@ontario.ca> **On Behalf Of** Dicerni, Patrick (MOH)
Sent: Wednesday, February 22, 2023 11:05 AM
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Cc: Dicerni, Patrick (MOH) <Patrick.Dicerni@ontario.ca>; Pinkney, Laura (MOH) <Laura.Pinkney@ontario.ca>; Sarta, Neeta (MOH) <Neeta.Sarta@ontario.ca>
Subject: Update on the Oversight of Health Facilities and Devices Act

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Hello,

On February 2nd, the government released *Your Health: A Plan for Connected and Convenient Care* (“the [Plan](#)”). The *Plan* puts people at its heart, by adding and expanding health care services closer to home. 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.

Through the *Plan*, the government is working to expand the delivery of OHIP-insured surgeries that can be safely performed outside of hospitals into community-based centres currently named Independent Health Facilities (IHF). Patients with valid OHIP coverage will be able to access these insured services at no charge. This expansion will position Ontario to better meet the surgical care needs of a growing, aging population.

On February 21, 2023, the government introduced the *Integrated Community Health Services Centres Act, 2023* (ICHSCA) as Schedule 1 under [Bill 60, Your Health Act, 2023](#). If passed, this new legislation would repeal the current *Independent Health Facilities Act*, building on that legislative framework by:

- Changing the name and definition of ‘Independent Health Facility’ to ‘Integrated Community Health Services Centre’ (ICHSC) to better reflect the purpose and role of these centres;
- Expanding existing quality oversight frameworks through the implementation of a new ICHSC Quality Assurance program;
- Improving health system integration, oversight and planning by enabling the appointment of more than one ICHSC Director to enable appropriate oversight of ICHSCs and integrated system planning, and by taking into account the needs of diverse, vulnerable, priority and underserved populations, and linguistic needs.

- Reducing red tape and financial burdens for ICHSC licensees, including by removing administrative fees, streamlining the call for applications process;
- Protecting patients by prohibiting ICHSCs from requiring a patient to purchase something in order to access OHIP-covered services, including ICHSCs in the mandate of the Patient Ombudsman, and by requiring ICHSC to have a process for addressing complaints; and
- Protecting Health Human Resources by expanding access to services in a way that takes into account the availability of sustainable health human resources in the health system.

If passed, the legislation and corresponding regulations and program changes will modernize the oversight of ICHSCs, ensuring patient safety and quality of care is maintained at the highest standards.

This legislation also proposes to repeal *the Oversight of Health Facilities and Devices Act, 2017* (OFHDA), which was intended to establish a regulatory scheme for community health facilities and energy applying and detecting medical devices. OFHDA was passed in 2017 but has not been proclaimed into force. In order to ensure a seamless passage of the proposed legislation, ICHSCA, once passed, would repeal OFHDA.

In the time since OFHDA was passed, the ministry has taken targeted steps to modernize the *Healing Arts Radiation Protection Act* (HARPA), including implementing [updated safety standards](#) in 2022.

Oversight and quality assurance of private hospitals will continue to be regulated through the *Private Hospitals Act*. For corporations that are granted a license to provide community-based surgical services, the quality of those services will be overseen using the same quality assurance framework and regulations that will apply to all ICHSCs.

Additional details on these changes are available in the government's [news release](#).

Please let me know if you have any questions.

Regards,

Patrick

Patrick Dicerni (he/him)

Assistant Deputy Minister | Health Programs and Delivery Division

Ministry of Health

647-588-5345



ITEM 4.1.33

Ontario considers expanding scope of practice for nurses, pharmacists, and more

463



Ontario is considering expanding the scope of what certain health professionals such as nurses can do in periods of "high patient volumes." Ontario Health Minister Sylvia Jones makes an announcement on healthcare with Premier Doug Ford in the province in Toronto, Monday, Jan. 16, 2023. THE CANADIAN PRESS/Frank Gunn

Allison Jones and Liam Casey, The Canadian Press
 Published Thursday, March 9, 2023 2:43PM EST
 Last Updated Thursday, March 9, 2023 5:07PM EST

TORONTO - Ontario is considering expanding the scope of what certain health professionals, such as nurses, can do in periods of "high patient volumes."

A spokesperson for Health Minister Sylvia Jones said in a statement that the government has already recently expanded the scope of practice for pharmacists, allowing them to prescribe for certain conditions, and allowing nurse practitioners to order MRI and CT scans, and now the government is looking to give more professionals more powers.

"Our government's Your Health act, if passed, will increase staffing levels on a short term basis to manage periods of high patient volume by allowing health care professionals to work outside of their regular responsibilities," Hannah Jensen wrote.

She did not offer information on how "short term basis" or periods of "high patient volume" will be defined.

The ministry is looking at giving registered nurses prescribing powers, allowing nurse practitioners to order and apply defibrillation and apply ECGs, allowing pharmacists to administer "certain substances" by injection or inhalation, and allowing chiropodists, midwives, naturopaths and optometrists to prescribe more drugs, among other expansions, Jensen said.

"Maximizing professional scopes to increase flexibility is a lesson learned from the COVID-19 pandemic and a key part in building a healthcare system that is easier to navigate and provides Ontarians with access to faster, more convenient care, when and where they need it," she said in the statement.

Doris Grinspun, CEO of the Registered Nurses' Association of Ontario, said prescribing powers for registered nurses would be great news, as her association has been pushing for it for more than 10 years.

"It will transform primary care overnight" by taking pressures off the rest of the system, she said.

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"We welcome the change."

A key aim of the legislation is to allow more private clinics to offer certain publicly funded surgeries and procedures, in a bid to lower wait times, though critics are concerned about the expansion of private delivery of public health care.

The NDP and the Ontario Health Coalition advocacy group raised concerns Thursday about language in the health bill they say could deregulate certain health professions and allow people to call themselves doctors and nurses, even if not necessarily qualified.

Jones said at an unrelated announcement in Hamilton that section of the bill is intended to allow for new "as of right" rules, which would let health professionals work in Ontario without having to immediately register with the regulatory colleges in this province.

Liberal health critic Adil Shamji said he suspects that is indeed what that schedule of the bill is intended to do, but he criticized the Progressive Conservatives for leaving that and too much else in the bill up to regulations that get decided by government and not debated in the legislature as part of the legislation itself.

"The devil is in the details," he said.

"It is unfortunate that we are facing very significant changes to things like the definition of regulated health professionals, without having the opportunity for input by the legislators, by all of us, and by the public in order to give the best input and share good insight."

This report by The Canadian Press was first published March 9, 2023.

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Gélinas worried unregistered health workers might abuse system

Sudbury.com Staff

20 h



NDP official opposition health critic France Gélinas spoke out against Ontario Bill 60 at a news conference at Queen's Park Friday. (Ontario Parliamentary Channel)

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00:02:31

Nickel Belt MPP France Gélinas is continuing her fight against the proposed Bill 60, the plan by the Ontario government to reduce wait times for surgeries and also to recognize the credentials of health care workers registered in other provinces and territories.

Speaking at the Queen's Park media studio on Friday, Gélinas said there is a serious problem in that one section of the bill could allow for professional health care titles to be misused by those who might not be registered or qualified to hold those titles.

Gélinas was referring to Schedule-2 of Bill 60.

"Currently the titles of physician, nurse, registered practical nurse, respiratory therapist, laboratory technician are all protected titles for health professionals that are supervised by a health college," Gélinas told reporters.

Gélinas said the professional health colleges ensure that the registered health-care worker has achieved a prescribed level of education and experience.

She said by removing that requirement, there is the possibility that certain titles can be used by people who are not registered, and possibly not qualified.

"The college ensures that the title is held by a professional with prescribed level of education, experience and is registered" Gélinas said.

"Schedule 2 of Bill 60 allows these titles to be used by people who are not registered members of a regulatory health college," she added.

Gélinas said the danger that exists is that a for-profit health clinic might decide to use an unregistered health worker to perform duties that should only be done by registered health workers. The difference she said is in the rate of pay. It can be a lot cheaper to use an unregistered health worker than a fully qualified Registered Nurse, for example.

The other concern is that the definition of a physician, according to Schedule-2, means a legally qualified medical practitioner who is lawfully entitled to practice medicine in Ontario, or "another prescribed person," said the NDP news release. The concern is that so far there is no description of another prescribed person.

In order for people to receive quality care they need to trust that the physician or the nurse or the respiratory therapist in front of them have the knowledge and the skills of that profession, said Gelinias.

Bill 60 has passed second reading and will be brought before the Ontario Legislature's Social Policy Committee for public comment on March 20 and 21.

Reader Feedback (2)

467



Opik 19 h

The professional health colleges also ensure that doctors and nurses from other countries are driving taxis or working at a fast food place. These colleges are also there to insure that Ontario health care graduates have the highest paying jobs because there is such a shortage. There should be a system set up to fast track foreign health care workers skills development in Ontario as long as they agree to work in under served communities for five years. LU and NOSM would be great places to try this training out.

BF

Boosters Forall 2 h

Opik,

Maybe for PSWs, but I want my Drs and RNs to be as highly trained and competent as possible.

Do you want them to mess up when it's your health on the line?

Would you approve of fast tracking pilots in a pilot shortage?

I wouldn't

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From: Jo-Ann Willson
Sent: April 5, 2023 1:04 PM
To: Rose Bustria
Subject: FW: Ontario to expand list of tests midwives can order - The Canadian Press

Council.

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[Ontario to expand list of tests midwives can order; midwives say it's a first step](#)

April 5, 2023

TORONTO - Ontario is set to expand the list of tests midwives can order and perform, as part of the government's push to increase community care options and ease health system pressures.

However, midwives say that while the step is welcome, government regulations are still preventing them from practising within their full scope.

They have been pushing for the government to remove those lists entirely, as well as the list of drugs they can prescribe, and just allow midwives to order the full range of tests and medications used in pregnancy and post-partum care.

"The big problem with lists is that they quickly become out of date when there is new evidence or when there are shifting standards of practice," said Jasmin Tecson, president of the Association of Ontario Midwives.

Further expansions would help clients receive care even more quickly and would eliminate unnecessary doctor and hospital visits, the midwives say.

"We are definitely in line with the provincial government's priorities around serving client needs like convenient accessible care for health-care consumers in the community, where they're at, and where and when they have that need," Tecson said.

Part of the government's plan for giving people more convenient health-care options closer to home involves "maximizing the expertise of our health care workforce by expanding scopes of practice," Health Minister Sylvia Jones said in a recent letter to the chair of the College of Midwives of Ontario.

"To that end, I am delighted to inform you that the ministry has begun the work to advance a proposal to expand midwives' authority to order additional laboratory tests as well as to allow midwives to perform certain point of care tests," Jones wrote.

Claire Ramlogan-Salanga, the chair of the college, said the college is still in talks with the government on expanding the drugs midwives can prescribe, though the ultimate goal is doing away with the lists.

"The aim is to get us to that place to have clients have ... equal access to drugs and tests in the pregnancy and postpartum that they would get with any other health-care provider providing the same care," she said in an interview.

"It just feels like that (lab test) piece, we're having actual traction and we're able to move forward and that we're really pleased about. We just have the other component that still needs pushing."

The college on March 27 sent the government a list of tests it wants to see added for now and isn't sharing that list while it waits to hear back. But one example cited by Tecson is non-invasive prenatal testing, which is genetic testing if an initial screen finds an increased likelihood of Down Syndrome.

When it comes to medications, older versions of a drug to manage post-partum hemorrhaging are on the list, but not better and newer ones, Tecson said. They are also unable to prescribe medications for severe nausea and vomiting in pregnancy.

It has been frustrating to see how quickly the government has expanded the scope for pharmacists, Tecson said. Ontario announced in its budget last month that pharmacists would be able to prescribe for six more common ailments, in addition to the 13 added to their powers earlier this year, and is considering further expansions.

"We know that an expeditious process and creativity from the government is possible and that's very heartening, and so our ask

for the government is that that same creative thinking, that same commitment to facilitating a change for the sake of improved health care happen for midwives and their clients," Tecson said.

The government has said it is considering other scope expansions for health professionals, including allowing registered nurses to prescribe, allowing nurse practitioners to order and apply defibrillators and ECGs, and allowing chiropractors/podiatrists, optometrists and naturopaths to prescribe more drugs.

Jessica Carfagnini, a board member of the Ontario Association of Naturopathic Doctor, said their hopes are similar to the midwives' – to be able to prescribe whatever they deem medically necessary. Leaning more on naturopaths would ease pressures on family doctors as well as lower health system costs, since naturopath services are not covered by the Ontario Health Insurance Plan, she said.

"I really think that they have a huge opportunity here," she said. "If they turn their analysis towards naturopathic medicine, they can see that there are really highly educated qualified primary health-care practitioners in the province of Ontario who are willing to help, but just right now, our hands are tied."

The Ontario Society of Podiatrists has also been asking for the province to do away with a list of drugs they can prescribe, because it becomes so out of date in between updates. They also want the province to allow their members to order lab tests such as X-rays, CT scans, MRIs and ultrasounds, and communicate a diagnosis to a patient.

This report by The Canadian Press was first published April 5, 2023.

Shawn Cruz (he/him)

Research Associate, Counsel Public Affairs Inc.

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472

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Cyber resilience: 12 key controls to strengthen your security

Cyberattacks continue to dominate news headlines, driven by a surge in ransomware events, which increased by an overwhelming 148% in 2021. The perpetrators of these attacks now demand multimillion-dollar ransom payments as they cripple a business's operations, bringing them to a standstill until a payment is made.

As cyberattacks become more prolific, related insurance claims follow, meaning underwriters have been able to identify a correlation between certain controls and corresponding cyber incidents. Through this analysis and the continuous examination of relevant data points, the insurance industry has a rich understanding of the technical steps that organizations can take to build their cyber resiliency.

However, due to the growth in attritional losses, consequently insurers are now taking a much more cautious position. Insurers are tightening their underwriting terms, carefully analyzing all cyber insurance applications, and asking more questions than ever before about an applicant's cyber operating environment and risk controls.

The adoption of certain controls has now become a minimum requirement of insurers, with organizations' potential insurability on the line. Organizations are undoubtedly placing more emphasis on controls than ever before to help mitigate their ransomware risks and improve their overall cybersecurity position and resilience.

Organizations are recommended to implement a number of cyber hygiene controls that are key to achieving cyber resilience and insurability.



Multifactor authentication for remote access and admin/privileged



Email filtering and web security



Secured, encrypted, and tested backups



Privileged Access Management (PAM)



Endpoint Detection Response (EDR)



Patch management and vulnerability management



Cyber incident response planning and testing



Cybersecurity awareness training and phishing testing



Hardening techniques, including Remote Desktop Protocol (RDP) mitigation



Logging and monitoring/network protections



End-of-life systems replaced or protected



Vendor/digital supply chain risk management

While these controls have been established best practice for several years, some companies are still struggling to adopt them — most often because they have been unable to justify the cost of implementation, did not deploy them comprehensively, or did not understand or see the need for controls. In many regulated industries where cyber resilience controls have been required for years, the effort was often more about checking a box, than enhancing security.

Marsh has recommended 12 key cybersecurity controls providing practical deep dives into their characteristics and requirements. Download our report to start building your organization's cyber resilience.

In addition, Marsh's Cyber Self-Assessment diagnostic empowers your organization to evaluate your maturity in relation to these controls, and your cybersecurity program in general. Based on the NIST cybersecurity framework, this online diagnostic tool is a robust, secure yet easy to use form that allows different functions within the same organization to contribute their input. The diagnostic scorecard and report is useful both to prepare for insurance underwriting submissions and also to identify vital areas of improvement.

Marsh McLennan is the leader in risk, strategy and people, helping clients navigate a dynamic environment through four global businesses.

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> on behalf of Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Sent: Monday, March 13, 2023 7:06 PM
To: Beth Ann Kenny
Subject: [Registrars] Reminder: RSVP - CDHO Regulatory Cybersecurity Summit
Attachments: ATT00001.txt

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

This email is being forwarded to you on behalf of the College of Dental Hygienists of Ontario (reminder of March 6th invitation).

[View this email in your browser](#)

College of Dental Hygienists of Ontario **Regulatory Cybersecurity Summit**

Thursday, March 23, 2023 – 2:00 p.m. to 4:00 p.m.

Presenters

Marek Drwiega *Business Development Manager, The Syscomm Group*
Cybersecurity Threats Are Mitigated at the Network and Organizational

497

Jon Oliva *IT Manager, College of Dental Hygienists of Ontario*
KnowBe4 Platform Demonstration

Edward Cho *College of Optometrists of Ontario*
Cyber Incident Response Plan

Floyd Garvey *College of Nurses of Ontario – Cyber Incident Presentation*

HIROC Representative *HIROC – Insurance Requirements and Implications*

Please click [HERE](#) to RSVP. Zoom link will be emailed in advance of March 23rd.

Feel free to **forward this invitation** to other individuals at your organization.
We would be happy to include everyone!



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WeirFoulds^{LLP}

498



Navigating Cybersecurity Risks: A Legal Update on Protecting Against Cyber Threats in Canada and the United States

Wednesday, March 29, 2023 | 11:30 a.m. - 1:30 p.m.

Organizations are increasingly dependant on digital technologies, and with that comes greater exposure to cyber security risks. Cyberattacks are affecting organizations across industries and are becoming more sophisticated. According to the Canadian Centre for Cyber Security, cybercrime is the most common threat faced by Canadian organizations of all sizes.

While the cyber risks faced by organizations are similar regardless of whether located in Canada or the United States, the legal obligations, risks, and liabilities differ based upon whether Canadian, US or both sets of laws apply. As many organizations have cross-border operations, it's important to understand the differences and how to respond to and comply with one's obligations.

Join us for a discussion about how Canadian cybersecurity and privacy laws compare to laws in the United States and how to protect against cybersecurity risks.

Our presenters will cover the following topics:

- How to mitigate the risk of a breach
- Cross-border considerations
- Cybersecurity trends in Canada and the United States
- Legislative reform

**** The program has been accredited for 1.15 hour of substantive content by the Law Society of Ontario.**

From: Jo-Ann Willson
Sent: Wednesday, March 8, 2023 9:35 AM
To: Matthew Pierce
Cc: Joel Friedman
Subject: RE: CBC Media Request - HPARB Delay Notices

Hello Mathew,

Thank you for your interest in the regulation of chiropractic in Ontario. As you know, like all other health regulators in Ontario, it is the responsibility of the Inquiries, Complaints and Reports Committee (ICRC) to ensure that a fair and thorough investigation is conducted, and that an appropriate decision is reached based on the results of investigation. The obligation to uphold both the fairness and thoroughness of the process is prescribed by legislation and is taken very seriously by CCO.

Sometimes during an investigation there are extenuating circumstances that affect the duration of the committee's work and result in a notice of delay. These circumstances can include, but are not limited to, delays arising from:

- Collection of records from the insurance companies
- Collection of supporting documentation from complainants
- Collection of supporting documentation from other health care practitioners or hospital records
- Responses from the member
- Availability of complainant for an interview
- Volume of records provided.

As you noted, some investigations will result in more than one notices of delay being sent to a single complainant.

The CCO received 275 complaints in 2020, 137 complaints in 2021 and 127 complaints in 2022. In 2022, 17 complainants received a notice of delay and 12 complainants received more than one notice. The majority of complaints were disposed of in a timely manner consistent with the requirements of the *Regulated Health Professions Act, 1991*. The ICRC meets monthly to address all inquiries, complaints and reports received by CCO. A complete record of the work of CCO's ICRC is published annually in CCO's Annual Report and includes anonymized data on the nature and provenance of complaints, and summary of actions taken. Annual Reports are published on the CCO website under publications and may assist you in your research.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.

Registrar & General Counsel

College of Chiropractors of Ontario

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College of Chiropractors of Ontario ("CCO") services continue as staff follow recommended health and safety guidelines related to the COVID-19 global pandemic. In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca

and your inquiry will be directed appropriately.

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Matthew Pierce <matthew.pierce@cbc.ca>
Sent: Tuesday, March 7, 2023 1:28 PM
To: cco.info <cco.info@cco.on.ca>
Subject: CBC Media Request - HPARB Delay Notices

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

Hello,

I work at CBC News in Toronto

Information I recently received from the Health Professions Appeal and Review Board indicates that between January and December 2022 your college issued 57 complaint process delay notices as required by the RHPA when the resolution of complaints against members extend beyond legislated timelines.

In light of this, could you please answer the following questions?

1. How many individual complainants received delay notices regarding their complaints in 2022? I understand that a single complainant may receive multiple delay notices in a year, and want to report information about delays at the college accurately.
2. How many of your members are involved in a complaint process where a delay notice has been issued?
3. Are there any extenuating circumstances that have caused delays with the college's complaint proceedings?

I intend to report a story on HPARB delay notices this week. If you could please provide a response by Thursday, I would greatly appreciate it.

Thank you,

--

Matthew Pierce
Associate Producer, CBC News

Toronto

Backlogged tribunals creating 'distress' for Ontarians waiting months or years to be heard

Tribunals Ontario says it is making progress in addressing delays

Muriel Draaisma · CBC News · Posted: Mar 11, 2023 4:00 AM EST | Last Updated: March 11



Shawn Hsiao, a rooming house tenant in Toronto, is pictured here in a blue jacket and toque, with a roommate, a neighbour and friends in October 2020. The group was demanding his landlord stop harassing him. (Submitted by Shawn Hsiao)

[comments](#)

Long backlogs at four tribunals mean Ontarians are waiting months or even years to have their cases heard, and critics, lawyers and advocates are calling on the government to fix what they say is a broken system.

Thousands of cases are being held up at the Landlord and Tenant Board (LTB), the Human Rights Tribunal of Ontario (HRTO), the Social Benefits Tribunal (SBT) and the Automobile Accident Benefits Service (AABS), a division of the Licence Appeal Tribunal, according to opposition MPPs and Tribunal Watch Ontario, a non-partisan public interest organization. Lawyers say the system isn't working for some human rights cases.

Politicians, lawyers and the public interest group say the backlogs are preventing timely resolutions to legal disputes and impeding access to justice.

The LTB resolves disputes between landlords and tenants. The HRTO resolves claims of discrimination and harassment under the Human Rights Code. The SBT hears appeals from people who have been refused social assistance or who disagree with decisions affecting their eligibility, social assistance amount or benefits. The AABS deals with claims involving car accident victims and their insurance companies.

"We are seeing many people struggling as they are waiting for their hearing date, and of course, while they're waiting, that means everything is in limbo," said New Democratic Party MPP Kristyn Wong-Tam.

"It benefits no one when the tribunal system doesn't work."



NDP MPP Kristyn Wong-Tam is a vocal critic of what she says is the government's failure to adequately address problems at provincial tribunals. (Talia Ricci/CBC)

Wong-Tam said she and her colleagues at Queen's Park are hearing complaints from constituents about the delays and are urging Premier Doug Ford's government to address the backlogs before an impending Ontario Ombudsman's report on the LTB is released.

The ombudsman received 1,110 complaints about Tribunals Ontario in 2021-2022, an increase from 935 the previous year, according to its last annual report. The majority, 964 complaints, were about the LTB.

Current backlog numbers not available

Tribunals Ontario, the umbrella organization of 13 adjudicative tribunals that administer justice, declined to provide current backlog numbers, saying those figures are not yet available. It said the number of cases at the human rights tribunal that are 18 months or older is about 5,200 as of Dec. 31, 2022. It also said the SBT has reduced its "active caseload" from 11,000 to fewer than 6,700 since May 2021.

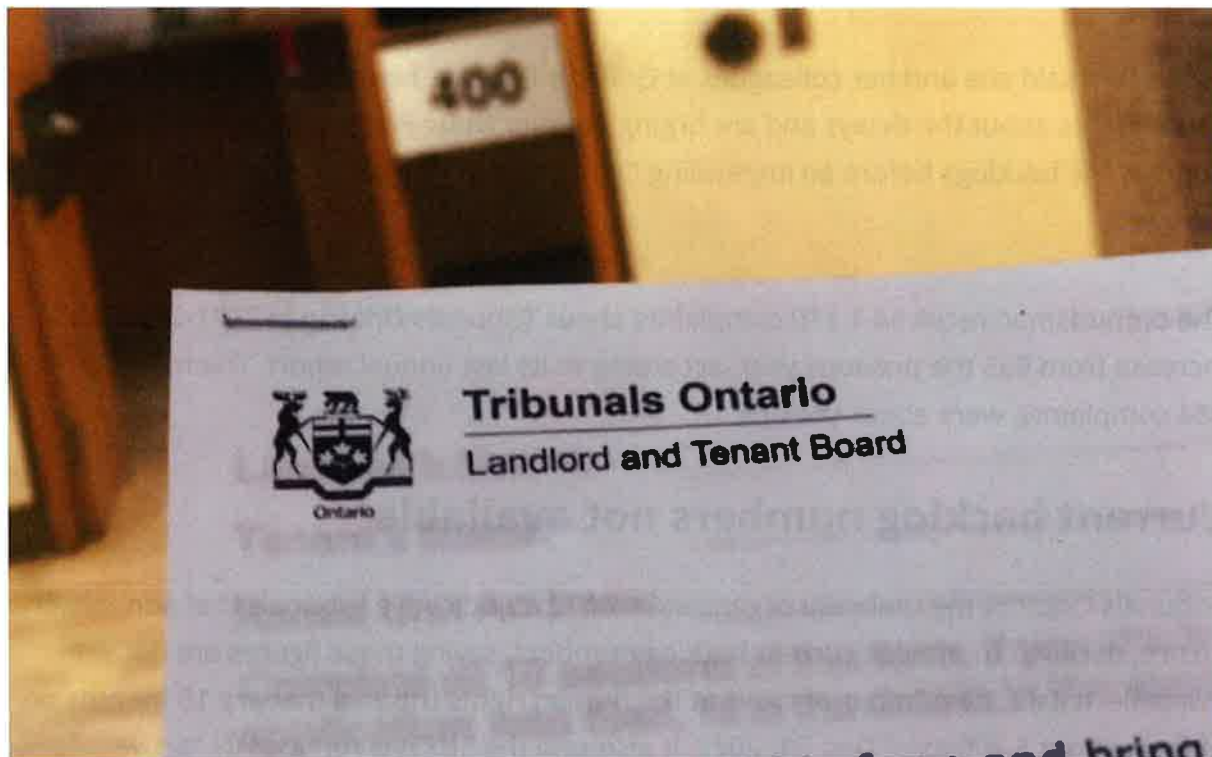
While it did not provide figures for the LTB or AABS, Tribunals Ontario said its annual report shows the LTB had 32,800 "active cases at year end," while the AABS had 16,204 "active appeals at fiscal year end."

- [This GTA condo owner says he's struggling 'to make ends meet' as tenant won't pay \\$20K in rent](#)
- [Months-long delays at Ontario tribunal crushing some small landlords under debt from unpaid rent](#)

The organization said it is working to reduce the backlogs.

"Tribunals Ontario has taken steps to address delays as a result of the COVID-19 pandemic, and we are making significant progress," spokesperson Janet Deline said in an email to CBC Toronto.

"The tribunals and boards experiencing service delays have implemented a number of strategies to improve services, including by increasing the number of adjudicators so as to reach full complement and enhancing the efficiency of caseload management."



A spokesperson for Tribunals Ontario said the organization is making 'significant progress' in clearing backlogs that were made worse by the COVID-19 pandemic. (Amanda Pfeffer/CBC)

Last April, the province committed \$4.5 million over three years to help reduce LTB backlogs. Then, in November, it said it would spend an additional \$1.4 million to help resolve those cases faster. In 2020, the tribunal system adopted a digital-first strategy, which means hearings are conducted virtually except when people ask for accommodation.

Deline said the measures are easing the backlogs. But Wong-Tam said more funding is needed and the digital-first strategy has disadvantaged low-income Ontarians.

"Every single applicant who's waiting in line is now waiting in line more than just one month or two months. They are now waiting in line for months on end, and in some cases, for years," Wong-Tam said.

- [**Landlord and Tenant Board's 'digital first' system harms vulnerable renters, advocacy group says**](#)

'People cannot afford to wait this long'

Shawn Hsiao, a tenant in Toronto, said he had to wait over a year for an LTB hearing.

Hsiao moved into a rooming house in October 2017. Four months later, his landlord asked the tenants to pay for hydro, contrary to their lease. The tenants refused to pay. Then the landlord began harassing him, Hsiao alleged. He filed an application with the LTB in October 2019.

The landlord filed her own application to have Hsiao exempted from the Residential Tenancies Act. The LTB heard the case in May 2021.

Hsiao won, with the adjudicator ruling that the act applies. The landlord appealed the matter but lost the following May.

Despite that ruling, Hsiao said the LTB backlogs, plus his landlord's alleged actions, left him without protection.

"I think no one can live in a harassment situation for such a long time," he said. "People cannot afford to wait this long."

509

'We definitely see distress,' lawyer says

Amy Brubacher, a staff lawyer at Don Valley Community Legal Services, said problems are especially acute at the human rights tribunal, with cases that may have merit being dismissed before they are heard.



Employment lawyer Amy Brubacher said the delays at the human rights tribunal are taking a toll on her clients. (Edward D'Souza)

She said she has a number of cases filed four years ago that are still waiting for a hearing.

"We're dealing with issues of discrimination, harassment, racism, discrimination on the basis of disability, sexual harassment. Having these cases lingering and waiting for years, there's no finality, there's no justice," she said.

"We definitely see distress as a result of that."

- **Oakville couple says house sale at risk due to tenants who refuse to leave, Landlord and Tenant Board delays**

According to Tribunal Watch Ontario, the backlogs began growing in 2018 after the Ford government came to power.

Kathy Laird, a member of Tribunal Watch Ontario and former counsel to the chair of the human rights tribunal, said the government declined to reappoint or retain many existing adjudicators when their terms came up for renewal and then failed to make new appointments.

CBC Toronto requested comment from Ontario's attorney general's office on the appointment of adjudicators, but did not receive a response.

When the government did make new appointments, those who filled the roles were not qualified in the area of laws in which they were required to adjudicate, Laird said.

"When there's a change in government, Liberal to Conservative, Conservative to Liberal, NDP to Liberal, we don't get rid of all of our judges. We don't fire the chief justice. Of course, we keep them in place," Laird said.

"We have to have those experienced judges to remain in place to bring their expertise to future cases."

511



Kathy Laird, a member of Tribunal Watch Ontario, says the Ford government's politicized approach to appointing adjudicators has made delays worse. (Shin Imai)

Recommendations from the group to fix the problems include:

- Create a group of specialized adjudicators to clear the backlogs.
- Make sure that everyone appointed to a tribunal is qualified.
- Reinstate in-person hearings.
- Create an adjudicative tribunal justice council that would oversee the system and appointments to depoliticize the process.
- Restore "stakeholder advisory committees" that were disbanded in 2018 and allow them to provide "meaningful input" into the system.
- Review the HRTO to see if it is complying with its statutory obligations.

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ITEM 4.1.42

Message from the CCO President - March 28, 2023

Last Monday March 20, 2023, at precisely 5:24 pm ET, was the vernal (spring) equinox. If you recall, the vernal equinox is one of only two times per year when the Earth's axis is tilted neither toward nor away from the sun, which results in an almost equal amount of daylight and darkness at all latitudes.

I'm sure that for many of us, the busyness of our personal and professional lives meant that this moment passed by unnoticed. Yet for me, in addition to being a welcoming harbinger of the increasing warmth and light of spring, the equinox is a comforting reminder of the consistent cycle of events within our celestial calendar.

2023 Peer Assessor Workshop and Orientation

One of the significant recurring events within the CCO calendar is the annual workshops for new and returning peer assessors, held this year on January 27th and 28th respectively. Peer assessment is a cornerstone of CCO's QA initiative and obligations, and central to that commitment is the training and support provided to CCO's peer assessors themselves. This year saw nine new members welcomed as peer assessors, and 32 returning. The sessions highlighted the role and conduct of peer assessment, and focused on core competencies for CCO members as well as a review of amendments to specific policies and guidelines. Post-workshop evaluations were uniformly positive, with participants valuing the detailed agenda, dynamic presentations and opportunity to work within small groups to share experience and learnings. I too was greatly impressed by the quality of the discussions I witnessed. Congratulations to Dr. Katherine Tibor, the QA team and CCO staff, for these very successful sessions.

Amendments to Record Keeping Standards of Practice, Importance of Cyber Security and Resources from the Information and Privacy Commissioner

Please note that minor amendments to [Standard of Practice S-002: Record Keeping](#) and [Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information](#) came into effect on February 24, 2023 (having been previously approved by CCO Council on November 24, 2022).

- Amendments to Standard of Practice S-002: Record Keeping now reflect the requirement to collect demographic information *as necessary* to identify, assess and treat patients, instead of requiring the collection of specific demographic information such as gender. (This is a common practice at many Ontario health regulatory colleges) Members may exercise professional judgment in collecting and recording necessary demographic information.
- Amendments to the electronic record keeping section of Standard of Practice S-002 and S-022 further emphasize the importance of the security, protection and confidentiality of patient personal health

information maintained in electronic record keeping systems. This includes ensuring compliance with the *Personal Health Information Protection Act, 2004 (PHIPA)*, having protections in place to protect personal health information from loss, tampering, interference and unauthorized access, and having protocols in place in the event of a privacy breach. Members must understand and employ best practices to ensure the protection of patient personal health information in their electronic record keeping systems.

To assist members in their cyber security effort, the following are excellent resources available from the [Information and Privacy Commissioner of Ontario](#):

- [Digital Health Under PHIPA a Selected Overview](#)
- [Responding to Privacy Breaches](#)

Please continue to visit [CCO's Privacy page](#) for updates and links to resources on private and the protection of patient personal health information.

Treatment of Concussion and Rowan's Law

Members who may be involved in the management or co-management of patients with mild traumatic brain injury/concussion are reminded to comply fully with relevant CCO standards of practice, policies, guidelines. These include:

- achieving, maintaining and being able to demonstrate clinical competency in the assessment, diagnosis and management of concussion, in accordance with Standard of Practice S-001: Chiropractic Scope of Practice
- obtaining informed consent for examination and care, consistent with Standard of Practice S-013: Consent
- performing a thorough health history, physical examination and report of findings
- providing care within the chiropractic scope of practice including performing appropriate re-assessments, consistent with CCO standards of practice, policies and guidelines
- collaborating and communicating with other appropriate health care professionals in the provision of care
- providing a referral to an appropriate health care professional if:
 - the patient's initial or subsequent condition is beyond the member's competence or the chiropractic scope of practice
 - the patient requires advanced diagnostic tests that members are not authorized to order
 - the patient's return to a specific activity requires assessment by and medical clearance from another regulated health professional (e.g., Rowan's Law).

"Rowan's Law" (*Concussion Safety 2018*) and related sport protocols that came into effect on January 1, 2022 require that:

- Athletes who have sustained a concussion, or are suspected of having sustained a concussion, must be removed from further training, practice, or competition, and cannot return to full participation in amateur competitive sport until medically assessed and cleared by a physician or nurse practitioner.

As [posted on CCO's website](#) last August, members will find more ministry information directed to health care professionals on the implementation of Rowan's Law [here](#).

CCO Council Elections Update – Voting Closes in District 6 March 28, 2023 at 4 pm

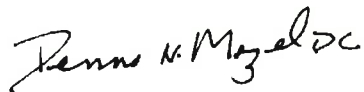
514

Another significant recurring event within the CCO calendar is election to CCO Council. This year, as per CCO's electoral cycle, nominations were open for candidates in Districts 5, 6 & 7. Congratulations to Dr. Sarah Green (District 5: Central West) and Dr. Jarrod Goldin (District 7: Academic), who were acclaimed in their respective districts. The election for [District 6: Western](#) is ongoing with voting closing Tuesday March 28.

Beyond election to Council, there are other avenues to become involved with CCO and to contribute to the regulation of chiropractic in Ontario. CCO has several [non-council positions](#) available to CCO members to participate on the ICRC, Discipline, Patient Relations, QA and Advertising committees, pursuant to the College's bylaws.

Competent, caring and committed committee members are essential to CCO's strength and performance as a self-regulated organization. I consider it a high honour to serve the public interest in the regulation of chiropractic in Ontario. Wishing all the best to you and yours this spring,

Sincerely,



Dr. Dennis Mizel
CCO President



CCO Peer Assessor Workshop - January 28, 2023

**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: Jo-Ann Willson
Sent: March 28, 2023 4:05 PM
To: michelle@campbellcc.com; Dr. Colin Goudreau
Subject: Unofficial Results of Election to CCO Council - District 6
Attachments: 2887_001.pdf

Please see attached the unofficial results of Election to CCO Council in District 6. Thank you to both candidates for putting their names forward to serve on CCO Council.

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

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

**MEMORANDUM
COLLEGE OF CHIROPRACTORS OF ONTARIO**

To: Candidates in March 2023 Elections
Council
Noncouncil Committee Members
Council Appointed Members

C: Chiropractic Stakeholders ¹

From: Jo-Ann Willson, Registrar and General Counsel

Date: March 28, 2023

Subject: Unofficial Results of Election to CCO Council – District 6

Unofficial Results

The unofficial Election Results are as follows:

District 6 – Unofficial Election Results

Name of Candidate	Number of Votes
Dr. Michelle Campbell	127
Dr. Colin Goudreau	150
Eligible voters	588
Percentage voted	47.11 %

Request for a Recount

Please note that the deadline to make a written request for a recount with a \$150.00 deposit, must be received by CCO by April 12, 2023 at 4 p.m. (please refer to the notice of election and nomination guide). The first regular meeting of Council is scheduled for Wednesday, April 19, 2023, followed by the internal elections and orientation meeting on Thursday, April 20, 2023.

All new/returning Council members will be asked to participate in a virtual training session to review, sign and return the Code of Conduct, Confidentiality Undertaking, CCO Internal Policy I-015: Zero Tolerance of Abuse, Neglect and Harassment and Elected Member Undertaking.

Thank you to both candidates for participating in the self-regulation of chiropractic in Ontario!



¹ Ontario Chiropractic Association (OCA), Canadian Chiropractic Association (CCA), Canadian Chiropractic Examining Board (CCEB), Canadian Chiropractic Protective Association (CCPA), Federation of Canadian Chiropractic (FCC), Canadian Memorial Chiropractic College (CMCC), Alliance for Chiropractic (AFC) and World Federation of Chiropractic (WFC).



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

ITEM 4.1.47

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.

College of Chiropractors of Ontario | 59 Hayden St., Suite 800, Toronto, ON M4Y 0E7 Canada

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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.



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- 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 1st 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	<i>Regulated Health Professions Act, 1991</i>
UQTR	Université du Québec à Trois-Rivières



- 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**

Name	District	Term of Office (April to April)
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

Name	Date Order-in Council Expires
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



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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.



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CCO ELECTORAL DISTRICTS

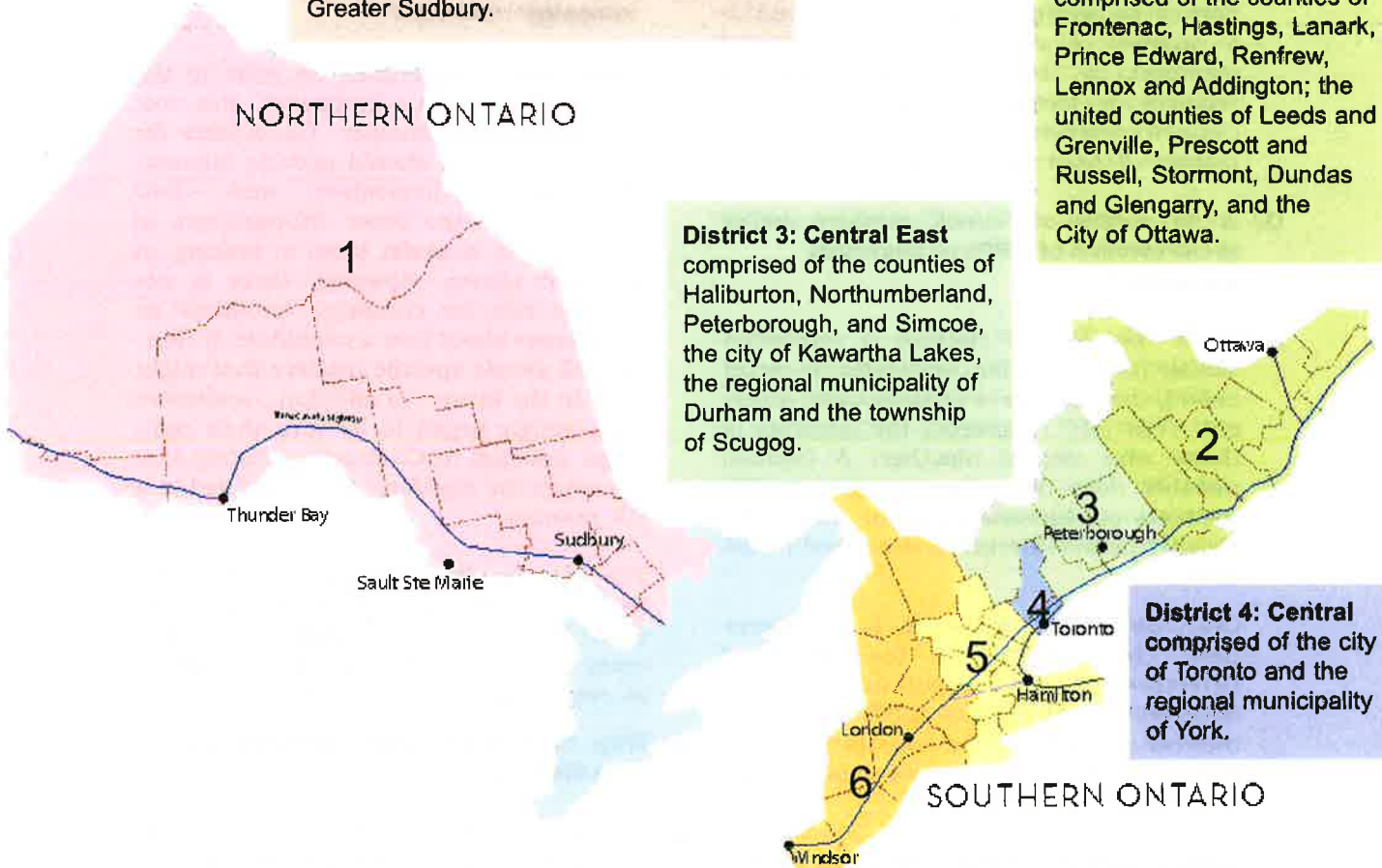
[map not to scale, illustrative of districts only]

District 1: Northern comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka, and the city of Greater Sudbury.

District 2: Eastern comprised of the counties of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas and Glengarry, and the City of Ottawa.

District 3: Central East comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, the regional municipality of Durham and the township of Scugog.

District 4: Central comprised of the city of Toronto and the regional municipality of York.



District 7: Academic
Member of faculty of an accredited educational institution (elected by all members in Ontario).

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 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.



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, 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: _____

	Nominator's Name ¹ (please print)	City / Town	Registration Number	Signature
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

¹ 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 CNAC¹.
 - 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.

¹ 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.

 Candidate's Name

 Candidate's Signature

 Date

 Witness' Name

 Witness' Signature

 Date

COMPETENCIES FOR COUNCIL AND COMMITTEE MEMBERS



Executive Committee

Approved by Council: November 25, 2021

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 4.1.48

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

547

To: Eligible Voters in District 6

Following the dates of candidate nomination and withdrawal, the following candidates had filed nomination papers and supporting documents for the 2023 elections to CCO Council in District 6. Please click on each candidate's name for their biographical statements.

Election in District 6: Western (one CCO Council position available)

- [Dr. Michelle Campbell](#)
- [Dr. Colin Goudreau](#)

Please note: Voting for CCO elections will open on March 13, 2023 at 4 p.m. Eligible voters in District 6 will receive an email to vote, with voting instructions and a link to an electronic ballot on March 13, 2023 at 4 p.m.

Information on the 2023 elections to CCO Council can be found at the [following link](#).

Participate in the self regulation of the chiropractic profession by exercising your right to vote!

College of Chiropractors of Ontario | 59 Hayden St., Suite 800, Toronto, ON M4Y 0E7 Canada

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Dr. Michelle Campbell
BSc, DC, MBA (2023)



Chiropractic has given me so much, and I strongly desire to give back and ensure the public of Ontario has the best care possible. I have experienced insights into regulation in the public interest through being a peer assessor at CCO for five years and a peer mentor, a non-elected committee member at CCO for three years, and I have owned my Chiropractic practice with multiple Chiropractors and other professionals for the past fifteen years. I have recently completed all of the requirements for my Executive MBA and will graduate in June of this year.

Other advocacy involvement and recognition have included being the president of the London Chiropractic Association for five years, giving back as a founding member of the Salvation Army Centre of Hope Chiropractic Clinic for ten years, and being involved in many ways in our profession. I have been honoured with the Top 20 under 40 Award in London, the OCA Patient Care Award in 2022, an OCA Michael Brickman Award nominee, and multiple local Chiropractic awards. I have contributed to research in the field of postpartum and published the Ultrasound Assessment of Abdominal Muscle Thickness in Postpartum vs Nulliparous Women in the Journal of Manipulative and Physiological Therapeutics. I have been a guest lecturer at Fanshawe College, Western University and the University of Waterloo. I have enjoyed guest teaching massage and business students, family doctor medical students and Kinesiology students.

Our profession's ability to offer a diverse range of services and help a diverse range of patients is vital to provide the public with the care they need. Whether you work with pediatrics and pregnancy, have a rehab-style practice, or have any possible combination of techniques and approaches available, Chiropractic is as diverse as the communities we serve. There is a place for all of it in our scope of practice with ethical and patient-centred care. We need strong leadership at the CCO. My experience building a successful practice from scratch, combined with my recent Executive MBA education from Ivey at Western University, will only help the profession and my leadership at the CCO. I recognize the elected role is to represent the public interest and not advocate for any particular group, and that is the lens through which I will bring to CCO.

I enjoy lifting weights, walking in nature with my husband Chris, having kitchen and backyard dance parties with my six-year-old twins Jackson and Alexandra and continually pushing myself to grow, innovate and improve.

I ask for and would appreciate your vote of support.

“Chiropractors who are elected will reflect their commitment to the public's right to safe, effective and ethical chiropractic care.”

Colin Goudreau, D.C.
CCO Council District 6 Candidate



I am asking for your vote in this important CCO election for re-election in District 6 and appreciate your consideration.

After graduating in 2013, I established my practice in Chatham, Ontario (alongside working in Windsor, Ontario for 2 years). I am passionate about portraying our profession to the public as one with an excellent knowledge base of neuromusculoskeletal injuries, as being spinal care experts, and as a group of health care providers that “practice what we preach” in regard to healthy habits and ethical practice. This is why I have integrated myself into my community through various roles (Chamber, former Chatham Chiropractic Society Chair, business social groups, local health fairs, running groups, etc). I will bring the voice of a collaborative and evidence-based clinician to the CCO Council.

I am currently finishing the three year term for this districts seat on Council at the CCO, having worked in a variety of roles both as a Council member in regular meetings, and as a part of a number of committees (Discipline, Inquiries Complaints and Reports, Registration). Prior to the 2020 election, I had been actively involved in the CCO in various non-council roles (Advertising committee in 2017-18, as well as three one-year terms on the Discipline Committee from 2017-2020). I have also done continuing education on Diversity, Equity and Inclusion (DEI) to enhance a skill set valuable when collaborating with others at the CCO. This experience has been valuable and I want to continue to advocate for protecting the public.

Consistent, relevant, practical and evidence based policies and standards combined with consistently and appropriately applied sanctions for not following said standards will create trust and credibility and serves to protect the public. The responsibility to ensure we protect the public and responsibly to self-regulate lies at the regulatory level. As a clinician entering into my 10th year of practice, I can bring a perspective that will foster conversations and create opportunities to consider regulatory change, in a way that is responsive to the ever changing trends and ways in which we communicate with the public. I believe I can bring viewpoint to Council combining my experience on council by: showing up prepared, having a willingness to ask questions, seek clarity and transparency when required, push for all perspectives to be considered, and create constructive dialogue with the other members of Council.

I want the college to be pro-active, not reactive, to emerging issues for chiropractors and the public we serve, in Ontario. Ensuring we are always keeping abreast of opportunities to enhance and develop standards of practice will continue to ensure the practice of chiropractic care in Ontario will be done ethically, and in a way where the public can have confidence in the profession. Embracing these basic principles and understanding the diversity of the profession, is key to who we are as chiropractors. Diversity, when deployed ethically and competently, can be a strength that enables us to best serve the public.

I am thankful for the opportunity that has been afforded to me by my peers to be at the regulatory table with chiropractors from across Ontario, serving the public interest. I will continue to bring a fresh and unique perspective to the self-regulation of our profession. We need to continue evolving and modernizing self-regulation. I am committed to working hard with the rest of the Council members at the CCO. Chiropractors who are elected will reflect their commitment to the public’s right to safe and ethical chiropractic care.

It would be my honour and privilege to continue to represent our profession in this capacity. I am asking for your vote and appreciate your consideration. If you have any questions, please do not hesitate to contact me. I can be reached on my cell: 519-784-6484, or via email at goudreaudc@gmail.com. Thanks



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

550

ITEM 4.1.49

To: Eligible Voters in District 6

Please note: Voting for CCO elections will open on March 13, 2023 at 4 p.m. Eligible voters in District 6 will receive an email to vote, with voting instructions and a link to an electronic ballot with the candidates in District 6 on March 13, 2022 at 4 p.m. **Voting closes on March 28, 2023 at 4 pm.**

Candidates are permitted to provide one additional page of campaign material. Please see the following biographical information and one additional page of optional campaign material.

Information on the 2023 elections to CCO Council can be found at the [following link](#).

Election in District 6: Western

- Dr. Michelle Campbell
 - [Biographical Information](#)
 - [Optional Additional Campaign Statement](#)
- Dr. Colin Goudreau
 - [Biographical Information](#)
 - [Optional Additional Campaign Statement](#)

Thank you for engaging in the self-regulation of chiropractic in Ontario.

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My name is Dr. Michelle Campbell, and I am running for District 6 CCO Council, and I am asking for your vote. I have met many of you through the peer assessment program over the past six years. I have witnessed many similarities in how we are invested in patient outcomes. I have had a front-row seat to how we are all invested in patient outcomes using diversity in our techniques, communication styles, and personalities. By partnering with our patients, we work toward results that help those who walk through our doors to improve their function, decrease pain, and improve their quality of life.

If elected, I will come to the council and work on committees as I approach my patients as a prepared, open-minded Chiropractor for high-quality patient care using our scope of practice and standards for their full benefit. We have common interests as Chiropractors and want to provide ethical, patient-centred, and evidence-informed Chiropractic care to Ontarians. My strong interest in regulating the profession in the public interest has stemmed from my involvement in the peer assessment program and further developed over the past three years by serving on the CCO patient relations committee. My recent executive MBA education has cemented my desire to be on the council at CCO, especially in diversity and inclusion and corporate and responsible governance.

I have lived the life of a working student, spouse, and parent to build a successful practice from zero. I know the weight of student debt and the hard work and disciplined focus it takes to survive and thrive. I have worked across the province through many short and long-term Locums to gain as much understanding of how important having diverse chiropractic techniques, care, and support is for an ever-changing society. I know the importance and responsibility of working with and leading a clinic of multiple disciplines and the importance of a common and clear direction. I see the fear and excitement of putting it all on the line and purchasing a building to ensure control over the practice's future. As a small business owner who cares deeply about my patients, staff, and family, I know the stomach-turning feeling of walking into and through a pandemic. I have built my chiropractic practice with two hands and am grateful for the incredibly personal, professional, and spiritual rewards the journey has given me. And it is my turn to give back.

I look forward to contributing, considering, reflecting and discussing the items at hand at the council. I possess the skills and experience from 15 years as a practicing Chiropractor, owning a multi-practitioner clinic in London, Ontario, being a peer assessor and peer mentor, a non-elected committee member of the patient relations committee, a founding volunteer member of the Salvation Army Centre of Hope Chiropractic Clinic, a past London Chiropractic Society President, a real estate investor and entrepreneur. I enjoyed leading our London Chiropractors by bringing a diverse spectrum of speakers to our society and communicating Chiropractic in the media as a CTV spokesperson. I am well aware that in the position on the council, I do not represent nor am I to advocate for an association or any particular group. I share my experience for you to know my merits.

Ontarians benefit from the properly applied Chiropractic adjustment and protection that regulated activity is in the public interest. I am a Chiropractor who is intensely interested in our profession to ensure we deliver ethical, patient-centred, evidence-informed, and competent care. I am asking for your vote for the District 6 CCO council. Please feel free to contact me at 519 642 2273 or email me at

michelle@campbellcc.com.

Dr. Colin Goudreau

CCO Council District 6 Candidate

I hope that you all received the biographical information page through the CCO about me and why I feel I would be a good candidate for the role of Council Member for our District, 6.

Once again, the CCO is doing an electronic vote. Keep your eyes out for the email, as it will contain information as to how it is done and should only take a couple of minutes to send a secure ballot. I hope this encourages a great voter turnout in our region, so please use your vote and encourage others to do the same. Voting begins March 13th – vote as soon as you get the e-mail so it doesn't get lost along the way.

Chatham-Kent comprises both an urban and rural demographic. I think this perspective makes my candidacy unique and encompassing of the region, which would lend to my opinions being beneficial to the CCO in helping to protect the public interest. I feel my CCO experience is of benefit for an encompassing and diverse group of council members. According to the 2021 Annual Report, 56.9% of chiropractors in Ontario are under the age of 45, with the largest demographic coming from 35-45 (29.8%). This perspective should be sitting at the regulatory table. Now having gained 6 years of CCO experience (3 as a Council member, and 3 years as a non-council committee member), having a working knowledge of a number of roles in the college is of benefit to the CCO and their public interest mandate.

The unique chance for all of us as chiropractors, to help the neuromusculoskeletal conditions we treat, and makes us a very valuable asset to the health care system. If positioned correctly, it gives us a great chance to be the spinal care experts that we know we are. We just need to make sure that the public understands this, and that any patient walking into our offices is experiencing an ethical and competent chiropractic interaction, wherever they go. This is why we have the CCO – to ensure that public trust is there, and that the care provided is up to the regulations and standards that are set. I want our regulatory body in Ontario to be the envy of other regulatory bodies both in our profession and by other allied health professionals.

The CCO's values are: integrity, respect, collaborative, innovative, transparent, and responsive. Over the 6 years of involvement at the CCO, I have pushed to ensure these values are being upheld. Transparency in decision making is important to protect the public, gain public trust, and give confidence to all of the members in the profession. If you had the chance to watch a council meeting (now available virtually, not just in person), you would of seen me demonstrate these attributes, as I ask questions, and give my opinion on topics that are being debated at council meetings. I show up prepared, seek clarification when required, and ensure my voice is heard when matters are discussed.

We need to strive for regulatory excellence. I want our college to implement competency based principles. I want to be a council member seen as being transparent, and not having any bias in decision making. If I can help achieve the CCO's values, then I am up for the task.

I hope that this helps give you more information about myself, and makes you comfortable with me being the candidate you would like to continue to see as a council member. The time is now to engage and put an end to voter apathy. It is time for you to use your voice, through your vote in this election. If you have any further questions, please let me know.

Contact Information: (Cell) 519-784-6484 (Email) goudreaudc@gmail.com

From: College of Chiropractors of Ontario <noreply-143389@bigpulse.com>
Sent: Friday, March 10, 2023 12:39 PM
To: Joel Friedman
Subject: TEST TO ALL TESTERS: 2023 District 6 Election to CCO Council Electronic Ballot

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

Dear Dr. Joel Friedman,

CCO Elections Open!

The 2023 District 6 election to CCO Council is now open.

Every eligible voter in District 6 is receiving an electronic ballot to vote for one candidate in District 6.

You are invited to vote in: 2023 CCO Elections to Council - District 6

The Candidates

You may access candidate biographies, campaign material and information about the 2023 Elections to CCO Council at: <https://cco.on.ca/2023/01/26/2023-elections-to-cco-council/>.

You are encouraged to carefully review the candidates' information to make up your own mind before casting an informed vote for election to CCO Council.

Please note that confidentiality will be maintained throughout the election process, including whether a member did or did not vote.

The following candidates have filed nomination papers and supporting documents in **District 6: Western** (one CCO Council position available):

- Dr. Michelle Campbell
- Dr. Colin Goudreau

Cast Your Vote!

The link below lands on the voting page and contains a list of candidates in District 6, candidate statements and an electronic ballot to vote.

Once in the voting page, you may view each candidate's statement by clicking "click for statement". Once you have selected your vote, please click "Proceed to vote confirm page" and click "Submit Vote" to confirm your vote. Once you have submitted your vote, it cannot be changed.

Election open date: Monday 13 March 2023 16:00 EDT
Election close date: Tuesday 28 March 2023 16:00 EDT

554

To access the voting page click this link:

<https://www.bigpulse.com/rr?c=IjtUABV6C2eAQw0QTtFDPs74cxuWhTAub1oxEQ>

If the above link does not appear to work copy and paste it into your browser.

CCO thanks all candidates for allowing their names to stand for election to CCO Council.

Important Security Warning: Do not forward this email because it contains your personal auto-sign-in link.

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This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify me immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Jo-Ann Willson
Sent: March 13, 2023 1:16 PM
To: Rose Bustria
Subject: FW: Voting opens today for 2023 Elections to CCO Council; read candidates' Town Hall Q&As

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jpwilson@cco.on.ca
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College of Chiropractors of Ontario ("CCO") services continue as staff follow recommended health and safety guidelines related to the COVID-19 global pandemic. In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ontario Chiropractic Association (OCA) <OCA@chiropractic.on.ca>
Sent: Monday, March 13, 2023 1:15 PM
To: Jo-Ann Willson <jpwilson@cco.on.ca>
Subject: Voting opens today for 2023 Elections to CCO Council; read candidates' Town Hall Q&As

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Voting opens today for 2023 Elections to CCO Council; read candidates' Town Hall Q&As



Voting opens today for 2023 Elections to CCO Council; read candidates' Town Hall Q&As

We congratulate all candidates running for the [2023 Elections to College of Chiropractors of Ontario \(CCO\) Council](#).

Voting opens today at 4 p.m. and will close on Tuesday, March 28, 2023, at 4 p.m.

Please find a list of all candidates by district on our [Spring 2023 CCO Council Elections](#) page.

In District 5 (Central West), congratulations to Dr. Sarah Green who has been acclaimed. In District 7 (Academic), congratulations to Dr. Jarrod Goldin who has been acclaimed.

Elections to CCO Council are being held in District 6 (Western) for the following candidates: Dr. Michelle Campbell and Dr. Colin Goudreau.

Eligible voters in District 6 will receive an email to vote, with voting instructions and a link to an electronic ballot with the candidates in District 6 today at 4 p.m.

557

District 6 candidates' Town Hall Q&As and additional details

To help eligible voters make an informed choice, the candidates in District 6 responded to three Town Hall questions. See below for a snapshot of one of their answers and click on each candidate to read their full responses to each of the three questions posed. There, you'll also find links to digital channels where each candidate is campaigning, their biographical information, and optional additional campaign statements.

1. [Dr. Michelle Campbell](#)

Question: If you were elected to CCO Council, what in your opinion is the most effective way to maintain and build public trust the profession?



Answer: The most effective way to maintain and build public trust is to combat the risks facing our profession and the public perception of Chiropractic. The

first is Brand Risk, which has been a risk related to the overall industry of Chiropractic for many years. This risk is not individualized to any individual practice but directly related to our industry. Many myths about our profession stem from poor communication on the Chiropractor's part, using poor business tactics, outdated information or inappropriate advertising strategies. An effective way is to mitigate this risk by continually improving our communication skills with the public and the CCO members to ensure competent communication. CCO also provides current regulations and standards to ensure our members have the most up-to-date information. The members can then increase our collective industry brand by levelling all of our individual members' brands. Trust is also achieved when we can be transparent, open, honest, and work toward continual improvement.

2. Dr. Colin Goudreau

Question: If you were elected to CCO Council, what in your opinion is the most effective way to maintain and build public trust the profession?



Answer: I think the best way to build public trust, and maintain it effectively, is through open communication. Professional members of the CCO receive an

Annual Report, emails from the President, and emails requesting feedback when council is looking at modifying policies, bylaws and standards. From the public's perspective to my knowledge, the website provides information as well as the publicly appointed Council members. Having regular communication with the public at large would help build and maintain public trust. Their confidence would improve when hearing firsthand, from an outward facing communication process, about what the College is doing to help protect their interest and in helping them gain access to competent ethical, and patient-centered chiropractic care.

For your reference, CCO also published this [2023 Notice of Election and Nomination Guide](#).

For information about election procedures and the role of CCO Council members, please visit [2023 Elections to CCO Council](#) page on CCO's website.



We're here for you:

Contact us via your [Self-Serve Member Portal](#) or
Tel: [416-860-0070](#) (local) | [1-877-327-2273](#) (toll-free)
Email: oca@chiropractic.on.ca

Our mailing address is:

Ontario Chiropractic Association
Business Building
70 University Ave Suite 201
Toronto, ON M5J 2M4
Canada

[Add us to your address book](#)

ITEM 4.1.54

CHIROPRACTIC CARE OF ANIMALS

Standard of Practice S-009

Quality Assurance Committee

Approved by Council: April 25, 1998

Amended: February 19, 2008, December 4, 2015, November 24, 2022 (came into effect February 24, 2023)

Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To advise members on when and how they can conduct chiropractic care of animals, and to remind them that the primary responsibility for the health care of animals is with veterinarians.

OBJECTIVES

- To promote professionalism, safety and effectiveness in the chiropractic care of animals.
- To inform members of CCO of their obligations relating to the chiropractic care of animals.
- To ensure appropriate coordination and consultation between chiropractors and veterinarians in the chiropractic care of animals.
- To educate the public as to the appropriate nature of the chiropractic care of animals.

DESCRIPTION OF STANDARD

A member is advised that:

- The primary responsibility for the health care of animals is with registrants of the CVO, who are responsible for appropriate history taking, comprehensive examination, including clinical pathology, and imaging, and the overall care/management of animals.
- Consent to the chiropractic care of animals must be fully informed and voluntarily given by the owner of the animal, and members are required to comply with all standards of practice and applicable legislation relating to chiropractic.

In providing chiropractic care to an animal, a member shall:

- demonstrate successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas: anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;

- ensure the record of care includes the name of the treating registrant of CVO and the relevant portions of the veterinary record;
- provide, upon request and only with the consent from the owner of the animal or otherwise in accordance with the *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)*¹ a copy of relevant portions of the record to the treating registrant of CVO within a reasonable time of providing chiropractic care to an animal;
- maintain separate appointment books, separate health and financial records and, where animals are provided with chiropractic care in the same office as humans, maintain a separate portion of the office devoted to animal chiropractic²; and
- ensure that the owner of the animal(s) is fully informed about the member's insurance coverage³.

Exemption

A member will be exempted from the first bulleted item above if she/she:

- is enrolled and participating in an approved program in animal chiropractic, leading to the successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas, anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;
- completes the approved program in animal chiropractic within two years of their enrolment;
- provides chiropractic care to animals within the parameters of their course of study; and
- informs the owner of the animal(s) that they have enrolled and are participating in but have not yet graduated from an approved program in animal chiropractic.

¹ Since the chiropractic care of animals does not involve human health care, the *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)* and not the *Personal Health Information Protection Act, 2004 (PHIPA)* would apply to the collection, use and disclosure of information related to the chiropractic care of animals.

² Maintenance of separate office space is a minimum requirement for health and sanitation reasons, particularly in light of the various communicable diseases common to human and animals.

³ This requires the member to advise the owner of the animal if the member's policy of insurance or membership in a protective association does not provide coverage for the chiropractic care of animals. The owner should be informed about the member's insurance coverage as part of the general requirement that there be "informed" consent.

LEGISLATIVE CONTEXT

The governing legislation as it relates to human health care is the *Regulated Health Professions Act, 1991*, as amended (*RHPA*) and the *Chiropractic Act, 1991*. The governing legislation as it relates to animal health care is the *Veterinarians Act, 1990*. Specific relevant provisions are outlined below. The *RHPA* and the *Chiropractic Act* are administered by CCO and the *Veterinarians Act* is administered by CVO.

Sections of the *RHPA*

Objects and Duty of the CCO – Section 3 of the Regulated Health Professions (Code), Schedule 2 to *RHPA* (Code):

(1) [CCO] has the following objects:

- To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
- To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members.

(2) In carrying out its objects, the [CCO] has a duty to serve and protect the public interest.”

Sections of the *Chiropractic Act*

Section 3: Chiropractic Scope of Practice

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- dysfunctions or disorders arising from the structures or functions of the joints.”

Section 9: Restricted Titles for Chiropractic

- “(1) No person other than a member shall use the title ‘chiropractor’, a variation or abbreviation or an equivalent in another language.
- (2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a chiropractor or in a specialty of chiropractic.
- (3) In this section, ‘abbreviation’ includes an abbreviation of a variation.”

Sections of Regulation 852/93 under the *Chiropractic Act*

Section 1 (2): Definition of Professional Misconduct for Chiropractors (Standards of Practice)

“The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code: Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.”

Sections of the *Veterinarians Act*

Subsection 1 (1): Definition of Veterinary Medicine

“The ‘practice of veterinary medicine’ includes the practice of dentistry, obstetrics (including ova and embryo transfer) and surgery in relation to an animal other than a human being.”

Section 3: Objects of CVO

- (1) The principal object of the [CVO] is to regulate the practice of veterinary medicine and to govern its members in accordance with this Act, the regulations and the by-laws so as to serve and protect the public interest.
- (2) For the purpose of carrying out its principal object, the [CVO] has the following additional objects:
- establish, maintain and develop standards of knowledge and skill among its members; and
 - establish, maintain and develop standards of qualification and standards of practice for the practice of veterinary medicine.”

Subsection 11 (1): Licence Required to Practice Veterinary Medicine

“No person shall engage in the practice of veterinary medicine or hold himself/herself out as engaging in the practice of veterinary medicine unless the person is the holder of a license.”

Sections of Regulation 1093 (General – Part II Practice Standards) under the *Veterinarians Act*

Section 17: Definition of Professional Misconduct for Veterinarians (Standards of Practice)

“For the purposes of the Act, professional misconduct includes the following: Failing to maintain the standard of practice of the profession.”



February 24, 2017

ITEM 4.1.55

614

Via E-mail and Ordinary Mail

Ms Jan Robinson
Registrar and Chief Executive Officer
College of Veterinarians of Ontario
2106 Gordon Street
Guelph, Ontario N1L 1G6

Re: Dialogue Concerning Animal Chiropractic between the College of Veterinarians of Ontario (CVO) and College of Chiropractors of Ontario (CCO)

Dear Ms Robinson: *Jan:*

I wanted to follow up on our informal lunch on December 2, 2016 to express our continuing interest in a dialogue relating to any proposed legislative amendments to the current legislation governing the chiropractic care of animals.

As you know, this has been a topic of discussion between our respective colleges for many years. CCO's current S-009: Chiropractic Care of Animals (enclosed) was originally approved by CCO Council on April 25, 1998 following extensive discussions with a former Registrar of CVO, namely the late Dr. John Henry. The standard has been reviewed on a regular basis, with the most recent amendments being approved December 4, 2015. A number of CCO members provide animal chiropractic care, and to date, there hasn't been a complaint about animal chiropractic care by a member of CCO from the public (there was one complaint many years ago from a veterinarian but the animal owner did not wish to pursue the complaint).

CCO's Quality Assurance Committee is responsible for reviewing S-009 on a regular basis, and would be pleased to receive any feedback from CVO concerning the standard. In addition, we would be pleased to review and comment on any proposed legislative changes being considered or recommended by CVO either before or after more broad scale public consultation. If you think it would be helpful, we would be pleased to host a joint meeting to discuss any public interest issues consistent with our respective mandates.

CCO has received various inquiries from members who practise chiropractic requesting information about CVO's current efforts, and we expect to have a communication strategy to address any issues. We are open to a joint communication to our respective members if you think it would be both efficient and helpful.

615



In the interim, the QA Committee is in the process of gathering further background information about the members who practice animal chiropractic, and for that purpose is considering a brief survey asking information about how long they have been practising animal chiropractic, where they were trained, and what formal or informal arrangements they have with veterinarians. This information will be helpful in terms of confirming how many members are involved in the chiropractic care of animals.

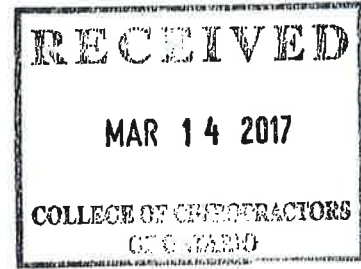
There is an opportunity here for interprofessional collaboration and we look forward to hearing from you about what would be most helpful as the CVO continues its efforts to modernize and update its legislation, potentially with the controlled and authorized acts model of the *Regulated Health Professions Act, 1991* being a basis for discussion. We look forward to an ongoing dialogue about these and any other issues. The CVO is to be applauded for taking steps to modernize legislation that has not kept pace with other legislative changes.

Yours truly,

JoAnn Willson
Registrar and General Counsel
College of Chiropractors of Ontario



THE COLLEGE OF
VETERINARIANS
OF ONTARIO



616

March 13, 2017

Ms. Jo-Ann Willson
Registrar and General Counsel
College of Chiropractors of Ontario
130 Bloor Street West
Suite 902
Toronto, ON M5S 1N5

Dear Ms. ~~Willson~~ *Jo-Ann*:

Re: Dialogue Concerning Animal Chiropractic between the College of Veterinarians of Ontario (CVO) and College of Chiropractors of Ontario (CCO)

Thank you very much for your letter of February 24, 2017 outlining the CCO's interest in animal chiropractic care and the work of your Quality Assurance Committee.

As you are aware our College is in the middle of a full legislative review of the *Veterinarians Act*, inclusive of the scope of practice of veterinary medicine. Within this work we have acknowledged the history of the dialogue between our two organizations and the CCO's longstanding standard of practice S-009: Chiropractic Care of Animals. In addition, I have appreciated our informal discussions regarding the mutual aim to recognize the scope of practice of chiropractors within a proposed new scope model for veterinarians.

Our Council is meeting on March 22/23 to discuss the proposed model prior to public consultation. At present the proposal is focused on identified authorized activities rather than an exclusive scope of practice. Further, it seeks to exempt chiropractors for both the use of the title doctor (with conditions) and the performance of spinal manipulation on animals. Once Council has approved the proposal, we will be moving to a public consultation phase in April and May. We will reach out to you directly for a formal response.

.../2

Strengthening the veterinary profession through quality practice and public accountability.

Ms. Jo-Ann Willson
Page 2

Your invitation to meet with members of your Quality Assurance Committee is welcomed. I would suggest we perhaps wait to set a time after the consultation period is complete and we better understand any public concerns with what is proposed. You may also have the results of your member survey regarding animal chiropractic and we would certainly be interested in any information you can share.

Thank you so much. We too look forward to an ongoing dialogue.

Sincerely,
COLLEGE OF VETERINARIANS OF ONTARIO

A handwritten signature in black ink, appearing to read 'Jan Robinson', with a long horizontal flourish extending to the right.

Jan Robinson
Registrar and CEO



618

June 14, 2017

Ms. Jan Robinson
Registrar & Chief Executive Officer
College of Veterinarians of Ontario
2106 Gordon Street
Guelph, Ontario N1L1G6

Dear Ms. Robinson:

I. Introduction

The College of Chiropractors of Ontario (CCO) commends The College of Veterinarians of Ontario (CVO) and the Ontario Association of Veterinary Technicians (OAVT) for undertaking the review of the scope of practice of veterinary medicine. CCO supports the focus of the review on the protection against risk and harm to animals and the promotion of public health. As well, CCO supports the proposed scope of practice model that regulates the care of animals through a legislative scope of practice, title protection, and authorized acts, while authorizing the practice of activities by duly trained health professionals through delegation and exemptions.

Chiropractors in Ontario, who have achieved specific additional education and competencies, have a history of providing care to animals within the chiropractic scope of practice and in accordance with CCO standards of practice and engaging in strong inter-professional collaboration with veterinarians, with a goal to provide the best possible care to animals. CCO's feedback to the proposed model, as detailed below, recommends that chiropractors continue to provide care to animals in accordance with CCO standards of practice, within the scope of practice of chiropractic, and in collaboration with veterinarians and veterinary technicians.



II. Chiropractic Scope of Practice and Controlled Acts

CCO is the governing body for chiropractors in Ontario, which regulates chiropractors in accordance with the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, the regulations under those acts, and the standards of practice, policies and guidelines of the profession. Among its objectives, CCO develops, establishes and maintains:

- the standards of qualification for persons to be issued a certificate of registration,
- standards of practice to assure the quality of the profession,
- a quality assurance program to promote continuing evaluation, competence and improvement among the members, and
- a complaints and discipline process to respond to inquiries, complaints and reports concerning members of CCO.

Chiropractors are primary care health care providers, who are authorized to use the “Doctor” title and communicate a diagnosis within the chiropractic scope of practice.

The chiropractic scope of practice is defined in the *Chiropractic Act, 1991*, as follows:

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment of:

- dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- dysfunctions or disorders arising from the structures or functions of the joints.”

Chiropractors are authorized under the *Chiropractic Act, 1991* to perform the following controlled acts:

- Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - a disorder arising from the structures or functions of the joints of the extremities.
- Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
- Putting a finger beyond the anal verge for the purpose of manipulating the tailbone

As well, chiropractors are authorized under *Regulation 107/97* of the *RHPA* to “perform acupuncture, a procedure performed on tissue below the dermis, in accordance with the standard of practice and within the chiropractic scope of practice.”



Chiropractors are authorized under the *Healing Arts Radiation Protect Act, 1990* to order and operate an X-ray machine for the irradiation of a human being.

III. Regulation of the Chiropractic Care of Animals

Members of CCO who provide chiropractic care to animals in Ontario are required to comply with CCO Standard of Practice S-009: Chiropractic Care of Animals http://cco.on.ca/site_documents/S-009_2.pdf. Standard of Practice S-009: Chiropractic Care of Animals sets the educational, practice, inter-professional and professional liability requirements for providing chiropractic care to animals. The educational requirements include:

“successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas: anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;”

The Canadian Chiropractic Protective Association (CCPA), which is the largest malpractice protection provider for chiropractors in Canada, provides additional liability protection for members who have demonstrated proof of completion of the educational requirements of Standard of Practice S-009.

The standard of practice also ensures that members engage in appropriate coordination and consultation with veterinarians in providing chiropractic care to animals and specifies that “the primary responsibility for the health care of animals is with registrants of the College of Veterinarians of Ontario.”

IV. Feedback to the Proposed Scope of Practice Model

CCO supports the proposed model of title protection, which is similar in nature to the model of the *RHPA*. The public interest is best protected when the public is clearly informed about which health care provider they are seeking care from.

CCO supports the model of authorized activities, with specific delegating powers and exemptions granted to health professionals who possess the necessary competencies. CCO commends the proposed scope of practice model for exempting chiropractors to perform the controlled act of “moving the joints of the spine beyond the animal’s usual physiological range of motion using a fast, low amplitude trust.”

CCO’s feedback requests similar exemptions for the controlled acts that are authorized to chiropractors under the *Chiropractic Act, 1991*, which would allow chiropractors to continue to provide chiropractic care to animals within the chiropractic scope of practice and in accordance with CCO standards of practice.



Authorized Act #1: Making or communicating a diagnosis identifying a disease, disorder, dysfunction or condition as the cause of an animal's signs and presentation

Members of CCO are authorized under the *Chiropractic Act, 1991* to communicate a diagnosis within the chiropractic scope of practice. In providing chiropractic care, members are required conduct a

consultation and examination, develop and communicate a diagnosis and plan of care, obtain informed consent, and deliver chiropractic care consistent with the chiropractic scope of practice and in accordance with CCO standards of practice. Members are required to advise a patient to consult with another health care professional when the members know or ought to know that:

- the patient's condition is beyond the scope of practice and competences for the members;
- the patient requires the care of another health professional; or
- the patient would be appropriately treated by another health professional.

Making and communicating a diagnosis is an essential component to informing the animals' owner of the animal's dysfunction or disorder, proposing a plan of care, obtaining informed consent, and providing a course of chiropractic care within the chiropractic scope of practice. As well, the educational requirements in Standard of Practice S-009 include the examination and diagnosis of dysfunctions and disorders related to the chiropractic scope of practice.

CCO recommends that an exemption be granted for members of CCO to make or communicate a diagnosis within the chiropractic scope of practice and in accordance with the standards set by the College of Chiropractors of Ontario.

Authorized Act #5: Performing a Procedure on tissue on or below the dermis

Chiropractors are authorized to perform the controlled act of "acupuncture, a procedure performed on tissue below the dermis, in accordance with this standard of practice and within the chiropractic scope of practice."

Standard of Practice S-017: Acupuncture http://cco.on.ca/site_documents/S-017.pdf sets the requirements for a member of CCO to perform acupuncture as an adjunctive treatment, which includes 200 hours of formal training, consistent with the World Health Organization *Guidelines on Basic Training and Safety in Acupuncture*.

A member of CCO who intends to use acupuncture as an adjunctive therapy in the course of providing chiropractic care to animals is required to comply with both the requirements of standards of practice S-009 and S-017, while achieving, maintaining and demonstrating clinical competency in performing acupuncture on animals.

As well, chiropractors provide adjunctive therapies that involve soft tissue therapy that are currently in the public domain



CCO recommends that an exemption be granted for members of CCO to perform a procedure on or below the dermis, within the chiropractic scope of practice and in accordance with the standards set by the College of Chiropractors of Ontario.

Authorized Act #12: Putting an instrument, arm, hand, or finger, (vi) beyond the anus

Chiropractors are authorized under the *Chiropractic Act, 1991* to perform the controlled act of “putting a finger beyond the anal verge for the purpose of manipulating the tailbone.” This controlled act is involved in performing an adjustment or manipulation of the coccyx.

CCO recommends that an exemption be granted for members of CCO to put a finger beyond the anal verge for the purpose of manipulating the tailbone, within the scope of practice and in accordance with the standards set by the College of Chiropractors of Ontario.

Authorized Act #13: Applying or ordering the application of a form or energy prescribed by the regulations under the Act

Regulation 107/96: Controlled Acts, under the *RHPA* identifies the forms of energy that are restricted for specific regulated health professions in Ontario. Chiropractors are not authorized under this regulation to apply or order the forms of energy listed in the regulation. However, members are educated in and utilize adjunctive therapies that are in the public domain, such as laser and electrotherapy, within the chiropractic scope of practice. It would be CCO’s intention that chiropractors continue to be able to use forms of energy that are within the chiropractic scope of practice and CCO standards of practice.

CCO looks forward to seeing which forms of energy would be listed in the regulation, and dialoging further to determine if any listed forms of energy would be appropriate as an exemption for members of CCO, within the chiropractic scope of practice and in accordance with the standard of practice.

V. Conclusion

CCO thanks the CVO and OAVT for the opportunity to provide feedback on this important consultation on the evolving scope of practice for veterinary medicine in Ontario. CCO looks forward to dialoging further on this project and is committed to reviewing its relevant standards of practice to ensure that the public interest is protected.

Yours truly,

Mr. Joel Friedman, BSc., LL.B.
Director, Policy and Research

STANDARD OF PRACTICE S-009

Quality Assurance Committee
Approved by Council: April 25, 1998
Amended: June 20, 2008, December 4, 2015

Chiropractic Care of Animals

623

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To advise members when and how they can conduct chiropractic care of animals, and to remind them that the primary responsibility for the health care of animals is with veterinarians.

OBJECTIVES

- To promote professionalism, safety and effectiveness in the chiropractic care of animals.
- To inform members of their obligations relating to the chiropractic care of animals.
- To ensure appropriate coordination and consultation between members and veterinarians in the chiropractic care of animals.
- To educate the public as to the appropriate nature of the chiropractic care of animals.

DESCRIPTION OF STANDARD

A member is advised that:

- The primary responsibility for the health care of animals is with registrants of the College of Veterinarians of Ontario (CVO), who are responsible for appropriate history taking, comprehensive examination, including clinical pathology, imaging, and the overall care/management of animals.
- Consent to the chiropractic care of animals must be fully informed and voluntarily given by the owner of the animal, and registrants are required to comply with all standards of practice and applicable legislation relating to chiropractic.

In providing chiropractic care to an animal, a member shall:

- demonstrate successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas: anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;
- ensure the record of care includes the name of the treating registrant of CVO and the relevant portions of the veterinary record;
- provide, upon request and only with the consent from the owner of the animal or otherwise in accordance with the *Personal Health Information Protection Act, 2004*, a copy of relevant portions of the record to the treating registrant of CVO within a reasonable time of providing chiropractic care to an animal;
- maintain separate appointment books, separate health and financial records and, where animals are provided with chiropractic care in the same office as humans, maintain a separate portion of the office devoted to animal chiropractic¹; and
- ensure that the owner of the animal(s) is fully informed about the member's insurance coverage².

Exemption

A member will be exempted from the first bulleted item above if he/she:

- is enrolled and participating in a program in animal chiropractic, leading to the successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas: anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;
- completes the program in animal chiropractic within two years of his/her enrolment;
- provides chiropractic care to animals within the parameters of his/her course of study; and
- informs the owner of the animal(s) that he/she has enrolled and is participating in but has not yet graduated from a program in animal chiropractic.

LEGISLATIVE CONTEXT

The governing legislation as it relates to human health care is the *Regulated Health Professions Act, 1991*, as amended (*RHPA*) and the *Chiropractic Act, 1991*. The governing legislation as it relates to animal health care is the *Veterinarians Act, 1990*. Specific relevant provisions are outlined below. The *RHPA* and the *Chiropractic Act* are administered by CCO and the *Veterinarians Act* is administered by CVO.

Sections of the RHPA

Objects and Duty of the CCO - Section 3 of the Health Professions Procedural Code, Schedule 2 to RHPA:

(1) [CCO] has the following objects:

- To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
- To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members.

(2) In carrying out its objects, the [CCO] has a duty to serve and protect the public interest."

Sections of the Chiropractic Act

Section 3: Chiropractic Scope of Practice

The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- dysfunctions or disorders arising from the structures or functions of the joints.

Section 9: Restricted Titles for Chiropractic

(1) No person other than a member shall use the title "chiropractor", a variation or abbreviation or an equivalent in another language.

- (2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a chiropractor or in a specialty of chiropractic.
- (3) In this section, 'abbreviation' includes an abbreviation of a variation.

Sections of Regulation 852/93 under the *Chiropractic Act*

**Section 1 (2): Definition of Professional Misconduct for Chiropractors
(Standards of Practice)**

The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the *Health Professions Procedural Code*: Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.

Sections of the *Veterinarians Act*

Subsection 1 (1): Definition of Veterinary Medicine

The 'practice of veterinary medicine' includes the practice of dentistry, obstetrics (including ova and embryo transfer) and surgery in relation to an animal other than a human being.

Section 3: Objects of CVO

- (1) The principal object of the [CVO] is to regulate the practice of veterinary medicine and to govern its members in accordance with this Act, the regulations and the by-laws so as to serve and protect the public interest.
- 4 (2) For the purpose of carrying out its principal object, the [CVO] has the following additional objects:
- establish, maintain and develop standards of knowledge and skill among its members; and
 - establish, maintain and develop standards of qualification and standards of practice for the practice of veterinary medicine.

Subsection 11 (1): Licence Required to Practice Veterinary Medicine

No person shall engage in the practice of veterinary medicine or hold himself/herself out as engaging in the practice of veterinary medicine unless the person is the holder of a license.

Sections of Regulation 1093 (General - Part II Practice Standards) under the Veterinarians Act

Section 17: Definition of Professional Misconduct for Veterinarians (Standards of Practice)

For the purposes of the Act, professional misconduct includes the following: Failing to maintain the standard of practice of the profession.

- ¹ Maintenance of separate office space is a minimum requirement for health and sanitation reasons, particularly in light of the various communicable diseases common to humans and animals.
- ² This requires the member to advise the owner of the animal if the member's policy of insurance or membership in a protective association does not provide coverage for the chiropractic care of animals. The owner should be informed about the member's insurance coverage as part of the general requirement that there be "informed" consent.

Ministry of Agriculture,
Food and Rural Affairs

Ministère de l'Agriculture, de
l'Alimentation et des Affaires rurales

Office of the Minister

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March 1, 2023

Caroline Brereton
Ontario Chiropractic Association
cbrereton@chiropractic.on.ca

Dear Caroline:

Our government recognizes the important role that veterinarians play in protecting the public interest and is committed to providing greater access to veterinarian care by modernizing the way the veterinary profession is overseen in Ontario.

The [Veterinarians Act](#) provides a framework for the licensing of veterinarians and the accreditation of the facilities where veterinary professionals, including registered veterinary technicians, practice. The last significant updates to the Act were made in 1989 and we recognize it may no longer reflect modern veterinary practice.

As a result of feedback we've heard from our stakeholders, we are proposing updates to the current legislative framework to open the door to establishing a new standard of veterinary care in Ontario.

I am pleased to inform you that a Discussion Paper has been posted on the [regulatory registry](#), or <https://www.ontariocanada.com/registry/view.do?postingId=43867&language=en> outlining the Ministry of Agriculture, Food and Rural Affairs' proposed approach for several items and to ask for your comments. This includes items such as:

- the **scope of practice for veterinary medicine**, such as the procedures, services and processes a licensed veterinarian or other veterinary professional, such as a veterinary technician, is permitted to perform in Ontario. We are also seeking to clarify the activities, like massage therapy or animal rehabilitation, that can be provided to animals by individuals other than veterinarians and veterinary technicians.
- how to **improve accountability and transparency** to make sure that powers of the College of Veterinarians of Ontario (the College), as well as responsibilities and processes under the Act are clear to the public.

.../2



Good things grow in Ontario
À bonne terre, bons produits

Ministry Headquarters: 1 Stone Road West, Guelph, Ontario N1G 4Y2
Bureau principal du ministère: 1, rue Stone ouest, Guelph (Ontario) N1G 4Y2

- how to **align oversight** of the Ontario veterinary profession with other self-governing regulated professions in the province to ensure that the veterinary profession continues to be managed in the public interest. This could include, for example, altering the composition of the governing council of the College to include a wider range of membership and voices (including academic representatives, additional public members and veterinary technicians).

By taking steps to solicit a broad range of input on the modernization of the *Veterinarians Act*, the government will be in a position to propose informed updates to the legislation that will reflect how veterinary care is delivered in Ontario in 2023 and in the future.

The Discussion Paper will be posted for public comment for 90 days, closing on May 30, 2023. Comments can also be sent directly by email to vetact.omafra@ontario.ca.

I hope that you will provide your feedback and comments on this Discussion Paper. Your insights are valuable as we work to help ensure that any future legislative modernization proposals are fair, reasonable, and meet the needs of the community and the industry. Your input will help to inform the content and design of any future proposals to modernize the Act.

Should you have any questions, concerns or would like to request a meeting to discuss the contents of the Discussion Paper in greater detail, please contact Ms. Andrea Martin, Director, Food Safety and Environmental Policy Branch at andrea.l.martin@ontario.ca or 519.830.0300.

I want to take this opportunity to thank you for continuing these important discussions. I look forward to receiving your feedback on the Discussion Paper.

Sincerely,



Lisa M. Thompson
Minister of Agriculture, Food and Rural Affairs

Did you know about the Farmers' Wellness Initiative?

- Your mental health is important! If you're a farmer or a member of a farm family and in need of mental health support, please call 1-866-267-6255 and arrange to speak with a professional today.
- For additional resources visit: <https://farmerwellnessinitiative.ca/>.

A Proposal to Modernize the *Veterinarians Act*: Discussion Paper

630

Context: The *Veterinarians Act*

The *Veterinarians Act* (the Act) is the legislative framework that governs the licensing of veterinarians in Ontario, the practice of veterinary medicine, as well as the accreditation of the facilities used to practice veterinary medicine. The Act also establishes the governance framework for the regulator, the College of Veterinarians of Ontario (the College).

Like many regulatory bodies in Ontario, the College operates based on a self-regulation system. Their principal object is to regulate the practice of veterinary medicine and to govern members in accordance with the Act. This is done to serve and protect the public interest with the support of the regulations and the College's by-laws.

The Council of the College (the Council) is the governing body of the College and is made up of members elected by licensed veterinarians and non-veterinarian public-interest individuals who are appointed by the Government of Ontario through the Lieutenant Governor in Council on the recommendation of Cabinet. Non-veterinarians also serve alongside members of the College on committees of the College, including the Discipline Committee. A diversity of membership on the Council and committees helps to facilitate a broad range of perspectives into the decision-making process and policy development. The protection of the public interest continues to be a critical focus in the work of Council and College committees.

Summary of Proposal

The Act has not been substantively updated since 1989. Since then, the practice of veterinary medicine has evolved significantly. Some parts of the Act and its corresponding regulations are in need of modernization to keep up with today's practices. Updating the legislation and regulations will reflect the current practice and expectations of veterinary medicine, while including contemporary approaches to professional regulation and governance. Under the proposed modernized legislation, the Council would continue to oversee the profession in the public interest. The Minister of Agriculture, Food and Rural Affairs would continue to have specific powers under the legislation, including the ability to review activities of the College and to exercise other authorities.

The College authored and published a proposal to modernize the Act entitled, "Achieving a Modern Approach to the Regulation of Veterinary Medicine in Ontario"; the paper was submitted jointly to the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) by the College and the Ontario Association of Veterinary Technicians (OAVT). The proposal was informed by findings and recommendations from a consultation process led by the College over a three-year process. Consultation

participants included College members, members of the public, and other organizations in the field of veterinary medicine including the Ontario Veterinary Medical Association.

These consultations revealed there were several challenges and needs being experienced by veterinary professionals and the general public, including the following:

- An opportunity to more specifically define the scope of practice for veterinary medicine.
- A need to clarify the College's oversight authority as the regulator of veterinary medicine.
- Recognition that veterinary care is delivered by a team and acknowledging the roles of veterinary technicians within the system (including providing title protection for the terms veterinarian technician, veterinary technologist and any recognized abbreviations, and bringing these professionals under common oversight with veterinarians).
- A need to streamline the complaints and resolutions process, including the execution of investigations.
- An opportunity to develop a formal quality assurance program to ensure continual learning and competence of College members.
- Other administrative changes to the legislative framework that would also be required or desirable based on some of the above changes, including:
 - Clarifying the roles and purpose of the College.
 - Realigning the composition of Council (to include veterinary technicians, individuals holding academic positions, and a greater number of non-veterinarian public-interest appointees).
 - Potentially renaming the College to reflect its expanded role in regulating a broader range of professionals within the veterinary profession.

This discussion paper is focused primarily on the changes to the Act that would be needed to enable the proposed modernization of the oversight of the profession. Should proposed amendments to the Act be introduced, passed and become law, changes to the existing regulation (Regulation 1093) will also be required in the future. There will be a public consultation regarding any future regulatory updates and an additional opportunity to provide input. In order to provide as much detail as possible on the broader direction for the future of the veterinary profession's oversight framework, some of the policy concepts outlined below include subject matter that may need to be addressed via regulation. For a general overview of what specific content is likely to be outlined in the potential statutory amendments and future regulatory policy proposals, please see **Appendix A**.

What We've Heard: Public Consultations

Public engagement and the opportunity to share comments about modernizing the legislative framework is occurring in multiple phases. In November 2022, OMAFRA

launched an initial round of public consultations to modernize the Act. Proposed changes to the Act were posted on [Ontario.ca](https://www.ontario.ca) and comments could be submitted via email or surface mail.

During this initial phase of consultations, OMAFRA heard from the public, veterinary professionals, professional associations, agri-food stakeholders, human health professionals, regulatory colleges, farmers, other animal owners and animal health and welfare groups. Overall, submissions have been supportive of modernizing the Act, including identifying opportunities to more specifically define the scope of practice for veterinary medicine and recognizing the roles veterinary technicians play in providing veterinary care.

This discussion paper (and the accompanying public posting on the Regulatory Registry) is part of a second round of consultations, which continues to build on the feedback shared since November 2022. The [Ontario.ca](https://www.ontario.ca) landing page will continue to be available. The public can continue to submit new or supplementary comments on this proposal via email, surface mail or through the Regulatory Registry.

The modernization opportunities outlined in this document, would enable the scope of veterinary medicine to become better defined, improve oversight and transparency in the public interest, and ensure that Ontario is aligned with how other provinces regulate the profession (such as, in the case of some provinces, regulating veterinarians and veterinary technicians/veterinary technologists under a common framework). The proposed modernized legislative and regulatory framework would provide a strong foundation from which future efforts to address industry challenges (which could include access to veterinary services throughout Ontario) can continue.

The Ontario government is committed to cutting red tape and reducing regulatory burden for all businesses, lowering operating costs, and improving Ontario's competitiveness. As part of this effort, OMAFRA will look for appropriate opportunities to reduce regulatory compliance obligations for businesses as a part of the legislative modernization effort while continuing to safeguard the public interest.

Consultation questions for consideration can be found at the end of this paper.

Proposed Legislative and Regulatory Changes

Legislative changes are under consideration to the scope of practice, oversight and authority, quality assurance, and the complaints and resolutions process. These topics are outlined in more detail below. These proposed legislative changes may require future regulatory changes to prescribe more detailed requirements.¹

¹ Under the current statute, these regulations are made by the Council of the College, with the approval of the Lieutenant Governor in Council through the Cabinet decision-making process and with prior review by the Minister. It is anticipated that this regulation-making authority would continue in a modernized statute.

1. Scope of Practice

Introduction

The proposed changes to the scope of practice describe the procedures, services and processes a licensed veterinarian or other veterinary professional, such as a veterinary technician, would be permitted to perform in Ontario. This includes the specific authorized activities that a professional may perform in the course of engaging in the practice of veterinary medicine.

Context for Proposed Changes

Under the Act, only a licensed veterinarian can engage in the practice of veterinary medicine. Currently, the definition of the practice of veterinary medicine in the Act is not specific and stipulates only that it includes “the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being”; it does not include a specific list of authorized activities that a licensed veterinarian may perform while practicing veterinary medicine. This lack of clarity can lead to confusion for both the public and the profession about what is and is not within the exclusive scope of practice.

In addition to this lack of specific detail, the veterinary profession has evolved over the last several decades, with a significant expansion in the number of veterinary technicians working in the field who have undergone comprehensive post-secondary training in the field of veterinary technology. Bringing veterinary technicians within the scope of professional oversight, having them acknowledged and regulated under the Act together with veterinarians, would formally recognize that veterinary care is delivered by a team and that the skills of veterinary technicians contribute to the delivery of care.

During recent public consultations, OMAFRA heard from several health care professionals such as physiotherapists and acupuncturists who expressed an interest in including exemptions for these professionals to provide certain specific activities as part of animal care without veterinary oversight.

Summary of Proposed Changes: Scope of Practice

Broadly, proposed changes related to scope of practice under the Act include but may not be limited to:

- A new statutory provision stating what the practice of veterinary medicine is, centered on the assessment of the physiological or behavioural status of an animal or group of animals and the diagnosis, prevention and control of any condition, disease, disorder or dysfunction.
- A list of proposed activities in a new statutory provision which would be legislatively authorized to veterinarians – for example, making or

communicating a diagnosis, performing a procedure on tissue on or below the dermis, etc.

- This means that only a veterinarian can perform these activities, or in some cases, delegate them to someone (a regulated or unregulated veterinary professional) who is not authorized but is deemed competent by the veterinarian to perform them, as long as delegation is not prohibited in the legislation or the regulations.
- Where the veterinarian has made a delegation, the veterinarian remains responsible for the supervision and outcome of the activity.
- A list of activities that are not permitted to be delegated by a veterinarian (i.e., activities that a veterinarian must perform and that cannot be assigned to any person including a regulated or unregulated veterinary care professional) – for example, making a diagnosis or prescribing prescription medication.
- A subset of authorized activities that may be performed by veterinarians or veterinary technicians (but not other individuals) – for example, triaging emergency patients, preparing a drug for the purposes of dispensing, etc.
- Expanding title protection in the Act to include the titles of veterinary technician, Registered Veterinary Technician (and the abbreviation RVT) and veterinary technologist (and other abbreviations and variations). This would complement existing forms of title protection for veterinarians.
- Clearly enabling the Council to make regulations (subject to the approval of the Lieutenant Governor in Council upon prior review by the Minister) providing exemptions for some regulated health care professionals and other qualified practitioners to support veterinary professionals by applying their skills and expertise in animal care.²

Additional information on the proposed list of authorized activities for veterinarians and veterinary technicians that is under consideration can be found in Appendix B.

By implementing a clear definition of the scope of practice and authorized activities of veterinary medicine in the Act, it would elevate the level of public trust in the College's ability to oversee veterinary medicine in Ontario. As well as ensure that the proper animal practitioner (veterinarian/veterinary technician/other) is addressing issues and ailments within their skills and knowledge to suit the evolving nature of veterinary medicine in Ontario.

² Specific details such as exemption particulars would likely be determined through regulation, which would be developed in the future, should the proposed legislation be introduced, pass and become law. The proposal is that the Council of the College would continue to have the authority to make regulations, subject to approval of the Lieutenant Governor in Council, with prior review by the Minister of Agriculture, Food, and Rural Affairs.

As noted above, the proposed legislation would enable regulations to be made in the future that would more clearly articulate the list of authorized activities and set any conditions that would apply to the performance of these authorized activities or the ability to delegate any one of them to another individual. Some very low risk animal care activities, such as massage treatments, would not be captured by the proposed list of authorized activities. A future regulatory proposal would likely provide greater detail on what exemptions may be considered in a regulation under the Act for some other activities within the list of proposed authorized activities. In general, higher-risk activities related to animal care, such as performing surgery on an animal, would most likely continue to be authorized to veterinarians only.

The current exemptions in the Act, with respect to licensing, would continue to apply. For example, it is anticipated that it would continue to be the case that an animal owner (such as a farmer), a member of the animal owner's household, or a person employed for general agricultural or domestic work by the owner of the animal would continue to be able to treat an animal owned by the owner.

2. Oversight and Authority

Introduction

The College oversees the practice of veterinary medicine in Ontario under the Act. The Council has authority to make regulations under the Act, with the approval of Ontario's Lieutenant Governor in Council and upon prior review by the Minister. The Council may also develop by-laws and policies. As the regulatory body for veterinarians, the College licenses over 5,000 veterinarians across the province. In addition to licensing qualified individuals, the College is responsible for inspecting and accrediting the veterinary facilities from which these licensed veterinarians practise. The Act also outlines certain authorities that the Minister of Agriculture, Food and Rural Affairs has, such as the authority to review the activities of the College, receive reports, etc.

The Act currently sets out the composition of the Council (including qualifications to serve on the Council, as well as a range of minimum and maximum numbers of members from two distinct groups: licensed veterinarian members (elected) and non-members (non-veterinarian public-interest individuals appointed by Ontario's Lieutenant Governor in Council)). The Act also establishes various committees and stipulates when some committees, such as the Complaints Committee or Discipline Committee, may act in panels (including the required composition of a panel). Panels are essentially subsets of a committee, with a group of committee members present. Hearings may be heard by a panel of a committee.

Context for Proposed Changes

By changing the structure of how the veterinary profession is governed, we are able to improve oversight in the public interest and increase transparency by

presenting a more collaborative governance process. Having a more diverse membership on Council will better reflect the make-up of the profession and allow a more comprehensive range of input to be shared. As many other professional regulatory bodies have done, increasing the ratio of non-veterinarian public-interest appointees on Council to elected members would further the public protection objectives of self-regulation and ensure that the perspective of the public is being appropriately reflected in decisions.

In doing so, it is proposed that:

- The number of non-veterinarian public-interest appointees on the Council be increased from between three and five, to between seven and nine, incorporating a broader range of perspectives into the decision-making process.
- Veterinary technicians should be represented within the Council. Consistent with changes proposed in Section 1 (above), veterinary technicians should also be included on Council and in committee membership.
- The inclusion of representatives from post-secondary educational programs be considered for the Council. By including those who train future veterinarians and veterinary technicians, it is helpful to have their insight for policy discussions on the future of the profession.

Since the last update of the Act in 1989, there are several components that are out of date and in need of modernization – including the College's oversight and transparency. The legislative framework could be better aligned with how other provinces oversee the veterinary profession and with how Ontario's regulated health professional colleges are governed. For example, the Act is not always consistent with how human health professional colleges in Ontario (e.g., the College of Physiotherapists of Ontario, the College of Physicians and Surgeons of Ontario, the Ontario College of Pharmacists, etc.) and similar professional bodies are regulated.

To correspond to other proposals in this paper (see Section 2 under Quality Assurance and Section 3 under Complaints and Resolutions Process), some changes to the existing list of committees are proposed. The committee-related proposals better align with the structure used for human health professions in Ontario under the *Regulated Health Professions Act, 1991*. For example, an Investigations and Resolutions Committee would better encompass the outcome-based mandate for this body than the current Complaints Committee and the investigative functions that can in some cases be exercised by the Executive Committee.

See **Appendix C** for a brief comparison of the oversight of several health professions across Ontario.

The amendments proposed below are intended to support continued public trust and transparency, as well as ensure the safety and well-being of clients and animals.

Summary of Proposed Changes: Oversight and Authority

Proposed changes under contemplation that are related to oversight and authority under the Act include but may not be limited to:

- Making enhancements to formal public accountability by clarifying the ministerial role in the Act in overseeing the activities of the College, which will better demonstrate the link between self-regulation and government oversight.
- Introducing mandatory reporting requirements for College members to mitigate risk and ensure public trust and protection. For example:
 - When a member has reason to believe that another member is incapacitated or unwell such that their ability to provide veterinary care is impaired, there would be a mandatory reporting obligation to notify the College.
 - The Act does not currently set out mandatory reporting requirements for veterinarians; however, veterinarians have mandatory reporting obligations under other legislation, including animal health, public health, and animal welfare laws.
 - Through mandatory reporting, the College could be engaged at an earlier stage and be empowered to mitigate risk and ensure public protection.
- Amendments to allow the College Registrar to appoint one or more investigators to determine whether a member has committed an act of professional misconduct or is incompetent.
 - In the case of an investigation, examples of investigator powers could include inspecting or observing the practice of veterinary medicine at a facility, taking photographs or making recordings, removing original evidence where necessary, and collecting data storage in order to produce information that is relevant to the investigation.
- Proposed composition changes for the Council of the College, as follows:

Current Status:	Rationale:	Proposed:
Not fewer than nine and not more than fifteen persons who are members of the College (i.e., licensed veterinarians) and are elected by members.	Changing the structure of how the veterinary profession is governed, would improve oversight in the public interest and increase transparency by presenting a more	Not fewer than ten and not more than twelve persons who are members of the College (i.e., licensed veterinarians) and are elected by members.

<p>Not fewer than three and not more than five persons who are not members of the College and who are appointed by the Government of Ontario (non-veterinarian public-interest appointees).</p>	<p>collaborative governance process.</p> <p>A more diverse membership on Council will also better reflect the make-up of the profession and allow a more comprehensive range of input to be shared.</p> <p>Like many other professional regulatory bodies have done, increasing the ratio of non-veterinarian public-interest appointees on Council to elected members would further the public protection objectives of self-regulation and ensure that the perspective of the public is being appropriately reflected in decisions.</p>	<p>Not fewer than two and not more than four members who are veterinary technician members of the College and are elected.</p> <p>Not fewer than seven and not more than nine persons who are not members of the College and who are appointed by the Government of Ontario (non-veterinarian/non-veterinary technician public-interest appointees).</p> <p>Designated positions on Council for members from an Ontario post-secondary institution involved in providing veterinary and veterinary technology education for the profession.</p>
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- Other proposed statutory changes include but are not limited to the following:
 - Adding a new Quality Assurance Committee.
 - Adding an Investigations and Resolutions Committee (to replace the Complaints Committee as well as the Executive Committee's current investigative role).
 - Updating the panel composition provisions.
 - Allowing committee composition particulars to be set by Council by by-law.
 - Supplementing the statutory objects of the College as an organization with additional objects to reflect key aspects of this modernization proposal and to acknowledge the current oversight functions of the College (e.g., its role in facility accreditation).

Additional information on Investigator Appointments and proposed Investigator Powers can be found in **Appendix D**.

3. Quality Assurance

Introduction

Regulated human health professions in Ontario (e.g., dentists, pharmacists and physiotherapists) all provide for mandatory quality assurance programs, centered in continual learning and skills development. This is also true for many other regulated professionals in Ontario (e.g., members of the Law Society of Ontario). These regulatory colleges can also take steps when a member's professional skills or competence may need remediation. Some aspects of quality assurance are already familiar to veterinarians as the College currently requires continuing education tracking.

Context for Proposed Changes

Formal quality assurance committees and programs are an integral and mandatory part of the oversight of regulated health professions in human health care in Ontario. Mandatory quality assurance has been demonstrated to be an effective regulatory tool to ensure the ongoing quality and safety of the care provided by professionals in practice.

A formal and comprehensive quality assurance program would help assure the public that all veterinarians and veterinary technicians practise in a manner consistent with the College standards and that oversight is being provided through the Quality Assurance Committee. It would also better enable, in appropriate cases, concerns raised about the care provided by a veterinarian or veterinary technician to be addressed through skills development and acquiring knowledge rather than through a more rigid and punitive disciplinary process.

Introducing a mandatory quality assurance framework would help set a baseline for expectations around member competency and continual learning and support public trust in the profession's capacity to offer consistent, quality care. This would include, among other things, the creation of a Quality Assurance Committee in legislation (See Section 2 – Oversight and Authority). An effective College framework would provide the necessary support to individuals to maintain competence throughout their careers.

Summary of Proposed Changes: Quality Assurance

As part of the modernization proposals, the Act would be amended to include enabling provisions related to a quality assurance program for College members. Should the proposed amendments be made and become law, the Act would provide a legislative framework for the program and program details would appear in a regulation and/or by-law, to be developed in the future. Proposed changes include but may not be limited to:

- A Quality Assurance Committee that would be created and recognized in the Act.

- Enumerated powers for the Quality Assurance Committee in the Act, including the authority to require a member to participate in a program to assess the member's knowledge, skill and professional judgement.
- Members would be required to cooperate with the committee and its appointed advisors.

The Council would have the authority to make regulations that would prescribe the details for a quality assurance program. The program would be mandatory for all College members (e.g., veterinarians and veterinary technicians, should the proposed changes to scope of practice as outlined above be approved). Among other requirements, the regulations could require completing a minimum number of continuing education requirements and reporting to the College. Depending on the outcome of any assessment of a member's knowledge, skill and professional judgement, a member could also be directed to participate in remediation activities as set out by the Quality Assurance Committee. The activities would be intended to build the member's knowledge, skills and competence as a veterinary medicine professional, as well as provide resources related to workforce development and succession planning.

4. Complaints and Resolutions Process

Introduction

A key responsibility of the College is investigating and resolving concerns and/or complaints about a veterinarian and their practice. The College seeks to ensure public trust and transparency, including understanding risks involved in the practice of veterinary medicine and developing solutions in an effort to reduce the potential for harm to animals and people. The College also sets standards of practice and expects its members (i.e., licensed veterinarians) to meet them. In some cases, matters are referred to the Discipline Committee for a hearing.

Context for Proposed Changes

Under the current framework, a complaint about a veterinarian or their practice must be submitted in writing (e.g., a written letter by mail, fax or a written email) to the College to begin the complaint process. Submissions are then reviewed and ideally resolved by the Mediated Resolutions Program (MRP).³ If the complaint is not suitable for resolution by the MRP, the complaint is directed to the Complaints Committee. As outlined on [the College's website](#), the timeline for the completion of the complaints process from start to finish includes administrative processing, investigation, meeting of the Complaints Committee and decision writing (see **Appendix E** for a summary of the current investigations process). The Complaints Committee arrives at one of the following decisions:

³ Although some complaints are not resolved at MRP stage and must proceed to the Complaints Committee, all submitted complaints must go before the Complaints Committee.

- The Committee has no concerns with the veterinarian's actions or conduct and will take no further action.
- The Committee has some concerns with the veterinarian's actions or conduct which it feels can be addressed through education or advice.
- The Committee has very serious concerns and has referred the case for a hearing of the Discipline Committee.
- The complaint was frivolous, vexatious, made in bad faith or for an improper purpose or is otherwise an abuse of process.

In addition, under the current Act, there is a second stream by which the conduct of a member may be investigated. The College's Registrar may, with the approval of the Executive Committee, appoint one or more persons to investigate whether a veterinarian has committed an act of professional misconduct or serious neglect, or that there is cause to refuse to issue or renew or to suspend or revoke a certificate of accreditation (s. 36).

A flowchart of the College's current Complaints and Resolutions process can be found using the provided hyperlink.⁴

Although the College has a complaints and resolutions process in place, the current model is complex and cumbersome, resulting in a significant backlog of complaints. This has led to frustration for both clients and the affected veterinarians.

The current model is also inefficient, as the Complaints Committee does not have the power to directly appoint an investigator. This creates an additional process step at the investigation stage. In a similar way, the Executive Committee does not have the power to share information with another party. As a result, even if a case originated with a third party who shared information with the College that led to an investigation initiated by the Registrar, the Executive Committee is unable to communicate with the third party about its inquiry into the matter.

There is an opportunity to streamline and improve the existing processes for addressing public complaints and disciplining members. An improved process would enable more timely resolution of complaints and improve client satisfaction.

Summary of Proposed Changes: Complaints and Resolutions Process

⁴ The Discipline Committee is separate from the Complaints Committee and hears the most serious allegations.

The proposed changes aim to create a complaints, investigations and resolutions process in the legislation that is streamlined, transparent, and upholds public trust when dealing with matters of professional misconduct or incompetence (or, as it is called under the current framework, “serious neglect”). It is proposed that the *Veterinarians Act* be amended to include the following changes:

- Combine the current two-stream approach and the functions of the Complaints Committee into a new Investigations and Resolutions Committee of the College as follows.
 - The new Committee would be responsible for addressing complaints and reports brought to its attention and would resolve them in accordance with its authority under the statute (e.g., take no action, order some remedial action, or refer allegations to a discipline hearing).
 - The current functions of the Executive Committee (where the Registrar believes on reasonable grounds that a member or former member of the College has committed an act of professional misconduct or serious neglect or that there is cause to refuse to issue or renew or to suspend or revoke a certificate of accreditation) relating to complaints and investigations would be folded into a new committee— the Investigations and Resolutions Committee.
 - The role of this new committee would be to streamline and centralize complaint intakes and functions.
- The current Board of Inquiry process in the Act would be continued. A panel of the Investigations and Resolutions Committee, or the Registrar, could refer a member to a Board of Inquiry if there are reasonable and probable grounds to believe the member is incapacitated.
- Authority for the Investigations and Resolutions Committee to suspend or impose terms, conditions or limitations on a member’s licence.
- Create a new Screening Model to assess complaints that are deemed to be “frivolous and vexatious” at the outset.
 - This vetting process would allow the College to focus on more serious claims and complaints against members and their practices.
- Introduce enhanced investigation and discipline authorities.
- Publicize Notices of Hearing, which would include publishing a member’s name prior to a hearing to be held by the Discipline Committee.
- Expand the Public Register (currently publicly available on the College’s website) to include:
 - Veterinary facilities accredited by the College.

- Individuals licensed by the College, including:
 - Any discipline hearings and related allegations prior to the hearing.
 - Results from a decision of the Discipline Committee.
 - The presence of any remedial undertaking, and its requirements.
 - The presence of any other relevant information that may be significant in terms of ensuring public safety and animal welfare.
- Introduce the express authority to require further education or skills development as a resolution pathway for College members.
- Enhance current investigation and discipline authorities, such as new investigator appointment powers for the College Registrar (i.e., the ability for the College Registrar to appoint investigators).
- Formalize the existing (voluntary) alternative dispute resolution process as a potential Complaints and Resolutions mechanism, where appropriate for certain cases.

The public, animal owners, animal health and welfare organizations, and agri-food stakeholders would recognize benefits from the proposed changes to modernize the current complaints, investigations, and resolutions process. A more efficient, transparent model would support the College's objective of serving the public interest and ensuring public trust, the safety of people and animals, and client satisfaction.

To fulfill the public interest protection expectations that self-regulation imposes and to ensure transparency, relevant information should be available to animal owners and the general public about members of the College. This includes having information available about members who have a Discipline Committee hearing scheduled, including the identity of the member and a general summary of the allegations. In a similar way, the College's public register should, while respecting to the extent possible the privacy and reputational concerns of members, provide relevant and factual information to animal owners and the general public about the history of a member.

Consultation

The ministry is seeking feedback from veterinary professionals, animal owners (including livestock and poultry producers), industry associations, public interest advocacy organizations, animal athlete professionals, post-secondary education institutions, and members of the public on the proposed amendments as outlined in this paper. Your feedback will be considered during the development of proposed changes to the Act.

Questions for Consultation

1. Do you agree with the changes described in this proposal? Why or why not?
2. Do you have any specific concerns with any of the items discussed in this proposal? Please explain/describe.
3. Would the proposed changes reduce red tape or contribute to additional opportunities or other impacts for you or your business? Please explain.
4. Do you feel any important areas for change have been left out of the proposal? Please describe.
5. Do you feel these proposals will help make the practice of veterinary medicine become more accessible and accountable?

Email

Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA)

vetact.omafra@ontario.ca

Address

Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA)

Food Safety and Environmental Policy Branch

1 Stone Road West, 2nd Floor SW

Guelph, Ontario N1G 4Y2

Attention: Consultation on Proposal to Modernize the Veterinarians Act

Your Privacy Matters

If you submit your comments via email, some of your personal information including your name may be shared. To submit anonymous feedback, please mail your submission to:

Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA)

Food Safety and Environmental Policy Branch

1 Stone Road West, 2nd Floor SW

Guelph, Ontario N1G 4Y2

Attention: Consultation on Proposal to Modernize the Veterinarians Act

If you provide contact information (including where the contact information is personal contact information), we may use it to follow up with you on your comments or to provide you with future consultation materials.

Your feedback is necessary in order to help the Ministry of Agriculture, Food and Rural Affairs understand how specific animal care activities provided by veterinary professionals can be better defined, how accountability and transparency can be improved, and how the *Veterinarians Act* can be improved more generally. This feedback will be used by the Ministry of Agriculture, Food and Rural Affairs to help develop a more detailed proposal for amendments to the *Veterinarians Act*.

Information collected as part of this consultation is subject to the *Freedom of Information and Protection of Privacy Act*.

APPENDIX A

Proposed Legislative Content and Areas for Future Regulatory Policy Development and Future By-Law Amendments by the College

- The following table contains examples for illustrative purposes only and serves to demonstrate how the legislative and regulatory framework governing veterinary medicine is comprised of both statutory and regulatory components, as well as applicable College by-laws.
- Note that different bodies are ultimately responsible for the making of these legal instruments. Changes to statutes require the introduction of a Bill into the legislature and those changes must be passed by the legislature to become law. If that occurs, then regulations could be made (currently, the regulation making authority is the Council of the College with approval of Cabinet and prior review by the Minister) and by laws made (by the Council of the College).

Proposed Statutory Changes	Areas for Potential Future Regulatory Policy Development	Areas for Potential Future By-Laws and Amendments by the Council of the College
<p>Updated description of scope of practice for veterinary medicine</p> <p>Exceptions (scope and coverage of the legislative framework)</p> <p>New description of authorized activities (including restrictions, and exemptions)</p> <p>Expanded scope of licensing and membership, to include veterinary technicians</p> <p>Updated list of objects of the College</p>	<p>Particulars for a quality assurance program, including components of the program and requirements for members</p> <p>Particulars for performing authorized activities, including conditions, exemptions and any restrictions on delegation</p> <p>Panel requirements and composition</p> <p>Any necessary updates to the current content of Reg. 1093 (Licences, Certificates of Accreditation, Facility Accreditation, Professional Misconduct, Drugs, Records, Advertising, Conflict of Interest, etc.)</p>	<p>Committee composition particulars</p> <p>Other changes or updates to by-laws deemed necessary by the Council</p>

<p>Council composition and officers (e.g., President)</p> <p>College committees (including new Quality Assurance Committee and Investigations and Resolutions Committee)</p> <p>Powers of committees (including the Quality Assurance Committee and the Investigations and Resolutions Committee)</p> <ul style="list-style-type: none"> • Would include authority of the Investigations and Resolutions Committee to make interim orders <p>Restricted titles, including title protection for veterinary technicians</p> <p>Reporting by members</p> <p>Offences</p> <p>Authority of Council to make by-laws</p> <p>Regulation-making powers (Council, Minister)</p> <p>Minister's powers</p> <p>Transitional provisions and other provisions relating to the governance and administration of the College</p>	<p>Other regulatory changes or updates to be proposed</p>	
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APPENDIX B

A Proposed List of Authorized Activities to be Performed by Veterinarians and Veterinary Technicians in the Course of Engaging in the Practice of Veterinary Medicine

Proposed List of Authorized Activities to be Performed by Veterinarians

Should the proposed legislative changes to the scope of practice of veterinary medicine under the *Veterinarians Act* proceed, the following activities would be designated as authorized activities to be performed by licensed veterinarians in Ontario:

- Make or communicate a diagnosis to identify a disease, disorder, dysfunction or condition as the cause of an animal's signs and presentation.
- Perform an assessment to determine the fitness or soundness of an animal, or group of animals, on which it is reasonably foreseeable that a person will rely on the assessment.
- Order laboratory tests on an animal or on specimens taken from an animal.
- Prescribe, compound, dispense, or sell a drug.
- Perform a procedure on tissue on or below the dermis.
- Perform a procedure below the surface of a mucous membrane.
- Perform a procedure on or below the surfaces of the teeth, including the scaling of teeth and occlusal equilibration.
- Perform a procedure on or below the surface of the cornea.
- Set, immobilize, or cast a fracture of a bone or a dislocation of a joint or a severed tendon.
- Administer a substance by injection or inhalation or monitor of such.
- Move the joints of the spine beyond the animal's usual physiological range of motion using a fast, low amplitude thrust.
- Put an instrument, arm, hand, or finger:
 - beyond the external ear canal
 - beyond the point in the nasal passages where they normally narrow
 - beyond the larynx
 - beyond the opening of the urethra
 - beyond the labia majora
 - beyond the anus or cloaca
 - into any other natural or artificial opening into the body.

- Apply or order the application of a form of energy prescribed by the regulations under this Act.
- Perform upon an animal any manual procedure for the diagnosis and/or treatment of pregnancy, sterility, or infertility.
- Perform a post-mortem examination.
- Perform euthanasia.

Proposed List of Authorized Activities to be Performed by Veterinary Technicians

Should the proposed legislative changes to the scope of practice of veterinary medicine under the *Veterinarians Act* proceed, the following activities would be authorized to veterinary technicians in Ontario:

- Triage emergency patients.
- Prepare a drug for the purpose of dispensing a drug.
- Collect specimens for diagnostic tests.
- Place IV catheter for emergency purpose.
- Place IV catheter for therapeutic purpose.
- Perform dental prophylaxis, inclusive of scaling and occlusal equilibration.
- Collect specimens.
- Performing tests on the surface of the cornea.
- Apply splints and/or bandages for the purpose of immobilizing a fracture of a bone or a dislocation of a joint.
- Administer a substance by injection or inhalation in keeping with requirements to be prescribed should the proposed changes be introduced and become law (please note that this is inclusive of induction, gases, nerve blocks, chemotherapy, epidurals, and fluid therapy).
- Monitor patients under anesthesia.
- Place nasogastric tubing.
- Place esophageal or endotracheal tubing.
- Place urinary catheters.
- Vaginal swab.
- Place irrigation tubing beyond the anus or cloaca.
- Express anal sacs internally.
- Insert intramammary cannula.

Veterinary technicians would not be able to delegate the above authorized activities to another individual. Sub-delegation of an act that was delegated to a veterinary technician (for example, by a veterinarian) to another individual would also not be permitted.

Additional details on the proposed changes to the authorized activities of licensed veterinarians and veterinary technicians in Ontario can be found [using the provided link](#) to a College resource.

Note that this discussion paper only contemplates authorized activities provided by veterinarians or veterinary technicians, and is not intended to propose restrictions to any other regulated health professional who may currently be allowed to provide these authorized activities. If there are authorized activities which are currently being provided by other regulated health professionals, participants are encouraged to share those with the ministry in their submission.

Note to Reader

The list of proposed activities to be prescribed as authorized activities for veterinarians and registered veterinary technicians when carrying on the practice of veterinary medicine is presented for illustrative purposes only. If the proposed changes to the existing statute are introduced, passed, and become law, it is anticipated that these activities would be outlined in greater detail in a future regulation. The activities presented in this document are not final and there would need to be a series of exceptions and exemptions proposed as a part of any future regulatory consultation.

APPENDIX C

Oversight and Authority: A Brief Comparison of Key Elements in the Current Veterinarians Act and Two Regulated Health Professions in Ontario

- The chart below summarizes a comparison of health professions in Ontario. The Health Professionals Procedural Code (HPPC), Schedule 2 to the *Regulated Health Professions Act, 1991* (RHPA), is deemed to be incorporated into each regulatory college's profession specific statute (e.g., in the case of pharmacists, the *Pharmacy Act, 1991*).
- Subject matter, such as Council Composition, can generally be found in profession-specific statutes of human health regulatory colleges, while other subject matter including committees (e.g., Quality Assurance Committee) are found in the HPPC.

Theme	Veterinarians (Current Act)	Pharmacists	Physiotherapists
Council Composition	9 to 15 members, with 3 to 5 public Lieutenant Governor in Council (LGiC) appointees.	9 to 17 members (2 to 4 must be pharmacy technicians), with 9 to 16 public LGiC appointees and 2 academic positions.	7 to 8 members, with 5 to 7 public LGiC appointees and 2 academic positions.
Quality Assurance Committee and Program	Not required	Required	Required
Complaints Process	Complex - two intake streams, with different authorities for each.	One intake process. Inquiries, Complaints, and Reports Committee (ICRC) decides the result of the investigation.	One intake process. ICRC decides the result of the investigation.
Interim Suspensions	Limited (incapacity and wellness matters under a Board of Inquiry) – not possible for discipline committee to issue interim suspensions.	Panel of ICRC may make interim order directing Registrar to suspend or impose terms, conditions or limitations on a member where physical or mental state of the member exposes or is likely to expose his or her patients to harm or injury.	Panel of ICRC may make interim order directing Registrar to suspend or impose terms, conditions or limitations on a member where physical or mental state of the member exposes or is likely to expose his or her patients to harm or injury.

APPENDIX D

Proposed Additions Related to the College's Registrar-Appointed Investigators

Investigator Appointments

- It is proposed that the College Registrar may appoint one or more investigators to determine whether a member has committed an act of professional misconduct or is incompetent if:
 - a) the College Registrar believes on reasonable and probable grounds that the member has committed an act of professional misconduct or is incompetent and the Investigations and Resolutions Committee approves of the appointment
 - b) the Investigations and Resolutions Committee has received information about a member from the Quality Assurance Committee under the relevant section and has requested the College Registrar to conduct an investigation
 - c) the Investigations and Resolutions Committee has received a written complaint about the member and has requested the College Registrar to conduct an investigation.
- Further, it is proposed that the College Registrar may appoint an investigator in an emergency if all of the following three conditions are met:
 - The College Registrar believes on reasonable and probable grounds that the conduct of the member exposes or is likely to expose his or her patients or clients to harm or injury.
 - The College Registrar believes the investigator should be appointed immediately.
 - The College Registrar believes there is not time to seek approval from the Investigations and Resolutions Committee.

Proposed Additions to the Existing List of Investigator Powers under the Veterinarians Act

An investigator may:

- i. inspect or observe the practice of veterinary medicine performed by a member or under the supervision of a member
- ii. take photographs or make audio or video records relating to the veterinary facility
- iii. remove original versions of evidence where necessary (for example, where an original document is necessary to prove tampering or fraud)

- iv. use any data storage, processing or retrieval device or system used in carrying on business in order to produce information that is relevant to the investigation and that is in any form
- v. upon giving a receipt for them, remove for examination and testing and may copy anything relevant to the investigation and testing, including any data storage disk or other retrieval device in order to produce information
- vi. conduct tests (e.g., those related to the role of an investigator – e.g., testing equipment, etc.) that are reasonably necessary
- vii. upon giving receipt for them, require a person to produce any documents, records, equipment, supplies and such other things of the person being investigated that the investigator determines are relevant to the investigation, including using any data storage, processing or retrieval device or system to produce information that is relevant to the inspection and that is in any form, and the person shall produce the things required and provide the assistance.

APPENDIX E

A Brief Summary of the College's Current Investigations Process

Current Investigations Process re: Complaints and Resolutions

1. The veterinarian is notified of the complaint and provided with a copy of the submitted complaint.
2. The issues or concerns arising from the letter of complaint are summarized and forwarded to the complainant for confirmation.
3. When confirmed, the list of issues is then forwarded to the veterinarian responding to the complaint. The veterinarian is asked to submit a written explanation, pertinent medical records, x-rays, logs, etc. to the College.
4. Witnesses are contacted, and written statements are gathered.
5. A copy of the Record of Investigation (i.e., copies of all materials to be presented to the Complaints Committee for an investigation) is sent to both parties, once all information pertaining to the file is collected.

Additional information on the College's current investigator's process can be found [using the provided link.](#)



February 16, 2022

Ms. Jo-Ann Willson
Registrar and General Council
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario
M4Y 0E7

Dear Ms. Willson,

On behalf of the Ontario Chiropractic Association, I am writing to share an update on our efforts to enhance public awareness, understanding and utilization of animal chiropractic care, and, more broadly, to facilitate interprofessional collaboration within animal services.

Following outreach by OCA, the College of Veterinarians of Ontario established a Working Group on Shared Care in Animal Rehabilitation in 2021, which includes chiropractors, veterinarians, veterinary technicians, and animal physiotherapists. Since then, the Working Group has developed guidance for the promotion of online rosters to facilitate collaborative care with veterinarians, along with public-facing resources on collaborative care and the roles of animal rehabilitation professionals in Ontario. Attached is a document produced by the working group which we will be using to promote collaboration on animal care.

In addition to our work supporting interprofessional collaboration in animal services, OCA has recently written to Ontario's Minister of Agriculture, Food and Rural Affairs regarding the consultation on the modernization of the regulation of the veterinary profession. OCA believes that it is essential that animal chiropractors -- as well-established, respected, and regulated providers of evidence-based chiropractic care -- have the opportunity to provide input on ways to strengthen the role of public protection within the *Veterinarians Act*.

Finally, it is important to underscore that OCA's recent request for a notation on the profession's register to denote qualified and insured animal chiropractors is an important *collaboration tool* that will help advance inter-professional care of animals in Ontario.

The OCA welcomes further discussions with CCO on the proposed parameters of the collaboration tool, and ways to further improve access and choice for consumers seeking animal chiropractic care in Ontario.



Thank you for your time and consideration.

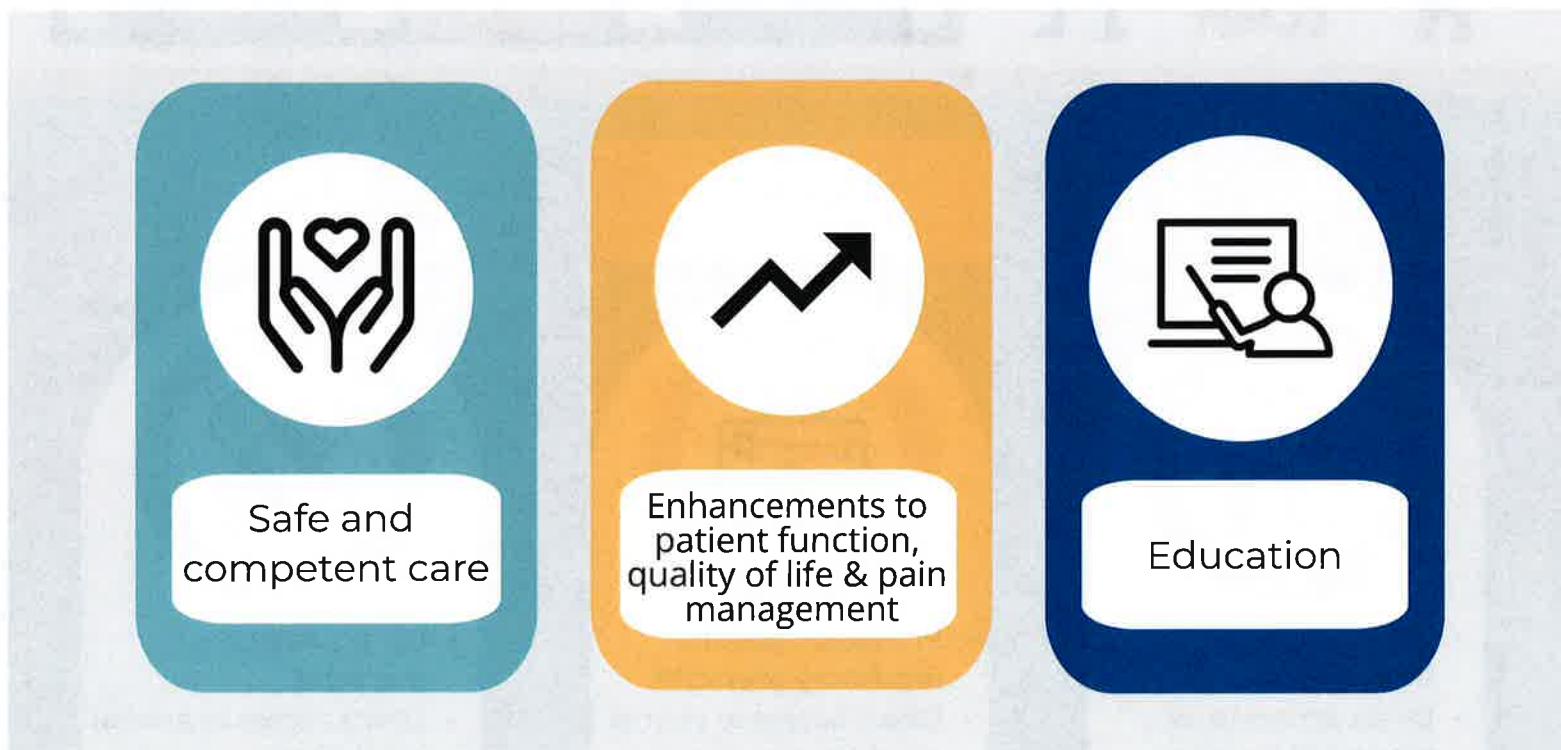
Sincerely,

A handwritten signature in cursive script, appearing to read "C. Brereton".

Caroline Brereton
Chief Executive Officer

Benefits of Collaboration in Animal Physical Rehabilitation¹ for Professionals

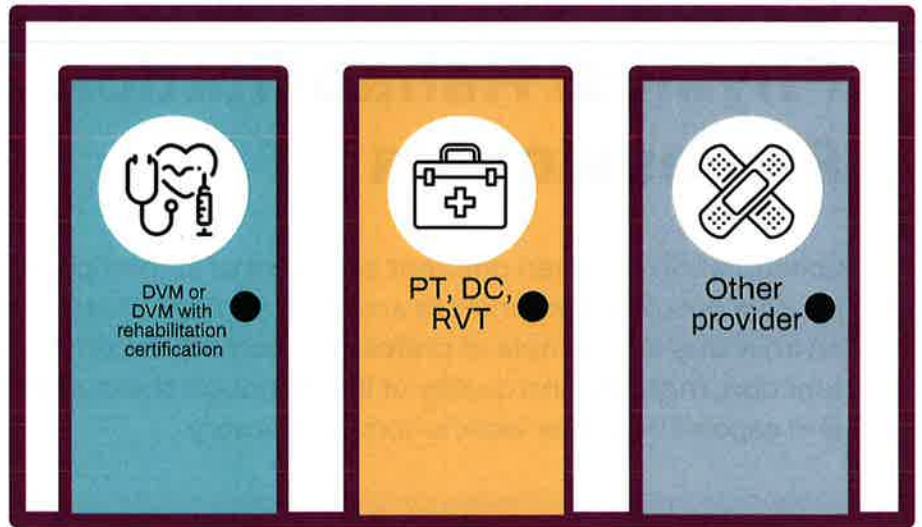
Collaboration between different providers of animal physical rehabilitation contributes to positive outcomes for animals and their owners. Shared care in physical rehabilitation of an animal is an example of professions coming together to offer services that increase function, mobility, and quality of life. Although these professions may have different skills and capabilities, their work is complementary.



Many veterinarians have already made animal physical rehabilitation a focus in their work by seeking certification and expertise in the area. There are also other care providers such as chiropractors (DC), physiotherapists (PT), and registered veterinary technicians (RVT) who have sought certification in animal physical rehabilitation that work with veterinarians to provide this shared care. This team approach to care contributes positively to an animal's outcome and is fostered by the knowledge and skills of veterinarians and certified animal physical rehabilitation providers.

¹ Animal Physical Rehabilitation is a multidisciplinary collaborative approach to the restoration, management, enhancement and maintenance of physical function of an animal for optimal quality of life, maximized level of function, reduction of disability and pain, and prevention of injury. *International Association of Veterinary Rehabilitation and Physical Therapy.*

Choosing physical rehabilitation care for your animal



Veterinarian



- Full regulatory oversight
- Direct access to all treatment options
- Proof of training and knowledge in veterinary medicine and animal care
- Published standards of practice

Certified animal rehabilitation professional



- Profession specific regulatory oversight
- Direct access to animal rehabilitation services
- Proof of training and knowledge in animal rehabilitation
- Profession specific standards of practice

Other public provider

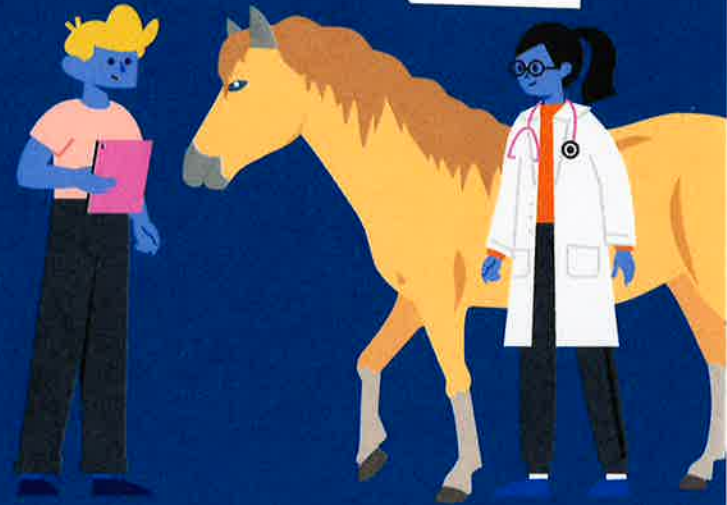


- No regulatory oversight
- Direct access to animal rehabilitation services
- No proof of training or knowledge in animal rehabilitation
- No standards of practice



The public has options when choosing the healthcare that best suits their animal.

Benefits of Collaboration in Animal Physical Rehabilitation for the Public



Increased communication

A collaborative approach to animal rehabilitation enhances communication between professionals.



Continuity of care

A collaborative approach promotes consistency in treatment plans and common care.



Sharing of medical records

A collaborative approach promotes the sharing of medical records between practices.

Collaboration increases positive animal outcomes!





— COLLEGE OF —
CHIROPRACTORS
— OF ALBERTA —

Hearing Tribunal Written Decision and Orders for the Hearing of:

Dr. Curtis Wall

On:

January 27, 2023

Posting expiration date:

February 1, 2033

**IN THE MATTER OF A HEARING OF THE HEARING TRIBUNAL
OF THE COLLEGE OF CHIROPRACTORS OF ALBERTA (FORMERLY KNOWN AS
THE ALBERTA COLLEGE AND ASSOCIATION OF CHIROPRACTORS) ("THE
COLLEGE") INTO THE CONDUCT OF DR. CURTIS WALL, A REGULATED
MEMBER OF THE COLLEGE**

**Pursuant to THE HEALTH PROFESSIONS ACT,
R.S.A. 2000 c.P-14 being Chapter H-7 of the
Revised Statutes of Alberta**

Regarding the conduct of Dr. Curtis Wall ("Dr. Wall")

DECISION OF THE HEARING TRIBUNAL

Hearing:

The Hearing was conducted virtually using the Zoom application on the following dates:

September 1, 2, 7 & 8, 2021

November 16 & 20, 2021

January 28 & 29, 2022

February 25, 2022

April 12, 2022

June 16 & 17, 2022

Members of the Hearing Tribunal included:

James Lees, Public Member, Chair

Doug Dawson, Public Member

Dianna Martens, Regulated member

Dr. Leslie Aldcorn, Regulated Member

Other participants included:

Walter Pavlic, Independent Counsel to the Hearing Tribunal

David Lawrence, Complaints Director, CCOA

Lloyd Fisher, Complaints Director, CCOA

Blair Maxton, Counsel for the CCOA

Curtis Wall, Investigated Member

James Kitchen, Counsel for Dr. Wall

Karoline Schurman, Court Reporter

Preliminary Matters:

Dr. Wall and the College are represented by counsel. At the commencement of the Hearing, they were asked if they had any objections to either the composition or jurisdiction of the Tribunal. Both counsel confirmed that they had no objections. They further confirmed that they did not object to having the Hearing heard virtually via video conference.

The parties then advised that there were a number of preliminary applications to be addressed.

The first preliminary application related to the College's Complaints Director's request to amend the Notice of Hearing to include the phrase "Alberta Health Services directions and requirements". In support of that amendment the College made reference to Section 66 (Subsection 3) of the *Health Professions Act*¹ ("HPA") which states that:

"If on reviewing a report prepared under this section the Complaints Directors determines that the investigation is concluded, the Complaints Director must refer the matter to the Hearings Director for a Hearing".

¹ *Health Professions Act, RSA 2000*

The College also made reference to Paragraph 47 of the *Wright Decision*², which states that a professional organization has the ability to invoke and manage its professional disciplinary regime, which power is analogous to prosecutorial discretion. The grounds of review of that discretion are to be very narrow. They next referred to the decision in *MacLeod v. College of Social Workers*³, which states that the particulars enable the professional to identify the event that amounts to misconduct, and that the particulars can also have the effect of limiting the scope of the charges. The requirement of particulars is that they be specific enough in order that the professional knows the case that he or she has to meet. The College indicated that the proposed amended Notice of Hearing was originally provided to Dr. Wall in March 2021, and that there have been no requests made by Dr. Wall for any further particulars. The College stated that the particulars of the charge are very well-known to Dr. Wall, and that the addition of the phrase “Alberta Health Services directions and requirements” does not result in any prejudice to Dr. Wall.

Dr. Wall objected to the amendment on the basis that the reference to “Alberta Health Services direction and requirements” is very vague, and that those directions and requirements are not relevant. Rather, what is relevant in this matter is the Office of the Chief Medical Officer of Health’s orders.

After hearing arguments on the matter, the Tribunal concluded that Dr. Wall had received sufficient particulars in advance, and had not demonstrated any prejudice. Dr. Wall had ample

² *Wright v. College and Association of Registered Nurses (Alta.)*, (2012) 536 A.R. 349

³ *MacLeod v Alberta College of Social Workers*, 2018 ABCA 13

opportunity to raise any questions or concerns regarding the proposed amendments in advance of the Hearing. He did not do so. The amendment was allowed.

The College's second Preliminary Application was to admit three Alberta Health Services ("AHS") documents as additional exhibits. The College briefly reviewed the contents of the documents that the College was asking to be admitted. They then made reference to Section 79(5) of the *Health Professions Act*, which states that:

"Evidence may be given before the hearing tribunal in any manner that it considers appropriate, and it is not bound by the rules of law respecting evidence applicable to judicial hearings. (pg. 70)"

The College made reference to the *Mohan Decision*⁴, and identified that when entering new documents the Tribunal ought to consider three elements:

- (1) are the documents relevant;*
- (2) are the documents relevant to the facts and issues that are before the decision maker;*
and
- (3) will the documents provide the decision maker with some assistance?*

They argued that the documents sought to be entered contained important information with respect to issues in the Hearing. They maintained that the documents would provide guidance and were relevant.

⁴ *R. v. Mohan, 1994 CanLII 80 (SCC), [1994] 2 SCR 9*

Dr. Wall responded by saying that the documents failed to add any scientific value, and were nothing more than an appeal to authority. The documents were also independent from the CMOH's orders, and as a result they fail to add any value. The effect of the documents is only to prejudice Dr. Wall. He stated that the documents' probative value is outweighed by their prejudicial impact.

Following consideration of the arguments, the Tribunal concluded that the documents are relevant and are material. There is no exclusionary rule that would support ignoring them. As a result, the three Alberta Health Services documents were admitted as Exhibits H-2, H-3, and H-4.

Dr. Wall also had a Preliminary Application. He wanted Mr. Schaefer's CV and his report admitted as evidence before the Tribunal. He argued that the principals of the *Mohan* case were satisfied. Specifically, he argued that the report is relevant, necessary in assisting the trier of fact, does not violate any exclusionary rule, and is prepared by a properly qualified expert. Dr. Wall argued that the report addressed the central issue in the case, was relevant and probative, and that any possible prejudice could be rectified by providing an adjournment to the College. He further stated that the *Alberta Rules of Court*, which limit opinion evidence to one expert on any one subject, is not strictly applicable, and should not preclude the admission of Mr. Schaefer's evidence.

The College objected and argued that, although not binding on the Tribunal, the Rules of Court ought to be adhered to, and that Dr. Wall already had three other experts providing evidence. The College stated that the late provision of the report, being three weeks prior to Hearing, created a prejudicial effect.

After considering the submissions of counsel, the panel determined that both Mr. Schaefer's report and his CV meet the requirements for admissibility, and admitted them into evidence. The panel then advised the College to make best efforts to obtain any Expert Report they intended to produce in response, in order to avoid any potential adjournment.

The Allegations:

At the commencement of the hearing, the charges against Dr. Wall were amended. As a result, the allegations for consideration by this Tribunal are as follows:

1. *Beginning on or about June of 2020 and at the "Wall Chiropractic Clinic" (the "Clinic") Dr. Wall:*

- a. Failed to use Personal Protective Equipment, specifically he failed to wear a mask;*
- b. Failed to observe the required two metres of social distancing when unmasked;*
- c. Until on or about December of 2020, failed to have a plexiglass barrier at the Clinic reception; and/or*
- d. Did not require patients to be masked;*

when interacting with patients, members of the public or both.

2. *Beginning on or about June of 2020 and at the Clinic, one or more staff members of the Clinic (the "Staff"):*

- a. Failed to use Personal Protective Equipment, specifically Staff failed to wear masks;*
- b. Failed to observe the required two metres of social distancing when unmasked; and;*
- c. Did not require patients to be masked*

when they interacted with patients, members of the public or both.

3. *Beginning on or about June of 2020, Dr. Wall treated patients while not wearing a mask and/or did not require patients to be masked and:*
 - a. *He did not advise patients of the increased risk of transmission of COVID-19 due to masks not being worn;*
 - b. *He advised patients that masks were not required; and/or*
 - c. *He advised patients that wearing masks had no effect concerning transmission of COVID-19.*
4. *Beginning on or about June of 2020, Dr. Wall failed to chart and/or failed to properly chart communications with his patients about:*
 - a. *Him not wearing a mask;*
 - b. *His Staff not wearing masks; and/or*
 - c. *His patients not wearing masks.*
5. *Beginning on or about June of 2020, Dr. Wall and/or the Staff:*
 - a. *Failed to follow the Chief Medical Officer of Health Orders regarding masking and COVID-19; and/or*
 - b. *Failed to follow the ACAC "Pandemic Practice Directive".*

IT IS FURTHER ALLEGED that the conduct described above constitutes unprofessional conduct as defined in s. 1(1)(pp) of the Health Professions Act, and/or constitutes a contravention of one or more of the following (in force at the relevant time): Chief Medical Officer of Health Orders, ACAC "Pandemic Practice Directive", Alberta Health Services directions and requirements, ACAC Standards of Practice 1.2(a), (i), (j), and/or (k), 4.3, 5.1, and ACAC Code of Ethics Principle #2, Principle #4, A-1, B-1, C-1, and D-1.

During the hearing each of the above five charges were read to him. Dr. Wall did not dispute any of the facts set out in the charges and acknowledged that each of the five charges was factually correct.

In the Fall of 2019, the world became impacted by the spread of the SARS-CoV-2 virus. That virus led to a disease known as COVID-19. A pandemic ensued which resulted in Governments around the world reacting with various lockdowns, travel restrictions and quarantine requirements. In March of 2020 the Alberta Government directed that health professionals stop practicing unless there was an emergency. Chiropractors were among the health professionals impacted. Dr. Wall, along with all of the chiropractors in Alberta, was required to close his office.

On April 30, 2020 The Government of Alberta published the *“Safely Staged COVID-19 Relaunch”*. It provided that health professionals would be allowed to resume providing services effective May 4, 2020, if they followed guidelines approved by their professional colleges. The Government of Alberta also issued CMOH Order 16-2020, which provided that each college was required to publish COVID-19 guidelines applicable to its regulated members, and to provide a copy of those guidelines to the Chief Medical Officer of Health. The above Orders and Directives required the Colleges to create and publish mandatory distancing and masking guidelines. Regulated members of a college were required to comply with the Workplace Guidance for Community Healthcare Settings when providing a professional service. None of the Orders or Directives provided any exceptions to the masking requirement.

In response to CMOH Order 16-2020, the CCOA issued a Pandemic Practice Directive (**“Pandemic Directive”**) on May 5, 2020. In developing the Pandemic Directive, the College sought input from its members by providing notices via email, by holding virtual town hall meetings, and usage of an online communication tool known as the *“ThoughtExchange Platform”*. Dr. Wall

acknowledged that he received numerous documents from the College inviting members to provide input, and asking members to contact the College with respect to the Pandemic Directive.

The Pandemic Directive that was subsequently developed by the College was submitted, to and approved by, the CMOH. It contained physical distancing and masking requirements and required that all chiropractors and clinical staff were to be masked at all times while providing patient care. It also stated that non-clinical staff must be masked in circumstances where a physical distance of two metres could not be maintained. The Pandemic Directive provided detailed information with respect to the applicable masks, and the process for “donning and doffing” the mask.

As a result of the issuance of the Pandemic Directive Dr. Wall was able to reopen his office. He initially wore a mask as required. In June of 2020 Dr. Wall self-diagnosed as having an anxiety disorder. He believed that his self-diagnosis qualified him for a medical exemption from wearing a mask. As a result, he stopped wearing a mask when treating patients. Additionally, Dr. Wall’s son, who also worked at the clinic, did not wear a mask. Dr. Wall never contacted the College to let them know he would not be wearing a mask, nor did he ever request any medical or other exemption from the Pandemic Directive that required he wear a mask. He also failed to tell his patients about the risks of not masking, and did not provide any consent from any patient he treated while unmasked.

On December 1, 2020, The College was notified by Alberta Health Services (“AHS”) that a patient of Dr. Wall’s had filed a complaint. The complaint stated that Dr. Wall was not masking during patient treatment, his staff was not masking or observing social-distancing measures, and there were no plexiglass barriers in the clinic’s reception area.

On December 3, 2020, the Complaint Director sought a suspension of Dr. Wall's practice permit. This was to be an interim suspension, subject to the outcome of any hearing. Dr. Wall opposed the interim suspension. On December 10, 2020, Dr. Wall's legal counsel advised that Dr. Wall had installed the required plexiglass barriers, and also indicated that Dr. Wall would be relying upon a religious exemption.

Dr. Wall did not provide the College with any medical information supporting his claimed medical exemption until after the commencement of the investigation. On December 12, 2020 Dr. Wall provided a letter from his physician Dr. Salem. The College viewed that letter as unsatisfactory, and requested additional information. Dr. Salem was not Dr. Wall's regular family doctor, and did not provide any prognosis, any treatment plans, or recommend any steps to address Dr. Wall's anxiety disorder. Dr. Wall further acknowledged that in the subsequent letter provided by Dr. Salem dated January 8, 2021, Dr. Salem at no time mentioned the existence of any medical disability. The subsequent letter also did not provide any prognosis or any treatment options. Dr. Wall acknowledged that despite the fact that he had no training in anxiety disorders, he self-diagnosed an anxiety disorder that he believed was sufficient enough to qualify for a medical exemption.

In response to the College's application for suspension, Dr. Wall stated that he was of the view that any risk to patients by not wearing a mask was speculative, and that the COVID-19 virus was not a real and imminent public health threat. Dr. Wall disagreed that the Complaints Director had

a legitimate concern of risk to the public by Dr. Wall's failure to wear a face mask when treating patients.

The College ultimately did not suspend Dr. Wall's practice permit. Instead, they placed conditions upon it. The conditions were as follows:

- (1) Dr. Wall shall inform each client he sees that Dr. Wall has a medical exemption from the public health order that all persons in a public place must wear a face mask, and Dr. Wall shall obtain the written confirmation signed by each patient that the patient agrees to be seen and treated by Dr. Wall without him wearing a face mask or face shield. Dr. Wall shall provide copies of the written confirmation from each to the Complaints Director by 5 p.m. on Friday of each week in which Dr. Wall sees any patients. This requirement will remain in effect as long as the public health order for physical barriers, social distancing and face masks are in effect.*
- (2) Dr. Wall shall direct any staff person assisting in his office, whether that person is paid or unpaid, to comply with the current public health order requiring use of physical barriers, social distancing and face masks. If any staff person claims an exemption from the wearing of a face mask, Dr. Wall shall consult with Alberta Health Services as to whether the claim of an exemption is supported by objective proof.*
- (3) Dr. Wall shall maintain a log of screening questions asked and answered by all patients and daily screening of his staff and himself, regarding any symptoms or events that would require isolation and/or testing for Covid 19. The list of screening questions is set out on page 10 of the ACAC Pandemic Practice Directive issued May 3 and revised May 25, 2020. Dr. Wall shall provide a copy of the log to the Complaints Director by 5 p.m. on Friday of each week that the public health orders for physical barriers, social distancing and face masks are in effect.*
- (4) In the event that Dr. wall shows any symptoms or answers positively to the screening questions, he shall not see or treat any patients until he has been tested for Covid 19 by Alberta Services and received confirmation of a negative test result. Dr. Wall shall provide proof, satisfactory to the Complaints Director, of the negative test result on the same date that Dr. Wall receives the test result. Dr. Wall shall not see any patient until he has received confirmation from the Complaints Director that he can return to seeing and treating patients.*

At no time did Dr. Wall appeal these conditions, nor did he make any complaint to the *Alberta Human Rights Commission*.

As a result of Dr. Wall's failure to wear a mask, *Alberta Health Services* took action. On December 8, 2020 they issued an "Order of an Executive Office Notice of Public Access Closure". As a result, Dr. Wall's office was closed. Alberta Health Services subsequently issued a rescind of closure notice on January 5, 2021. The rescind notice provided that Dr. Wall must observe the following conditions:

- (1.) *Dr. Curtis Wall must follow the current reopening practice guidelines set out by the Alberta College and Association of Chiropractors, as well as all future iterations of this guidance.*
- (2.) *Dr. Wall must implement his revised COVID-19 relaunch plan that was submitted on December 24, 2020 into practice to reduce the transmission of COVID-19 among the attendees of the Wall Chiropractic and Wellness.*
- (3.) *Prior to booking an appointment, Dr. Curtis Wall must inform the patient he will be unmasked while providing services, and obtain the patient's explicit consent to proceed with booking an undertaking of said services.*
- (4.) *Dr. Curtis Wall must ensure that all patients he treats continuously wear a mask that covers their mouth and nose for the duration of their time in the clinic, unless they are able to provide evidence that they have been granted a mask exemption.*

Dr. Wall did not challenge or contest either the *Alberta Health Services* closure order or the terms of the rescind notice.

Dr. Wall believed that he was not endangering the public by not wearing a mask. He did not require his son to be masked, and did not think it necessary to install any plexiglass barriers. He

did not advise any patients as to the dangers of not being masked, as he believed people were aware of them.

Dr. Wall was aware that refusing to wear a face mask and refusing to social distance as required by the Pandemic Directive, was a choice he made in June of 2020. Dr. Wall believed that it was both professionally and ethically acceptable, with respect to masking and social distancing, for him to decide, without consulting his College, how and when the Pandemic Directive applied to him. He stated that if he personally decides that a requirement of the College causes harm, then he does not have to follow it. Dr Wall also acknowledged that as a professional he had an obligation to notify the College about his concerns involving the Pandemic Directive. When asked whether it was an obligation as a professional to notify the College of his intention to not comply with the masking and social distance requirements outlined in the Pandemic Directive, his response was that masking was harmful to his health and he did not think it necessary to respond to the College.

The College's Submission:

The College alleges that Dr. Wall unilaterally determined that he would opt out of the Pandemic Directive, and has ignored its requirements for masking, plexiglass barriers, and physical distancing.

The College (by virtue of Section 3 of the *Health Professions Act*) has an obligation to discharge their duties in the public interest, and must maintain and enforce standards for the profession. The College stated that the focus of the hearing ought to be the mandatory obligations and

responsibilities of professionals. The Pandemic Directive initiated by the College is a mandatory requirement for all members of the profession arising from an express requirement of the Government of Alberta. The College had no discretion to deviate from that mandatory requirement. The College further stated that the issue for this hearing was compliance, and that Dr. Wall did not have the ability to pick and choose which requirements he would and would not follow. The College emphasized that what is to be considered is not the efficacy of masking or the reasonableness of the mandatory Pandemic Directive, but rather whether or not Dr. Wall's actions were contrary to the regulated and mandatory requirements imposed upon him by the College.

Dr. Wall's Submission:

Dr. Wall maintains that the key issue to be determined at hearing is whether the College's Pandemic Directive violates Dr. Wall's statutory Human Rights and Charter Rights. Dr. Wall challenges whether the Directive itself was lawful and reasonable. He further states that should the evidence establish that the Directive was not beneficial, it cannot possibly be unprofessional to refuse to comply with it. He states that the mask mandate of the College is unlawful, as it unjustifiably limits Dr. Wall's Charter rights and breaches the *Alberta Human Rights Act*. Dr. Wall made it clear that the only portion of the Directive being challenged is the portion that mandates masking. He argues that if the masking requirements are unlawful, then failure to follow those requirements cannot be considered unprofessional conduct.

The College's Evidence:Evidence of Dr. Hu - Direct Examination:

Dr. Hu was a Medical Officer of Health with *Alberta Health Services* in the Calgary zone. Dr. Hu was tendered as an expert in the area of Public Health, in particular COVID-19 and the efficacy of masking and related COVID-19 prevention measures. Dr. Wall objected to having Dr. Hu qualified as an expert in the efficacy of masking or any other preventative measures. The Panel then caucused and subsequently determined that they would qualify Dr. Hu as an expert witness as submitted by the College.

Dr. Hu identified CMOH 38-2020 as an Order, effective November 24, 2020, that applied to the Calgary Metropolitan Region. It made face coverings in indoor public places mandatory. The only exception was for individuals who were unable to wear a face mask due to a mental or physical concern or limitation. CMOH Order 42-20, Exhibit D-9 was next reviewed. Dr. Hu stated that CMOH 42-20 was the most restrictive order produced by AHS. It provided that a person must wear a face mask at all times while attending at an indoor place. Dr. Hu explained that the rationale for that order was as a result of masking in indoor public spaces reducing the transmission of COVID-19. He explained that the Government of Alberta had initially been opposed to any Provincial masking bylaws. However, once Alberta was encountering a large number of COVID-19 cases the masking order was issued. Dr. Hu further stated that even prior to the CMOH order, *Alberta Health Services* had recommended continued masking in all healthcare settings, and that there were masking mandates by every health care organization and College in the Province that provided health care services.

Dr. Hu next reviewed Exhibit F-2, being CMOH Order 16-2020. Dr. Hu explained that during the first wave of the pandemic, health care service offices were shut down. CMOH Order 16-2020 directed that all regulated health care professionals had to comply with, and every College was directed to publish, guidelines to all members of their college and/or provide their own guidelines to ensure a safe return to clinical services. The Order stated that where Colleges were not able to provide suitable guidelines, the CMOH would revise them as necessary. He further confirmed that CMOH Order 16-2020 required that any staff providing direct client or patient care, or working in a client and/or patient care area, must wear a surgical/procedural mask continually at all times unless they are able to maintain adequate physical distancing. The Order further stated that the rationale for masking was to reduce the risk of transmitting COVID-19 from individuals in the asymptomatic phase.

CMOH Order 16-2020 required that each College was to provide the CMOH with a copy of the published guidelines. This was to ensure that the CMOH knew what the Colleges were doing, and what they were recommending to their members. A College would be required to amend any guidelines if the CMOH determined that those guidelines were insufficient or inadequate.

Dr. Hu then reviewed the Pandemic Directive that was issued by the Alberta College of Chiropractors in response to CMOH Order 16-2020. The Pandemic Directive required masking, social-distancing, and plexiglass barriers. Dr. Hu testified that the use of such measures is scientifically supported. He indicated that there was a significant amount of evidence establishing that wearing a mask reduces transmission of COVID-19. He stated that a mask protects both the

person wearing the mask, as well as any people that are in proximity to the person wearing the mask.

Dr. Hu next reviewed "*AHS Guidelines for Continuous Masking*" (Exhibit H-2). That document makes reference to evidence that asymptomatic, pre-symptomatic or minimally symptomatic patients are capable of transmitting COVID-19. As a result, the Public Health Agency of Canada made a recommendation to health care workers that masks were required when providing any care to patients. He then reviewed the AHS document titled "*Personal Protective Equipment*". He confirmed that PPE is critical to the health and safety of all health care workers. He stated there was significant evidence that masking is very effective at preventing the transmission of COVID-19, and that it protects both health care workers and the patients. Dr. Hu also stated that he was directly involved in the original continuous masking policy. He indicated that in other jurisdictions many healthcare workers contracted and died from COVID-19 because of a lack of masking. He also stated that proof that masks were effective could be found in the fact that in Alberta, health care professionals had contact with hundreds of thousands of COVID-19 positive individuals, yet there were less than 100 transmission events identified by AHS that occurred from contact between a masked health care worker and a COVID-19-positive individual.

Dr. Hu next reviewed Alberta Health Services' directive "*Use of Masks During COVID-19*". He identified that masks have a dual purpose. The first purpose is to prevent a person who has COVID-19 from transmitting it to others. The second purpose is to prevent individuals who do not have COVID-19 from contracting COVID-19. He confirmed that the expert report's comments with respect to the benefits of masking and social distancing are consistent with those of both

the Alberta Health Services and the Public Health Agency of Canada, as well as the Chief Medical Officer of Health's office. He stated that there is an overwhelming body of evidence that supports the wearing of masks, particularly in a health care setting. Dr. Hu then reviewed his written report, and indicated that he relied primarily on recent publications, given that COVID-19 is a recent phenomenon. He also stated that as the pandemic progressed, peer-reviewed studies demonstrated that masking was effective in reducing COVID-19 transmissions. He stated that COVID-19 is transmitted through contact and respiratory droplets and, to a lesser extent, aerosols. He stated that it is quite infectious, and masking and physical distancing reduce the possibility of droplet spread. He stated that there were many studies that supported the efficacy of masking, and included 27 studies in his report. He also stated that a highly rated systematic review concluded that wearing masks reduced the risk of contracting and transmitting COVID-19.

Dr. Hu further stated that health care workers, including chiropractors, are at a high-risk of contracting COVID-19. The evidence of the importance of masking among health care workers is very robust, and that there is an overwhelming body of evidence supporting the use of masking in health care settings. Dr. Hu commented upon the reports prepared by the Defendant's witnesses Dr. Warren, Dr. Dang, and Dr. Bridal and stated that those reports were not specifically about masking in a health care setting, and not directly salient to the issues at hand.

Dr. Hu cited a report published in the LANCET, which he identified as a highly reputable medical journal. That report stated that after review of 200+ studies, it was determined that there was an approximate 85% in reduced transmission when people wear masks. He stated that the Canadian Thoracic Society has stated that mask-wearing is not known to exacerbate any lung-

disease. The only problem with mask-wearing is that people with extreme anxiety may have issues. He stated that a health care worker who is in direct contact with patients should not be allowed to have an exemption from wearing a mask.

Dr. Hu also commented on Mr. Schaefer's report. He stated that the Canadian Thoracic Society has determined that mask wearing is not dangerous. He further provided his own observations, stating that the health care professionals that wear masks in hospitals every day have no apparent difficulties. Finally, he stated that he was not aware of any epidemiologically valid studies that establish that masks should not be worn by health care providers.

Cross-examination of Dr. Hu

At the commencement of the cross-examination, Dr. Wall made an application to introduce two documents. These two documents were described as randomized clinical trials. Dr. Wall maintained that his intention was to present them to Dr. Hu and have Dr. Hu comment upon them. The College objected on the basis of the late production of the documents, unfairness to Dr. Hu, and the fact that Dr. Wall had already tendered four expert reports. Following the submissions of the Parties, the Tribunal determined that the two documents would be admitted. It was noted that the documents were either in progress or recently published, and neither of the documents contained any actual results. Dr. Wall was advised by the Tribunal that if the intention was to simply establish that the randomized trials exist the Tribunal was prepared to enter them on that basis. Dr. Wall then accepted entry of those documents as exhibits on those conditions.

During his cross-examination, Dr. Hu maintained that chiropractors provide healthcare in a community setting. He stated that there is a risk of asymptomatic transmission in chiropractic offices, and he also stated that it is difficult for people to accurately determine whether or not they are presenting with symptoms prior to attending a chiropractic office. He agreed that if an individual has overt symptoms and self-identifies as being symptomatic, they could avoid contact, however, he stated that there are many low grade symptoms or chronic symptoms that are difficult to differentiate between COVID-19 and other ailments. He agreed that most people who attend chiropractic offices are asymptomatic; however, a chiropractor would see and be exposed to more people in a closed indoor setting than usual, and this increases the risk of transmission and infection. He also stated that any pre-COVID-19 studies that were prepared in relation to masks are not as salient as COVID-19 masking studies; COVID-19 is a unique and novel virus with its own transmission dynamics. Dr. Hu stated that no one in the healthcare setting should be exempt from wearing a mask except those with severe mental health issues. He stated that the riskier the setting the more important it is to wear a mask. In particular, he stated that in a healthcare setting, the COVID-19 risk is much higher, and that there should be almost no exemption to mask wearing. He also stated that patients in healthcare settings should wear masks. Dr. Hu acknowledged that he had no peer-reviewed studies or scientific reports in support of his statement that a “ton” of health care workers died in the Spring of 2020 as a result of their failure to wear masks. He also stated that he did not have any peer-reviewed studies or scientific reports to verify that statement. He made reference to the number of infections between infectious patients and healthcare workers in Alberta, but he did not have the information in relation to his comments on the number of transmission events. Dr. Hu said the information and

statements he made were based upon discussions with Workplace Health and Safety, Alberta Health Services and hospital management leadership. Dr. Hu maintained throughout that the evidence in support of masking in a healthcare setting is overwhelming.

Redirect examination - Dr. Hu:

In his redirect examination Dr. Hu confirmed that chiropractic offices are healthcare settings, and that the more patients that are seen the higher the risk of COVID-19 transmission.

Rebuttal:

In his rebuttal Dr. Hu stated that while there was no criteria in the CMOH orders as to where a person was to get an exemption, or who was to provide that exemption, it was broadly assumed that people seeking exemptions would go to their family doctors.

Evidence of Dr. Halowski - Direct Examination:

Dr. Todd Halowski, is the Registrar of the College, and a practicing chiropractor. He stated that the responsibility of a regulatory College is to protect the public and ensure professional competence. He stated that the College has created Bylaws, a Standard of Practice and a Code of Ethics as required by the *Health Professions Act*. He confirmed that all Standards of Practice are meant to be mandatory.

Dr. Halowski stated that shortly after the pandemic began, the CMOH effectively ordered all healthcare services to be closed with the exception of urgent care. It became rapidly apparent that the members of the College did not have any experience or exposure to practicing in a

pandemic. It was a novel and difficult time. As a result, the College immediately worked on preparing a directive to assist chiropractors in safely returning to work. During that time the College referenced Alberta Health information, as well as other regulators inside and outside the province, including the *Alberta Federation of Regulated Health Professionals*, the *Federation of Chiropractic Colleges*, as well as the College's *Competence Committee*. Once the information was compiled, the College then initiated member consultation, where all members had an opportunity to review and provide comments on what had been developed. There were town halls conducted to obtain input from members as well as a digital consultation, which allowed members to provide their input. The digital platform was called ThoughtExchange. Approximately 25% of the membership actively provided feedback on that platform. Once all that information was obtained, the member consultation was deemed complete. The information collected was then used to develop the Pandemic Directive.

Dr. Halowski stated that during these consultations masking was identified as reducing the risk of transmission of COVID-19.

The proposed Pandemic Directive was then forwarded to the government for review. The government approved it without amendments, and, once approved and circulated, chiropractors were able to return to practice. The College also developed and adopted Telehealth as a practice. Telehealth did not permit hands-on care, but did allow chiropractors to consult with patients via the telephone to instruct them on neuromuscular exercises that might assist them.

Dr. Halowski stated that CMOH Order 16-2020 specifically required all regulated members of the College, as established by the *Health Professions Act*, to comply with the attached Workplace

Guidance for Community Healthcare Settings. That document expressly provided that all staff providing direct patient care, or those working in patient care areas, must wear a surgical/procedural mask continuously at all times and in all areas of the workplace if they were either involved in direct client/patient contact or could not maintain adequate physical distancing of two metres from clients/patients and coworkers. It went on to state that those requirements need not be met if a regulated members college had published COVID-19 guidelines that are substantially equivalent to the guidelines developed by Alberta Health. Essentially, the College was able to use the documents created by Alberta Health Services, or they could create their own, which had to be substantially equivalent.

The Pandemic Directive was subsequently amended to require the use of a face shield or eye protection. This was in response to published information that eye protection could prevent the spread of the COVID-19 virus. The College also mandated that patients were required to be masked when they attended at a chiropractor's clinic. The Directive further stated that non-clinical employees who were unable to maintain a two-meter distance must be continually masked, or a plexiglass or plastic barrier was to be installed. All these requirements were mandatory.

The standard required by AHS and adopted by the College required that all chiropractors wear a surgical procedural mask continuously at all times in all areas of their workplace when involved in direct patient contact or where they cannot maintain adequate physical distancing from patients and coworkers. The minimal acceptable standard was surgical or procedural masks, and the masks were to be worn at all times. Non-clinical staff were also to be masked whenever a

physical distance of two metres could not be maintained. An exemption was not considered because chiropractors work face-to-face with their patients, and the mask was meant to be protection for both the patient and the chiropractor. The Pandemic Directive also provided that given the fluidity of the virus, if a discrepancy developed between the Pandemic Directive and the Provincial Public Health Recommendations, the latter was to take precedence. Given that various local authorities, including the City of Calgary, were introducing their own masking mandates, the Pandemic Directive also stated that the chiropractors had a fiduciary responsibility to follow all civil orders that originate from any level of government.

Dr. Halowski testified that from the start of the pandemic, the College was very communicative with its members. It sent notices to members, sometimes twice a day, to make sure they had all necessary information. He testified that the College is an electronic communicator, and one of its requirements is that its members must have the capability to receive communications electronically. Dr. Halowski indicated that he was confident that Dr. Wall would have received the notices, as when Dr. Halowski did make contact with Dr. Wall, he did so using Dr. Wall's email address. In the process of developing the Pandemic Directive, Dr. Halowski stated that he received upwards of 100 emails from members providing their input and comments. He stated that he reviewed the comments provided. He noted that Dr. Wall did not provide any feedback. He also confirmed that mandatory compliance was necessary in order for a chiropractor to practice. The notice to members stated that if members had any questions they were to contact the College's office. He stated that the College was always very open and communicative with members as questions came up. He reiterated that masking was mandatory, and that this was made clear in the subsequent notice to members dated December 9, 2020. He also made it clear

that the College was there to support the members, and that the College was available to be contacted by email or telephone.

When developing the Pandemic Directive, the College considered a masking exemption; however, that exemption was never adopted, as chiropractors were unable to maintain a physical distance of two metres with patients. As COVID-19 was a new, novel and risky virus, and given that chiropractors are close-contact-body-workers, the College ultimately determined that masking would be mandatory. Dr. Halowski further stated that every Health Professions Act College adopted mandatory masking. Further, the additional social distancing and plexiglass barrier requirements were consistent with the approach adopted by numerous other public agencies and regulatory bodies.

Dr. Halowski testified that on December 1, 2020 he received an email from AHS stating that they had received a complaint that Dr. Wall and his administrative staff were not masked, and had been within two metres of a patient. When Dr. Halowski received the complaint, he was concerned that Dr. Wall was not following the Pandemic Directive. He then spoke to Dr. Wall, who stated that he was mask-exempted as per CMOH 30-2020. Dr. Wall was then asked to provide information as to which exemption he was claiming. Dr. Wall then confirmed that he was not masking and did not intend to mask. Dr. Wall stated that he did not think COVID-19 was serious, and that the College was overreacting by instituting the Pandemic Directive. Dr. Wall stated that he had briefly worn a mask, but then decided he did not want to wear it, as he did not feel comfortable when he did. Dr. Wall also commented that COVID-19 was not real, and that he was not comfortable wearing a mask. Dr. Halowski did not recall Dr. Wall making any

comments with respect to any religious exemptions. There was no request for any accommodation made. Dr. Wall also told Dr. Halowski that as the City of Calgary bylaws allowed him to be exempt, he was no longer required to wear a mask. Dr. Halowski then advised Dr. Wall that the Pandemic Directive required masking. Dr. Halowski also stated that since the onset of COVID-19, two members of the College had passed away as a result of COVID-19, and many of the College's members had contracted COVID-19.

Cross-examination - Dr. Halowski:

In cross-examination Dr. Halowski acknowledged that adjustments and manipulations cannot be conducted over the phone, or when a chiropractor is more than two metres away from their patient. Dr. Halowski confirmed that when the mandatory masking was included in the Pandemic Directive in May, 2020, and when the College revised the Pandemic Directive in January, 2021, it did not consult with any scientist independent of the Alberta government. Dr. Halowski also acknowledged that Dr. Wall did not contravene Section 2 of the CMOH Order 16-2020, as the College had developed its own COVID-19 guidelines as required by the CMOH Order 16-2020. He also acknowledged that none of the Pandemic Directives required chiropractors to enforce mask-wearing by their patients. The December 2, 2020 conversation between Dr. Halowski and Dr. Wall was next reviewed. Dr. Halowski disagreed that he told Dr. Wall to either wear a mask or sit out from practicing.

In redirect, Dr. Halowski stated that the College had no jurisdiction over patients, and that patients may be asymptomatic when they attend at a chiropractor's clinic.

The Tribunal Panel then questioned Dr. Halowski. He confirmed that the ThoughtExchange forum was anonymous. He also stated that he had contacted AHS with respect to the many potential mask exemptions that commenced in August, 2020 and continued through December of 2020.

Mr. Lawrence (Complaints Director) - Direct Examination:

Mr. Lawrence explained that the College's regulatory function, and its obligation under the *Health Professions Act*, was to establish Codes of Ethics, Standards of Practice, Policies and Directives for members to follow. He stated that in his role as a Complaints Director he is responsible for holding members accountable if they fail to comply. He stated that all regulated health professionals have a mandatory obligation to comply with Section 3 of the *Health Professions Act*.

In the Spring of 2020, a precondition to the reopening of chiropractic clinics was the implementation of a Pandemic Directive approved by AHS. The Pandemic Directive that was developed by the College required chiropractors and clinic staff to be masked at all times while providing patient care. They were also required to social distance, and to install plexiglass barriers. The Pandemic Directive did not provide any exemption for masking when a chiropractor was within two metres of their patient. He stated that as subsequently set out in CMOH Order 38-2020 and CMOH Order 42-2020, there were exemptions provided for individuals who had

medical conditions that prevented them from wearing a mask, which were, in his view, not applicable to Dr. Wall. He stated that Dr. Wall never asked the College for either a masking exemption or any accommodations.

Mr. Lawrence stated that on December 2, 2020, he received a letter from Dr. Halowski relating to a complaint made against Dr. Wall. Mr. Lawrence then forwarded a letter to Dr. Wall stating that the College had received a complaint. The basis of that complaint was that Dr. Wall was in breach of CMOH Orders, Standards of Practice, as well as the Pandemic Directive. As Dr. Wall was not prepared to comply with those requirements. Mr. Lawrence proceeded with the complaint. Dr. Wall then inquired if there were any alternatives. Mr. Lawrence advised Dr. Wall that he could comply with the Pandemic Directive and wear a mask. Dr. Wall stated that he had an exemption to masking, and that he would not mask. Dr. Wall then stated that he had attempted to mask, but had feelings of anxiety and claustrophobia, and took the position that he was exempt. As a result of Dr. Wall's conduct, Mr. Lawrence made a request for an interim suspension to the College's Council. He did so as he believed there was a danger in having Dr. Wall treat members of the public without a mask. In addition, there was no plexiglass barrier as required, the staff were not masking as required, and Dr. Wall was not following the Pandemic Protocols of the College and AHS when treating patients.

The College's Council refused the interim suspension request. Instead, they placed conditions on Dr. Wall's practice permit. Those conditions were:

- (1.) Dr. Wall was required to inform each patient that he has a medical exemption from the public health order;

(2) Dr. Wall would obtain signed written confirmation from each patient agreeing to be seen and treated by Dr. Wall without his wearing a mask or face shield;

(3) Copies of these written confirmations were to be sent to the Complaints Director by 5pm on Friday each week;

(4) Dr. Wall was to direct any staff assisting in his office that they are to comply with the current orders including masking, physical barriers and social distancing; and

(5) Dr. Wall must maintain a log of screening questions asked and answered by all patients, as well as daily screening of staff and himself.

Mr. Lawrence also testified that AHS had issued a closure order to Dr. Wall's clinic. In order to reopen, AHS required Dr. Wall to immediately mask when treating patients, required patients to be masked, required staff to be masked, and required that Dr. Wall install a plexiglass barrier in his office.

Mr. Lawrence advised that in discussing the complaint with Dr. Wall, Dr. Wall stated that the masking requirement was a human rights violation, and that he was exempt from wearing a mask. Dr. Wall told him that COVID-19 had a high recovery rate, and he did not believe he would be endangering anyone. Dr. Wall told Mr. Lawrence that he initially wore a mask, but in June of 2020 he decided to discontinue wearing one, as he believed that the facemask was causing him anxiety and symptoms of claustrophobia. He attempted wearing a face shield, and found that the same symptoms continued, and that it interfered with his discussions with his patients. He stated that his patients were understanding of his position. He stated that he had not received any

diagnosis of his medical condition, and the decision not to mask was made by himself. He also stated that his son, the only other person working at the clinic, was not required to mask either, and Dr. Wall did not think it necessary to install any barriers. He stated that his son is young and healthy, and did not believe he was at risk for COVID-19. Dr. Wall further stated that CMOH Order 38-2020 provided for an exemption to mask wearing. Dr. Wall stated that while he stopped wearing a mask in June there was no need to talk to his patients about the dangers involved when masks are not worn, as he believed that his patients were aware of these dangers. He advised that he received no treatment for his claimed medical condition, and provided no communication to the College. He made no mention of any religious beliefs or religious exemptions.

Mr. Lawrence then reviewed the two medical notes produced by Dr. Wall and authored by Dr. Salem. Those notes stated that Dr. Wall had anxiety about masking, and was concerned about his inability to breath. The notes also stated that Dr. Salem conducted no tests, and had no diagnostic information.

Mr. Lawrence next discussed the concept of ungovernability, and stated that members of the College are 'ungovernable', where they purposefully fail to comply with the requirements to practice.

Mr. Lawrence - Cross-examination

In cross-examination, Mr. Lawrence acknowledged that when he spoke to Dr. Wall in early December, 2020 there was a discussion as to the effect of the applicability of human rights. Mr. Lawrence also stated that while Dr. Wall could choose not to wear a mask in his personal life, if

Dr. Wall refused to comply with the College's requirements then the College would take action.

In response to being questioned on Dr. Wall's comments with respect to the efficacy of masking, Mr. Lawrence stated that neither patient safety nor compliance was up for debate, and that if Dr. Wall refused to comply, further action would be taken. Mr. Lawrence acknowledged that in response to the request for an interim suspension, the College identified that Dr. Wall had a medical condition that prevented him from wearing a mask or face shield, and as a result Dr. Wall has practiced since that time in a manner that does not comply with the Pandemic Directive. He also acknowledged that following the rescind notice issued by AHS, Dr. Wall was permitted to see his patients without masking.

Mr. Lawrence confirmed that the conditions placed on Dr. Wall's practice by the College did not require his patients to be masked. He also acknowledged that he had no evidence that any of Dr. Wall's patients were harmed. He acknowledged that the complaint made against Dr. Wall was made to Alberta Health Services, not to the College. He also confirmed that there has never been any complaint made to the College about Dr. Wall's conduct. Mr. Lawrence stated that Dr. Wall never asked him about any process with respect to addressing any human rights concerns and that Dr. Wall also never asked for an exemption or accommodation.

Evidence of Dr. Wall - Direct Examination:

Dr. Wall has been a practicing chiropractor in Alberta since early 1987. Since that time, he estimates that he has treated thousands of patients. In March of 2020, the Alberta government ordered chiropractors to stop practicing unless there was an emergency. Chiropractors were permitted to resume practice in May of 2020, provided that they follow the requirements set out

in the Pandemic Directive issued by the College. Dr. Wall testified that he understood that the Pandemic Directive required that Chiropractors wear a surgical style mask when treating patients. He stated that he did not view the Pandemic Directive as being optional.

Dr. Wall stated that he initially wore a mask, but in June of 2020 he decided that, based upon his mental concerns, it was no longer productive for him to do so. He stopped wearing a mask at the end of June, 2020. He then attempted to wear a face shield, but experienced symptoms similar to those he experienced while he was wearing a mask. He did not obtain a doctor's note that would provide him with any medical exemption, nor did he believe that one was necessary. He stated that he did not understand the Pandemic Directive to require him to contact the College if he could not wear a mask. He was of the view that it was a private concern between him and his physician. He also stated that since the Spring of 2020, he felt an additional concern, mainly that his religious beliefs precluded him from wearing a mask. He stated that the *Canadian Charter of Rights and Freedoms* and the *Alberta Human Rights Act* protected the expression of his religiously-held beliefs, and guards anyone from discriminating against him based on those beliefs. He stated that his face is sacred, and sacred to God, and for him to cover his face would put a barrier between him and Jesus. Being required to wear a mask by someone who is in a position of authority when he didn't exhibit any symptoms or have any upper respiratory issue, results in him fearing man and not God. He also stated that when he has to wear a mask it violates his life of faith. He stated that he believed that wearing a mask harmed him and his patients, and that it was his obligation to educate his patients to advise them of the specific harm of mandatory masking. If he did not advise his patients of the harms of masking he would not be obtaining informed consent from them.

Dr. Wall stated that when he stopped wearing a mask most of his patients made no comment. Those that did ask about masking were told by him that he had an exemption. He stated that 99% of those patients were understanding and not concerned.

Dr. Wall confirmed that his chiropractic office was closed by AHS in December of 2020. He further confirmed that AHS rescinded the closure order in January of 2021. He stated that AHS permitted him to continue treating patients without the need to wear a mask. Dr. Wall referred to CMOH Order 38-2020, which provided for a medical exemption to masking.

When he was approached by the College in December 2020, Dr. Wall advised them of his mental concerns, and that he believed he was exempt from masking. He stated that he mentioned accommodation and human rights. He also stated that Mr. Lawrence told him that while he cannot be compelled to wear a mask, his refusal to wear a mask would result in the College issuing a request for the suspension of his practice. Dr. Wall subsequently obtained a doctor's note that stated that when he wore a mask he experienced feelings of anxiety that mirrored claustrophobia. He said his concentration level had decreased, thereby preventing him from providing the best possible care to his patients. Dr. Wall stated that the College subsequently permitted him to continue to practice without wearing a mask, although there were further conditions and restrictions placed upon him. Dr. Wall confirmed that when he spoke to Mr. Lawrence in January of 2021, he did not mention his religious beliefs, but rather focused on his mental concerns relating to anxiety.

Dr. Wall indicated that his son worked in his office from the Spring of 2020 up until December of 2020. While his son was working at his office he did not wear a mask, as his son had religious concerns and beliefs that were similar to his own.

Dr. Wall then explained the nature of his work, and confirmed that it involves physical manipulation that cannot be provided from a distance or over the phone or by the patients themselves. He stated that he did not believe that Telehealth was effective in his practice, and that he could not properly care for his patients using Telehealth. He stated that his ability to practice and earn an income would be severely impacted if he could only provide Telehealth. He also stated that he does not require that his patients wear a mask in his office, because he believes that each of them has a responsibility to make their own health choices. He stated that requiring patients to wear a mask would cause harm, as it would decrease oxygen levels, increase carbon dioxide levels, and result in imminent physical harm and danger. He also stated that he is not aware of any circumstance where COVID-19 was transmitted in his office. He stated that his practice is to treat patients one-by-one, so that no other person is in the office other than him and his patient at any given time. He further stated that he pre-screens his patients, and if they exhibit any symptoms, they are not treated and are required to reschedule. It is his belief that AHS has generally gotten it wrong with respect to masking and other COVID-19 restrictions. He said that wearing masks does not in any way protect the public, that the College has collaborated with Alberta Health Services, and that the College wants to please authority.

In cross-examination, Dr. Wall stated that he was in agreement that practicing chiropractic is a privilege and not a right. Dr. Wall then acknowledged that Section 3 of the *Health Professions Act* enabled the College to establish numerous mandatory requirements, and that until he decided not to follow the Pandemic Directive he had followed all prior College requirements. Each of the five charges were then reviewed with Dr. Wall. He did not dispute any of the facts and agreed with those facts that formed the basis of each of the charges. He acknowledged that in June, 2020 there was no CMOH Order in force that allowed for any masking exemptions, and that those exemptions only came into effect in November of 2020. He indicated that he was aware that the Government of Alberta's staged COVID-19 relaunch created an obligation of the College to establish a Pandemic Directive, and that it was mandatory that he comply with that Pandemic Directive. He further acknowledged that he received the Pandemic Directive from the College in early May, 2020, and understood that the Pandemic Directive was a binding direction by the College. He also acknowledged that he did not follow that Directive when it came to having his staff continuously mask, or installing a plexiglass barrier, and that he was not wearing surgical procedure masks when involved in direct patient contact. He also acknowledged that, as he was not wearing a mask, he was not following the donning and doffing requirements for PPE set out in the Pandemic Directive. He then stated that notwithstanding that he very strongly disagreed with the AHS Closure Order, he did comply with it and proceeded to close his clinic. He stated that he took issue with the science that the CMOH order relied upon when ordering masking and social distancing. He further confirmed that he was prepared to respect the authority of the AHS

Order. He also confirmed that when he reopened his office he failed to comply with the conditions set out in the AHS Order by failing to ensure that all patients continuously wore a mask.

Dr. Wall next stated that he did not need to obtain any diagnosis from a healthcare provider in order to claim a medical exemption. He stated that his symptoms of anxiety and claustrophobia were very apparent to him. He also acknowledged that the CMOH Orders that allowed for exemptions from masking did not take place until November of 2020, and that he first stopped wearing a mask in June of 2020. He stated that in January of 2021 he advised the College that he was of the view that any policy of the College that did not permit exceptions to mask wearing were unreasonable. He confirmed that he never asked the College for an exemption. He then stated that he was of the view that the Pandemic Directive implicitly permitted an exception for legitimate mental health conditions. He acknowledged that he came to that conclusion on his own. He stated that he was absolutely confident that his failure to mask posed absolutely no risk to his patients. He also verified that his son did not have a doctor's note providing any medical exemption. Dr. Wall also confirmed that he was not in compliance with reopening requirement number 4, which stated that all patients treated by him must continuously wear a mask, unless they are able to provide evidence that they have been provided an exemption.

Patient Witnesses - Jarvis Kosowan, Charles Russell, David Warren Hilsabeck:

Three of Dr. Wall's patients were called as witnesses. They each stated that they did not feel threatened by Dr. Wall not wearing a mask, and that the treatments he provided could only be provided in person. They also provided their opinions on masking, and on whether or not Dr. Wall had acted appropriately or inappropriately. These witnesses also provided their views on the

efficacy of masking, survival rates of COVID-19 infections, and the legitimacy of the masking mandates.

Evidence of Dr. Gauthier:

Dr. Gauthier is a chiropractor who practices in Alberta. He testified that he provides hands-on treatments, and that Telehealth would not be effective for him. He confirmed that he thought of his chiropractic office as a healthcare setting, and stated that there are different types of healthcare settings. Dr. Gauthier indicated that he was aware that the College had mandated that all chiropractors must wear masks when treating patients, and that he had complied with that mandatory requirement.

Direct Examination - Chris Schafer:

Mr. Schafer is an Occupational Health Consultant, and has been working in this field since 1994. He stated that his primary specialty is respirator fit testing and training, and that he was familiar with occupational health and safety legislation and atmospheric hazards. He has also performed tests on non-medical masks, as well as medical and procedural/surgical masks that had commonly been in use since the beginning of COVID-19. Mr. Schafer was subsequently qualified to give evidence regarding any harm associated with medical masking.

Mr. Schafer testified that prior to COVID-19 there was a requirement that masks be fit tested. Following COVID-19 there is no fit testing. He stated that if there is an insufficient air supply while wearing a mask a build-up of excess carbon dioxide will occur. He then described the common forms of masks, being tighter fitting N-95 and looser fitting blue surgical masks. He stated that it

is important to be able to breathe freely, and if there is a restriction on breathing, exhaled carbon dioxide levels will build-up. He indicated that common symptoms of excess carbon dioxide levels are headaches, nausea, dizziness, lack of coordination and sometimes impaired hearing and vision. A person can also feel as if they are faint and/or overheating. He stated that the Alberta standards for the maximum exposure to indoor carbon dioxide is one-thousand parts per million over a twenty-four hour period. He stated that wearing a mask resulted in levels of carbon dioxide exceeding five-thousand to ten-thousand parts per million within a minute. He testified that the normal oxygen level in the air is 19.5 to 20.9%, and that when it drops below 19.5% it becomes dangerous to health. He stated that wearing a mask resulted in an oxygen drop between the mouth and the person's mask or nose to below 19.5% within the first twenty seconds. He stated that if anyone breathes air under any circumstances that is less than 19.5% oxygen, a person's health will be harmed. Anyone working in an environment of 19.5% or lower oxygen must be equipped with a source of clean air.

Mr. Schafer stated that anyone wearing a procedural mask will create a hazardous environment for their body. If they were working in a space with less than 19.5% oxygen they would have to be evacuated from that space. He indicated that people wearing masks will have their oxygen drop below 19.5% in two minutes. He noted that while people do wear masks for hours on end without passing out, that does not mean that harm is not being done. He stated that he found it strange that Alberta Health Services would mandate masks without consulting with respiratory professionals. He stated that medical doctors are not certified in respiratory protection because they do not regularly deal with respirators. He stated that he disagreed with Dr. Hu's comment that there were no known harmful side effects to masking.

During cross-examination Mr. Schafer acknowledged that individuals having a pre-existing medical condition that impacted their ability to wear a respirator should first attend upon a doctor. Mr. Schafer then confirmed that he had not been involved in developing the government's response to COVID-19, and that he was not qualified to provide an opinion with respect to the possible benefits that could arise from masking. He also confirmed that his views on mandatory masking were inconsistent with the Canadian public health agencies. He further confirmed that the testing that he conducted and reviewed was not included in his Expert's Report.

When asked if he would wear a mask if the regulatory body he belonged to required it, Mr. Schafer stated that he would not, as he viewed them as breathing barriers. However, Mr. Schafer stated he would wear an actual respirator, which is something that is far and beyond a mask.

Direct Examination - Dr. Dang:

Dr. Dang was qualified as an expert in the area of respirology, and the efficacy of masking and related measures. He testified that he has an outpatient respirology practice in Medicine Hat, and manages a pulmonary function lab. This lab conducts various breathing tests. Dr. Dang reviewed the SARS pandemic in 2003 and compared it to the COVID-19 pandemic. He stated that there was no masking mandated for SARS, and that the masking that is recommended for COVID-19 is based on socio-political reasons and not scientific reasons. He disagreed with Dr. Hu's assessment that masks are highly effective in preventing the transmission of COVID-19 in

healthcare settings. Dr. Dang stated that the only randomized controlled trial that considered COVID-19 and masking determined that there was no effectiveness in wearing a mask. He also stated that jurisdictions that required masking, compared to jurisdictions that did not require masking, had no noticeable differences in the transmission of COVID-19. He also stated that, from his observations, there is no difference between his patients that did wear masks and his patients that did not wear masks and their contracting COVID-19. He stated that he did not believe that masking made any impact on transmission of the COVID-19 virus. He disagreed with Dr. Hu's statement that the efficacy of masking on disease transmission is beyond doubt. He stated that masks have the potential to cause harm to individuals, depending on a number of factors including how the mask is worn, how often it is changed, and the physical condition of the individual wearing the mask. Masks also cause a reduction in pulmonary function by 15-20%. He stated that this reduction would not be noticeable unless you were physically exerting yourself or had some other lung or health issue. He also disagreed with the Thoracic Society's statement that there is no evidence for masking impacting underlying lung conditions. He stated that a lack of evidence does not mean that an issue is not there. He also stated that there are medically valid reasons for not wearing a mask.

Dr. Dang - Cross-examination:

In cross-examination, Dr. Dang agreed that if an individual intends to seek a medical exemption, the best course of action would be to obtain an exemption from their physician. He also stated that it would generally be the case that someone claiming a medical exemption would attend

upon their physician, and that it would not be appropriate for someone to self-diagnose their own exemption for masking.

Dr. Dang also confirmed that he had complied with the CPSA's masking requirements, as well as Alberta Health Services' mandatory masking requirements. He indicated that he obeys the law, even though he may not agree with it.

Direct Examination - Dr. Bridal:

Dr. Bridal testified that he obtained a Bachelor of Science Degree in Biomedical Sciences, a Master of Science Degree in Immunology, and a PhD in Immunology. He then completed a six year, post-doctoral fellowship to become certified as a Viral Immunologist. He is now an Associate Professor of Viral Immunology at the University of Guelph. He indicated that he teaches veterinary students in the field of General Immunology. Dr. Bridal is not a medical doctor, and he is also not a member of any regulatory college. He also confirmed that he has not worked with the Ontario Chief Medical Officer of Health.

Dr. Bridal testified that the COVID-19 virus has mutated over time, and while the Omicron Variant is more contagious, the infection fatality rate has diminished. He estimated that the infection fatality rate at the time he gave his testimony in January, 2022 was below 0.15%. He stated that masks are helpful at stopping large droplets, but are not useful where the wearer is asymptomatic. He stated that the surgical masks worn to prevent the spread of the COVID-19 virus are very good at trapping large particles, but are not very effective at stopping aerosols. The reason for this is that there are gaps in the masks where exhaled air escapes without being

filtered. He also stated that early indications suggested a 10% fatality rate from COVID-19. That supported the declaring of a pandemic however, with subsequent variants and further data, and an infection fatality rate of 0.15%, COVID-19 is not an issue of pandemic proportions. He states that he agreed 100% with Dr. Hu that there is efficacy of masking with symptomatic individuals however, masking of asymptomatic individuals does not stop the spread of aerosols. He cited a study in China which indicated that there was no substantial evidence of asymptomatic transmission of COVID-19. He stated that asymptomatic transmission was not the driver of the pandemic. He testified that healthy people do not transmit the virus, and that almost all transmission of COVID-19 occurs when people are symptomatic, as without symptoms there is an insufficient quantity of virus to cause infection. He stated that it does not make logical sense to require an asymptomatic health care worker and an asymptomatic patient to wear masks. In addition to the ineffectiveness of stopping aerosols, masking also has the potential to create harm, as failure to follow proper protocols when putting on, taking off, or touching the mask while being worn, will contribute to the spread of the virus. There is also the harm caused by inhibiting communication between individuals. An additional harm is that failing to expose individuals, particularly children, to the microbial world risks harming their immune system development. Additionally, mask wearing increases carbon dioxide levels, which creates a condition of very mild hypoxia.

During cross-examination, Dr. Bridal acknowledged that his position at the University of Guelph is in the Patho-Biology Department at the Ontario Veterinary College. He stated that much of his teaching work is to the students enrolled in the Veterinary Medicine Program.

Dr. Bridal acknowledged that the University of Guelph had implemented masking policies, and he confirmed that he did respect the masking policies and adhered to them.

When asked by a panel member when Dr. Bridal became aware that the infection fatality rate was below 1%, he indicated that by January, 2022 it was apparent that the virus was not as fatal as originally anticipated.

Direct Examination - Dr. Warren

Dr. Warren graduated from the University of Western Ontario in 2005, and completed two fellowships in Infectious Diseases and Medical Microbiology. He then completed three years of residence at the University of Ottawa in Internal Medicine. As an infectious disease specialist he treats patients with diseases caused by viruses, bacteria, parasites and fungus. As a Medical Microbiologist he manages the Microbiology Laboratory in his hospital. He also is enrolled in a Master's of Science and Epidemiology Program at the London School of Hygiene and Tropical Medicine. He has an adjunct appointment at McMaster University as a Clinical Assistant Professor. He is also a member of the College of Physicians and Surgeons of Ontario.

Dr. Warren stated that the infection fatality rate varies by age, but as of January of 2022 it was approaching that of influenza. He stated that the Omicron Variant is less severe, but is more

infectious. Dr. Warren testified that in early April, 2020 he was of the view that COVID-19 was going to become endemic, and that attempts to completely stop the virus were futile. He indicated that symptomatic transmission is twenty-five times greater than asymptomatic transmission.

Dr. Warren acknowledged that his workplace requires him to wear a mask even when he is asymptomatic, and that he understands that the College of Physicians and Surgeons of Ontario requires him to wear a mask even when he is asymptomatic. He indicated that he does wear a mask, even though there is no evidence that would support constant mask wearing. He stated that masking has no effect on transmission, and that he is not aware of any literature that supports Dr. Hu's conclusion that every country that has imposed masking has experienced a decrease in transmission of COVID-19. He stated that the best predictor of COVID-19 is population weighted density, meaning that areas that have a higher population will have a greater number of cases per capita than those areas that have a low population density.

Dr. Warren testified that asymptomatic transmission was rare or negligible, and that symptomatic transmission occurred at a rate twenty times higher than asymptomatic transmission. He then stated that the virus spreads as a result of population density, the cyclical pattern of the virus, and the age-structure of the population. There is no evidence that physical distancing reduces transmission of COVID-19. He referenced a study from Bangladesh, which showed that cloth masks had no impact on the spread of COVID-19. Surgical masks used in that study showed a small impact, which Dr. Warren identified as a-risk reduction of 0.9%. He then extrapolated that in the general population, which showed that 1100 people would have to wear

masks for eight weeks to prevent one infection. Dr. Warren also testified that there is no relevance as to whether or not an individual works in a healthcare or non-healthcare setting, what is relevant is symptomatic people interacting with others. He also commented on the concept of “medical reversal” being a phenomenon where assumptions become entrenched and, once so entrenched, the practices based upon those assumptions do not change. Dr. Warren stated that this explains why universal masking has not been abandoned, even in the face of evidence that it is futile. Dr. Warren also alluded to political influence on mask policies.

Dr. Warren - Cross-Examination

During cross-examination Dr. Warren indicated that in April and May of 2020, during the first wave of COVID-19, the infection fatality rate was its highest. He also confirmed that COVID-19 is definitely a pandemic. He agreed that it was up to the government to make decisions and orders in response to the pandemic. He also indicated that even though he would disagree with the requirement of masking, if his regulator or a hospital required it he would mask.

Submissions of the College:

The College accepts that they have the onus of establishing the facts that underlie in the charges, and to prove that unprofessional conduct occurred. The College states that the facts are not in dispute; there is no question that Dr. Wall was acting contrary to the conditions of the Pandemic Directive. In determining whether or not the Complaints Director has established that unprofessional conduct occurred, reference is to be made to the *Health Professions Act*, the College’s Standard of Practice and Code of Ethics, and the CMOH Orders requiring masking. The

College maintains that practicing is a privilege not a right, and that Dr. Wall committed unprofessional conduct when he decided not to comply with the Pandemic Directive. The College also emphasized that Section 80 of the *Health Profession Act* establishes the powers of the Tribunal, specifically that the Tribunal is to decide whether or not Dr. Wall's conduct is unprofessional.

The College maintains that the issue to be determined is whether a regulated professional is allowed to decide which professional responsibilities are applicable to him. They argue this hearing deals with the issue of compliance, and that, pursuant to Section 80(1) of the HPA, the Tribunal only has authority to make a determination as to whether or not Dr. Wall has committed unprofessional conduct. The Hearing Tribunal has no authority to strike down the Pandemic Directive, or to create and/or set any policy for the College.

The College noted that the various applicable CMOH orders did not provide any exemptions for masking until November 24, 2020. This was subsequent to Dr. Wall's decision in June of 2020 to self-diagnose and unilaterally determine that he ought to be exempt from masking on the basis of a medical condition.

The College stated that the City of Calgary Bylaw 26M2020, dated August 1, 2020 (Exhibit D-11) states that a masking requirement does not apply where the person has an underlying medical condition or disability which inhibits their ability to wear a face covering. That same Bylaw goes on to state that nothing in the Bylaw relieves a person from complying with any Federal or Provincial applicable law and/or regulation, or any requirement of any lawful permit order or license. The College argues that the CMOH Order 16-10, and the College's Pandemic Directive

supersede the Calgary bylaw, and the masking exemption contained within it. The College also made reference to the various Alberta Health Services' exhibits, and maintained that these do not set out an exemption for Alberta Health Services health care workers, and further note that no contrary evidence in this regard has been tendered by Dr. Wall.

The various Alberta Health Services exhibits repeatedly and consistently reference the requirement for continued masking, as well as the efficacy of that masking. The consistent theme throughout is that masking protects others and the wearer from the spread of COVID-19.

The AHS documents assist in establishing the context and contents of the Pandemic Directive issued by the College. CMOH Order 16-20 directed that the College's Pandemic Directive include mandatory masking, social-distancing and plexiglass barriers, CMOH Order 16-20 also required that every college was to provide the CMOH with a copy of their COVID-19 guidelines, and that those guidelines were to be substantially equivalent to the guidelines set out in the Workplace Guide for Community Healthcare Settings. The College maintains that they had a legal requirement to create a Pandemic Directive and this, among other things, required the wearing of a mask. The CMOH Order 16-20 contained no exemption for the face-masking requirement.

The College states that Dr. Wall had a responsibility to ensure that his clinic and staff complied with the Pandemic Directive. Dr. Wall expressly acknowledged that obligation in his testimony. It is very clear that Dr. Wall did not follow the College's Pandemic Directive. It is also very clear that Dr. Wall never asked the College for an exemption of any type when he stopped masking. Dr. Wall expressly acknowledged that he had an obligation to notify the College of his concerns in the Pandemic Directive. Dr. Wall indicated that he did not think it necessary to advise the College

of his failure to wear a mask and his self-diagnosed medical condition. As a result of his failure to communicate with the College, the College was unable to accommodate his claimed medical condition. The College maintains that Dr. Wall, as a member of a regulated professional organization, had an overriding obligation to advise them that he was no longer complying with the CMOH Directive.

On December 8, 2020, AHS closed Dr. Wall's clinic. There is no evidence that Dr. Wall made any effort to contest or appeal that closure order. A reopen notice was subsequently issued by AHS on January 5, 2021. As a result of the reopen notice, Dr. Wall's clinic was reopened on the following conditions:

- (1.) the College's Pandemic Directive must be followed;*
- (2.) the relaunch plan requirements must be implemented;*
- (3.) explicit patient consent must be obtained to proceed with booking and services and patients must be advised that he would not be masked; and*
- (4.) all patients being treated must continually wear a mask that covers their mouth and nose during their visits to his clinic (absent any legitimate exemptions).*

Dr. Wall's failure to comply with the terms of the reopening notice are not only a breach of Dr. Wall's legal obligations, but also his professional obligations. Dr. Wall's decision to ignore this legally binding requirement indicates his failure to satisfy his broader ethical responsibilities as a professional.

Dr. Wall also expressly acknowledged the factual basis for each of the charges as indicated by the following extracts of evidence:

MR. MAXSTON: Okay. I'm going to take you through each of the charges, and I want to be very clear. I'm not asking you to make admissions of unprofessional conduct; I'm more interested in the facts in the charges are the factual foundation. So Charge 1 says: (as read) Beginning on or about June of 2020 and at the Wall Chiropractic Clinic: (a), [you] failed to use PPE, specifically failed to wear a mask; (b), failed to observe the required 2 metres of social distancing when unmasked; (c), until on or about December 2020, failed to have a plexiglass barrier at the clinic reception and/or did not require patients to mask; [and then] when he interacted with patients, members of the public, or both. Do you dispute any of those facts?

DR. WALL: No, I do not.

MR. MAXSTON: And if we go to Charge Number 2: (as read) Beginning on or about June of 2020 in the clinic, one or more staff members of the clinic, the staff, failed to use PPE, specifically staff failed to wear masks; (b), failed to observe the required 2 metres of social distancing when unmasked and/or, (c), did not require patients to be masked when they interacted with patients, members of the public, or both. Again, I'm not asking you to make an admission of unprofessional conduct, but do you accept those facts?

MR. KITCHEN: Mr. Maxston, I don't mind the question, but, in general, I'm going to ask that you break it up for each one of these pieces.

MR. MAXSTON: Sure, I'm happy to do that.

MR. KITCHEN: Okay, thank you.

MR. MAXSTON: Yeah.

MR. MAXSTON: Let's go to 2(a), do you dispute those facts, Dr. Wall?

DR. WALL: No, I do not.

MR. MAXSTON: And similarly for 2(b)?

DR. WALL: No, I do not.

MR. MAXSTON: And similarly for 2(c)?

DR. WALL: No, I do not.

MR. MAXSTON: Okay, we go to Charge Number 3: (as read) Beginning on or about June 2020, Dr. Wall treated patients while not wearing a mask and/or did not require patients to be masked, and, (a), he did not advise patients of the increased risk of transmission of COVID-19 due to masks being worn. Do you agree with that factually?

DR. WALL: Like "masks not being worn" I believe is --

MR. MAXSTON: Yeah.

DR. WALL: what you meant?

MR. MAXSTON: Yeah, sorry, yeah.

DR. WALL: That's correct.

MR. MAXSTON: And (b): (as read) He advised patients that masks were not required. Is that factually accurate?

DR. WALL: Correct.

MR. MAXSTON: And (c): (as read) He advised patients that wearing masks had no effect concerning transmission of COVID-19. Is that accurate factually?

DR. WALL: Correct.

MR. MAXSTON: So if we go to Charge Number 4: (as read) Beginning on or about June of 2020, Dr. Wall failed to chart and/or failed to properly chart communications with his patients about, (a), him not wearing a mask. Would you agree with that?

DR. WALL: Yes, I would.

MR. MAXSTON: (b): (as read) His staff not wearing masks. Would you agree with that?

DR. WALL: Yes, I would.

MR. MAXSTON: And (c): (as read) His patients not wearing masks?

DR. WALL: Yes, I would.

MR. MAXSTON: And then, finally, Charge Number 5: (as read) Beginning on or about June of 2020, Dr. Wall and/or the staff, (a), failed to follow CMOH orders regarding masking and COVID-19. Do you accept that factually?

DR. WALL: Yes.

MR. MAXSTON: And (b): (as read) Failed to follow the ACAC Pandemic Practice Directive. Do you agree with that factually?

DR. WALL: Partially, but, yes, with respect to masking; is that what that (b) would be?

MR. MAXSTON: Yeah, I would -- yes, I think, in fairness to you, I'm thinking of masking, social distancing, and the plexiglass barrier.

DR. WALL: Correct, yeah.

The College maintained that the evidence of the three lay witnesses' testimony was not relevant and that despite whatever beliefs or opinions the lay witnesses may hold, their evidence bears no relevance to the question of whether or not Dr. Wall should be found guilty of the five charges before the Tribunal.

The College then reviewed the evidence of the experts called by Dr. Wall. Each of Mr. Schafer, Dr. Bridal, and Dr. Dang, agreed that there were differences of opinion with respect to their views and those of AHS, CMOH and the *Public Health Agency of Canada*. Each of them also indicated they either have complied or would have complied with their professional organization's masking requirements.

Following Alberta Health Services' closure of Dr. Wall's clinic on December 8, 2020 (Exhibit D-1), there is no evidence that Dr. Wall at any time contested the closure order in court. The clinic was reopened on January 5, 2021. The reopening was subject to the following Alberta Health Services requirements:

- (1) *Dr. Curtis Wall must follow the current reopening practice guidance as set out by the Alberta College and Association of Chiropractors, as well as all future iterations of this guidance.*
- (2) *Dr. Curtis Wall must implement his revised COVID-19 Relaunch Plan that was submitted on December 24, 2020 into practice to reduce the risk of transmission of COVID-19 among the attendees of the Wall Chiropractic & Wellness.*
- (3) *Prior to booking an appointment, Dr. Curtis Wall must inform the patient he will be unmasked while providing services and obtain the patient's explicit consent to proceed with booking and undertaking said services.*
- (4) *Dr. Curtis Wall must ensure that all patients he treats continuously wear a mask that covers their mouth and nose for the duration of their time in the clinic, unless they are able to provide evidence that they have been granted a mask exemption.*

Dr. Wall admitted that he is not complying with the College's masking and social-distancing requirements and was, for a period of time, not complying with the plexiglass barrier requirements, all three of which were set out in the Pandemic Directive issued by the College. In addition, Dr. Wall acknowledged that he was not in compliance with the January 5, 2021 AHS Rescind Notice.

Counsel for the College then reviewed Section 3 of the *Health Professions Act*, and maintained that Section 3, which references a college's public protection role, is mandatory. Section 3 states:

"3(1) A College

- (a.) must carry out its activities and govern its regulated members in a manner that protects and serves the public interest,*
- (b.) must provide direction to and regulate the practice of the regulated profession by its regulated members,*
- (c.) must establish, maintain and enforce standards for registration and of continuing competence and standards of practice of the regulated profession,*
- (d.) must establish, maintain and enforce a code of ethics,*
- (e.) carry on the activities of the college and perform other duties and functions by the exercise of the powers conferred by this Act, and*

(f.) may approve programs of study and education courses for the purposes of registration requirements.”

Importantly, use of the term “must” establishes that these are mandatory duties to be carried out by the College.

They also referenced Section 6, which provides that:

“(6) A council manages and conducts the activities of the college, exercises the rights, powers and privileges and carries out the duties of the college in the name of and on behalf of the college and carries out the powers and duties of the council under this Act and the bylaws.”

In support of their interpretation of Section 3, counsel for the College cited the decision in *Michael Yar Zuk v. Alberta Dental Association and College*⁵. In *Zuk*, the Alberta Court of Appeal found that Section 3 of the *Health Professions Act* creates a statutory mandate to govern a profession in a manner that protects and serves the public interest. The Court also adopted the ruling of an earlier Alberta Court of Appeal Decision, *Brown v. Alberta Dental Association*⁶, which identified that the paramount objective is the protection of the public. The Court went on to state that, in order to protect the public, the honor and dignity of the profession must be maintained, and the legislative scheme must allow for controls on the businesses of professionals.

The College next referenced the Ontario Court of Appeal decision in *Mussani v. College of Physicians and Surgeons on Ontario*⁷, where it was held that there was no constitutional right to practice in a profession unfettered by the applicable rules and standards which regulate that

⁵ *Michael Yar Zuk v. Alberta Dental Association and College, et al* 2018 ABCA 270

⁶ *Brown v. Alberta Dental Assn.*, 2002 ABCA 24

⁷ *Mussani v. College of Physicians and Surgeons on Ontario* (2004) Can 48654 (ON CA)

profession. Further case law was cited in support of the proposition that there is no common law, proprietary or constitutional right to practice a profession free of regulation.

The College also reviewed the concept of ungovernability. They argued that while ungovernability typically is dealt with at the penalty stage, it is also relevant to this matter at the liability stage of the hearing. Reference was made to the *Ontario College of Physicians and Surgeons of Ontario v. Savic*⁸ decision, where the Court commented on ungovernability, and stated that a pattern of conduct that demonstrates that the member is unprepared to recognize his or her professional obligations in their regulated role gives rise to ungovernability. The Court further stated that the privilege of professional regulation is dependent upon the profession's members willingness to be governed in the public interest, and to abide by the governing body's directions. It was argued that Dr. Wall's conduct demonstrated ungovernability, as he failed to engage with the College following the issuance of the Pandemic Directive, he self-diagnosed a medical condition, and he made a conscious decision to ignore the masking and social distance requirements that were required of his clinic without notifying the College. Particularly egregious is the fact that Dr. Wall made no effort whatsoever to contact the College, and the College was unaware of his conduct until a complaint was forwarded to the College by AHS in December, 2020, six months after Dr. Wall stopped masking. The College argues that Dr. Wall's conduct speaks to selective compliance, acting in secrecy, and failure to communicate with the College all of which is indicative of his ungovernability.

⁸ *College of Physicians and Surgeons of Ontario v. Savic* 2019 ONCPS D-40

The College emphasized that the question to be considered by the Tribunal is whether or not the College acted reasonably when it issued the Pandemic Directive. They stated that the test that ought to be applied is whether or not there was a reasonable basis for the issuance of the Pandemic Directive. They emphasized that the issue of whether or not masking and social distancing and other elements of the Pandemic Directive are supported by science, or are ineffective in reducing the transmission of COVID-19, are not issues that the Tribunal is required to determine. Rather, the Hearing Tribunal must determine whether the College acted reasonably when issuing the pandemic directive.

The College then reviewed the test of reasonableness in such circumstances and noted that the Courts have repeatedly determined that the question that is to be asked is whether the decision is one that would fall within a range of reasonable outcomes. Further, the Tribunal should only interfere with the decision of the College if that decision is outside the range of possible outcomes that are defensible with respect to the facts and the law. The College also noted that case law has identified that professional associations are given a broad public interest mandate, and have broad regulatory powers in order to accomplish that mandate. As a result, the issue the Tribunal must determine is whether the College's decision to develop and impose a Pandemic Directive was reasonable. The issue is not whether the Pandemic Directive's masking and social distancing obligations are based in science, or are even valid.

The College argues that in determining whether or not the College's Pandemic Directive was reasonable, the College undertook considerable research and consultation, which included:

- (1.) Reviewing documents that Alberta Health was publishing.

- (2.) Consultation with the Federation of Chiropractic Colleges.
- (3.) Consultation with other Alberta HPA regulators.
- (4.) Consultation with other Canadian Chiropractic colleges.
- (5.) Consultation with a microbiologist.
- (6.) Consultation with the College's Competence Committee.
- (7.) Consultation with the Alberta Federation of Regulated Health Professionals.
- (8.) Review of the AHS Exhibits.

In addition to reviewing the above reference materials, the College also underwent a consultation process with its members. Less restrictive directives were considered, but were rejected given that chiropractors work in close proximity with the people they treat, and are not able to maintain a physical distance of two meters. Human rights and constitutional rights were also considered, and it ultimately was determined that patient safety was paramount.

In considering whether or not the Pandemic Directive was reasonable, the College asked the Tribunal to consider the unrefuted evidence that every profession and college adopted a masking requirement. In addition to other colleges adopting a masking requirement, health care institutions did so as well. These include:

- (1.) The Alberta Chief Medical Officer of Health
- (2.) The Government of Alberta
- (3.) The Public Health Agency of Canada
- (4.) Alberta Health Services
- (5.) Alberta Hospitals

It was also established that there is no evidence the College at any time acted in bad faith, in either the preparation or dissemination of the Pandemic Directive.

The College next addressed the Charter issues raised, being the right to freedom of conscience and religion, as well as the right to freedom of expression, and the right to life, liberty and security of the person. The College maintained that none of these rights were properly demonstrated, or are applicable. In any event, Section 1 of the Charter is a complete answer to any Charter claim made by Dr. Wall.

The College argued that Section 1 of the Charter provides that the rights and freedoms set out in it are subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society. The case law interpreting Section 1 of the Charter has established that it is necessary to limit rights and freedoms where exercising them would be contrary to the collective goals of society. The College also made reference to the case law which states that the limitation on rights is not required to be perfectly calibrated, but only has to be reasonably and demonstrably justified. Further, courts are to take a differential position when performing a Section 1 analysis. Counsel for the College framed the question for the Tribunal as being one of determining whether the College had a rational foundation for relying on reasonable scientific research regarding masks. Overall, the College argues that if there is any infringement of any rights arising from the Pandemic Directive, that infringement is a reasonable limit that, while imposing limited rights infringements, operates to benefit public health. The College then reviewed the case law dealing with the COVID-19 pandemic restrictions and Charter challenges.

In both *Taylor v. Newfoundland and Labrador*⁹ and *Beaudoin v. British Columbia*¹⁰, the Court held that any interference with Charter rights was justified under Section 1 of the Charter. The Court in these cases held that the restrictions at issue were based upon available scientific evidence, and fell within the range of reasonable outcomes.

The College next addressed the human rights matters arising from Dr. Wall's medical condition, and his religious views. The College states that any alleged discrimination is justified on the basis of there being a bona fide occupational requirement (BFOR). In support, the College's counsel reviewed several recent Alberta Human Rights Commission Cases that found that the implementation of a masking mandate satisfied a bona fide occupational requirement. In those cases, the Alberta Human Rights Commission found that the masking policies at issue were rationally connected to a legitimate business purpose, were adopted in good faith, and that it was not possible to accommodate the complainants without there being undue hardship.

The College then argued that for Dr. Wall to successfully maintain that he had been discriminated against, he would have to prove that (1) he had a characteristic that is protected from discrimination under the Alberta Human Rights Act (2) he experienced an adverse impact with respect to an area protected by the Code and (3) the protected characteristic was a factor in the adverse impact. With respect to the first component of the test, the College argued that Dr. Wall failed to comply with the Pandemic Directive, on the basis of his self-diagnosis of a medical condition. The subsequent medical letters that were provided by his physician, Dr. Salem were

⁹ *Taylor v. Newfoundland and Labrador* 2020 NLSC 125

¹⁰ *Beaudoin v British Columbia*, 2021 BCSC 512

brief, and they contained no formal diagnosis, no treatment plan, and no prognosis. The College also stated that Dr. Wall has failed to satisfy the onus of establishing his having experienced an adverse impact, or that any protected ground was a factor in that adverse impact.

The College further states that the Pandemic Directive was clearly and unequivocally adopted for a purpose rationally connected to job performance, and that the Pandemic Directive was adopted in good faith and for legitimate purpose. When accommodating any alleged disability, the accommodation must be balanced with other legal obligations to coworkers and other customers.

Dr. Wall should also have made attempts to request accommodation. He failed to do so. The College noted that at no time did Dr. Wall make any request to receive accommodation, it was therefore impossible for the College to provide any accommodation to Dr. Wall.

The College further noted that the CMOH Orders that permitted exemptions for masking were issued on November 24, 2020 and December 11, 2020, well after June 2020, when Dr. Wall stopped wearing a mask due to his self-diagnosed medical condition.

Submissions of Dr. Wall:

Dr. Wall argues that the Tribunal ought to find the Pandemic Directive issued by the College to be a violation of the Alberta Human Rights Act, and that Dr. Wall suffered unlawful discrimination on the basis of both his mental disability and his religious beliefs. As a result, all charges related to him refusing to wear a mask must fail.

With respect to the remaining charges, Dr. Wall takes the position that he lawfully exercised his freedom of expression rights pursuant to Section 2(b) of the Charter, that he acted professionally by protecting his patients from the harms arising from masking, and that he did not breach any CMOH orders.

Dr. Wall maintains that he has two protected characteristics, mental disability and religious beliefs. He states that the actions of the College resulted in him experiencing an adverse impact, and that his mental disability and religious beliefs are protected characteristics.

With respect to establishing his mental disability, Dr. Wall described the symptoms he experienced when he wore a mask while treating patients, and that his description of his symptoms were verified by his physician, Dr. Salem. Dr. Wall notes that there has been no evidence produced to the contrary, and that Dr. Salem's medical notes identifying the medical basis for his exemption were not contested by the College. Dr. Wall further relies upon the expert opinion evidence from the respirologist, Dr. Bao Dang, and from the occupational health and safety witness Chris Schaefer, who stated that some individuals who wear a mask do experience symptoms similar to those experienced by Dr. Wall.

Dr. Wall also claims a protected religious belief. He explained his Christian beliefs regarding masking. He argues that his religious beliefs are sincere, have a basis in Christianity, and would be substantially interfered with, should he be required to wear a mask. He stated that he is a Christian, and follows the requirements of the Holy Bible. He referred to quotes from Genesis 1:27; "God created mankind in his own image. In the image of God, he created them. Male and female, he created them." Dr. Wall then stated that he believes his face is sacred to him and also

sacred to God, as it is a manifestation of his image. Dr. Wall believes that to cover up his face would be a barrier between him and Jesus Christ. He further stated that complying with an order to wear a mask is essentially fearing man and not God. He then cited other quotes from the Bible, and stated that the requirement to wear a mask violates his life of faith. Dr. Wall argues that there is no question that his belief was sincere.

Dr. Wall maintains that he suffered two adverse impacts as a result of being required to wear a mask. The first adverse impact arose when the College applied to suspend his practice permit. The second adverse impact is the charges brought against him and the ongoing prosecution of them.

In response to the College taking the position that Dr. Wall never requested an accommodation of his alleged disabilities, Dr. Wall maintains that he did in fact request an accommodation when he spoke to Dr. Halowski and Mr. Lawrence via telephone on or around December 5, 2020. He further states that in a subsequent call with Mr. Lawrence, the issue of accommodation of his mental disabilities was discussed. Dr. Wall states that where there is inconsistency between his evidence and that of Dr. Halowski and Mr. Lawrence, Dr. Wall's evidence ought to be preferred. In addition, on approximately December 14, 2020, Dr. Wall provided a doctor's note from his physician stating that he was unable to wear a mask. Dr. Wall maintains that the provision of that doctor's note resulted in the College being obligated to work towards an accommodation. The religious exemption was also brought to the College's attention in the submissions made by Dr. Wall's counsel when responding to the Complaint Director's permit suspension application.

Dr. Wall relied upon the *Telus v. T.W.U.*¹¹ decision, where the Court of Appeal of Alberta stated that it was unnecessary for an employer to demonstrate knowledge of an employee's disability in cases involving adverse effect discrimination. In that case the Court found that the three part test is sufficient to accommodate cases where an employer's knowledge is relevant to a prima facie case, and thus knowledge should not be added as a fourth element of the prima facie case test. Dr. Wall maintains that he has established a prima facie case of discrimination as a result of his mental disability and religious beliefs. As a result, the duty to accommodate was triggered without the College needing to become aware of it.

When determining whether or not the discrimination may be seen to be justified as a bona fide occupational requirement the onus is to be shifted to the College. In support, Dr. Wall refers to the three part test set out in the Supreme Court of Canada's *Meiorin*¹² decision; the first is that the standard adopted is rationally connected to the activity within the issue; the second is that the standard was adopted in the good faith belief that it was necessary; the third is to show that the standard was reasonably necessary.

Dr. Wall concedes the first two components of the test; that universal mandatory masking is rationally connected to a practicing chiropractic, and that the mandatory masking was adopted in good faith. However, Dr. Wall maintains that the College has the onus of demonstrating the third part of the test; that it could not accommodate Dr. Wall without experiencing undue hardship.

¹¹ *Telus Communications Inc. v. Telecommunications Workers Union*, 2005 FCA 262

¹² *British Columbia (Public Service Employee Relations Commission) v. BCGSEU* [1999] 3 SCR 3

The *Meiorin* decision in turn cites the earlier Supreme Court of Canada decision in *Central Okanagan School District v. Renaud*¹³, which held that undue hardship infers that some hardship is acceptable, and that in order to justify a rule or requirement it must accommodate factors relating to the unique capabilities and inherent worth and dignity of every individual, up to the point of undue hardship. Dr. Wall maintains that the College has not produced any evidence of any attempts to accommodate Dr. Wall in December of 2020. Dr. Wall maintains that it is no answer for the College to state that it was required to adhere to the CMOH order, as the *Alberta Human Rights Act* is quasi-constitutional legislation that supersedes the provisions set out in the *Public Health Act*. Dr. Wall further argues that this supremacy was accepted by the CMOH and AHS, who expressly permitted exemptions for masking based upon mental concerns and limitations. He states an accommodation was clearly possible, and was demonstrated when AHS permitted Dr. Wall to reopen his clinic in 2021, and treat patients without Dr. Wall being required to wear a mask.

With respect to masking being a bona fide occupational requirement, Dr. Wall states that it is not. He stated that there is abundant evidence to establish that masks are ineffective. He maintains that masks do not have any impact on transmission, and there is no increase to the risk of transmission in failing to wear a mask.

Dr. Wall then critiqued the evidence of Dr. Hu, and challenged both his credibility and reliability. He pointed out that Dr. Hu maintains that asymptomatic transmission of COVID-19 is high, but

¹³ *Central Okanagan School District No. 23 v. Renaud*, 1992 CanLII 81 (SCC), [1992] 2 SCR 970

that both Dr. Bridal and Dr. Warren testified that asymptomatic transmission of COVID-19 is very low or negligible.

Dr. Dang also disagreed with the evidence of Dr. Hu, and referenced a study that showed masks have no impact on viral transmission. He also challenged Dr. Hu's claim that viral transmission was reduced in all countries that implemented mandatory masking, stating there was no report or study that would support Dr. Hu's claim. He also challenged Dr. Hu's comment with respect to the number of health workers who contracted COVID-19 while being masked. Dr. Dang stated that he observed hundreds of healthcare workers becoming infected with COVID-19 in Medicine Hat alone, contrary to Dr. Hu's comment that there were less than a hundred transmissions as identified by AHS arising between a healthcare worker and a COVID-19 positive individual in the entire province. He then stated that mask mandates are not based on science, but were politically influenced.

Dr. Bridal's evidence is that aerosol transmission of COVID-19 is significant, and that masks do not prevent aerosol transmission by symptomatic individuals. He stated that aerosols are able to escape the mask in areas where it does not seal directly to the face and as a result of the large pore size of the mask. This is contrary to the evidence of Dr. Hu, who testified that healthy individuals were able to regularly transmit the virus to others. Where their evidence conflicts, Dr. Wall states that Dr. Bridal's evidence is to be preferred over Dr. Hu's.

Dr. Wall maintains that the College has the onus to establish that masks are a bona fide occupational requirement, and that they are only able to do so if they establish the effectiveness of masking. Dr. Wall maintains that the College failed to meet that onus.

Dr. Wall also commented on the minimal cross-examination of Dr. Wall's witnesses, and stated that much of their evidence was unchallenged.

Dr. Wall argued that as a result of the College's wrongful discrimination against him, charges 1(a), 1(b), 1(c), 2(a), 2(b), 4(a), 4(b) and 5(b) have not been established. He states that all of these charges effectively are a violation of his human rights, and that the Pandemic Directive requirements are discriminatory and unlawful. He maintains that he did not commit unprofessional conduct by refusing to obey them.

On the issue of reasonable accommodation, Dr. Wall argues that Telehealth is not a viable accommodation. Chiropractors must be able to provide physical manipulation to their patients, and are only able to perform their services by physically touching their patients. He stated it is also not a reasonable accommodation to close the office. Dr. Wall states that it is very apparent that he could have been accommodated as proven by the conditions subsequently imposed on him. In the particular circumstances of Dr. Wall's practice, where he was the only chiropractor in the office and only saw one patient at a time, these restrictions were viable.

Dr. Wall also maintains that he did not breach any CMOH order. He states that CMOH Order 16-2020 was inapplicable, as the Pandemic Directive superseded it. The masking orders (being CMOH 38-2020 and CMOH 42-2020) also contained exemptions which Dr. Wall claims he has qualified for. Dr. Wall also states that those CMOH orders allowed individuals to self-diagnose any medical conditions, and that this did not require any medical evidence. The CMOH orders only required medical evidence after May, 2021. This postdates the relevant dates, being June-December 2020.

Dr. Wall also maintains that charges 3-b and 3-c violate Dr. Wall's right to freedom of expression as protected by Section 2(b) of the Charter. Dr. Wall states that telling the truth about masking to patients cannot be unprofessional conduct, as charges 3(a) and 3(c) amount to compelled speech which is a violation of the Charter. Charge 3(c) attempts to penalize Dr. Wall for telling his patients information that the College does not want him to say. The only possible justification for this compelled speech and censorship is if the College is able to establish that the comments they wanted Dr. Wall to make were true, and that the comments Dr. Wall made were untrue. Dr. Wall maintains that the College has not been unable to demonstrate either.

With respect to the patient masking charges, being 1(d), 2(c) and 3(b), Dr. Wall states that these charges have no basis. He relies upon the Pandemic Directive, which makes no mention of patients masking. He also relies on CMOH Order 16-2020, which does not instruct chiropractors to have patients mask. Similarly, neither the Pandemic Directive nor AHS have any requirements with respect to charting, or with respect to patients being required to mask. Dr. Wall states that the only possible grounds for any charges with respect to patient masking, is paragraph 4 of the Reopen Notice. That paragraph requires Dr. Wall to ensure that the patients he treats continue to wear a mask. Dr. Wall questions the lawfulness of that notice, on the basis that neither the CMOH or the *Public Health Act* is made reference to. He also points out the contradiction in the Reopen Notice issued by AHS with respect to the mask exemptions contained in CMOH Orders 38-2020 and 42-2020. He states that the CMOH Order supersedes the Reopen Notice, and that if the Reopen Notice contains anything contrary to the CMOH orders it ought not to be considered. He also states that paragraph 4 is unenforceable, as he has no way of knowing what might constitute a mask exemption, or what evidence of that exemption might be sufficient. Finally, he

states that the charges against him make no mention of the AHS Reopen Notice, nor has the College ever charged Dr. Wall with being in contravention of any AHS order. He maintains that he has never been properly charged, and as a result all the patient masking charges must fail.

Dr. Wall further argues that he could not have committed professional misconduct by requiring his patients to wear a mask in his clinic, as masks are harmful. He maintains that he acted in accordance with his professional obligations by protecting his patients from harm. Dr. Wall maintains that the evidence that was provided to the Tribunal makes it clear that masks are harmful. He argues that politics and power sometimes supersede reason and science, and that by allowing his patients to determine whether or not they wear masks in his clinic he upheld his professional requirements of the Code of Ethics and Standard of Practice, and that doing whatever the Government says, or whatever the College says, is not to be prioritized over the interest of patients. He maintains that he at all times acted with the utmost professionalism, by speaking the truth and protecting his patients.

Hearing Tribunal Analysis:

The facts in this case are not in dispute. Dr. Wall has candidly admitted to all of the facts underlying each of the five charges the College has brought against him.

Dr. Wall is also not challenging the authority of the College to create policies in order to satisfy the requirements set out in the *Health Professions Act*, and he has acknowledged that he is bound by the College's Rules and Standards of Practice.

Dr. Wall has also acknowledged the authority of the College to create the Pandemic Directive in satisfaction of the requirements set out in the Health Professions Act. Dr. Wall is not challenging the College's motivation and reasonableness when it created and established that directive.

Dr. Wall has agreed that practicing as a chiropractor is a privilege, not a right. He has also acknowledged that he is bound by the College's rules. He has previously always abided by the College's rules and requirements since he started practicing in Alberta in 1987. The only time that Dr. Wall operated offside the College's requirements began in June of 2020 when he unilaterally determined that he would no longer wear a mask, contrary to the College's Pandemic Directive, and chose not to notify the College of his decision.

Dr. Wall has further expressly acknowledged that practicing chiropractic is a privilege, not a right. This is an appropriate point on which to commence our analysis.

In *Mussani v. College of Physicians and Surgeons of Ontario*, the Ontario Court of Appeal clearly stated that:

"the weight of authority is that there is no constitutional right to practice a profession unfettered by the applicable rules and standards which regulate that profession".

This principle was accepted and reinforced in *Tanase v. College of Dental Hygienists of Ontario*, 2021 ONCA482 where the Ontario Court of Appeal stated:

"Nor is there a common law right to practice a profession free of regulation... the right to practice a profession... is a statutory right – an important right, to be sure, but a right that is subject to adherence to the governing legislation and rules made under it. There is no common law, proprietary or constitutional right to practice medicine, as this court reiterated in Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario..."

It has been made very clear by the Courts that regulated professionals have an obligation to follow the rules and regulations instituted by their governing bodies. Failure to do so will result in punishment and sanctions.

Dr. Wall admitted that he initially complied with the Pandemic Directive and did wear a mask when treating his patients. Dr. Wall found that the mask became problematic, as he had feelings of claustrophobia and anxiety, and an inability to concentrate. He then attempted to wear a face shield, but experienced similar symptoms. He then self-diagnosed a mental disability and stopped wearing either a mask or face shield. His failure to wear a mask was directly contrary to the Pandemic Directive issued by the College, and also directly contrary to the then current CMOH Order, as neither the Pandemic Directive nor the CMOH Order provided for any exemptions for mask wearing. Dr. Wall's defense to the charges against him is that the College has unlawfully discriminated against him on the basis of his mental disability and his religious beliefs, and has refused to accommodate him.

Dr. Wall failed to advise the College that he was not complying with the requirements of the College's Pandemic Directive. He also did not provide any explanation as to why he did not immediately obtain a Doctor's note confirming his self-diagnosed mental condition. He stated that he did not believe a doctor-confirmed medical exemption was necessary, and claimed that he did not understand that the Pandemic Directive required him to contact the College. When Dr. Wall initially spoke to Dr. Halowski on December 2, 2020, he did not indicate that he had any medical disability, nor did he request any accommodation. Rather, that conversation involved

him commenting that he believed COVID-19 wasn't serious, and that he did not like how he felt when he wore the mask.

It is evident that Dr. Wall made a unilateral decision to stop wearing a mask contrary to the express requirements of both the Pandemic Directive and the CMOH Order. This is very concerning. We can come to no other conclusion but that Dr. Wall had unilaterally decided to practice contrary to the express requirements of both the Pandemic Directive and the CMOH Order. He did so deliberately, and was either willfully blind or deliberately ignorant of his obligations. It is also concerning that the first medical note provided was only obtained after the College contacted him and requested one. That first medical note from Dr. Salem was deemed unsatisfactory by the College, and a further medical note was requested. The second medical note from Dr. Salem contained no diagnosis, no prognosis and no treatment plan. Nevertheless, the College allowed Dr. Wall to continue to practice under certain conditions. These conditions included requiring him to inform the patients that he had a public exemption for masking, and to obtain a signed, written confirmation from each patient to agree to be seen and treated by Dr. Wall without him being required to wear a mask or face shield.

Dr. Wall also made a claim for a religious exemption for not wearing a mask. Dr. Wall stated that he was a very religious person, and that he had deeply held beliefs that he should not wear a mask. However, he made no requests for religious exemption during the period of June 2020 to early December 2020. He also made no mention of any religious beliefs when he first spoke to the College in December of 2020. Based upon his evidence of his deep faith, one would have expected that Dr. Wall would have made such a claim at that time, if not earlier. Instead, the

religious exemption claim was only made via his legal counsel in response to the College's request for an interim suspension, and after his offices were shut down by AHS. Based on Dr. Wall's claim of deep and devout faith, one would have expected him to raise his religious exemption claim earlier.

We find that Dr. Wall knowingly and continually disobeyed the Pandemic Directive based on his own personal beliefs that COVID-19 was not as harmful as the authorities said it was. He has provided no explanation as to why he failed to contact the College once he self-diagnosed his medical disability. We also have serious doubt about his claimed religious exemption. Although he testified that he is devoutly religious, and initially had intentions of making his life career that of a youth pastor, he failed to invoke any religious exemption request until after his clinic was shut down and did so only when his counsel responded to the College in mid-December, 2020. He admits that he made no mention of any religious exemption in either of the discussions he had with Dr. Halowski or Mr. Lawrence.

Following the close of arguments, counsel for Dr. Wall forwarded two further decisions that he asked the Tribunal to consider. The first of these decisions was *CM v Alberta, 2022 ABKB 716*. That decision dealt with parents who opposed the removal of masks at schools based upon their children's heightened health risks. In particular, the parents sought to challenge CMOH Order 08-22, stating that the Order was unreasonable, and violated Sections 7 and 15 of the Charter. The Court in that case concluded that the Order of the Chief Medical Officer of Health was unreasonable, as it was based on an interpretation of the Public Health Act as giving final authority over public health orders to public officials. The Court further dismissed the application

for Charter relief. This case dealt primarily with the issue of political impact on public health orders and, in particular, political involvement in CMOH Order 08-2022.

The second case, *R v Stephens, 2022 ABPC 220* involved a pastor who was charged with failing to comply with an order of a Medical Officer of Health. The pastor was charged with failing to ensure his congregation maintained a minimum 2 meter distance from another person. After a thorough review of the facts, the Court concluded that while the pastor may not have taken the steps necessary to ensure that his congregation complied with the 2 meter requirement, there was no evidence that the pastor himself had failed to comply with the 2 meter requirement. As a result, the pastor was found not guilty.

Neither of these cases are helpful, as they fail to address the fundamental issues in this matter.

The pastor was not a regulated professional governed by the HPA.

When the College did become aware of the request for the exemptions they accommodated him by permitting him to practice pursuant to the terms of the January 25, 2021 AHS rescind notice.

That rescind notice was issued in conjunction with a letter from Dr. Linford of the College dated December 18, 2020 where the following express conditions were placed upon Dr. Wall:

(1.) Dr. Wall shall inform each client he sees that Dr. Wall has a medical exemption from the public health order that all persons in a public place must wear a face mask, and Dr. Wall shall obtain the written confirmation signed by each patient that the patient agrees to be seen and treated by Dr. Wall without him wearing a face mask or face shield. Dr. Wall shall provide copies of the written confirmation from each to the Complaints Director by 5 p.m. on Friday of each week in which Dr. Wall sees any patients. This requirement will remain in effect as long as the public health order for physical barriers, social distancing and face masks are in effect.

(2.) Dr. Wall shall direct any staff person assisting in his office, whether that person is paid or unpaid, to comply with the current public health order requiring

use of physical barriers, social distancing and face masks. If any staff person claims an exemption from the wearing of a face mask, Dr. Wall shall consult with Alberta Health Services as to whether the claim of an exemption is supported by objective proof.

(3.) Dr. Wall shall maintain a log of screening questions asked and answered by all patients and daily screening of his staff and himself, regarding any symptoms or events that would require isolation and/or testing for Covid 19. The list of screening questions is set out on page 10 of the ACAC (now CCOA) Pandemic Practice Directive issued May 3 and revised May 25, 2020. Dr. Wall shall provide a copy of the log to the Complaints Director by 5 p.m. on Friday of each week that the public health orders for physical barriers, social distancing and face masks are in effect.

(4.) In the event that Dr. wall shows any symptoms or answers positive to the screening questions, he shall not see or treat any patients until he has been tested for Covid 19 by Alberta Services and received confirmation of a negative test result. Dr. Wall shall provide proof, satisfactory to the Complaints Director, of the negative test result on the same date that Dr. Wall receives the test result. Dr. Wall shall not see any patient until he has received confirmation from the Complaints Director that he can return to seeing and treating patients.

Dr. Wall at no time challenged the closure order, and at no time appealed any of these conditions.

Dr. Wall's defense to the charges is that the Pandemic Directive is a violation of his Human Rights and that his Charter Rights have been violated. He argues that The Human Rights legislation is quasi-constitutional, and that all Provincial statutes, including the *Public Health Act* and the *Health Professions Act*, are subject to it. We agree that this is a correct statement of the law. However, the *Alberta Human Rights Act* is limited in its application where a bona fide occupational requirement can be established.

It is well-established that a requirement may be imposed on an individual even if, on the face of it, the requirement appears to be discriminatory. This is known as a bona fide occupational requirement. In order for the College to be successful in arguing that the Pandemic Directive is a

bona fide occupational requirement, they must satisfy the three part test that is set out in the Supreme Court of Canada Meiorin decision.

It is also difficult to conceive that the College ought to be responsible for accommodating Dr. Wall for the period of June-December, 2020, when he at no time requested any accommodation. During that period of time Dr. Wall practiced in contravention of the Pandemic Directive, and only stopped doing so when a patient complaint was made to AHS, and ultimately was forwarded to the College. Dr. Wall's comments about his personal beliefs regarding the spread of COVID-19 and the health impacts of contracting COVID-19 support the conclusion that Dr. Wall operated in open defiance of the Pandemic Directive.

While we have difficulty with Dr. Wall's conduct in the manner of defying the Pandemic Directive, and his failure to claim his medical and religious exemptions until after a complaint was received by the College, it is not necessary for us to delve deeply in to the validity of these exemption claims given the conclusion arising from our analysis of the *Meiorin* decision.

Meiorin established a three part test when determining whether or not an imposed standard is a bona fide occupational requirement (BFOR). In *Meiorin* the court stated:

2. Steps One and Two

71 *The first two elements of the proposed BFOR analysis, that is (1) that the employer adopted the standard for a purpose rationally connected to the performance of the job; and (2) that the employer adopted the particular standard in an honest and good faith belief that it was necessary to the fulfillment of that legitimate work-related purpose, have been fulfilled.*

3. Step Three

72 *Under the third element of the unified approach, the employer must*

establish that the standard is reasonably necessary to the accomplishment of that legitimate work-related purpose. To show that the standard is reasonably necessary, it must be demonstrated that it is impossible to accommodate individual employees sharing the characteristics of the claimant without imposing undue hardship upon the employer. As noted, the burden is on the government to demonstrate that, in the course of accomplishing this purpose, it cannot accommodate individual or group differences without experiencing undue hardship.

Dr. Wall has expressly conceded steps one and two of the analysis. What is at issue is whether the College is able to establish that the pandemic directive was reasonably necessary to accomplish a legitimate work related purpose, and that it was impossible to accommodate Dr. Wall without experiencing undue hardship. *Meiorin* has established that the concept of undue hardship means that some hardship is acceptable. In order to satisfy the test the College must show that the hardship is “undue”. Undue hardship is an amorphous concept, and must be considered in the context of each individual case it is applied to.

The Supreme Court in *Meiorin* provides useful commentary with respect to the application of this third step:

*63. When determining whether an existing standard is reasonably necessary for the employer to accomplish its purpose, it may be helpful to refer to the jurisprudence of this Court dealing both with the justification of direct discrimination and the concept of accommodation within the adverse effect discrimination analysis. For example, dealing with adverse effect discrimination in Central Alberta Dairy Pool, supra, at pp. 520-21, Wilson J. addressed the factors that may be considered when assessing an employer’s duty to accommodate an employee to the point of undue hardship. Among the relevant factors are the financial cost of the possible method of accommodation, the relative interchangeability of the workforce and facilities, and the prospect of substantial interference with the rights of other employees. See also Renaud, supra, at p. 984, per Sopinka J. **The various factors are not entrenched, except to the extent that they are expressly included or excluded by statute. In all cases, as Cory J. noted in Chambly, supra, at p. 546, such considerations “should be applied with common sense and flexibility in the context of the factual situation presented in each case”.***

64. *Courts and tribunals should be sensitive to the various ways in which individual capabilities may be accommodated. Apart from individual testing to determine whether the person has the aptitude or qualification that is necessary to perform the work, the possibility that there may be different ways to perform the job while still accomplishing the employer's legitimate work-related purpose should be considered in appropriate cases. The skills, capabilities and potential contributions of the individual claimant and others like him or her must be respected as much as possible. **Employers, courts and tribunals should be innovative yet practical when considering how this may best be done in particular circumstances.***

66 *Notwithstanding the overlap between the two inquiries, it may often be useful as a practical matter to consider separately, first, the procedure, if any, which was adopted to assess the issue of accommodation and, second, the substantive content of either a more accommodating standard which was offered **or alternatively the employer's reasons for not offering any such standard**: see generally Lepofsky, *supra*.*

67 *If the prima facie discriminatory standard is not reasonably necessary for the employer to accomplish its legitimate purpose or, to put it another way, if individual differences may be accommodated without imposing undue hardship on the employer, then the standard is not a BFOR. The employer has failed to establish a defense to the charge of discrimination. Although not at issue in this case, as it arose as a grievance before a labour arbitrator, when the standard is not a BFOR, the appropriate remedy will be chosen with reference to the remedies provided in the applicable human rights legislation. **Conversely, if the general purpose of the standard is rationally connected to the performance of the particular job, the particular standard was imposed with an honest, good faith belief in its necessity, and its application in its existing form is reasonably necessary for the employer to accomplish its legitimate purpose without experiencing undue hardship, the standard is a BFOR. If all of these criteria are established, the employer has brought itself within an exception to the general prohibition of discrimination.***

(“emphasis added”)

The situation facing the College in the spring of 2020 was entirely unprecedented. A worldwide pandemic was under way. In this case, in order to assess the existence of undue hardship we must consider the particular facts at play at that time. In the Spring of 2020 the SARS COVID-2 virus and COVID-19 had been declared a pandemic. Countries around the world were wrestling

with how to contain its spread. There was uncertainty as to the manner and nature of its spread, and as to its infection fatality rate. The Province of Alberta, along with many other jurisdictions, imposed various lockdowns. Entire industries were shuttered, and Governments around the world issued trillions of dollars of relief and subsidizing payments. It was a chaotic and unpredictable time. One of the many professions impacted by the lockdowns involved the practice of chiropractic. That practice was completely shut down, throwing all Alberta Chiropractors into a period of uncertainty. It was only following the issuance of CMOH Order 16-2020 that chiropractors were able to practice. That CMOH Order required that as a condition of reopening the College was required to publish COVID-19 guidelines applicable to their profession. CMOH Order 16-2020 required guidelines for masking, social distancing and the installation of plexiglass barriers. The objective was to prevent transmission of infection. The College had a positive obligation to either support or create mandatory mask wearing by its members. This was a legal obligation, and one which must be carefully considered in counterbalance to Dr. Wall's individual rights. CMOH Order 16-2020 stated that:

2. Effective May 4, 2020, and subject to section 6 of this Order, a regulated member of a College established under the Health Professions Act practicing in the community must comply with the attached Workplace Guidance For Community Health Care Settings to the extent possible when providing a professional service.

3. Subject to section 5 of this Order, each College established under the Health Professions Act must, as soon as possible, publish COVID-19 guidelines applicable to the regulated members of the College that are substantially equivalent to the guidance set out in the Workplace Guidance For Community Health Care Settings developed by Alberta Health, along with any additional guidelines specific to the usual practice of the regulated profession.

6. Section 2 of this order does not apply in respect to the regulated member under the Health Professions Act whose College has published covid 19 guidelines as required under section 3 of this order.

The Workplace Guidance For Community Health Care Settings document specifically required that:

“All staff providing client/patient care or working in client/patient care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct client/patient contact or cannot maintain adequate physical distancing (2m) from clients/patients and coworkers.”

There is no question that the College was obligated to follow the Workplace Guidance For Community Health Care Settings or implement equivalent requirements. In the circumstances it is very clear that the College acted reasonably in invoking the mandatory masking requirement. There is also no question that the pandemic directive was rationally connected to the practice of chiropractic and imposed with honest and good faith belief in its necessity. It was also reasonably necessary in order to have the College have its members return to work. If the College refused to implement the mandatory Workplace Guidance For Community Health Care Settings its members would have been unable to return to work. The College clearly had a legal obligation to comply with CMOH Order 16-20. That is a significant consideration in this matter. Had the College not complied and allowed Dr. Wall to practice without wearing a mask they would have been in breach of that Order.

The only issue to be addressed is whether Dr. Wall is able to successfully argue that there would not be undue hardship to the College if it accommodated his claimed medical and religious disabilities. Fortunately, the issue of reasonable accommodation for people claiming exemption from masking has been directly addressed by the *Human Rights Commission*, both on their website and in a number of decisions of the Chief Commissioner.

The *Alberta Human Rights Commission* website expressly states that:

“when accommodating a relevant, protected ground, consideration will be given to the need to balance accommodation obligations with other legal obligations to coworkers and/or customers.”

The Alberta Human Rights Commission has also recently considered five complaints involving individuals who claimed discrimination as a result of their being required to wear a mask. These cases have all addressed circumstances where the claimant alleged discrimination on the basis of provision of goods, services, accommodations or facilities on the ground of a physical or mental disability. All of the claims were dismissed by the Director in the first instance, with that dismissal then being upheld by the Chief of the Commission and Tribunals of the Alberta Human Rights Commission. In all instances the Commission found that the masking requirement was rationally connected to a legitimate business purpose, adopted in good faith, and that it was not possible to accommodate the complainant without incurring undue hardship.

While each of the above cases involve fact scenarios that differ from the one before this Tribunal, they are illustrative of the approach and considerations of the Alberta Human Rights Commission, and establish that organizations are able to establish and maintain mandatory masking requirements without running afoul of the Alberta Human Rights Act.

Dr. Wall argues that masks cannot be a BFOR as the evidence establishes that masks are ineffective and do little or nothing to protect the public from transmission of COVID-19.

There is much evidence provided in this case by medical experts. They addressed at great lengths the efficacy of masking, and the manner by which COVID-19 is spread, as well as the infection fatality rate of those who contracted COVID-19. Dr. Wall argues that masking is ineffective, and that COVID-19 is not as serious of a concern as those in authority made it out to be. All of this evidence is inconsequential as he has, in argument, expressly conceded that universal mandatory masking was rationally connected to practicing chiropractic, and that universal masking was adopted in the good faith belief that it was necessary.

In reviewing that evidence, the Hearing Tribunal agrees with the College's submission that we should be focused on regulatory compliance and not the efficacy of masking. It is very telling that, notwithstanding whatever beliefs or positions Dr. Wall's experts have on the efficacy of masking, each and every one of the experts called by Dr. Wall acknowledged in cross examination that they either have, or would have, complied with a mandatory masking requirement. By doing so, they have demonstrated that they recognized the obligation to be bound by mandated requirements notwithstanding their beliefs on masking efficacy.

Dr. Wall maintains that even if the College is able to successfully establish undue hardship, the supremacy of the Alberta Human Rights legislation supersedes any requirements of the Public Health Act or Health Professions Act.

While courts have established both the paramountcy of the Alberta Human Rights legislation, as well as its quasi-constitutional nature, they are also prepared to enforce mandatory masking policies. As indicated above, the five recent decisions of the Chief of the Commission and Tribunals of the Alberta Human Rights Commission upheld the Directors' decisions to dismiss

masking discrimination complaints in the first instance. This is a powerful statement from the Alberta Human Rights Commission. It indicates that such complaints have no merit and are not even worthy of a hearing.

In this context, Dr. Wall cannot successfully argue that the College's mandated masking requirement would be found to be offside the Alberta Human Rights legislation.

Dr. Wall further argues that there cannot be a bona fide occupational requirement for masking, as the evidence produced at the hearing establishes that masks are entirely ineffective.

While there was conflicting evidence as to the efficacy of masking there is no doubt that masks have some ability to reduce or minimize transmission and do prevent droplet transmission from symptomatic people. While the evidence is admittedly contradictory, we find Dr. Hu's evidence compelling. Not only was he directly involved with the Government of Alberta's COVID response as a Medical Officer of Health with Alberta Health Services in the Calgary Zone, he also had significant exposure to the specific issue of masking in a health care setting. He also identified that it is not easy to determine when an individual is symptomatic or asymptomatic as there are many low grade symptoms that are difficult to identify. Of particular importance is that Dr. Hu provided evidence with respect to the relevant period, being May 2020 to December 2020. The expert evidence produced by Dr. Wall was provided much later, i.e., between one to one and a half years following the relevant events. It is apparent from the evidence before us that there were many twists and turns in the development of responses by scientists and governments to the COVID-19 pandemic over that period of time. COVID-19 did

not remain static. Dr. Hu's evidence is most temporally relevant. Dr. Hu also presented his evidence reasonably and fairly throughout.

While we do not dispute that there are differences of opinion amongst the experts as to the nature of the spread of the virus and the effectiveness of masks in controlling that spread, where there are contradictions in the evidence we prefer the evidence of Dr. Hu. As a result, we find that to the extent that the Pandemic Directive may have conflicted with any applicable Human Rights Legislation, that conflict is justified as a bona fide occupational requirement.

The College has also raised the principle of ungovernability that arises when members fail to respect their regulatory body. The College cites *College of Physicians and Surgeons of Ontario v. Savic*:

Savic:

"Ungovernability speaks to a pattern of conduct that demonstrates that the member is unprepared to recognize his or her professional obligations and the regulator's role. The privilege of professional regulation depends on members' willingness to be governed in the public interest and to abide by the directions of the College."

There is no doubt that Dr. Wall failed to contact the College when he decided to unilaterally stop wearing a mask. It is also apparent from the facts that Dr. Wall showed no intention of ever contacting the College; he stated that he viewed his claimed medical disability as an issue between him and his physician. The only reason the College became aware that Dr. Wall was not following the Pandemic Directive was a result of a patient complaining to AHS, who then contacted the College. Dr. Wall did not provide any independent medical evidence of any disability until after the complaint was filed and after he had been contacted by the College.

Similarly his claim for religious exemption only arose after his counsel became involved in response to the College's attempt to obtain an order suspending his practice.

It is clear to the Hearing Tribunal that it was Dr. Wall who was required to contact the College. He failed to make any effort to advise the College that he was operating offside the Pandemic Directive. As a member of the College he had a fiduciary responsibility to the College to advise them of his actions. He failed or neglected to do so. This is unacceptable. These actions speak loudly to his ungovernability.

There is also an overarching theme to the submissions of Dr. Wall that speak to his questioning of authority and his refusal to follow government directives based upon his personal beliefs. Throughout his submissions, Dr. Wall made reference to bowing to the authority of the government and questioning the legitimate orders made by the government and its various health agencies. We are satisfied that Dr. Wall intended to defy the Pandemic Directive requirements issued by the College. In doing so, he has clearly demonstrated ungovernability.

The College has also asked us to place no weight on the evidence of Dr. Wall's patients. We agree. Their opinions and perspectives have no bearing whatsoever on this matter and their evidence is of little or no use to this Tribunal.

Decisions Re: The Allegations:

Dr. Wall attempts to avoid charge 5(a) by arguing that his admission to the factual basis was somehow retracted or rescinded by him subsequently stating that he did not believe that he failed to follow any CMOH orders. The standard that we must consider is an objective one. Dr.

Wall's subjective belief as to what he did or did not believe constituted a failure to follow CMOH orders is irrelevant. We find that he has admitted to this charge.

Dr. Wall argues that charges 1(a), 1(b), 1(c), 2(a), 2(b), 4(a), 4 (b) and 5(b) cannot stand as they arise from the alleged unlawful discrimination against him contrary to the Alberta Human Rights Act. As we had previously indicated, we are fully satisfied that the College has established the required bona fide occupational requirement for its actions. This, combined with Dr. Wall's admission to the factual underpinnings of these charges fully satisfies, both in fact and in law, that they have been breached.

Dr. Wall argues that charges 3(a) and 3(c) are an unjustified limitation of his right to freedom of expression. He maintains that he was telling his patients the truth about masks and that as a result he could not have contravened the College's Standards of Practice or the *Health Professions Act*.

In support, Dr. Wall references *Strom v. Saskatchewan Registered Nurses Association*¹⁴. In that case, the Saskatchewan Court of Appeal found that a nurse's unfavorable comments about a nursing home were protected by her freedom of expression. That case was very different factually; Strom had made several negative comments in relation to the care her grandfather was receiving in a nursing home. She was not employed at that nursing home and her comments were made when she was off duty. The Court found in that case that her comments presented a balanced view and were a matter of common sense. The facts before us are very different. As

¹⁴ *Strom v. Saskatchewan Registered Nurses' Association*, 2020 SKCA 112

evidenced by the testimony of the various experts produced by the parties, there is no common ground as to the efficacy of masking. While we have no doubt that Dr. Wall does not believe that masks are effective, and while he is certainly entitled to that view and is free to not wear a mask in his personal life, he remains a regulated professional and must comply with the College's requirements. When the College makes a reasonably grounded requirement, based on sound scientific evidence it is not for Dr. Wall to unilaterally determine they are incorrect. His failure to advise patients of the increased risk of transmission when masks are not worn and his advising patients that masks have no effect on the transmission of COVID-19 was improper. Dr. Wall was also not presenting a balanced view on masking.

There is also another basis on which to deny Dr. Wall's Charter defense to charges 3(a) and 3(c). The Courts have firmly established that "the right to freedom of expression is not absolute and limitations of expression may be justified under section 1" (*Saskatchewan v. Whatcott*)¹⁵. Section 1 of the Charter states that:

"The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

Dr. Wall is not alone in attempting to invoke the protection of the Charter when taking issue with the constitutional validity of public health orders. To date there have been a number of cases where people have attempted to utilize the Charter to have the Courts void the COVID-19 restrictions.

¹⁵ *Saskatchewan (Human Rights Commission) v. Whatcott*, 2013 SCC11

In *Taylor v Newfoundland* [TAB 21] the Supreme Court of Newfoundland and Labrador found that the provincial government's travel restrictions into the province violated the Charter's s.6 mobility rights (the Court also rejected a claim to the same travel restriction based on s.7). The Court found that the restriction on mobility rights was to be upheld as a reasonable limit under Section 1 of the Charter, as it was to be considered in the context of the global pandemic. The opening line of the case conveys the context important to the judicial determination:

"145. It is difficult to overstate the global impact of the SARS-CoV-2 virus, known more commonly by the infectious and potentially fatal disease it causes, COVID-19.

147. Accordingly, [i]n the context of such a public health emergency, with emergent and rapidly evolving developments, the time for seeking out and analyzing evidence shrinks. Where the goal is to avert serious injury or death, the margin for error may be narrow. In such a circumstance, the response does not admit of surgical precision. Rather, in public health decision making the 'precautionary principle' supports the case for action before confirmatory evidence is available." (paragraph 411).

148. In finding the travel restrictions proportionate to the rights infringement of being denied entry to the province to attend her mother's funeral the Court concluded that "the collective benefit to the population as a whole must prevail. COVID-19 is a virulent and potentially fatal disease. In the circumstances of this case Ms. Taylor's Charter right to mobility must give way to the common good. (see paragraph 492)"

A similar challenge to Public Health Orders occurred in *Beudoin v. British Columbia*. In that case the Court found:

150. Viruses can be spread by people who do not have symptoms. As long as the reproduction rate (the average number of people to whom an infected person is likely to transmit the Virus) is greater than 1, the Virus will spread exponentially, with the capacity to overwhelm the health system." (paragraph 10). The government conceded that its restrictions on gatherings infringed a number of the fundamental freedoms under s. 2, and the Court having accepted the concession of rights infringements under s. 2 of the Charter, did not assess the claims advanced under ss. 7 and 15.

151. The Court held that any interference with s.2 Charter Rights was justified under s.1 of the Charter. The public health orders, the Court held, were premised upon "available scientific evidence ... including epidemiological data regarding transmission of the Virus." (paragraph 239). The restrictions on gatherings, the Court found, were "attempting to address ... the risk of accelerated transmission of the Virus, protecting the vulnerable, and maintaining the integrity of the healthcare system." Accordingly, the restrictions "fell within a range of reasonable outcomes. There is a reasonable basis to conclude that there were no other reasonable possibilities that would give effect to the s. 2 Charter protections more fully, in light of the objectives of protecting health, and in light of the uncertainty presented by the Virus. (paragraph 246).

As a result, the alleged violations of the Charter were found to be justified under Section 1 of the Charter.

To the extent that there were any violations of Dr. Wall's Charter Rights, those rights are subject to the provision of Section 1 of the Charter. In the circumstances of the pandemic it was reasonable for the College to implement the restriction that it did.

Dr. Wall next maintains that charges 1(d), 2 (c), 3 (b), and 4(c), relating to Dr. Wall and his son failing to require patients to wear masks and failing to chart patient masking, have no basis in law.


Dr. Wall argues that nothing in the Pandemic Directive requires patients to mask, and that subsequent CMOH orders did not require masking or allowed individuals to be mask exempt.

We find that the amendments made at the commencement of proceedings and in particular the directions of Alberta Health Services Reopen Order are directly applicable. There is no doubt that the Reopen Order required Dr. Wall to have his patients wear a mask. Dr. Wall has expressly admitted that he was not in compliance with paragraph 4 of the AHS January 5, 2021 Reopen Order. As a result, he was operating contrary to Alberta Health Services directions and requirements as charged. We find that these charges have been met.

Having determined that all of the allegations are factually proven, and that the conduct of Dr. Wall does rise to the level of unprofessional conduct as defined in s.1(1)(pp)(i), (ii), (iii) and (xii) of the HPA, we will now await further submissions from the parties as to the appropriate sanction.

Dated this 27th day of January, 2023 in Edmonton, AB

764


James Lees, Public Member and Chair

EXHIBITS

- EXHIBIT A-1 - Amended Notice of Hearing, Notice to Attend as Witness, and Notice to Produce, July 22, 2021
- EXHIBIT A-2 - Email from AHS to Member re Complaint, dated December 1, 2020
- EXHIBIT A-3 - Letter of Complaint Referral from Registrar, dated December 2, 2020
- EXHIBIT A-4 - ACAC Statement on Alberta Health Notice of Closure for a Calgary Chiropractic Clinic, December 15, 2020
- EXHIBIT A-5 - Letter to Member re s.56 Complaint, dated December 21, 2020
- EXHIBIT A-6 - Letter from Member in Response to Complaint, January 11, 2021
- EXHIBIT A-7 - ACAC Complaint Investigation Report
- EXHIBIT A-8 - Letter from Dr. Salem, dated December 12, 2020
- EXHIBIT A-9 - Letter from Dr. Salem, dated January 11, 2021
- EXHIBIT A-10 - ACAC Code of Ethics
- EXHIBIT A-11 - ACAC Standards of Practice
- EXHIBIT B-1 - Letter Requesting s.65 Review, dated December 3, 2020
- EXHIBIT B-2 - Letter Requesting Extension, dated December 9, 2020
- EXHIBIT B-3 - Response of Dr. Wall s.65 Request, dated December 10, 2020
- EXHIBIT B-4 - Response of Dr. Wall s.65 Request and Enclosures, dated December 16, 2020
- EXHIBIT B-5 - Letter of Decision re s.65 Review, dated December 18, 2020
- EXHIBIT C-1 - ACAC Notice to Members re Telehealth Billing, dated March 26, 2020
- EXHIBIT C-2 - ACAC Notice to Members re Consultation, dated April 21, 2020
- EXHIBIT C-3 - ACAC Notice to Members re Consultation, April 22, 2020
- EXHIBIT C-4 - ACAC Website Update on COVID Practices, April 29, 2020
- EXHIBIT C-5 - ACAC Notice to Members re Return to Practice, dated April 30, 2020

- EXHIBIT C-6 - ACAC Notice to Members re Return to Practice, dated May 1, 2020
- EXHIBIT C-7 - ACAC Notice to Members re Approval of Plan, dated May 3, 2020
- EXHIBIT C-8 - ACAC Notice to Members about Masking, May 25, 2020
- EXHIBIT C-9 - ACAC Notice to Members about Masking, dated July 24, 2020
- EXHIBIT C-10 - ACAC Council Updates re Telehealth, July 31, 2020
- EXHIBIT C-11 - ACAC Registrar's Report, August 4, 2020
- EXHIBIT C-12 - ACAC Notice to Members re COVID Practices, dated August 11, 2020
- EXHIBIT C-13 - ACAC Website re Telehealth, October 20, 2020
- EXHIBIT C-14 - ACAC Notice to Members re Directive, dated November 23, 2020
- EXHIBIT C-15 - ACAC Notice to Members re Restrictions, dated November 25, 2020
- EXHIBIT C-16 - ACAC Website COVID FAQs, dated November 25, 2020
- EXHIBIT C-17 - ACAC Website Update on COVID Practices, December 1, 2020
- EXHIBIT C-18 - Notice to Members about Masking, dated December 9, 2020
- EXHIBIT C-19 - ACAC Notice to Members re PPE, dated December 10, 2020
- EXHIBIT C-20 - ACAC COVID-19 Pandemic Practice Directive, May 5, 2020
- EXHIBIT C-21 - ACAC COVID-19 Pandemic Practice Directive, May 25, 2020
- EXHIBIT C-22 - ACAC COVID-19 Pandemic Practice Directive, January 6, 2021
- EXHIBIT D-1 - COVID-19 Business Closure Order CMOH 25-2020, dated December 8, 2020
- EXHIBIT D-2 - Has Order to Rescind Closure Notice, January 5, 2021
- EXHIBIT D-3 - CMOH Order 19-2021, dated May 6, 2021
- EXHIBIT D-4 - CMOH Order 20-2021, dated May 6, 2021
- EXHIBIT D-5 - CMOH Order 22-2021, dated May 13, 2021
- EXHIBIT D-6 - CMOH Order 26-2020, dated June 6, 2020
- EXHIBIT D-7 - CMOH Order 34-2021, dated June 30, 2021

- EXHIBIT D-8 - CMOH Order 38-2020, dated November 24, 2020
- EXHIBIT D-9 - CMOH Order 42-2020, dated December 11, 2020
- EXHIBIT D-10 - City of Calgary – Temporary COVID-19 Face Covering Bylaw, March 11, 2020
- EXHIBIT D-11 - City of Calgary - Bylaw that repeals Mask Bylaw, dated July 5, 2021
- EXHIBIT E-1 - 9-page curriculum vitae for Dr. Jia Hu
- EXHIBIT E-2 - Dr. Jia Hu - Expert Report Masking
- EXHIBIT E-3 - 9-page curriculum vitae for Dr. Bao Dang
- EXHIBIT E-4 - Dr. Bao Dang - Expert Report Masking
- EXHIBIT E-5 - 95-page curriculum vitae for Dr. Byram Bridle
- EXHIBIT E-6 - Dr. Byram Bridle - Expert Report Masking
- EXHIBIT E-7 - 5-page curriculum vitae for Dr. Thomas A. Warren
- EXHIBIT E-8 - Dr. Thomas A. Warren – Expert Report Masking
- EXHIBIT F-1 - GOA Albert's safely staged COVID-19 relaunch, dated April 30, 2020
- EXHIBIT F-2 - CMOH Order 16-2020, dated May 3, 2020
- EXHIBIT F-3 - ACAC Registrar's Report, dated July 5, 2021
- EXHIBIT F-4 - ACAC Frequently Asked Questions, dated July 7, 2021
- EXHIBIT G-1 - AHS - Directive Use of Masks During COVID-19
- EXHIBIT G-2 - AHS - Guidelines for Continuous Masking
- EXHIBIT G-3 - AHS - Personal Protective Equipment (PPE)
- EXHIBIT G-4 - 2-page curriculum vitae of Chris Schaefer
- EXHIBIT G-5 - 89-page document titled "Chris Schaefer Expert Witness Report"
- EXHIBIT H-1 - Preliminary Application, Complaints Director's Reference Document
- EXHIBIT H-2 - Karen MacLeod v. The Alberta College of Social Workers, dated January 12, 2018
- EXHIBIT H-3 - R. v. Chikmaglur Mohan 1994 SCC

EXHIBIT H-4 - Genevieve Wright v. The College and Association of Registered Nurses of Alberta, 2012 ABCA 267

EXHIBIT H-5 - Face Masks to reduce COVID-19 in Bangladesh RCT

EXHIBIT H-6 - Locally Produced Cloth Face Mask and COVID-19 Like Illness Prevention RCT

EXHIBIT H-7 - Response to Curtis Wall Re Vaccinations

EXHIBIT H-8 - Excerpt from the Canadian Thoracic Society guidelines (Document not Provided to be Marked)

EXHIBIT I-1 - The June 12, 2022, hearing decision publication

EXHIBIT I-2 - A partial publication ban

From: Jo-Ann Willson
Sent: March 29, 2023 8:08 PM
To: Rose Bustria
Subject: FW: CCGI stakeholder report - March 2023
Attachments: Stakeholder Report_March 2023_English.pdf

Council.

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

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Carolina Cancelliere <Carolina.Cancelliere@ontariotechu.ca>
Sent: Wednesday, March 29, 2023 7:20 PM
To: Dennis Mizel <dr Mizel@stcatharineschiropractic.com>; Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: Dr. Clark Mills <clarkmills@gmail.com>
Subject: CCGI stakeholder report - March 2023

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

Dear Dr. Mizel and Ms. Wilson,

We hope you are doing well.

Our team has been working diligently to advance the development and knowledge translation of best practices for caring for people with musculoskeletal conditions, with the aim of improving their lives.

Our research and knowledge translation program has a range of activities. Our recent initiatives include launching a free online module to evaluate serious pathology risk in low back patients, an ongoing video

series called 'Research Talks' to help people understand research evidence, and clinician and patient tools for epicondylitis, ankle sprain and plantar heel pain. We're also developing a free online module for diagnosing, assessing, and managing concussions in adults and children, with tools to integrate patient preferences and enhance their experience. This year, we'll publish two systematic reviews on rehab interventions for lumbar disc herniation and children's back pain, and a series of seven papers on systematic reviews and evidence syntheses that informed the WHO clinical practice guideline on managing chronic primary low back pain. Please refer to our bi-annual stakeholder report for more details. Finally, our prior WHO project identified the best evidence-based rehab interventions for non-specific low back pain patients, including radiculopathy, and this information will be used to develop WHO's Package of Interventions for Rehabilitation (article in press

https://www.sciencedirect.com/science/article/abs/pii/S0003999323001600?fbclid=IwAR0wcpumtdKqdFvFzGYboqVD6f2YyjEVOINMHDX_rN-gIMswD6PGvOgzMLk).

801

As you know, we rely on the generosity of individuals and organizations who share our vision to continue our work. Please let us know if the CCO would be interested in supporting our mission through a donation.

Please do not hesitate to contact us if you have any questions or would like to discuss this further.

Sincerely,

Dr. Clark Mills, DC
Chair, Guideline Steering Committee
Canadian Chiropractic Guideline Initiative (CCGI)

Dr. Carol Cancelliere, DC, MPH, PhD
CCGI Project Lead
Scientist, Institute for Disability and Rehabilitation Research
Faculty of Health Sciences, Ontario Tech University
<https://www.ccg-research.com/>
<https://idrr.ontariotechu.ca/>
Mobile: 416-540-6472

March
2023



Canadian Chiropractic Guideline Initiative

ADVANCING EXCELLENCE IN CHIROPRACTIC CARE

802



Canadian Chiropractic Guideline Initiative Bi-Annual Stakeholder Report

Enhancing the health of Canadians by fostering
excellence in chiropractic care



IDRR

INSTITUTE FOR DISABILITY AND REHABILITATION RESEARCH



OntarioTech
UNIVERSITY



Guideline Executive Committee

The Guideline Executive Committee (GEC) is essential for providing formal oversight of the CCGI. The GEC sets the strategic goals for the CCGI, while keeping in mind the standard of patient-centered evidence-based practice and stakeholder priorities and needs; and provides the necessary oversight to ensure that all project activities maintain such alignment.



Dr. Clark Mills, Chair



Dr. Elli Morton



Dr. Shawn Thistle



Dr. Aaron Puhl



Dr. Ayla Azad



Dr. Patricia Tavares



Research Team



Carol Cancelliere DC, PhD
Project Lead



Hainan Yu MBBS, MSc
Research Project Manager –
Guidelines



Leslie Verville MHSc
Research Project Manager –
Knowledge Translation



Danielle Southerst DC, FCCS(C)
Research Associate



Gaelan Connell BHK, DC, MRSc
Research Associate



Poonam Cardoso BHSc, PMP
Finance Officer



Guidelines and Evidence Syntheses

Little is known about the effectiveness of rehabilitation interventions following surgical procedures for back pain and associated leg pain. With joint funding by Eurospine, we conducted a systematic review to understand the effectiveness and safety of post-surgical rehabilitation interventions for adults. Our first review regarding the effectiveness of rehabilitation after surgery for lumbar disc herniation has been submitted for publication.

Knowledge Translation Activities

Evaluating the risk of serious pathology in patients with low back pain is critical. We worked with a team of international and multi-disciplinary experts to develop an updated, evidence-based approach for clinical assessment and action. This course is freely accessible on the CCGI website.

Using the same interactive online platform, we are developing a module regarding the assessment, diagnosis and management of concussion for both adult and paediatric populations. The module will be based on information presented in clinical practice guidelines and other relevant evidence including the Ontario Neurotrauma Foundation guideline for mTBI and persistent symptoms in adults, CDC guideline on the diagnosis and management of mTBI among children, and the 6th International Consensus Conference on Concussion in Sport, Amsterdam, Netherlands, October 2022.

Exploring the pillars of evidence-based practice: We are working with the CCA and the OCA to provide chiropractors with tools to enhance the patient experience, as well as integrating patient preferences and values into clinical decision-making.



Research Talks: Making sense of the world of research



Are you interested in learning all there is to know about research? Research Talks is the perfect place to start! Our series of videos provide easy-to-understand summaries of research concepts - from study designs to interpreting results and more. Don't miss out on this opportunity to deepen your knowledge of research!

The first video is about [randomization and allocation concealment](#) in RCTs, and is available on our YouTube channel.

The CCGI continues to give presentations to interns and residents at CMCC, at provincial AGMs and other events, and at international meetings. Carol and Leslie joined the many chiropractors at the CCA National Convention and Tradeshow in Montreal, Quebec (October 2022), where they spoke about CCGI's resources and upcoming projects.

We continue to partner with the [Canadian Chiropractic Research Foundation \(CCRF\)](#) on building research capacity and partnerships within and external to our profession.



Please feel free to share with us your thoughts about how we can continue to enhance the health of Canadians by fostering excellence in chiropractic care.

806

Visit our [website](#) to access all of our latest resources and projects

Our YouTube videos now have more than 1,000,000 views!



4,900+
YouTube
subscribers



New Twitter
account!
@CCGIresearch



1150+
Facebook
members

For more information about the CCGI and any of our initiatives,
contact us at Carolina.Cancelliere@ontariotechu.ca



Health Profession Regulators of Ontario (HPRO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
web: www.regulatedhealthprofessions.on.ca
Phone: 416-493-4076/Fax: 1-866-814-6456

ITEM 4.1.65

807

Remarks to Ontario's Standing Committee on Social Policy

Bill 60

Your Health Act, 2023

As of March 21, 2023

INTRODUCTION

- Good afternoon. Thank you for the opportunity to be here today.
- I'm Maureen Boon, Registrar and CEO of the College of Massage Therapists of Ontario. The College of Massage Therapists is the regulator for the province's RMTs.
- With me today virtually is Dan Faulkner, Registrar and CEO of the Royal College of Dental Surgeons of Ontario, the regulator of dentists, and Shenda Tanchak, Registrar and CEO of the College of Pharmacists of Ontario, the regulator of pharmacists.
- While we each regulate individual health professions in our day jobs, we are here today representing the Health Profession Regulators of Ontario, or HPRO for short. Beth Ann Kenney, also here today, is the Executive Director of HPRO.
- HPRO's members are the 26 regulatory colleges that regulate all 29 professions – this includes almost 400,000 regulated health professionals in Ontario.
- The 26 health regulators (called colleges) have a legislated duty to protect the public, making sure healthcare professionals are safe, ethical, and competent.
- We have worked alongside government for the past three years to manage the pandemic. We know how hard government has worked to provide the healthcare that Ontarians need and deserve. Like you, we are acutely aware of the impact of COVID on healthcare professionals, on Ontarians, and on our health human resource capacity.
- As regulators, our core responsibilities lie in three areas: 1) registering competent professionals, 2) investigating them when necessary, and 3) running quality assurance programs to ensure they remain competent over time.
- We know that Bill 60 proposes several significant changes to the province's healthcare system, but we are here today to focus on the "As of Right" provisions. These are enabled by Schedule 2 of the Bill, but we understand the details will be further clarified in the regulations.

AS OF RIGHT PROVISIONS

- Bill 60's "As of Right" provisions will allow health professionals from other provinces to work in Ontario without registering (and being overseen) by the profession's regulator here in Ontario.
- Therefore, there will be a regulatory gap from the time of arriving in Ontario to practice to the time that the individual will be registered with the regulator.

- We know that “As of Right” will impact 4 professions - doctors, nurses, respiratory therapists and lab technologists and that government is receiving input from these regulators separately.
- However, as government partners in ensuring safe care for patients, we want to speak with you from the perspective of Ontario’s health profession regulators as a whole.
- As regulators, we support innovation and improving our registration practices. We also support speedy registration and inter-provincial mobility. Individual colleges are working with their provincial counterparts to achieve these goals.

REGISTRATION

- Registration requirements, including education, exams and good character provisions, are crucial to ensuring that regulated health professionals are competent, safe and ethical. As regulators, we want to reduce risk and prevent problems for patients, and these requirements help to do that.
- Registration requirements differ across provinces, but significant progress has been made to improve registration times and inter-provincial mobility. In fact, the majority of out of province applicants are registered in under 2 weeks.
- We know that our counterparts in other provinces are as committed to the public interest as we are. But we also know that information exchange is not perfect, and we believe our expertise and registration processes ensure that health professionals in other jurisdictions don't try to leave their disciplinary histories behind, as we have seen in the past, with consequences for patients.
- As the regulations are drafted, we want to work with government to ensure that safeguards are in place and that professionals with a complaint or a conduct issue in another province are properly vetted before working in Ontario. We also want to ensure there is clear accountability once they arrive.

INVESTIGATIONS

- Our second core responsibility is to receive complaints about health professionals, and to investigate and take action as needed. A concern around “As of Right” is that we cannot investigate a health professional who is not registered with us.
- Who will be accountable for the oversight of “As of Right” professionals and who will investigate complaints? Will this be a responsibility of employers? Patients may expect to contact the provincial regulator as they do today to oversee health professionals’ conduct.
- This is another important detail that we are hoping to work with government on to identify practical and effective solutions. Our investigations processes are legislated and can be complex

for high-risk matters such as sexual abuse or professional misconduct. It is important that these investigations happen in a standardized, legislated way.

- Ontario’s regulators also require health professionals to carry professional liability insurance. This requirement protects the public in the unfortunate instances when patients are hurt. It is not clear to us how “As of Right” will provide Ontarians with the safeguards they have today through regulation.

IN CLOSING

- In closing, we acknowledge and support the need for more health professionals in Ontario.
- HPRO’s goal is to ensure that patients can be confident that the health professionals they see are safe, competent and professional, and that if something goes wrong, there is clear accountability.
- We are open to innovation, to change, and are enthusiastic about working with government to find solutions to address specific gaps in patient safety.
- As a next step, we hope to work with Government on regulations.
- Thank you again for the opportunity to be with you today, and for your work on Bill 60. We are happy to answer any questions you might have.

Conducting a Discipline Hearing - In-Person and Online Hearings

Program Objectives

This program is designed to provide professional regulators with a comprehensive orientation to the discipline process. At the conclusion of the session, participants will have an understanding of:

- ✓ Relevant principles of administrative law
- ✓ Roles of various participants in the hearings process
- ✓ Activities that occur prior to a hearing
- ✓ Procedures associated with the process, including hearings held electronically
- ✓ Responsibilities of panel members

Note: scheduled subject to change

Faculty

Luisa Ritacca, Stockwoods LLP
&
Julie Maciura,
Steinecke Maciura LeBlanc

**Discipline Orientation
Committee Members**

- **Tina Langlois**, College of Medical Radiation & Imaging Technologists of Ontario
- **Genevieve Plummer**, Ontario College of Pharmacists

- 8:45 a.m. Registration into the Go-To-Webinar System Opens**
- 9:00 a.m. Introduction and Legal Framework**
Topics include: applicable legislation, jurisdiction, the public interest, confidentiality, disclosure, allegations, penalties, and costs
- 9:45 a.m. BREAK**
- 10:00 a.m. Principles of Administrative Law and Fitness to Practice Process**
Topics include: nature of a hearing, natural justice, transparency, burden of proof, and accountability, and how the FTP process differs from discipline, and the definition of incapacity
- 10:45 a.m. BREAK**
- 11:00 a.m. Pre-Hearing Procedures and Roles of Participants in the Hearings Process**
Role-play will focus on conducting a videoconference Pre-Hearing Conference and the goal of narrowing the issues, coming to an agreed statement of fact, and developing joint submissions on penalty; discussion will focus on the roles of panel members, members, prosecution and defence counsel, independent legal counsel, intervenors, media, experts, witnesses, court reporters, and staff
- 12:00 p.m. LUNCH BREAK**
- 1:00 p.m. Roles of Participants in the Hearing Process (Continued) and The Discipline Hearing**
Discussion will focus on the roles of panel members, members, prosecution and defence counsel, independent legal counsel, intervenors, media, experts, witnesses, court reporters, and staff; through a role-play, participants will experience an abbreviated, contested virtual hearing
- 1:45 p.m. BREAK**
- 2:00 p.m. The Discipline Hearing (Continued)**
- 2:45 p.m. BREAK**
- 3:00 p.m. Responsibilities of Panel Members**
Discussion will focus on panel member conduct prior to, during, and after the hearing by using real case examples of situations where panel member conduct is questioned (completion of assigned homework recommended)
- 3:45 p.m. Wrap Up and Closing of Session**

Conducting a Discipline Hearing - In-Person and Online Hearings

Program Description

This advanced program was developed because of the success of the Basic Program and an identified need for advanced training. It is a “beyond-the basics” learning opportunity for adjudicators. The advanced program will help discipline panel members develop their skills to deal with challenging situations while chairing hearings and deliberations. The program is intended to develop critical thinking and the “how to” needed to meet unique situations. Participants will learn how to confidently control the proceedings, demonstrate fairness, assess the evidence, facilitate panel deliberations and ensure adequate reasons for the decision while meeting head-on, a complex array of challenges that can arise in hearings.

Note: scheduled subject to change

Faculty

Luisa Ritacca, Stockwoods LLP
&
Julie Maciura,
Steinecke Maciura LeBlanc

**Discipline Orientation
Committee Members**

- **Tina Langlois**, College of Medical Radiation & Imaging Technologists of Ontario
- **Genevieve Plummer**, Ontario College of Pharmacists

- 8:45 a.m. Registration into the Zoom Meeting**
- 9:00 a.m. Welcome and Basic Overview**
Introduction to the concepts of controlling the proceedings, giving parties a fair opportunity to participate, explaining the decision, and managing conflicts/potential bias
- 9:05 a.m. “Give Everyone a Chance” — Role Play**
Participants will act out scenes which demonstrate the first and last rule structure for objections, motions and submissions, and how the panel ensures fairness to the parties
- 9:35 a.m. “You’re in Charge”**
Participants will consider challenging situations that test the panel’s ability to be in charge of conducting the hearing and control the proceedings
- 9:55 a.m. BREAK**
- 10:10 a.m. “You’re in Charge” (continued)**
- 10:25 p.m. “Only the Evidence”**
Participants will discuss how they would deal with the evidence and how the evidence forms the basis for the decision
- 11:00 a.m. BREAK**
- 11:15 a.m. “Only the Evidence” (continued)**
- 11:45 a.m. LUNCH BREAK**
- 12:45 p.m. “Explain Yourself”**
Participants will interact to learn about the deliberation process, highlighting the Chair’s role in leading the deliberation process and how it is separated from the reason-writing process. A perfunctory credibility assessment, which could lead to an appeal, is highlighted; requirements for adequate reasons in decision-write are also highlighted
- 1:25 p.m. BREAK**
- 1:40 p.m. “Explain Yourself” (continued)**
- 2:30 p.m. BREAK**
- 2:45 p.m. “No Connection with Participants”**
Scenarios will be presented which demonstrate situations where panel members may find themselves unwittingly mingling with the parties or realize that they may know a witness from their personal or professional lives
- 3:45 p.m. Concluding Remarks and Evaluation**



**Discipline Orientation Workshop—Spring 2023
Basic (May 26) & Advanced (June 9) Sessions
Registration Form**

815

REGISTRANT INFORMATION

Name: _____

College: _____

Phone: _____

Email: _____

Accommodation Needs (please advise if you wish to be contacted prior to the event re. your specific needs):

Have you attending a previous Discipline Orientation Workshop? Yes No

Have you participated in discipline hearings? Yes (1) Yes (2-5) Yes (6+) No

If the person completing the form is not the Registrant, please share the following:

Name & email of person completing the form: _____/_____

RATES (HST INCLUDED)		By May 1	After May 1	TOTAL
Basic (May 26 only)	HPRO Member*	\$450	\$500	_____
Basic (May 26 only)	Non-Member	\$550	\$650	_____
Advanced (June 9 only)	HPRO Member*	\$450	\$500	_____
Advanced (June 9 only)	Non-Member	\$550	\$650	_____
Basic & Advanced (both)	HPRO Member*	\$800	\$900	_____
Basic & Advanced (both)	Non-Member	\$900	\$1000	_____
Basic Session Binder Only (by request/by courier)	Only 'til May 1	\$75	N/A	_____

* Member rates apply to all Council, Committee Members, and Staff of HPRO Members

HST #871392825

College to be invoiced for registrations submitted from that College, payable in advance of the session

See the HPRO website (www.regulatedhealthprofessions.on.ca) for terms/policies related to event registration

SUBMIT FORM BY:

Mail: HPRO - 301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0 | Fax: 1-866-814-6456

Email: info@regulatedhealthprofessions.on.ca

CITATION: College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, 2023 ONSC 864
DIVISIONAL COURT FILE NO.: DC-21-010-00
DATE: 20230208

ONTARIO
SUPERIOR COURT OF JUSTICE

DIVISIONAL COURT

Backhouse, Newton, O’Brien JJ.

B E T W E E N:

MICHAEL VENNERI

Appellant

Self-represented

- and -

COLLEGE OF TRADITIONAL CHINESE
MEDICINE PRACTITIONERS AND
ACUPUNCTURISTS OF ONTARIO

Respondent

Natasha Danson, for the Respondent

Heard: by videoconference in Toronto on
February 1, 2023

BACKHOUSE J.

REASONS FOR DECISION

Overview

[1] Mr. Venneri (the “Appellant”) has brought a statutory appeal against a decision by the Health Professions Appeal and Review Board (the “Board”), dated August 22, 2018. The Board confirmed an earlier decision of the Registration Committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the “Respondent” or “College”), dated August 22, 2018, which concluded that the Appellant did not meet the requirements for registration as a Traditional Chinese Medicine (“TCM”) Practitioner and Acupuncturist. The Appellant asks the court to set aside the Board’s decision. The Respondent asks the court to dismiss the appeal.

Background

The Grandparented Class of Registration and the Transfer Route to the General Class

[2] The College regulates the practice of TCM and acupuncture in the province of Ontario. Its duty is to serve and protect the public interest under the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the “Code”) and the *Traditional Chinese Medicine Act, 2006* (the “Act”).¹

[3] When the College was established on April 1, 2013, it set up several categories of registration under O.Reg. 27/13 (“TCMA Regulation”).² The Grandparented class allowed established TCM practitioners and acupuncturists to transition gradually into the newly regulated profession. Effectively, those who applied to the Grandparented class between April 1, 2013 and April 1, 2014 could defer a competency assessment for up to five years.³

[4] Once admitted, Grandparented members had until April 1, 2018 to transfer to the general class by satisfying a number of requirements. Most relevant to this appeal was the requirement to complete a prior learning assessment process (“PLAR”). One path to completing the PLAR was through the completion of a case study assessment which was the path chosen by the Appellant.⁴ The Registration Committee could exempt Grandparented members from the PLAR requirement, but only in the clearest of cases given that these members had not otherwise had their competencies assessed.⁵ All Grandparented members were required to complete their PLAR case study assessments by July 1, 2017, with additional attempts permitted on an as needed basis until November 1, 2017.

[5] Only members of the College can call themselves acupuncturists and provide TCM diagnoses. However, registered members of the College of Chiropractors of Ontario of which the Appellant is one, can provide acupuncture.⁶

Events Giving Rise to the Registration Committee’s Decision

[6] The Registration Committee initially refused the Appellant’s application to become a member of the Grandparented class. The Appellant applied for a Board hearing to review that decision. Prior to the Board’s review, the College retained an expert, Mr. Richard Kwan, a TCM practitioner. He reviewed three patient records of the Appellant and opined in a Report dated March 12, 2016 that the Appellant had conducted “traditional Chinese medicine patient visits.” A copy of Mr. Kwan’s report was sent to the Appellant’s counsel on April 14, 2016 who responded back to the College. The Appellant denies receiving Mr. Kwan’s report at this time. The Registration Committee was satisfied on the basis of Mr. Kwan’s report, that the Appellant had

¹ *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act*, 1991, SO 1991, c 18 at s. 3(1)1; *Traditional Chinese Medicine Act*, 2006, SO 2006, c 27 at s. 5 [Act].

² (historical version for the period December 31, 2013 to March 31, 2019), at s. 2.

³ *TCMA Regulation*, at ss. 6, 7 and 9.

⁴ The other way to join the general class registration was under s.9(3) (b) (i) of O.Reg.27/13 which entailed a portfolio review of a person’s educational qualifications.

⁵ *TCMA Regulation*, at ss. 9(3) and (4).

⁶ *Traditional Chinese Medicine Act, 2006*, S.O. 2006, c. 27, at ss. 4 and 8 [TCMA]; O.Reg. 107/96, at s. 8(2).

completed the requisite number of TCM patient visits and the Appellant became a member of the Grandparented class on July 4, 2016 .

[7] The Appellant attempted the PLAR case study assessment on June 8, 2017 and again on October 23, 2017, both times unsuccessfully. The College provided a summary of its findings on both occasions. He was also informed that his membership in the Grandparented class would expire on April 1, 2018, after which his only path to registration in the general class would be the same as those not transferring from the Grandparented class. The Appellant requested a more detailed review of the results from the second attempt. The College advised that the findings previously communicated to him were the product of deliberations by a team of professional TCM practitioners trained in and retained to independently evaluate his case study assessment. The Appellant was advised that further details could not be disclosed without compromising the integrity of the PLAR process.

The Registration Committee Directs the Registrar to Refuse the Appellant’s Application

[8] The Appellant applied to transfer to the general class once again on March 29, 2018. The Registrar referred the application to the Registration Committee based on the concern that the Appellant had not completed the requisite number of TCM patient visits, nor had he successfully completed the PLAR case study assessment.

[9] The Registration Committee rendered its decision on August 22, 2018, concluding it was in the public interest to refuse to grant the Appellant a certificate of registration. In reaching this decision, the Committee had the benefit of written submissions from the Appellant. These submissions set out, among other things, that his father’s recent passing had affected his performance in the PLAR case study assessments. He also referenced Mr. Kwan’s report and Mr. Kwan’s determination that the Appellant’s patient visits constituted TCM patient visits.⁷

[10] The Registration Committee was not satisfied that the Appellant met the required TCM competencies. Neither was it convinced that the “significant deficiencies” in his knowledge of TCM could be remedied by imposing terms, conditions or limitations on his certificate of registration, noting it was “very concerned” with the findings in his PLAR case study assessments. The committee expressed a particular concern that his treatment plans could compromise his patients’ health. While sympathetic about the passing of his father, the Committee wrote that in the absence of evidence that he stopped his chiropractic or TCM practice this could not explain why the Appellant could not satisfy the PLAR requirement, which tests for already-acquired skills. Lastly, the Registration Committee explained that while it may have exempted the Appellant from the required number of patient visits, the issue was moot as he had not satisfied the PLAR requirement. The Registration Committee found that there was no evidence to justify exempting him from the PLAR requirement.⁸

The Board Denies the Appellant’s Requests to Adjourn

[11] On September 21, 2018, the Appellant requested that the Board review the decision on his application for registration. The parties set a timetable for the exchange of materials in May 2019

⁷ S.9(3)(a) of O.Reg.27/13 requires a Grandparented applicant to have at least three years of clinical experience in the profession consisting of at least 1,200 traditional Chinese medicine patient visits.

⁸ Registration Committee Decision [B132-B135].

(the “May 2019 Timetable”), pursuant to which the Appellant was required to provide 15 days’ notice of any witnesses he intended to call. He was also required to provide any expert reports he intended to rely on 45 days in advance of the hearing.

[12] On December 10, 2019, the College provided the Board with two documents: 1) Mr. Kwan’s report from 2016, and 2) the College’s letter dated June 10, 2016 informing the Appellant of its decision to register him in the Grandparented class. The College forwarded these documents to the Appellant on January 3, 2020. Both had been disclosed to him in 2016 during his application to register as a Grandparented member.

[13] On January 7, 2020, the Appellant requested an adjournment of the Board hearing scheduled for January 14, 2020. He said he needed more time to prepare his case and review the documents sent on January 3. He also stated he required full disclosure. The College responded that it had met its disclosure obligations. The Board denied the request, noting the documents were not new to him.

[14] The Appellant renewed his request for an adjournment at the hearing on January 14, 2020, submitting that he wished to have his PLAR case study assessments reviewed by an independent expert. In connection with this, he asked the College to disclose information about the PLAR evaluation process. Despite the May 2019 Timetable, he indicated for the first time that he intended to adduce an expert report. The Board denied the request. It was not satisfied that the Appellant had taken concrete steps to line up an expert. Further, he did not meet the requirement to provide the expert report 45 days before the hearing. Finally, the information requested about the PLAR evaluation process would compromise the integrity of the assessment and the College was not prepared to disclose it.

The Board Confirms the Registration Committee’s Decision

[15] The Board determined the issue on the application was whether the Appellant had satisfied the PLAR requirement. It answered this question in the negative, largely on the basis of the evaluation reports from his two attempts in 2017. The Board had previously found the PLAR process was “relevant, comprehensive and fair”, consistent with the College’s public interest mandate.⁹ The Board found the evidence the Appellant put forward to challenge this process was not compelling. The Appellant’s reliance on a textbook prepared by Howard Xu, an acupuncturist whose certificate of registration was revealed to be suspended at the time, was not persuasive as it was not a resource endorsed by the College. The Board concluded that the Appellant had not met the PLAR requirement and that an exemption would be inconsistent with the College’s mandate to protect public safety by ensuring members have demonstrated competency according to professional standards.

Issues

[16] This appeal raises the following issues:

Issue 1: Did the Board err by denying the Appellant’s request for an adjournment?

⁹ Decision, at para. 82, citing *C.L.C. v College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*, 2019 CanLII 24916, at para. 58 [CLC].

Issue 2: Did the Board err by determining that the Appellant did not meet the requirements to be registered in the General Class?

Court's Jurisdiction

[17] This court has jurisdiction to hear the appeal pursuant to s. 70 of the *Code*. The appeal may be made on questions of law or fact or both. The court has all the powers the Board had when it dealt with the matter, specifically:

1. Confirming the order made by the panel.
2. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examinations or training the Registration Committee may specify.
3. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.
4. Referring the matter back to the Registration Committee for further consideration by a panel, together with any reasons and recommendations the Board considers appropriate.

Any orders under subparagraph 3. may be made only if the applicant substantially qualifies for registration and where the panel of the Registration Committee exercised its powers improperly.¹⁰

Standard of Review

[18] Appellate standards of review apply: Correctness on a question of law, palpable and overriding error on questions of fact and mixed fact and law, unless there is an extricable question of law.¹¹

[19] The Respondent submits that both issues raised on the appeal are questions of mixed fact and law. Further, it submits that the question of whether to grant an adjournment is discretionary and contextual as the decision-maker must balance the interests of the parties along side timely dispositions and the administration of justice.

Positions of the Parties

Issue #1: Did the Board err by denying the Appellant's request for an adjournment?

Appellant's Position

[20] The Appellant submits the Board erred by:

¹⁰ *Code*, ss. 22(6)-(7), 70(3).

¹¹ *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65, at para. 17; *Housen v. Nikolaisen*, 2002 SCC 33, at paras. 8-18; 26-37.

- Denying his request for an adjournment despite the Respondent's violation of its obligation to provide complete disclosure pursuant to s. 16.1 of the *Code* and Rules 15.5 and 15.6 of the Board's *Consolidated Rules of Practice and Procedure*.¹²
- Underappreciating the importance of registration for the Appellant's livelihood.
- Making a factual finding that Mr. Kwan's report had been disclosed to the Appellant.

Issue #2: Did the Board err by determining that the Appellant did not meet the requirements to be registered in the General Class?

[21] The Appellant submits that the Board erred by:

- concluding there was no information before the Board that could challenge the PLAR assessment.
- The Board ignored the Howard Xu textbook. It did not refute the Appellant's arguments that the textbook is authoritative and that the answers he provided using that textbook were correct.
- The Board mischaracterized the nature of the Appellant's appeal as a challenge against the PLAR requirement rather than the process by which his answers were evaluated.
- Failing to address issues in the College's registration process exposed by the suspension of Howard Xu.

Respondent's Position

[22] The Respondent submits that the Appellant has not demonstrated a palpable and overriding error in the Board's decision. It was reasonable for the Board to determine that sending a copy of Mr. Kwan's report to the Appellant in January 2000 when it was a document already in his possession from the 2016 proceedings was not a sufficient reason to grant an adjournment. Further, the PLAR is an established basis on which the Committee may refuse to issue a certificate of registration. The evidence here is that the Appellant did not meet the PLAR competency assessment. It was reasonable for the Board to determine that the Xu textbook was not a reliable basis upon which to challenge the results of the two PLAR competency assessments.

¹² Consolidated Rules of Practice of Health Professions Appeal and Review Board and the Health Services Appeal and Review Board, May 1st, 2013.

Analysis

Issue #1: Did the Board err by denying the Appellant's request for an adjournment?

[23] In the administrative law context, this court has held that decisions of a hearing panel are discretionary as an inherent aspect of a tribunal's power to control its own processes. These decisions are usually accorded deference unless they amount to a breach of natural justice or procedural fairness. The court should examine whether the decision maker exercised its discretion in an unreasonable or non-judicious fashion in light of all the competing interests it had to balance and the interests of justice.¹³

[24] On January 7, 2020, the Appellant requested an adjournment of the hearing scheduled for January 14, 2020. The Board's reasons for denying that request are set out below:

Requests for Adjournment of the Board Hearing

42 On January 7, 2020, the Applicant wrote to the Board requesting an adjournment of the hearing of his application for registration. The Applicant told the Board that he needed more time to properly present his case and review the documents that he had received from the College and obtain "full disclosure". The Applicant stated that his repeated requests for disclosure from the College remained unanswered.

43. Counsel for the College acknowledged that it would not suffer prejudice should the request for adjournment be granted, as it did not plan to call any witnesses at the hearing. However, Counsel indicated that disclosure had been provided to the Applicant and the College was anxious to "bring the matter to a close."

44. The Board noted that the documents provided by the College in December 2019 were documents that had originated at the time of the Applicant's application for registration in the Grandparented class. The Applicant had referred to the expert report of Richard Kwan, R.CTMP in his submissions to the College in May 2018. There was no suggestion that the Applicant had not received the letter addressed to him from the College in June 2016 informing him of the Committee's decision to issue him with a certificate of registration as a member of the Grandparented class.

45. The Board therefore determined that the documents sent to the Applicant on January 3, 2020 were not new documents and they did not provide grounds for granting an adjournment of the hearing.

46. In respect of the Applicant's requests for disclosure from the College, it appeared to the Board that the disclosure provided by the

¹³ *Evgueni Todorov and Sophia Nikolov v. Ontario Securities Commission*, 2018 ONSC 4503 (Div. Ct.), at para. 34; *Senjule v. Law Society of Upper Canada*, 2013 ONSC 2817 (Div. Ct.), at paras. 21-22.

College pursuant to its duties under section 21(3) of the Code, had been provided to the Applicant in electronic form and in bound hard copy. There was no information before the Board regarding other requests for disclosure.

47. Accordingly, the Board refused the Applicant's written request for an adjournment.

[25] In support of his argument that he had not received Mr. Kwan's report prior to January 3, 2020, regrettably, the Appellant misquotes the email Ms. Durcan of the College wrote to the Board on December 19, 2019. In paragraph 28 of his factum the Appellant states:

28.Rebecca Durcan confirms for the CTCMPAO in her email of January 3, 2020 that the Appellant has never received Dr. Richard Kwan's expert opinion prior to this email.

Rebecca Durcan's email of January 3, 2020 states:

Mr. Venneri made reference to the expert opinion in his submissions, however a copy of the expert opinion was not provided **to him**. (Emphasis added).

[26] The email was December 19, 2019, not January 3, 2020. The Appellant added the words "to him", which changes the meaning. The correct meaning appears to be that the College was providing to the Board a copy of the expert report to which the Appellant had referred in his submissions to the College without his having provided a copy of the report to the Board. None of this disproves the April 14, 2016 letter showing that the Appellant's counsel was sent Mr. Kwan's report and responded to it years before the hearing before the Board took place. Having made reference to Mr. Kwan's report in his submissions, it is apparent that the Appellant was aware of the report. If he no longer had a copy and required it, he could have requested it from the College which he did not.

[27] Moreover, the Board's procedural rules apply to disclosure of expert reports the party intends to rely on at the hearing.¹⁴ Mr. Kwan's report is irrelevant to the issues before the College and the Board. Mr. Kwan reviewed three patient records of the Appellant and opined in April, 2016 that the Appellant had conducted "traditional Chinese medicine patient visits." He did not conduct a competency review which is what is relevant to the decision from which the Appellant appeals.

[28] The Board made a finding of fact that the documents sent to the Appellant on January 4, 2020 were not new documents to the Appellant and that he had received disclosure from the College pursuant to its duties. The record supports this finding. There is no palpable and overriding error in the Board's exercise of its discretion that there were not grounds for granting an adjournment of the hearing.

¹⁴ S.16.1 of the *Code* and Rule 15.5 and 15.6 of the Board's *Consolidated Rules of Practice and Procedure*.

[29] The Board’s refusal to adjourn the proceedings at the outset of the hearing so that the Appellant could retain an independent expert to have his PLAR case study assessment reviewed was also not an error. Again, this is a discretionary decision which requires the Board to balance the interests of the party seeking the adjournment with the administration of justice including the timely resolution of proceedings. The Board gave appropriate reasons for refusing the further request to adjourn the proceedings—that there was no indication that the Appellant had lined up experts who would provide an opinion regarding PLAR, that he had an obligation to provide any report he intended to rely on at least 45 days before the hearing and the College’s position which had been conveyed to him in December 2017 that disclosing further information on competency assessments could compromise the integrity of the assessment process.

[30] The Board exercised its discretion in a reasonable, judicious fashion in light of all the competing interests it had to balance and the interests of justice. There was no breach of natural justice or procedural fairness in either of the Board’s decisions not to adjourn and deference is owed to these decisions.

[31] There is no merit to the Appellant’s submission that the Respondent was in violation of its obligation to provide complete disclosure. Nor is there any merit to the Appellant’s submission that the Board erred by underappreciating the importance of registration for the Appellant’s livelihood. The Board’s role was to determine whether the Appellant did not meet the requirements as a TCM practitioner and acupuncturist, not whether the registration was important for his livelihood.

[32] There was no onus on the Board to refute the Appellant’s submission that the Howard Xu textbook was authoritative. The suspension of Howard Xu was not before the Board.

Issue #2: Did the Board err by determining that the Appellant did not meet the requirements to be registered in the General Class?

[33] The Appellant failed the PLAR case study assessment on two occasions with a finding of “significant deficiencies” in his knowledge of TCM “which could potentially compromise a patient’s health.” Apart from defending his own answers, the Appellant relied upon the Howard Xu textbook which was not endorsed by the College. Mr. Xu was suspended from the College and facing professional misconduct proceedings where it was alleged that he issued false or misleading documents that facilitated false or misleading applications to the College. There was no error in the Board’s determination that the Xu textbook was not a reliable basis upon which to challenge the results of the Appellant’s two PLAR competency assessments. In these circumstances, the Board did not err in concluding that there was no information before the Board that challenged the PLAR assessments.

Conclusion

[34] In the result, the appeal is dismissed.

Costs

[35] The Respondent is entitled to the costs of the appeal in the amount of \$14,000.

Backhouse J.

I agree

Newton J.

I agree

O'Brien J.

Released: February 8, 2023

CITATION: College of Traditional Chinese Medicine Practitioners
and Acupuncturists of Ontario, 2023 ONSC 864
DIVISIONAL COURT FILE NO.: DC-21-010-00
DATE: 20230208

**ONTARIO
SUPERIOR COURT OF JUSTICE**

DIVISIONAL COURT

Backhouse, Newton, O'Brien JJ.

B E T W E E N:

MICHAEL VENNERI

Appellant

- and -

**COLLEGE OF TRADITIONAL CHINESE
MEDICINE PRACTITIONERS AND
ACUPUNCTURISTS OF ONTARIO**

Respondent

REASONS FOR DECISION

Backhouse J.

Released: February 8, 2023

ITEM 4.2

**College of Chiropractors of Ontario
Quality Assurance Committee Report to Council
April 19, 2023**

841

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 March 22, 2023.

Recommendations

The Committee has the following recommendations to Council:

Recommendation

That Council approve that the amendment to Guideline G-014: Delegation, Assignment and Referral of Care approved at the February 24, 2023 Council Meeting be distributed to stakeholders, including members, for feedback before final approval.

The QA Committee had further review and discussion about the amendment to Guideline G-014 approved by Council at the February 24, 2023 Council meeting. Upon further review, the Committee is of the opinion that the amendment may have unintended consequences.

For this reason and for added transparency, the committee felt the CCO would benefit from receiving feedback from stakeholders, including members prior to final approval.

Additional Reporting

Peer and Practice Assessment

Peer and Practice Assessments (PPA) have been completed for the 2022/2023 cycle, with dispositions having been finalized. A total of 223 PPA 1.0 and 217 PPA 2.0 were completed during this cycle.

The Committee is preparing for the next cycle of Peer and Practice Assessments (PPA) and selections for members who will be assessed have been made. CCO is finalizing updates to the 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.

Peer Assessor Training Day – January 28, 2023

The Committee reviewed the feedback and “parking lot” information from the Peer Assessor Training Day on January 28, 2023. Specifically, the Committee reviewed presentations from the peer assessors on further ways of assessing competency in controlled acts and assessment on issues related to diversity, equity and inclusion.

As part of its review on competency in controlled acts, the Committee reviewed the peer and practice assessment practices of other health regulatory colleges and statistics based on 2023 renewal on practice questions, including those related to the performance of controlled acts. The Committee is of the opinion that CCO may benefit from further information and statistics related to the performance of controlled acts. The Committee will be reviewing these renewal questions further with an objective to bring recommendations to the Registration Committee to expand on these questions to gather more detailed statistics on the performance of controlled acts for 2024 renewal.

A big thank you to all peer assessors for their presentations and for their continued work as ambassadors for CCO as part of this successful program. As well, thank you to Dr. Katherine Tibor for doing such an excellent job in organizing this day and managing the PPA program.

Virtual Care/Telecare

The QA Committee reviewed options for developing a more permanent document on virtual care, including reviewing a draft guideline on virtual care and draft amendments to current standards. The Committee is of the view that a stand-alone guideline would be appropriate and consistent with the practices of other Ontario health regulatory colleges. The Committee is in the

final stages of development of this draft guideline and anticipates that it will have recommendations for Council at the next Council meeting.

Chiropractic Care of Animals

The Committee reviewed the consultation for proposed amendments to the Veterinarians Act, as well as past communications and submission from CCO on the chiropractic care of animals. Standard of Practice S-009: Chiropractic Care of Animals sets the standards, including educational requirements of 200 hours of formal training, for the chiropractic care of animals provided by members of CCO.

The Committee anticipates that CCO will make submissions, consistent with its mandate and past communications on this topic, as part of this consultation for the May 31, 2023 deadline.

CCO Workshops

CCO continues to present the *Regulatory Excellence for CCO Members Workshop (REW)* virtually, with the next workshop taking place on June 2, 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.

The Committee continued to have discussion on using educational software to introduce more interaction and questions and answers as part of this workshop, and possibly having it available on the CCO website to engage with at any time.

Acknowledgements

I would like to thank the members and staff of the QA committee for all of their contributions.

Respectfully submitted,

Dr. Paul Groulx
Chair, Quality Assurance Committee

**Responses of CCO Members Registered in the General (i.e., Active) Class of Registration for
2023 Renewal of Selected Practice-Related Questions**

Version Date: March 22, 2023

	Yes	No	Did not answer
I will provide direct patient care	4748	92	11
Communicate a Diagnosis	4788	52	11
Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust	4734	106	11
Putting a finger beyond the anal verge for the purpose of manipulating the tailbone	888	3952	11
Acupuncture	2256	2584	11
Chiropractic Care of Animals	129	4711	11

College of Chiropractors of Ontario
Registration Committee Report to Council
April 19, 2023

851

Members:	Mr. Markus de Domenico, <i>Chair</i> Mr. Gagandeep Dhanda Dr. Colin Goudreau Dr. Julia Viscomi
Staff Support:	Mr. Joel Friedman, <i>Deputy Registrar</i> Ms Madeline Cheng, <i>Registration Coordinator</i> Ms Jo-Ann Willson, <i>Registrar and General Counsel</i>

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 March 28, 2023, since the last meeting of Council.

Amendments to the Registration Regulation (Emergency Class of Registration)

- Council members will recall that at the February 24, 2023 Council meeting, council approved the circulation of proposed amendments to the Registration Regulation to create an emergency class of registration. This is a regulation which requires a 60-day circulation period. The 60-day circulation period will expire on April 28, 2023, and CCO's next regularly scheduled Council meeting is not until June 21, 2-023. The Ministry has requested that the regulation be approved and submitted on or before May 1, 2023. Accordingly, the following recommendation is for Council's consideration:

<i>Recommendation 1:</i>

That Council approve the Registration Regulation, Emergency Class of Registration amendments, subject to a review of further feedback submitted by April 28, 2023.

- The feedback to date about the regulation amendments has been minimal and generally supportive, so we do not expect overwhelmingly different feedback over the next 10 days. In submitting the feedback and approval of the regulation, the Ministry requires that we report on how the public and elected members voted, so the minutes will need to reflect a recorded vote.

852

- Just after the deadline date of April 28, 2023, Mr. Friedman will circulate any additional feedback to Council to review. This will be accompanied by a request for confirmation that Council ratify its decision to approve the regulation.

Amendments to the Temporary Certificate of Registration Application

The Committee has a further recommendation for Council's approval:

Recommendation 2:

The Council approve minor amendments to the Temporary Certificate of Registration Application Form to include questions related to Clinical Competency Examinations

- The Committee is recommending amendments to the Temporary Certificate application form to include questions related to Clinical Competency Examinations. Applicants for the Temporary Certificate may be applying from a jurisdiction that does not require the Canadian Chiropractic Examining Board (CCEB) examinations, or they may have been unsuccessful on the examinations, and the additional questions would gather this information.

Additional Reporting

The Committee continues to review applications for registration referred to the Committee. Since the last meeting of Council, approximately 17 new applicants have been registered as General (i.e., active) members of CCO.

CCO continues to administer the Legislation and Ethics Examination virtually. CCO has scheduled the next sitting of the Legislative and Ethics Examination for June 1, 2023.

The deadline for 2023 renewal was March 1, 2023. CCO has suspended approximately 27 members and 3 professional corporations for non-payment of 2023 renewal fees. This is a very low number compared to past years. Thank you to CCO staff for sending out continuous reminders to members and professional corporations of renewal deadlines.

The Registration Committee continues to comply with Office of the Fairness Commissioner (OFC) reporting requirements and has posted its 2021 Annual Report on the CCO website. As the OFC moves to a risk informed compliance framework, CCO has been identified as a "full compliance" regulatory college.

Current Member Status**853****Chart 1: Membership Statistics as of April 10, 2023**

Classes	Total
General	4911
Inactive	225
Retired	172
All classes	5308

Chart 2: Change in Registration statistics for February 3, 2023 – April 10, 2023

Description	Total
New members (Including Provisional)	17
Female	8
Male	9

Chart 3: Colleges of Graduation for New Members

CMCC	3
NCHS (Previously NYCC)	5
D'Youville	1
Life University	1
NZCC	1
University of Western States	2
Palmer (Florida)	1
Logan	1
NHSU	2

Acknowledgements

I would like to thank the committee members and staff support for the Registration Committee for their contributions.

Respectfully submitted,

Mr. Markus de Domenico
Chair, Registration Committee

ITEM 4.3.1**854****Proposed Amendments to Registration Regulation: Creation of Emergency Class of Registration – February 28, 2023**

On February 24, 2023, CCO Council approved circulation for feedback of proposed amendments to Regulation 137/11: Registration to create an Emergency class of registration. Amendments to the Regulated Health Professions Act, 1991 require all colleges to create an Emergency class of registration, in accordance with Ontario Regulation 508/22: Registration Requirements.

Pursuant to section 95(1.4) of the Health Professions Procedural Code under the Regulated Health Professions Act, 1991, regulations must be circulated to members at least 60 days before they are approved by Council.

CCO's draft regulation is generally consistent with the regulations of other regulators, posted on the Ontario Government's Regulatory Registry.

Please review the following documents and provide any feedback by **April 28, 2023, 9 am**.

- › Proposed Amendments to Regulation 137/11: Registration with rationale
- › Complete Regulation 137/11: Registration with proposed amendments
- › Survey for Feedback

CCO Council will review all feedback from stakeholders, including members, as part of its deliberations before submitting the regulation to the Ministry of Health for processing. Thank you for participating in the self regulation of the chiropractic profession in Ontario.



[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

Current Proposals**Instrument Type:**

Posted Date Comments Due Date

A Permanent Framework for Target Benefits

The Ministry of Finance has launched its consultations on proposed regulations necessary for implementing a permanent target benefit framework in Ontario. This permanent framework would replace the temporary funding regulations currently in place for Specified Ontario Multi-Employer Pension Plans (SOMEPPs), which expire beginning in 2024. The objective of the proposed permanent framework for target benefit pension plans is to strengthen governance, improve transparency and support long-term plan sustainability for plan members and employers through written policies, disclosures and funding requirements. Regulations for consultation will be posted to this website in stages.

Posting Date: March 15, 2023**Open for Comments: March 15, 2023 – June 30, 2023****A Proposal to Modernize the Veterinarians Act**

The Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) is consulting on a proposal for legislative changes to modernize the Veterinarians Act, to allow for legislation and regulations that are flexible, modern, and reflective of the current practice of veterinary medicine, including more current approaches to professional regulation and governance.

Posting Date: March 1, 2023**Open for Comments: March 1, 2023 – May 30, 2023****Moving to a project list approach under the Environmental Assessment Act (updated) (source: Environmental Registry)**

Ontario is updating our the previous proposal published on November 21, 2021, to propose changes in four areas: to the proposed designation of rail, multi-lane highways, electricity transmission and waterfront projects.

Posting Date: March 10, 2023**Open for Comments: March 10, 2023 – May 9, 2023****College of Nurses of Ontario: Creation of Emergency Class Certificate of Registration**

College of Nurses of Ontario is proposing amendments to O.Reg. 275/94 made under the Nursing Act, 1991, to create this new certificate of registration.

Posting Date: March 16, 2023**Open for Comments: March 16, 2023 – May 3, 2023****Pending the Minister of Finance's approval of the Financial Services Regulatory Authority of Ontario (FSRA)'s proposed amendment to the Unfair and Deceptive Acts or Practices Rule (UDAP) to ban deferred sales charges in segregated funds, public consultation on amendments to s.10 of O.Reg 408/12 and s.12(1) of O.Reg 347/04 under the Insurance Act.**

The Ministry of Finance is proposing regulatory amendments that would enable FSRA's proposed amendments to the UDAP rule to ban deferred sales charges in segregated funds. This ban would protect consumers from high fees that they may not anticipate and is aligned with the direction announced by insurance regulators across Canada.

Posting Date: March 17, 2023**Open for Comments: March 17, 2023 – May 3, 2023****Proposed amendments to Regulation 414: Grapes for Processing - Marketing under the Farm Products Marketing Act**

The Ontario Farm Products Marketing Commission is proposing amendments to Regulation 414: Grapes for Processing - Marketing under the Farm Products Marketing Act to allow negotiating agencies established under the regulation to negotiate multi-year agreements.

Posting Date: March 16, 2023**Open for Comments: March 16, 2023 – May 1, 2023**

National and Ontario Code Consultations on the 2025 National Construction Codes

Ontario's Building Code is a regulation under the Building Code Act, 1992 which sets out minimum administrative and technical requirements for new construction, renovation, and change of use of buildings. New editions or major amendments to Ontario's Building Code are generally released every five years to coincide with updates to the National Construction Codes.

Posting Date: February 27, 2023

Open for Comments: February 27, 2023 – April 27, 2023

College of Chiropractors of Ontario: Creation of Emergency Class Certificate of Registration

College of Chiropractors of Ontario is proposing amendments to O.Reg. 137/11 made under the Chiropractic Act, 1991, to create this new certificate of registration.

Posting Date: March 8, 2023

Open for Comments: March 8, 2023 – April 24, 2023

College of Psychologists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Psychologists of Ontario is proposing amendments to O.Reg. 74/15 made under the Psychology Act, 1991, to create this new certificate of registration.

Posting Date: March 8, 2023

Open for Comments: March 8, 2023 – April 24, 2023

College of Optometrists of Ontario: Creation of Emergency Class Certificate of Registration

College of Optometrists of Ontario is proposing amendments to O.Reg. 837/93 made under the Optometry Act, 1991, to create this new certificate of registration among other changes.

Posting Date: March 8, 2023

Open for Comments: March 8, 2023 – April 24, 2023

College of Dental Technologists of Ontario: Creation of Emergency Class Certificate of Registration

College of Dental Technologists of Ontario is proposing amendments to O. Reg. 874/93 made under the Dental Technology Act, 1991, to create this new certificate of registration amongst other proposed amendments.

Posting Date: March 8, 2023

Open for Comments: March 8, 2023 – April 24, 2023

Proposed regulatory changes to closure plan rehabilitation requirements for advanced exploration and mine production and adding an additional class of facilities to the list of such classes that are excluded from the definition of "mine". (source: Environmental Registry)

If enacted, Bill 71, will add clarity and flexibility to mine rehabilitation requirements. Proposed regulatory amendments to closure planning and the Mine Rehabilitation Code would make the rehabilitation framework more adaptable to new technology and expert-driven, while ensuring protection for the environment, public health and safety.

Posting Date: March 9, 2023

Open for Comments: March 9, 2023 – April 23, 2023

Proposal to make consequential administrative amendments to several regulations under the Mining Act (source: Environmental Registry)

If enacted, Bill 71, Building More Mines Act, 2023 will create new statutory authorities for conditional filing and phased financial assurance, and the decision-maker for some decisions under the Mining Act will change. As a result, administrative amendments to several Ontario regulations will be required. This posting describes the proposed regulatory changes.

Posting Date: March 9, 2023

Open for Comments: March 9, 2023 – April 23, 2023

Proposed Amendments to R.R.O. 1990, Regulation 430: Sheep - Plan and R.R.O. 1990, Regulation 429: Sheep - Marketing under the Farm Products Marketing Act.

Following a request of the Ontario Sheep Marketing Agency (OSMA), the Ontario Farm Products Marketing Commission (Commission) is proposing amendments to Regulation 430: Sheep - Plan that would introduce a limit to the number of years a sheep producer could serve consecutively as a member on the board before having a break in service as well as change the board's name from OSMA to "Ontario Sheep Farmers". A consequential

change to the name of the board in Regulation 429: Sheep - Marketing is also required.

Posting Date: March 7, 2023

Open for Comments: March 7, 2023 – April 21, 2023

Amendments to the Mining Act: Closure Plans and Financial Assurance (source: Environmental Registry)

Through Bill 71, Building More Mines Act, 2023, the Ministry of Mines is proposing to make amendments to the closure plan framework under the Mining Act to improve timelines for preparing closure plans, reduce proponents' up-front expenses for opening or changing a mine, reduce the frequency of notifications and closure plan amendments required, and improve flexibility in closure planning.

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 16, 2023

Amendments to the Mining Act: Recovery of Minerals and Decision-making Authorities (source: Environmental Registry)

Through Bill 71, Building More Mines Act, 2023, the Ministry of Mines is proposing amendments to the Mining Act that would: (1) amend one of the requirements for obtaining a "recovery permit" and (2) provide the Minister with decision-making authorities in respect of exploration and mine rehabilitation.

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 16, 2023

Proposed, Building More Mines Act, 2023 (source: Environmental Registry)

Through Bill 71, Building More Mines Act, 2023, the Ministry of Mines is proposing to make amendments to the Mining Act that are intended to ensure Ontario has a modern and competitive regime for mineral exploration and development. The proposed amendments aim to reduce administrative burden, clarify requirements for rehabilitation and create regulatory efficiencies

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 16, 2023

Proposed modernization of the Agricultural Research Institute of Ontario (ARIO) Act

The Agricultural Research Institute of Ontario Act dates to 1962 with few changes since that time. The ARIO Act has served ARIO, government and industry well, but does not expressly reflect current and future research and innovation needs. The Ministry of Agriculture, Food and Rural Affairs is proposing to modernize the ARIO Act which would help to ensure that the ARIO continues to be relevant today and serve the future needs of Ontario's agriculture sector. In addition to the proposed amendment to the Act, OMAFRA is proposed to amend O. Reg. 127/95 to update the definition of agricultural lands.

Posting Date: March 15, 2023

Open for Comments: March 15, 2023 – April 14, 2023

College of Dental Hygienists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Dental Hygienists of Ontario is proposing amendments to O.Reg. 218/94 made under the Dental Hygiene Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Physiotherapists of Ontario: Creation of Emergency Class Certificate of Registration

College of Physiotherapists of Ontario is proposing amendments to O.Reg. 532/98 made under the Physiotherapy Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

Proposal to amend Ontario Regulation 161/17 to the Public Lands Act to change the requirements for camping on water over Ontario's public lands (source: Environmental Registry)

We are proposing to amend Ontario Regulation 161/17 to the Public Lands Act. The key proposed amendments relate to conditions that would need to be met to camp on water and are intended to reduce the environmental and social impacts of floating accommodations and long camping stays.

Posting Date: February 24, 2023

Open for Comments: February 24, 2023 – April 11, 2023

Proposed Amendments to the General Regulation (O. Reg. 37/09) of the Taxation Act, 2007 regarding the Ontario Film and Television Tax Credit and the Ontario Production Services Tax Credit

Proposed amendments to O. Reg. 37/09 would expand eligibility of Ontario's film and television tax credits to include film and television productions distributed online and would introduce a requirement that eligible productions provide on-screen acknowledgement of Ontario tax credit support.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Respiratory Therapists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Respiratory Therapists of Ontario is proposing amendments to O.Reg. 596/94 made under the Respiratory Therapy Act, 1991, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

College of Medical Laboratory Technologists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Medical Laboratory Technologists of Ontario (CMLTO) is proposing amendments to O.Reg. 207/94 made under the Medical Laboratory Technology Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Denturists of Ontario: Creation of Emergency Class Certificate of Registration

College of Denturists of Ontario is proposing amendments to O.Reg. 833/93 made under the Denturism Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Audiologists and Speech-Language Pathologists of Ontario: Creation of Emergency Class Certificate of Registration

College of Audiologists and Speech-Language Pathologists of Ontario is proposing amendments to O.Reg. 21/12 made under the Audiology and Speech-Language Pathology Act, 1991, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario: Creation of Emergency Class Certificate of Registration

College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario is proposing amendments to O.Reg. 67/15 made under the Psychotherapy Act, 2007, to create this new certificate of registration.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – April 11, 2023

College of Dietitians of Ontario: Creation of Emergency Class Certificate of Registration

College of Dietitians of Ontario is proposing amendments to O.Reg. 593/94 made under the Dietetics Act, 1991, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

College of Kinesiologists of Ontario: Creation of Emergency Class Certificate of Registration

College of Kinesiologists of Ontario is proposing amendments to O.Reg. 401/12 made under the Kinesiology Act, 2007, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

College of Occupational Therapists of Ontario: Creation of Emergency Class Certificate of Registration

College of Occupational Therapists of Ontario is proposing amendments to O.Reg. 226/96 made under the Occupational Therapy Act, 1991, to create this new certificate of registration.

Posting Date: February 23, 2023

Open for Comments: February 23, 2023 – April 11, 2023

New Hobby Mineral Collecting Guide (source: Environmental Registry)

The Ministry of Mines (MINES) wants to provide further clarity for those requesting guidance on hobby mineral collecting.

Posting Date: March 2, 2023

Open for Comments: March 2, 2023 – April 8, 2023

College of Massage Therapists of Ontario: Creation of Emergency Class Certificate of Registration

The College of Massage Therapists of Ontario is proposing amendments to O.Reg. 864/93 made under the Massage Therapy Act, 1991, to create a new Emergency Class certificate of registration.

Posting Date: February 15, 2023

Open for Comments: February 15, 2023 – April 3, 2023

College of Chiropractors of Ontario: Creation of Emergency Class Certificate of Registration

The College of Chiropractors of Ontario is proposing amendments to O.Reg. 830/93 made under the Chiroprody Act, 1991, to create this new certificate of registration.

Posting Date: February 15, 2023

Open for Comments: February 15, 2023 – April 3, 2023

College of Homeopaths of Ontario: Creation of Emergency Class Certificate of Registration

The College of Homeopaths of Ontario is proposing amendments to O.Reg. 18/14 made under the Homeopathy Act, 2007, to create this new certificate of registration.

Posting Date: February 13, 2023

Open for Comments: February 13, 2023 – March 30, 2023

Pharmacy Reconciliation Adjustment Extension

The Ministry of Health is proposing amendments to Ontario Regulation 201/96 under the Ontario Drug Benefits Act (ODBA), to advance a short-term extension of the reconciliation adjustment to pharmacy payments under the Ontario Drug Benefit Program, for a time-limited basis to ensure the continued financial sustainability of the Program and cooperation on necessary sector innovations and improvements are advanced, including initiatives that consider the challenges of rural and independent pharmacies.

Posting Date: February 27, 2023

Open for Comments: February 27, 2023 – March 29, 2023

Providing Authority to Waive or Alter the 30-day Waiting Period for Class Environmental Assessment Projects

We have proposed an amendment to the Environmental Assessment Act to provide the Minister of the Environment, Conservation and Parks with authority to waive or alter the 30-day waiting period following completion of a class environmental assessment (EA) process. This will help critical projects to proceed more quickly.

Posting Date: February 27, 2023

Open for Comments: February 27, 2023 – March 28, 2023

Centralization of Broader Real Estate Authority (CBREA) Proposed Legislative Amendments

The proposed amendments to the Ministry of Infrastructure Act, 2011 (MOI Act) and nine (9) other Acts would, if passed, establish a framework to remove and/or modify the realty authority of fourteen (14) entities under Phase 1 of the Centralization of Broader Real Estate Authority (CBREA) initiative and to provide the Minister of Infrastructure (the MOI Minister) with the ability to oversee and manage this real estate. This would help improve the management of realty property across ministries and entities.

Posting Date: February 27, 2023

Open for Comments: February 27, 2023 – March 28, 2023

College of Medical Radiation and Imaging Technologists of Ontario (CMRITO): Creation of Emergency Class Certificate of Registration

College of Medical Radiation and Imaging Technologists of Ontario is proposing amendments to O.Reg. 866/93 made under the Medical Radiation and Imaging Technology Act, 2017, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Physicians and Surgeons of Ontario: Creation of Emergency Class Certificate of Registration

The College of Physicians and Surgeons of Ontario is proposing amendments to O.Reg. 865/93 made under the Medicine Act, 1991, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Naturopaths of Ontario: Creation of Emergency Class Certificate of Registration

The College of Naturopaths of Ontario is proposing amendments to O.Reg. 84/14 made under the Naturopathy Act, 2007, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Opticians of Ontario: Creation of Emergency Class Certificate of Registration

The College of Opticians of Ontario is proposing amendments to O.Reg. 869/93 made under the Opticianry Act, 1991, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

College of Midwives of Ontario: Creation of Emergency Class Certificate of Registration

The College of Midwives of Ontario is proposing amendments to O.Reg. 168/11 made under the Midwifery Act, 1991, to create this new certificate of registration.

Posting Date: February 10, 2023

Open for Comments: February 10, 2023 – March 27, 2023

Royal College of Dental Surgeons of Ontario (RCDSO): Creation of Emergency Class Certificate of Registration

The Royal College of Dental Surgeons of Ontario is proposing amendments to O.Reg. 205/94 made under the Dentistry Act, 1991, to create this new certificate of registration.

Posting Date: February 9, 2023

Open for Comments: February 9, 2023 – March 27, 2023

Regulatory fee increase for body transport services required as part of death investigations

The Ministry of the Solicitor General intends to make a minister's regulation amendment to increase provincial rates paid to service providers for the transportation of deceased persons as part of a coroner's investigation. This increase in rates is meant to support the licensed funeral establishments and transfer service operators to manage mounting operational costs.

Posting Date: February 22, 2023

Open for Comments: February 22, 2023 – March 24, 2023

Proposed Amendments to Ontario Regulation 413/05 (Vehicle Weights and Dimensions - For Safe, Productive, Infrastructure-Friendly (SPIF) Vehicles)

The Ministry of Transportation is proposing to amend Ontario Regulation 413/05 under the Highway Traffic Act which outlines requirements related to optional emergency lift axle override control on trucks and tractors. The proposed change would provide flexibility to manufacturers in how they ensure road safety without prescribing a narrowly defined technical approach and provide a clarification edit to regulatory wording recently identified.

Posting Date: February 6, 2023

Open for Comments: February 6, 2023 – March 23, 2023

A legislative proposal to repeal the Independent Health Facilities Act and the Oversight of Health Facilities and Devices Act and replace with new legislation, the Integrated Community Health Services Centres Act, 2023

The proposed repeal of the Independent Health Facilities Act and replacement with the Integrated Community Health Services Centres Act, 2023.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

Proposed Legislative Amendments to Enable Interjurisdictional Mobility for Select Registered Health Professionals

The Ministry of Health is proposing legislative amendments to the Medicine Act, 1991; Nursing Act, 1991; Medical Laboratory Technology Act, 1991; and the Respiratory Therapy Act, 1991 to give the Minister regulation-making powers regarding exempting persons from the provisions that place restrictions around the use of professional titles and holding oneself out as being qualified to practice the profession. Additionally, consequential changes to numerous Acts are proposed to ensure there no barriers to providing care.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

College of Psychologists of Ontario's Proposed Amendments to its Regulations for Behaviour Analysts

The College of Psychologists of Ontario is proposing regulatory amendments made under the Psychology and Applied Behaviour Analysis Act, 2021 needed to regulate the profession of Applied Behaviour Analysis (ABA). The affected regulations include Ontario Regulation 74/15 (Registration), Ontario Regulation 209/94 (General), and Ontario Regulation 801/93 (Professional Misconduct).

Posting Date: February 6, 2023

Open for Comments: February 6, 2023 – March 23, 2023

Proposed amendments to extra-ministerial data integration units in the Freedom of Information and Protection of Privacy Act

Proposing amendments to the Freedom of Information and Protection of Privacy Act to extend its application to external data integrators that are not FIPPA institutions. If passed, such integrators would need to make information available about how the public may make requests for records, publish certain information annually and report annually to the Information and Privacy Commissioner.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

Proposed Amendments to the Pharmacy Act, 1991

The Ministry of Health is proposing legislative amendments to section 3 of the Pharmacy Act, 1991 to update the scope of practice statement to include the term assessment.

Posting Date: February 21, 2023

Open for Comments: February 21, 2023 – March 23, 2023

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**PROPOSED EMERGENCY CLASS OF REGISTRATION:
DRAFT AMENDMENTS TO ONTARIO REGULATION 137/11 UNDER THE CHIROPRACTIC ACT, 1991
APPROVED BY COUNCIL FOR DISTRIBUTION AND FEEDBACK: FEBRUARY 24, 2023**

Section	Current Provision	Proposed Provision (changes underlined)	Rationale for Proposed Provision
1.	<p>The following are prescribed as classes of certificate of registration:</p> <ol style="list-style-type: none"> 1. General. 2. Temporary. 3. Inactive. 4. Retired. 	<p>The following are prescribed as classes of certificate of registration:</p> <ol style="list-style-type: none"> 1. General. 2. Temporary. 3. Inactive. 4. Retired. <u>5. Emergency</u> 	<p>An emergency class of registration is being proposed in accordance with the <i>Pandemic and Emergency Preparedness Act, 2022</i> requirements and amendments to <i>Regulation 508/22: Registration Requirements</i> under the <i>Regulated Health Professions Act, 1991</i>.</p>
16.1(1)	New	<p><u>The Council may declare that emergency circumstances exist such that it is in the public interest to issue certificates of registration in the emergency class. In making this determination, the Council may take into account all of the relevant circumstances including the presence of a significant interruption in the processing of applications for registration for other classes such that there is a lengthy delay in their being registered and any requests by the Minister to initiate registrations under the Emergency class.</u></p>	<p>It is not the intention that the Emergency class of registration be available at all times. The regulation specifies emergency circumstances that will cause the class to be open for issuance and renewal of emergency certificates of registration</p>

Proposed Emergency Class of Registration:
 Draft Amendments to Ontario Regulation 137/11 Under the Chiropractic Act, 1991
 February 24, 2023

16.1(2)	New	<p><u>The following are requirements for an Emergency certificate of registration:</u></p> <ol style="list-style-type: none"> 1. <u>Emergency circumstances must exist as described in section 16.1(1) above.</u> 2. <u>The applicant must have satisfied the registration requirements in sections 3, 4, 5, 6(1), 6(3) and 6(4) of this regulation. The educational requirement in subsection 6(1) is non-exemptible.</u> 3. <u>The applicant must submit a criminal record check, in accordance with CCO policy.</u> 4. <u>The applicant must complete examination requirements and/or a refresher course approved by the Registration Committee or otherwise satisfy the Registration that the member is competent to practise.</u> 	<p>Registration requirements that are applicable for all classes of registration are applicable to an Emergency class of registration (see sections 3, 4, and 5 of the Registration Regulation).</p> <p>Graduation from an accredited chiropractic education program or a chiropractic education program considered equivalent by the Council is a non-exemptible requirement for registration in any class of registration, including the Emergency class.</p> <p>Depending on the nature and effect of the emergency (e.g., cancellation of entry-to-practice examinations), applicants for an Emergency class of registration must satisfy the Registration Committee that they are competent to practise, which may include competing modified examinations and/or a refresher course.</p>
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Proposed Emergency Class of Registration:
 Draft Amendments to Ontario Regulation 137/11 Under the Chiropractic Act, 1991
 February 24, 2023

16.1(3)	New	<p><u>Every certificate of registration in the emergency class of registration is subject to the following terms, conditions and limitations:</u></p> <ol style="list-style-type: none"> 1. <u>The member shall practise the profession only within the scope of practice of the Emergency certificate.</u> 2. <u>The member shall at all times when providing chiropractic services identify themselves as member registered in the Emergency class of registration, only authorized to practise under supervision.</u> 3. <u>The member shall be restricted to the title Chiropractor (Emergency Class).</u> 4. <u>The member shall only practise the profession while under the direct supervision of a member who:</u> <ol style="list-style-type: none"> a. <u>Holds a General certificate of registration</u> b. <u>Is current actively providing direct patient care to patients</u> 	<p>Terms, conditions and limitations for an Emergency certificate of registration are consistent with similar past supervised classes of registration, such as the General (Provisional) class of registration.</p> <p>Terms, conditions and limitations for an Emergency class of registration, include requirements to protect the public interest, such as: only practising within the scope of practice of an emergency certificate, representation and use of title that indicates an Emergency class of registration, and only practising under the supervision of a member in the General class of registration who meets the listed requirements.</p>
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Proposed Emergency Class of Registration:
Draft Amendments to Ontario Regulation 137/11 Under the Chiropractic Act, 1991
February 24, 2023

		<ul style="list-style-type: none">c. <u>Is in good standing with CCO</u>d. <u>Is not the subject of any disciplinary or incapacity proceeding or has an outstanding referral for a disciplinary of incapacity proceeding</u>e. <u>Is authorized to practise in any area of chiropractic that requires specific additional education or certificate, such as acupuncture and chiropractic care of animals, if the member in the emergency class of registration is authorized to practise in these areas of practice</u>f. <u>Any other criteria identified in CCO policy</u>	
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Proposed Emergency Class of Registration:
 Draft Amendments to Ontario Regulation 137/11 Under the Chiropractic Act, 1991
 February 24, 2023

16.1(4)	New	<p><u>An emergency certificate of registration expires:</u></p> <ol style="list-style-type: none"> 1. <u>Unless stated otherwise on the certificate, six months after it is issued, unless it is renewed.</u> 2. <u>Unless stated otherwise on the certificate, a renewed certificate expires six months after it is renewed, unless it is renewed again.</u> 3. <u>Despite subsections 1 and 2 above, an emergency certificate expires on the earlier of the any of the following:</u> <ol style="list-style-type: none"> a. <u>Three months after the date the Council declares that the emergency circumstances in which it is in the interest of the public to issue and renew emergency certificates of registration have ended.</u> b. <u>The date the member is issued a General certificate of registration.</u> 	<p>The legislation allows for up to a one year expiration period. Six months is an appropriate length of time to allow for planning and adjustments based on the nature of the emergency. Three months after the declaration that the emergency has ended provides sufficient time to complete the requirements for a General certificate of registration.</p>
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Proposed Emergency Class of Registration:
 Draft Amendments to Ontario Regulation 137/11 Under the Chiropractic Act, 1991
 February 24, 2023

16.1(5)	New	<p><u>A member who holds a certificate of registration in the emergency class of registration may be issued a certificate of registration in the General class of registration if the member satisfies the requirements for a General class certificate of registration, including meeting any requirements in Regulation, By-law and Policy and paying all applicable fees, and completes an application for registration in the General class that is approved by the Registrar.</u></p>	<p>This section provides the requirements for a member in the Emergency class of registration to apply and be issued a General certificate of registration.</p>
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Draft Amendments to Regulation 137/11: Regulation: Emergency Class of Registration
Version Date: February 24, 2023

**ONTARIO REGULATION 137/11: REGISTRATION
UNDER THE *CHIROPRACTIC ACT, 1991***

Effective Date: May 6, 2011.

**Proposed Amendments Approved by Council for Circulation and Feedback:
February 24, 2023 (indicated in underline)**

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

GENERAL

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.
 5. Emergency

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.

Registration requirements, all classes

3. The following are registration requirements for a certificate of registration of any class:
 1. If the applicant has previously been or is registered or licensed to practise another health profession in Ontario, or chiropractic or another health profession in any other jurisdiction, the applicant must provide evidence that there has been no finding of, and that there is no current investigation or proceeding involving an allegation of, professional misconduct, incompetence or incapacity or similar conduct.
 2. The applicant must be able to speak and write either English or French with reasonable fluency.
 3. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.
 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.

Requirement to provide details

4. Every applicant is required to provide the College with details of the following with respect to the applicant that occur or arise after the applicant has submitted his or her application, and if the applicant becomes a member, it is a condition of the member's certificate of registration that he or she provide such details:
 1. A finding of professional misconduct, incompetence or incapacity or similar finding in Ontario in relation to another health profession or in any other jurisdiction in which the applicant is registered or licensed to practise chiropractic or another health profession.
 2. An investigation or proceeding for professional misconduct, incompetence or incapacity or similar finding in Ontario in relation to another health profession or in any other jurisdiction in which the applicant is registered or licensed to practise chiropractic or another health profession.
 3. A finding of guilt in relation to any offence. O. Reg. 137/11, s. 4.

Revocation for false and misleading statements

5. The Registrar may revoke the member's certificate of registration if the member made a false or misleading statement in his or her application for registration or on any form related to his or her renewal or reinstatement of registration. O. Reg. 137/11, s. 5.

GENERAL CERTIFICATES

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.
 4. The applicant must provide evidence satisfactory to the Registrar that, as of the anticipated date for the issuance of his or her certificate of registration, the applicant,
 - i. will have professional liability insurance in the amount and in the form as required by the by-laws, or
 - ii. will belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability. O. Reg. 137/11, s. 6.

Labour mobility, general certificate

7. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraph 1, subparagraph 2 ii and paragraph 3 of section 6 are deemed to have been met by the applicant. O. Reg. 137/11, s. 7 (1).
- (2) Despite subsection (1), it is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a chiropractor in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 137/11, s. 7 (2).
- (3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 2 of section 3 where the requirements for the issuance of the applicant's out-of-province certificate of registration included language

proficiency requirements equivalent to those required by that paragraph. O. Reg. 137/11, s. 7 (3).

- (4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 137/11, s. 7 (4).

Issuance of general certificate of registration to retired or inactive member

8. (1) The following rules apply where a member who holds a retired or inactive certificate of registration wishes to be issued a general certificate of registration:
1. An application must be made to the Registrar.
 2. The member shall pay the applicable fee for a general certificate of registration.
 3. A member who has held an inactive or retired certificate of registration for more than two consecutive years preceding his or her application for a general certificate of registration shall only be entitled to have a general certificate of registration issued if he or she satisfies the Registration Committee that he or she is currently competent to practise.
 4. The member shall not resume active practice until his or her application for issuance of a general certificate of registration has been approved by the Registration Committee. O. Reg. 137/11, s. 8 (1).
- (2) Where a member who wishes to be issued a general certificate of registration pursuant to subsection (1) was issued his or her inactive or retired certificate of registration pursuant to section 13 or 16, the reference to “inactive or retired certificate of registration” in paragraph 3 of subsection (1) shall be a reference to any out-of-province certificate that was, at the time he or she was issued their inactive or retired certificate of registration, considered by the Registration Committee to be substantially equivalent to an inactive or retired certificate of registration. O. Reg. 137/11, s. 8 (2).

TEMPORARY CERTIFICATES

Additional requirements, temporary certificate

9. The following are additional registration requirements for a temporary 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

Draft Amendments to Regulation 137/11: Regulation: Emergency Class of Registration
Version Date: February 24, 2023

- on Chiropractic Education (Canada) or a chiropractic education program considered equivalent by the Council to such a program. This requirement is non-exemptible.
2. The applicant must be registered or licensed to practise chiropractic in another jurisdiction.
 3. The applicant must provide evidence satisfactory to the Registrar that, as of the anticipated date for the issuance of his or her certificate of registration, the applicant,
 - i. will have professional liability insurance in the amount and in the form as required by the by-laws, or
 - ii. will belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability. O. Reg. 137/11, s. 9.

Temporary certificate, expiry

10. A temporary certificate of registration expires on the earliest of the following:
 1. The expiry date set out on the certificate.
 2. Twelve weeks after the date the temporary certificate of registration was issued.
 3. If the temporary certificate of registration was issued for a temporary appointment or exchange program, the date of termination of the temporary appointment or exchange program for which it was issued. O. Reg. 137/11, s. 10.

INACTIVE CERTIFICATES

Additional requirements, inactive certificate

11. The following are additional registration requirements for an inactive certificate of registration:
 1. The applicant must hold, or be eligible to hold, a general certificate of registration.
 2. The applicant must not be in default of any fee, fine or other amount owed to the College or in default in providing any information to the College.
 3. The applicant must give a written undertaking to the College not to engage in chiropractic practice in Ontario and not to submit accounts to the Workplace Safety and Insurance Board or any other third party payer in respect of chiropractic services. O. Reg. 137/11, s. 11.

Conditions, inactive certificate

12. The following are conditions of an inactive certificate of registration:
 1. The member shall not engage in chiropractic practice in Ontario.
 2. The member shall not submit an account to the Workplace Safety and Insurance Board or any other third party payer in respect of a chiropractic service. O. Reg. 137/11, s. 12.

Labour mobility, inactive certificate

13. Where an applicant holds an out-of-province certificate which, in the opinion of the Registration Committee, is substantially equivalent to an inactive certificate of registration, the requirement of paragraph 1 of section 11 is deemed to have been met by the applicant if he or she provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a chiropractor in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 137/11, s. 13.

RETIRED CERTIFICATES

Additional requirements, retired certificate

14. The following are additional requirements for a retired certificate of registration:
 1. The applicant must hold either a general or an inactive certificate of registration.
 2. The applicant must not be in default of any fee, fine or other amount owed to the College or in default in providing any information to the College.
 3. The applicant must give a written undertaking to the College not to engage in chiropractic practice in Ontario and not to submit accounts to the Workplace Safety and Insurance Board or any other third party payer in respect of chiropractic services. O. Reg. 137/11, s. 14.

Conditions, retired certificate

15. The following are conditions of a retired certificate of registration:
 1. The member shall not engage in chiropractic practice in Ontario.

2. The member shall not submit an account to the Workplace Safety and Insurance Board or any other third party payer in respect of a chiropractic service. O. Reg. 137/11, s. 15.

Labour mobility, retired certificate

16. Where an applicant holds an out-of-province certificate which, in the opinion of the Registration Committee, is substantially equivalent to a retired certificate of registration, the requirement of paragraph 1 of section 14 is deemed to have been met by the applicant if he or she provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a chiropractor in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 137/11, s. 16.

EMERGENCY CERTIFICATES

- 16.1 (1) The Council may declare that emergency circumstances exist such that it is in the public interest to issue certificates of registration in the emergency class. In making this determination, the Council may take into account all of the relevant circumstances including the presence of a significant interruption in the processing of applications for registration for other classes such that there is a lengthy delay in their being registered and any requests by the Minister to initiate registrations under the Emergency class.
- (2) The following are requirements for an Emergency certificate of registration:
 1. Emergency circumstances must exist as described in section 16.1(1) above.
 2. The applicant must have satisfied the registration requirements in sections 3, 4, 5, 6(1), 6(3) and 6(4) of this regulation. The educational requirement in subsection 6(1) is non-exemptible.
 3. The applicant must submit a criminal record check, in accordance with CCO policy.
 4. The applicant must complete examination requirements and/or a refresher course approved by the Registration Committee or otherwise satisfy the Registration that the member is competent to practise.
- (3) Every certificate of registration in the Emergency class of registration is subject to the following terms, conditions and limitations:
 1. The member shall practise the profession only within the scope of practice of the Emergency certificate.

2. The member shall at all times when providing chiropractic services identify themselves as member registered in the Emergency class of registration, only authorized to practise under supervision.
 3. The member shall be restricted to the title Chiropractor (Emergency Class).
 4. The member shall only practise the profession while under the direct supervision of a member who:
 - a. Holds a General certificate of registration
 - b. Is current actively providing direct patient care to patients
 - c. Is in good standing with CCO
 - d. Is not the subject of any disciplinary or incapacity proceeding or has an outstanding referral for a disciplinary or incapacity proceeding
 - e. Is authorized to practise in any area of chiropractic that requires specific additional education or certificate, such as acupuncture and chiropractic care of animals, if the member in the emergency class of registration is authorized to practise in these areas of practice
 - f. Any other criteria identified in CCO policy
- (4) An Emergency certificate of registration expires:
1. Unless stated otherwise on the certificate, six months after it is issued, unless it is renewed.
 2. Unless stated otherwise on the certificate, a renewed certificate expires six months after it is renewed, unless it is renewed again.
 3. Despite subsections 1 and 2 above, an Emergency certificate expires on the earlier of the any of the following:
 - a. Three months after the date the Council declares that the emergency circumstances in which it is in the interest of the public to issue and renew emergency certificates of registration have ended.
 - b. The date the member is issued a General certificate of registration.
- (5) A member who holds a certificate of registration in the Emergency class of registration may be issued a certificate of registration in the General class of registration if the member satisfies the requirements for a General class certificate of registration, including meeting any requirements in Regulation, By-law and Policy and paying all applicable fees, and completes an application for registration in the General class that is approved by the Registrar.

INSURANCE

17. It is a condition of every general certificate of registration and of every temporary certificate of registration that the member continue,
- (a) to maintain professional liability insurance in accordance with the by-laws; or
 - (b) to belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability. O. Reg. 137/11, s. 17.

FAILURE TO PAY FEES

18. (1) If the Registrar suspends a member's certificate of registration for failure to pay a required fee, the Registrar shall lift the suspension on payment of,
- (a) the fee the member failed to pay;
 - (b) the annual fee for the year in which the suspension is to be lifted; and
 - (c) any applicable penalty. O. Reg. 137/11, s. 18 (1).
- (2) If a certificate of registration has been suspended for failure to pay a required fee for more than two years from the date of the suspension and the suspension has not been lifted under subsection (1), the certificate is automatically revoked. O. Reg. 137/11, s. 18 (2).
- (3) A person whose certificate of registration was revoked under subsection (2) or a predecessor provision and who applies to be reinstated is required to pay,
- (a) the applicable application fee under the by-laws;
 - (b) the annual fees and any applicable penalties the member failed to pay up to the date of revocation; and
 - (c) the annual fee for the year in which the member wishes to be reinstated. O. Reg. 137/11, s. 18 (3).
- (4) A person whose certificate of registration was revoked pursuant to subsection (2) or a predecessor provision must successfully complete a refresher course approved by the Registration Committee, or otherwise satisfy the Registration Committee that he or she is currently competent to practise before being entitled to have his or her general certificate of registration reinstated. O. Reg. 137/11, s. 18 (4).

TRANSITIONAL

19. (1) A certificate of registration of any class that was valid immediately before the coming into force of this Regulation is deemed to be the equivalent certificate of registration under this Regulation, and continues until it is revoked or otherwise expires. O. Reg. 137/11, s. 19 (1).
- (2) Where a person submitted an application for a certificate of registration before the coming into force of this Regulation, and that application was still being dealt with at the time this Regulation came into force, Ontario Regulation 862/93 (Registration) made under the Act, as it read immediately before this Regulation came into force, applies with respect to that application. O. Reg. 137/11, s. 19 (2).
20. Omitted (revokes other Regulations). O. Reg. 137/11, s. 20.
21. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 137/11, s. 21.



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

880

Distribution for Feedback: Proposed Amendments to Regulation 137/11: Registration - Emergency Class of Registration

* 1. Are you a Member of CCO

Yes

No

* 2. If you are not a member of CCO, what type of stakeholder are you?

Member of the Public

Chiropractic Organization

Not Applicable (Member of CCO)

Other (please specify)

* 3. If you are a member of CCO, how long have you been in practice?

Less than 5 years

- 6 - 10 years
- 11 - 20 years
- More than 20 years
- Not applicable

* 4. If you are a member of CCO, what is the location of your primary practice or residence

- Ontario
- Outside of Ontario, in Canada
- Outside of Canada
- Not Applicable

* 5. I agree/disagree with the draft proposed amendments to the Registration Regulation to create an Emergency Class of Registration

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Opinion

6. The following amendments would better protect the public interest:

882

7. Any other comments

Done

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Regulation - LGIC**College of Chiropractors of Ontario: Creation of Emergency Class Certificate of Registration****Regulation Number(s):**

O. Reg. 137/11

Instrument Type:

Regulation - LGIC

Bill or Act:

Chiropractic Act, 1991

Summary of Proposal:

In Ontario, the regulation of health professions is based on a self-governance model. There are 26 health regulatory colleges governing 28 health professions under the Regulated Health Professions Act, 1991, (RHPA) and their respective health profession Acts.


The RHPA was amended in October 2022 to reduce barriers to registration and require Colleges to establish an Emergency Class. To meet this requirement, the College of Chiropractors of Ontario is proposing to amend its Registration regulation made under the Chiropractic Act, 1991, to add an emergency class certificate of registration.

The proposed regulation amendments are subject to prior review by the Minister of Health and the approval of the Lieutenant Governor in Council.

Analysis of Regulatory Impact:

The proposed regulation amendment is not anticipated to result in increased administrative costs to members and/or businesses as it creates additional pathways for new health professionals to begin practicing their profession in Ontario.

Further Information:

 College of Chiropractors of Ontario – Public Consultation:

Proposal Number:

23-HLTC028

Posting Date:

March 8, 2023

Comments Due Date:

April 24, 2023

Contact Address:

Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division
438 University Avenue, 10th Floor
Toronto ON M5G 2K8
Regulatoryprojects@Ontario.ca

Comment on this proposal via email

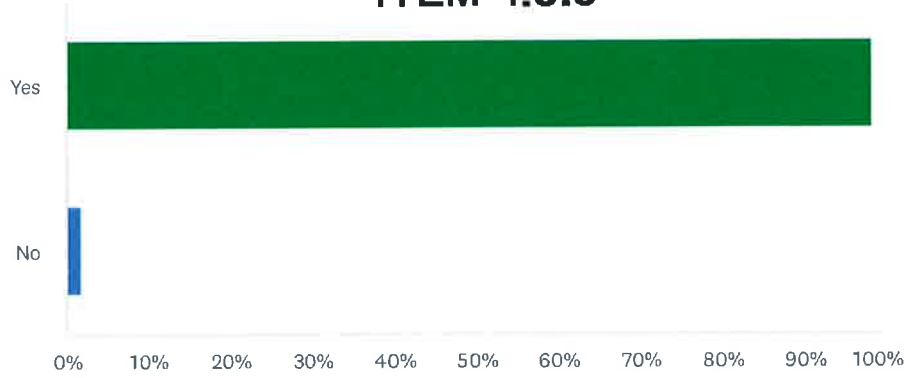
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Q1 Are you a Member of CCO

889

Answered: 59 Skipped: 0

ITEM 4.3.3

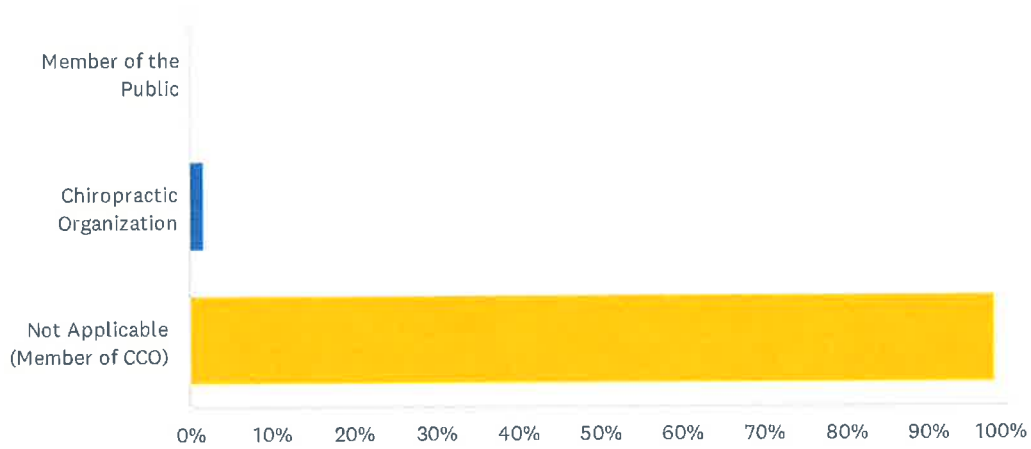


ANSWER CHOICES	RESPONSES	
Yes	98.31%	58
No	1.69%	1
TOTAL		59

Q2 If you are not a member of CCO, what type of stakeholder are you?

Answered: 59 Skipped: 0

890

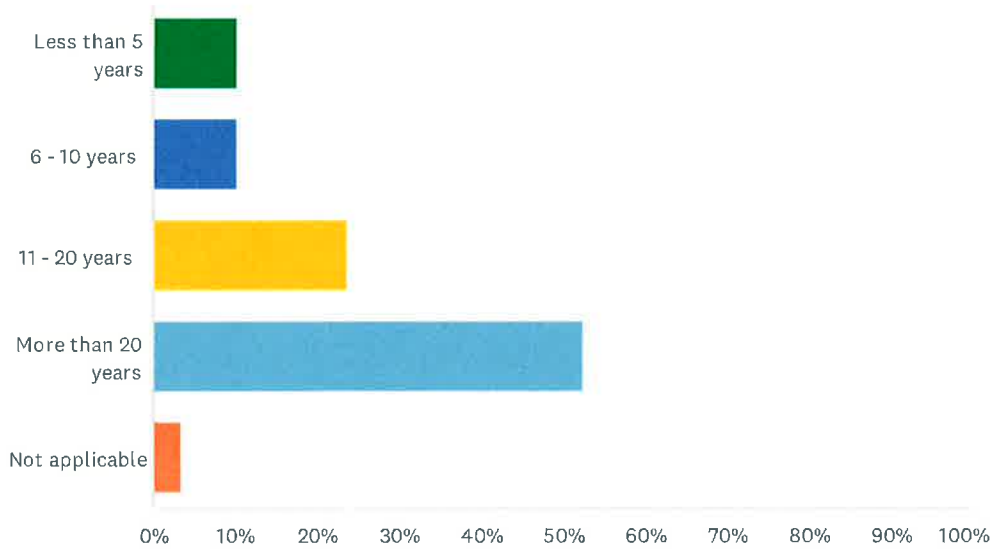


ANSWER CHOICES	RESPONSES	
Member of the Public	0.00%	0
Chiropractic Organization	1.69%	1
Not Applicable (Member of CCO)	98.31%	58
TOTAL		59

Q3 If you are a member of CCO, how long have you been in practice?

Answered: 59 Skipped: 0

891

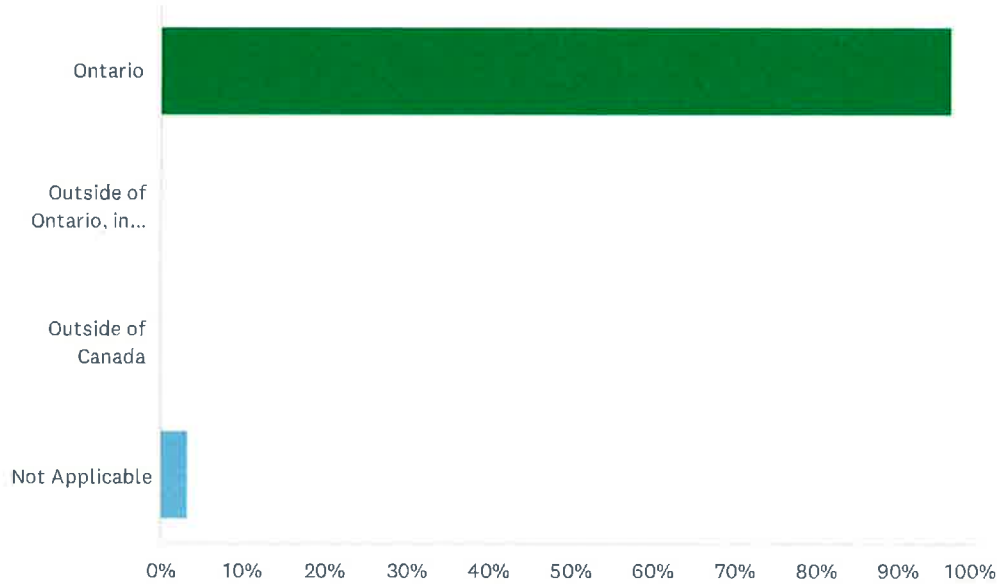


ANSWER CHOICES	RESPONSES	
Less than 5 years	10.17%	6
6 - 10 years	10.17%	6
11 - 20 years	23.73%	14
More than 20 years	52.54%	31
Not applicable	3.39%	2
TOTAL		59

Q4 If you are a member of CCO, what is the location of your primary practice or residence

892

Answered: 59 Skipped: 0

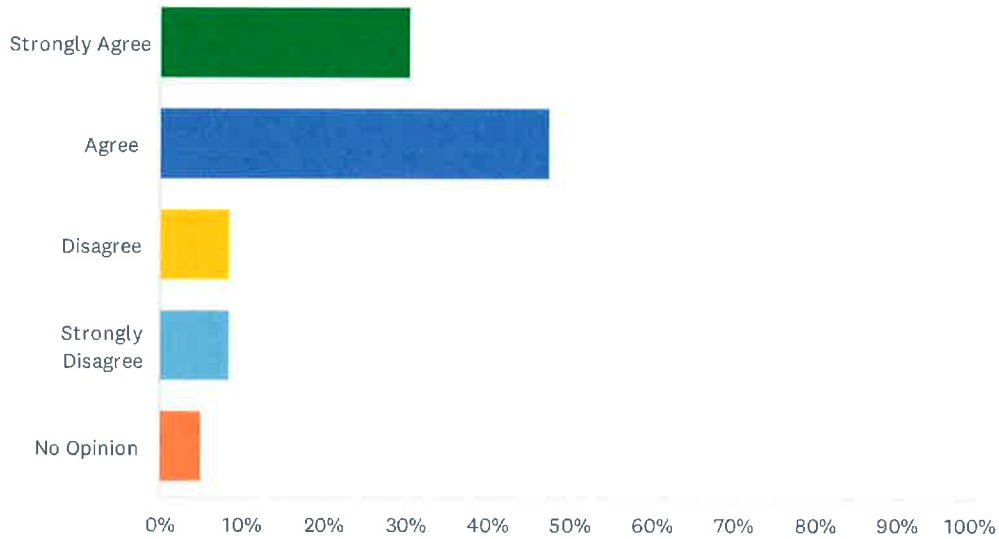


ANSWER CHOICES	RESPONSES	
Ontario	96.61%	57
Outside of Ontario, in Canada	0.00%	0
Outside of Canada	0.00%	0
Not Applicable	3.39%	2
TOTAL		59

Q5 I agree/disagree with the draft proposed amendments to the Registration Regulation to create an Emergency Class of Registration

Answered: 59 Skipped: 0

893



ANSWER CHOICES	RESPONSES	
Strongly Agree	30.51%	18
Agree	47.46%	28
Disagree	8.47%	5
Strongly Disagree	8.47%	5
No Opinion	5.08%	3
TOTAL		59

Distribution for Feedback: Proposed Amendments to Regulation 137/11: Registration - Emergency Class of Registration

Q6 The following amendments would better protect the public interest:

Answered: 19 Skipped: 40

894

#	RESPONSES	DATE
1	I feel there should be a requirement of malpractice insurance in place prior to issuing the emergency regulation	3/12/2023 10:44 AM
2	Emergency class members should not practice solo. They should be required to practice within a practice as an associate. I.e. supervised.	3/1/2023 6:54 PM
3	What is an Emergency??? Under what circumstances would this certificate be granted? Give examples.	3/1/2023 8:43 AM
4	The regulation is suitable as written.	3/1/2023 7:32 AM
5	I think you need to better explain how giving someone a fast/emergency license in chiropractic is necessary in a pandemic situation. How are they to practice if the government shuts non-essential business down and doesn't see chiropractic as truly essential, and the national news programs just scare people into staying locked in their homes?	3/1/2023 1:14 AM
6	They will not because the registrants may not be fully trained and understand the Canadian and Ontario by-laws and standards of practices.	2/28/2023 7:52 PM
7	Greater clarity on the missing elements compared to a General Class.	2/28/2023 6:58 PM
8	I have something to say in reading over these proposals. © College of Chiropractors of Ontario PROPOSED EMERGENCY CLASS OF REGISTRATION: DRAFT AMENDMENTS TO ONTARIO REGULATION 137/11 UNDER THE CHIROPRACTIC ACT, 1991 APPROVED BY COUNCIL FOR DISTRIBUTION AND FEEDBACK: FEBRUARY 24, 2023 16.1(1) New The Council may declare that emergency circumstances exist such that it is in the public interest to issue certificates of registration in the emergency class. - - - - - I have not read the complete regulation 137/11. My comments are on the specific wording in this proposed amendments to regulation 137/11 document. The way this clause reads as it is, there does not have to, in fact, really be an emergency of any kind, for any future CCO to declare an emergency. This leaves the CCO open to attack from unscrupulous people who would behave deliberately toward not being honest. Highjacking the CCO may be at risk with this present wording. We only have to look south of our border to see the mess that something like this can turn into. I would suggest some sort of clause within that sentence (The Council may declare...) which defaults to a government declared emergency, or a Ministry of Health declared emergency, as a necessary factor for any CCO to, on its own, declare an emergency. If the purpose of this new proposal is to address future Pandemics then I suggest that this would be a good place to start. Further, I note that there is no specifications as to what type of an emergency, therefore, a future CCO might be able to manufacture an emergency when none actually exists. Speculation as to why that might be done it's not important. We cannot parse every nuance. I can see pandemics, war and natural disasters as a few right off the top of my head but I'm not about to make a list here. What we can do is plug the hole that the present wording leaves with regard to some future dishonest CCO, by adding some sort of qualification necessary. This present wording leaves a loophole, but I see the opportunity right now to plug this 'crack in the armour' so to speak.	2/28/2023 6:51 PM
9	Indicate what kind of "direct supervision" the General Certificate member must perform. Eg. Does the General cert member have to be in the same room? In the office at the same time? Review the diagnosis and treatment plan? Review the notes? Speak with the patient to see if he/she is satisfied with their care.	2/28/2023 4:38 PM
10	I would like to see the length of time for an emergency class to be the full 12 months allowed for instead of 6 months. This will serve the profession and public well.	2/28/2023 4:17 PM
11	None	2/28/2023 3:12 PM
12	I believe it would be better to have it as a "provisional license ", not an Emergency class. Have all the same parameters except it is provisional would be available to all new graduates	2/28/2023 2:32 PM

Distribution for Feedback: Proposed Amendments to Regulation 137/11: Registration - Emergency Class of Registration

895

that are waiting to get their license.

13	I'm confused to what scenario would ever require an emergency Class registration. For what specific purpose would you need to quickly immobilize this for? Are there not enough chiropractors. Am I missing something here? And in what specific example/s can you give to enact this?	2/28/2023 1:26 PM
14	Not having "chiropractor, emergency class" as the public will have no understanding of what that means	2/28/2023 1:22 PM
15	Continuing crackdown on predatory treatment plans, fringe healthcare claims etc.	2/28/2023 1:07 PM
16	Emergency class may only practice while in direct observation of a member of the active class of registration at all times. May never be alone with patients and the registration can be easily revoked if the regular class member sees any clinical or behavioural deficiencies	2/28/2023 12:50 PM
17	N/A.	2/28/2023 12:40 PM
18	Specific emergencies should be outlined. The lack of a defined emergency definition should be added to the new class. Emergency licenses should only be issued under specific circumstances that have not been defined in the proposed amendment.	2/28/2023 12:36 PM
19	As a recent graduate of the 2020 class, I feel strongly that the Emergency Class should also include a professional reference that can speak to the applicants character - someone who is not the applicants supervisor as this could pose a pecuniary conflict	2/28/2023 12:31 PM

Q7 Any other comments

896

Answered: 19 Skipped: 40

#	RESPONSES	DATE
1	It appears this new class is strictly for someone whos registration with the CCO is delayed for some reason, like they were unable to finish their exams (pandemic) As such they don't have a license .Could there not be a circumstance where a licensed practitioner from another jurisdiction would want to apply for short term emergency registration. Not sure in this circumstance they should have to work under the direct supervision of another practitioner..	3/12/2023 10:44 AM
2	The Canadian Chiropractic Association (CCA) commends the College of Chiropractor of Ontario's (CCO) efforts to create an emergency class of registration in accordance with the Pandemic and Emergency Preparedness Act, 2022. The draft registration policy is both a novel solution to address possible emergency circumstances that may require the CCO or the Minister to initiate emergency registrations. This class of registration will allow chiropractors to practice with adequate supervision and require registrants to show the CCO's Registration Committee that they are competent to practise. This approach will allow the practitioner to enter practice in a way that protects public safety and provides high-quality musculoskeletal care. The emergency registration would allow practitioners with a path into practice that is supportive and allows practitioners to earn a living while waiting the end of the emergency. The CCA supports the draft amendments to the Ontario Regulation 137/11: Registration under the Chiropractic Act, 1991.	3/9/2023 3:05 PM
3	This is absolutely ridiculous. Just another over reach by Health Canada. If you want to give us the same burden to bear as MDs then give us the same privileges as well. We are treated as an adjunctive therapy (if that) by Health Canada.	3/3/2023 2:02 PM
4	See abive	3/1/2023 8:43 AM
5	Virtual care going forward must be considered along with this emergency class of registration.	3/1/2023 7:32 AM
6	An emergency class makes no sense, in accordance with the Pandemic and Emergency Preparedness Act? As if the government is going to support the need for more chiropractors during a pandemic.	3/1/2023 1:14 AM
7	None	2/28/2023 8:07 PM
8	I believe this is a dangerous and unsafe proposal to public because people of Canada and Ontario may become a subjects and patients of practitioners who got a foreign training and maybe exposed to standards that generally unacceptable in Canada.	2/28/2023 7:52 PM
9	What licencing fees are associated with this certificate? There are some spelling and gramatical errors that need to be amended before this goes on the public ledger.	2/28/2023 7:48 PM
10	If there is a significant backlog of processing applications, how would there be time to process emergency applications? Would they be provided a registration number for billing (Direct, WSIB, MVA)?	2/28/2023 6:58 PM
11	Otherwise, I agree with all that you have sent out today.	2/28/2023 4:17 PM
12	None	2/28/2023 3:12 PM
13	And just like that, CCO is right back to circulating by-laws for 60 days. Make it more obvious.	2/28/2023 3:04 PM
14	Would not do Emergency- not sure our government would be able to "sell" the public on an "emergency" again after what they have done this time- their actions resulted in more damage than if they would have just RECOMMENDED caution. Past emergency and actions taken were all found to be totally unscientific and detrimental. Don't fall into the "emergency" trap again, make it a provisional license. Many other colleges do this with great success and I believe that our college had no issues with the members that took part in this emergency/provisional licensure. It is in the public's interest to have new graduates out in practice as soon after graduation as possible to work on their clinical skills while they have	2/28/2023 2:32 PM

Distribution for Feedback: Proposed Amendments to Regulation 137/11: Registration - Emergency
Class of Registration

897

their book skills. This is really an extension of the clinic they have in 4th year. Do it right, make it provisional license which is beneficial. Dr Mike Staffen

15	See above	2/28/2023 1:26 PM
16	Temporary licenses were given during the pandemic to new graduates, why not keep this temporary license process as is?	2/28/2023 1:22 PM
17	I make Thai recommendation based on my experience being an examiner with the CCEB. Some students are very deficient in the their clinical and behavioural skill set during that exam.	2/28/2023 12:50 PM
18	N/A.	2/28/2023 12:40 PM
19	I would also be interested in seeing wording around what the supervisor's role exactly is. Does the supervisor hold any liability relating to the supervision?	2/28/2023 12:31 PM

ITEM 4.3.5

Version date: October 2022



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

59 Hayden Street
Suite 800
Toronto, ON M4Y 0E7

Tel.: 416-922-6355
Toll Free: 1-877-577-4772
Fax: 416-925-9610
E-mail: cco.info@cco.on.ca
www.cco.on.ca

APPLICATION FOR TEMPORARY CERTIFICATE OF REGISTRATION

902

A Temporary Certificate of Registration is intended for chiropractors registered in another jurisdiction to practise in Ontario, and specifically to perform a controlled act under the Chiropractic Act, 1991. A temporary certificate of registration expires on the earliest of the following: the expiry date set out on the certificate, twelve weeks after the date the temporary certificate of registration was issued or if the temporary certificate of registration was issued for a temporary appointment or exchange program, the date of termination of the temporary appointment or exchange program for which it was issued. Please note: It is a condition of registration that you provide CCO with any changes to the information on this application IMMEDIATELY.

PLEASE PRINT OR TYPE

Name:

Last Name First Name Middle Name or Initial

Gender: Male Female Other (If other, please specify): _____

Previous Name:

(please provide a copy of your birth certification if there has been any alteration in or change of name since registration at birth)

Date of Birth:

Proposed Ontario
Business

Address:

*(necessary for
public register)*

Street

City Province/State Postal/Zip Code Country

Telephone (with area code) Fax (with area code) E-mail

Current Mailing
Address:

Street

City Province/State Postal/Zip Code Country

Telephone (with area code) Fax (with area code) E-mail

Chiropractic College Attended: _____ Graduation Date: _____

Please answer each question completely, providing details where appropriate. Use a separate piece of paper if necessary.

1. I confirm I am registered or licensed to practise chiropractic in another jurisdiction
In order to be granted temporary registration in Ontario, you must be registered or licensed to practise chiropractic in another jurisdiction. List all jurisdiction(s) where you are currently registered or licensed to practise chiropractic and provide letter(s) of professional standing from each jurisdiction.

2. Please indicate your purpose for applying for a temporary registration in Ontario:

- I am applying for a temporary certificate to participate in a specific event involving the performance of a controlled act (application fee of \$52) **OR** I am applying for a temporary certificate to actively practice chiropractic in Ontario (an application fee of \$52 plus a certificate fee of \$155: total \$207)

Please indicate the specific event below:

- To teach/participate in a course in Ontario
 To participate in a research project in Ontario
 To participate in a specific event in Ontario
 Other

3. Please provide details of your proposed chiropractic activities while in Ontario:

4. What is the proposed start date and end date of your requested temporary certificate of registration in Ontario?

Start Date: _____ **Expiry Date:** _____
 (no later than 12 weeks after date of issue)

Authorization To Work in Canada

You must be authorized to work in Canada by one of the following provisions. Please indicate which provision applies to you.

- Canadian citizen
 Permanent resident
 Engage in the practice of chiropractic profession under the *Immigration and Refugee Protection Act, 2001*
 If no category applies, provide an explanation: _____

1. Do you speak and write either English or French with reasonable fluency? YES NO
 2. What is your language of preference? English French Other
 Other languages in which you can provide professional services: _____

PROFESSIONAL MISCONDUCT, SELF-REPORTING, INCOMPETENCE AND INCAPACITY

Please answer the following questions related to any professional misconduct, self-reporting, incompetence and incapacity findings. In accordance with section 23 of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991 (RHPA)* and Regulation 261/18 under the RHPA, members of all Ontario health regulatory colleges are required to report on the following information to appear on the public register:

- every finding of a disciplinary decision or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction
- every finding of professional negligence or malpractice, which has not been reversed on appeal;
- every finding of guilt or charge related to an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada) that has not been overturned on appeal, pardoned or ordered for a record suspension by the Parole Board of Canada,
- every bail conditions or other restrictions related to a charge for an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)

Has a regulatory body made a finding against you or are you currently facing a regulatory proceeding of professional misconduct, incompetence or incapacity, since the date of your most recent renewal with CCO. Check the appropriate box(es) below:

1. In another jurisdiction as a chiropractor YES NO **If YES to any question, please provide details on a separate sheet of paper, including the nature, description, and date of any finding.**
2. In another profession YES NO
3. Have you been found guilty of an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada) that has not been reversed on appeal, pardoned or ordered for a record suspension by the Parole Board of Canada? YES NO **If YES to any question, please provide details on a separate sheet of paper, including the nature, description, date of any finding, name and location of the court, and any appeal status relating to the finding.**

- 4. Have you been charged with an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)? YES NO
- 5. Do you have any bail conditions or other restrictions related to a charge for an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)? YES NO
- 6. Has there been a finding of professional negligence or malpractice made against you which has not been reversed on appeal? YES NO

SUBMISSION OF POLICE CRIMINAL RECORD CHECK

As, an applicant, you are required to submit a Canadian Police Information Centre (CPIC) Vulnerable Sector (VS) check, or its equivalent, consistent with Regulation 137/11 under the *Chiropractic Act*, and Policy P-056: Requirement to Disclose Police Criminal Record Checks.

- 1. I confirm that I or the police have submitted a Canadian Police Information Centre Vulnerable Sector Check, consistent with Regulation 137/11 under the *Chiropractic Act* and Policy P-056: Requirement to Disclose Police Criminal Record Checks YES NO

ACKNOWLEDGEMENT OF COMPETENCE AND GOOD CHARACTER

(if you answer NO to either question, please provide a written explanation on a separate paper)

- 1. I confirm that I am mentally and physically competent to practise chiropractic. YES NO
- 2. I confirm that I will practise chiropractic with professionalism, decency, integrity, honesty and in accordance with the law in Ontario. YES NO

PRACTICE INFORMATION

- 1. Will you be taking your own x-rays: YES NO N/A
 If NO, do you plan to use a: chiropractic facility hospital facility medical facility
 independent health facility other (please specify): _____

Registrants are required to report any change in their x-ray status to CCO.

- 2. Indicate proposed malpractice protection carrier and coverage, in accordance with CCO By-law 16 that will cover you while you are practising in Ontario: _____

The information collected on this form is used only for the purpose of regulating the profession and practice of chiropractic. For more information, see the College's Voluntary Privacy Code available at www.cco.on.ca

DECLARATION

I, _____, of _____, in the
Print Name City/Town/Village
 County of _____, declare the information as recorded in this form to be true and complete, and undertake to advise CCO immediately if there is any change in the information provided on this form. I understand it may be considered an act of professional misconduct to provide false information to CCO. I declare this as if I am doing so under oath.

Signature of Applicant

ATTACH:

1. Application Fee of \$52 (total **\$52**) **OR** Application Fee of \$52 + Temporary Certificate of Registration Fee of \$155 (total **\$207**)
*(payable to "College of Chiropractors of Ontario" by **certified cheque** or **money order** only)*
2. 2" x 2" coloured photograph of self taken within the past year. Name of applicant must also appear on the back of the photograph
3. Colour copy of Government issued photo I.D. with photograph and signature of candidate
4. Canadian Police Information Centre (CPIC) Vulnerable Sector Check, or equivalent

FOR OFFICE USE ONLY

Date of Registration	
Registration Number	
Date of Registration Expiry	

Rose Bustria

From: Jo-Ann Willson
Sent: March 23, 2023 10:20 AM
To: Rose Bustria
Subject: FW: Publishing FRP Report and updating your organization's details.

Registration.

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

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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From: Joel Friedman <JFriedman@cco.on.ca>
Sent: Thursday, March 23, 2023 10:18 AM
To: Mendel, James (MLITSD) <James.Mendel@ontario.ca>; Jo-Ann Willson <jwillson@cco.on.ca>
Cc: Tam, Ming-Young (MLITSD) <Ming-Young.Tam@ontario.ca>
Subject: RE: Publishing FRP Report and updating your organization's details.

Good Morning,

Here is a link to the 2021 Fair Registration Practices Report posted on CCO's website
<https://cco.on.ca/wp-content/uploads/2023/03/CCO-FRP-2021.pdf>.

All Ontario Fairness Commissioner Annual Reports are posted on the following webpage
<https://cco.on.ca/prospective-members/office-of-the-fairness-commissioner/>.

Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800

Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

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From: Mendel, James (MLITSD) <James.Mendel@ontario.ca>
Sent: Thursday, March 23, 2023 10:02 AM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: Joel Friedman <Friedman@cco.on.ca>; Tam, Ming-Young (MLITSD) <Ming-Young.Tam@ontario.ca>
Subject: RE: Publishing FRP Report and updating your organization's details.

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

Dear Jo-Ann,

I hope that this email finds you well.

This is a gentle reminder that regulatory bodies are required to make their Fair Registration Practices (FRP) report publicly available, with the same content that was submitted to the OFC. Thank you if you have already done so.

I would also kindly ask that you please provide the website link to where your organization has published its 2021 FRP report. Or please provide details of how your organization intends to make its 2021 FRP report available to the public.

Last, please take a moment to verify the details of your organization that have been posted to the OFC website in the [Professions and Trades \(fairnesscommissioner.ca\)](https://www.fairnesscommissioner.ca) section. This includes your organization's logo, website address and contact details. If there are updates, please e-mail them to Marc Lalonde (Marc.Lalonde@ontario.ca) and we will make the changes as soon as possible.

Once again, thank you for your ongoing efforts to improve your registration practices.

If you have any questions, please do not hesitate to contact me or Ming Young Tam, Manager, Business and Operations Planning, at ming-young.tam@ontario.ca.

Yours truly,

James Mendel

[SUBSCRIBE](#) to the OFC Newsletter

James Mendel
Compliance Analyst
Office of the Fairness Commissioner
(437) 233-4865
www.fairnesscommissioner.ca



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ

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Joel Friedman

From: Mendel, James (MLITSD) <James.Mendel@ontario.ca>
Sent: Thursday, March 9, 2023 9:47 AM
To: Joel Friedman
Cc: Tam, Ming-Young (MLITSD)
Subject: RE: Office of the Fairness Commissioner 2021 FRP Report - College of Chiropractors

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Hi Joel, yes that is the document that is to be posted on the website.

Thanks
James

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James Mendel
Compliance Analyst
Office of the Fairness Commissioner
(437) 233-4865
www.fairnesscommissioner.ca



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
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From: Joel Friedman <JFriedman@cco.on.ca>
Sent: March 8, 2023 4:00 PM
To: Mendel, James (MLITSD) <James.Mendel@ontario.ca>

Cc: Tam, Ming-Young (MLITSD) <Ming-Young.Tam@ontario.ca>

Subject: RE: Office of the Fairness Commissioner 2021 FRP Report - College of Chiropractors

CAUTION -- EXTERNAL E-MAIL - Do not click links or open attachments unless you recognize the sender.

Good Afternoon,

Thank you.

To clarify, this is the document that is to be posted on the CCO website?

Regards,

Joel D. Friedman, BSc, LL.B
 Deputy Registrar
College of Chiropractors of Ontario
 59 Hayden Street, Suite 800
 Toronto, Ontario M4Y 0E7
 Tel: (416) 922-6355 ext. 104
 Toll Free: 1-877-577-4772
 Fax: (416) 925-9610
 E-mail: jfriedman@cco.on.ca
 Web Site: www.cco.on.ca

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From: Mendel, James (MLITSD) <James.Mendel@ontario.ca>

Sent: Wednesday, March 8, 2023 1:58 PM

To: Joel Friedman <JFriedman@cco.on.ca>

Cc: Tam, Ming-Young (MLITSD) <Ming-Young.Tam@ontario.ca>

Subject: Office of the Fairness Commissioner 2021 FRP Report - College of Chiropractors

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

Hello Joel,

Please find attached the College's formatted 2021 Fair Registration Practices report. You'll notice that it is in a different format than previous FRP reports, which reflects the capabilities of the survey tool used for this round.

Thanks
 James

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James Mendel
Compliance Analyst
Office of the Fairness Commissioner
(437) 233-4865
www.fairnesscommissioner.ca



FAIRNESS COMMISSIONER

**OFFICE OF THE FAIRNESS COMMISSIONER
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#15

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, December 13, 2022 8:24:07 AM
Last Modified: Tuesday, December 13, 2022 8:35:36 AM
Time Spent: 00:11:29
IP Address: 38.117.75.230

Page 1: Fair Registration Practices Report 2021

Q1

Please indicate which regulator you are and your main point of contact should we require follow up.

College of Chiropractors of Ontario
Joel Friedman, Deputy Registrar
jfriedman@cco.on.ca
416-922-6355, ext. 104

Q2

Section 1 - During the reporting period (January 1st– December 31st, 2021), please indicate if your organization has introduced any changes in the following areas impacting your registration processes by clicking on each of the appropriate boxes below. Registration requirements either through regulation, by-law or policy.

Yes,

Description of change/improvement that would impact fair registration outcomes:

CCO approved amendments to the following policies related to registration: Amendments to Policy P-058: Policy on Considering Applications for Registration During the COVID-19 Pandemic and Application Form on February 26, 2021. Council approved amendments to this policy to allow applicants to practise under in the General (Provisional) Class of Registration under the supervision of an active chiropractor registered in the General Class of Registration in good standing with CCO. This amendment was approved due to the cancellation of the in-person component of the clinical competency entry-to-practice examinations administered by the Canadian Chiropractic Examining Board in February 2021. This policy, initially approved on August 12, 2022 allowed for the registration of approximately 150 members in the General (Provisional) Class of Registration until they were able to complete the in-person clinical competency entry-to-practice examinations in June 2021 and become fully registered in the General Class of Registration. This policy was identified as a best practice by the Office of the Fairness Commissioner. Amendments to Policy P-053: Returning to the General Class of Certificate of Registration on November 25, 2021. Approved amendments explained and referenced what is meant by "regulated jurisdiction" with respect to applicants returning to Ontario to practise after practising elsewhere. Amendments to Policy P-050: Supervision and Direction of Chiropractors in Training and Policy P-058: Policy on Considering Applications for Registration During the COVID-19 Pandemic on November 25, 2021. Approved amendments clarified what is meant by a member in "good standing" with CCO for the purposes of acting as a supervising chiropractor, as well as considerations the Registration Committee will apply in reviewing an application for a supervising chiropractor with a past disciplinary finding.

Q3

New or consolidated class of certificates or licenses

Yes,

Description of change/improvement that would impact fair registration outcomes:

The General (Provisional) Class of Registration was temporarily passed for applicants affected by the cancellation of in-person clinical competency entry-to-practise examinations due to the COVID-19 pandemic. Please see a further description in Question 2.

2021 Fair Registration Practices Report

Q4 Assessment of qualifications	No
Q5 Timelines for registration, decisions and/or responses	No, Description of change/improvement that would impact fair registration outcomes: Applications for registration continued to be reviewed and approved within 7 - 10 business days, if all requirements were met. Meetings of the Registration Committee were conducted approximately every month or on an as needed basis to review referrals of applications for registration.
Q6 Registration and assessment fees	No, Description of change/improvement that would impact fair registration outcomes: No change in fees in 2021.
Q7 Resources for applicants	No
Q8 Changes to internal review or appeal process	No
Q9 Access by applicants to their records	No
Q10 Mutual recognition agreements	No
Q11 Training and resources for staff regarding registration	No, Description of change/improvement that would impact fair registration outcomes: Staff continued to participate in continuing education and professional development opportunities from internal and external sources.

2021 Fair Registration Practices Report

Q12

Relationship with third party service provider(s)

Yes,**No,**

Description of change/improvement that would impact fair registration outcomes:

CCO continues to be a board member of the Canadian Chiropractic Examining Board. In 2021, CCO increased its communications and correspondences with CCEB to discuss and find solutions to issues related to the COVID-19 pandemic's effect on in-person clinical competency entry-to-practise examinations.

Q13

Accreditation of educational programs

No**Q14**

Technological or digital improvements

No**Q15**

Anti-racism and inclusion-based policies and practices

Yes,

Description of Change/Improvement that would impact Fair Registration Outcomes:

CCO committees continued to review and apply policies related to accessibility for writing CCO's Legislation and Ethics Examination and applying for registration. CCO moved to a complete virtual Legislation and Ethics Examination in October 2020 and continued to implement this in 2021. CCO considered and accommodated requests for accommodation for this examination, such as providing extra time. CCO approved a Diversity, Equity and Inclusion Plan in April 2022 (not applicable to 2021 reporting year).

Q16

Organizational structure

No**Q17**

Contingency or continuity of operations plans

Yes,

Description of Change/Improvement that would impact Fair Registration Outcomes:

CCO continued to move between remote and in person working conditions based on the COVID-19 pandemic. Registration of applicants and Registration Committee meetings continued regardless of the work conditions. CCO conducted 10 virtual Registration Committee meetings in 2021 to review applications for registration and review and recommend policy amendments to Council.

2021 Fair Registration Practices Report

Q18

Documentation requirements for registration

Yes,

Description of Change/Improvement that would impact Fair Registration Outcomes:

CCO had relaxed certain application requirements in May 2022 due to the COVID-19 pandemic, such as no longer requiring examination and registration applications to be notarized, which continued into 2021.

Q19

English / French language proficiency testing

No**Q20**

Section 2 – If applicable, please list your organization's top three accomplishments during the reporting period that relate to fair registration practices.

1

Amendments to General (Provisional) Policy and Application Form

2

Amendments to clarify certain requirements in Registration policies

3

Continued offering of a virtual Legislation and Ethics Examination with no issues

Q21

Section 3 – If applicable, please list the top three risks that impacted your organization's ability to achieve better registration outcomes for applicants during the reporting period. Please also indicate the measures you have taken to mitigate the impacts of these risks.

1

Cancellation of in-person clinical competency entry to practise examinations due to the COVID-19 Pandemic - Amendments to policy and application form (described in more detail above)

2

Avoidance of any cyber security issues with respect to the administration of a virtual examination

3

Risk of General (Provisional) class of registration applied for the first time in 2020 and 2021. Requirement for supervising chiropractors to be active, registered in the General Class of Registration, be in good standing with CCO, have gone through Peer and Practice Assessment, and requirement to practise in any additional areas if required for supervision (e.g., acupuncture).

2021 Fair Registration Practices Report

Q22

Section 4 – Do you believe that you have a Canadian Experience Requirement (CER)? If so, please describe the applicant competencies that you seek to develop through this requirement in the comment box below CER: work experience or experiential training obtained in Canada.

No

Q23

QUANTITATIVE SECTION The following quantitative information is collected for the purpose of discerning statistical changes and trends related to a regulator's membership, application volumes, licensure/certification results, and appeals year over year. Languages Indicate the languages in which you make available application materials and information about the application process.

English ,

French,

Other (please specify):

French upon request.

Q24

Membership Data Demographics Data As of December 31, 2021, please indicate the number of members in each gender category identified below and the number of total members.

Total Male	3070
Total Female	2179
Total Non-binary	0
Gender not provided	0
Overall Total	5249

Q25

In relation to your members: Do you collect race-based data?

No

Q26

Do you collect other identity-based or demographics data?

Yes,

Other (please specify):

CCO collects data with respect to year of birth, gender, location of practice and residence and various practice related data.

Q27

Do you plan to collect race-based data in the future?

No

Q28

Class of License/Certificate Data As of December 31, of the reporting year, please indicate the number of members under each class or license category as applicable.

Full/Independent Practice	4816
Provisional/Limited License/Certificate	0
Emergency License/Certificate	0
All other classes	433
Overall Total	5249

2021 Fair Registration Practices Report

Q29

Jurisdiction where members were initially trained As of December 31, of the reporting year, please indicate the membership type and total number of registered members for each category listed below.

Ontario	3788
Other Canadian Provinces and Territories	13
USA	1395
Other Countries	53
Multiple and/or Unspecified Jurisdiction	0
Total	5249

Q30

Please indicate the total number of registered members for the top 12 international countries or jurisdictions where these individuals obtained their initial education in the profession or trade.

1	United States - 1395
2	Australia - 18
3	United Kingdom - 17
4	New Zealand - 16
5	France - 1
6	South Africa - 1

Q31

Applications Data Demographics Data Indicate the number of applicants who filed an application between January 1 and December 31 of the reporting year, in each applicable category.

Total Male	104
Total Female	124
Total Non-binary	0
Gender not provided	0
Overall Total	228

Q32

In relation to the applications, you received: Do you collect race-based data?

No

Q33

Do you collect other identity-based or demographics data?

Yes,

If yes, please indicate the type: :
CCO collects data with respect to year of birth, gender, location of practice and residence and various practice related data.

Q34

Category of Applicants Number of applicants who voluntarily or involuntarily (through inactive and lapsed applications) withdrew from the application process between January 1 and December 31, 2021:

5

Q35

Please indicate the total number of applicants from Ontario who filed an application between January 1 and December 31, 2021 for the following categories as applicable.

Number of Applicants	151
Number of Applicants Licensed/Certified	151
Average Time to Process Application in Weeks from First Point of Applicant Contact	3
Average Time to Process Application in Weeks from Receipt of all Required Documents	2

Q36

Please indicate the total number of applicants from Canadian provinces and territories (excluding Ontario) who filed an application between January 1 and December 31, 2021 for each of the following categories as applicable.

Number of applicants	1
Number of applicants fully licensed/certified	1
Average Time to Process Application in Weeks from First Point of Applicant Contact	3
Average Time to Process Application in Weeks from Receipt of all Required Documents	2

Q37

Please indicate the total number of certificate-to-certificate (labour mobility) applicants who filed an application between January 1 and December 31, 2021 for each of the categories as applicable.

Number of applicants	7
Number of applicants fully licensed/certified	7
Average Time to Process Application in Weeks from First Point of Applicant Contact	3
Average Time to Process Application in Weeks from Receipt of all Required Documents	2

2021 Fair Registration Practices Report

Q38

Please indicate the total number of applicants from international jurisdictions (not including USA) who filed an application between January 1 and December 31, 2021 for each of the categories as applicable.

Number of applicants	8
Number of applicants fully licensed/certified	7
Average Time to Process Application in Weeks from First Point of Applicant Contact	3
Average Time to Process Application in Weeks from Receipt of all Required Documents	2

Q39

Please indicate the total number of applicants from multiple and/or jurisdictions not specified who filed an application between January 1 and December 31, 2021 for each of the categories as applicable.

Number of applicants	0
Number of applicants fully licensed/certified	0
Average Time to Process Application in Weeks from First Point of Applicant Contact	0
Average Time to Process Application in Weeks from Receipt of all Required Documents	0

Q40

Please indicate the total number of applicants from accredited Canadian post-secondary institutions who filed an application between January 1 and December 31, 2021 for each of the categories as applicable.

Number of applicants	151
Number of applicants fully licensed/certified	150
Average Time to Process Application in Weeks from First Point of Applicant Contact	12
Average Time to Process Application in Weeks from Receipt of all Required Documents	1

2021 Fair Registration Practices Report

Q41

Please indicate the total number of applicants who re-registered after withdrawing from the application process between January 1 and December 31, 2021 for each of the categories as applicable.

Number of applicants	0
Number of applicants fully licensed/certified	0
Average Time to Process Application in Weeks from First Point of Applicant Contact	0
Average Time to Process Application in Weeks from Receipt of all Required Documents	0

Q42

Please provide any additional comments you may have for questions 33-41.

All General (Provisional) members became registered in Full General Class by December 31, 2021, so the number of General (Provisional) members on December 31, 2021 was 0.

Q43

Jurisdiction where applicants obtained their initial education Please indicate the total number of applicants for the top 12 international countries or jurisdiction where applicants obtained their initial education in the profession or trade.

1	USA - 69
2	New Zealand - 4
3	Australia - 3
4	United Kingdom - 1

Q44

Processing Time As of December 31, 2021, how many full licenses/certificates did your organization issue?

223

Q45

Please indicate the total number of applicants who received full licensure/certification between January 1 and December 31, 2021, according to the following timelines.

0 – less than 3 months	215
3 months – less than 6 months	8
6 months – less than 12 months	0
12 months – less than 18 months	0
18 months – less than 24 months	0
24 months and greater	0

Q46

Age of Active Applications As of December 31, 2021 what were the total number of active applications in your case inventory?

2

Q47

Please provide a breakdown (and total) of active applications according to the length of time (age) that they have been open.

0 – less than 3 months	2
3 months – less than 6 months	0
6 months – less than 12 months	0
12 months – less than 18 months	0
18 months – less than 24 months	0
TOTAL	2

Q48

Other Licenses/Certificates of Registration Processed Please indicate the number of applicants who were issued an alternative class of license* that your organization processed in the reporting year (January 1-December 31, 2021). Enter the data by the jurisdiction where applicants were initially trained in the profession, i.e. before they were granted use of the protected title or professional designation in Ontario.* An alternative class of license/certificate enables the holder to practice with limitations, but additional requirements must be met for the member to be fully licensed/certified.

Ontario	68
Other Canadian Provinces and Territories	0
Certificate to Certificate (Labour Mobility)	0
USA	11
Other International	3
Multiple and/or Unspecified Jurisdictions	0
TOTAL	82

Q49

Other Licenses/Certificates of Registration Processed Please indicate the number of applications, if applicable, who were issued an emergency license/certificate that your organization processed in the reporting year (January 1-December 31, 2021). Enter the data by the jurisdiction where applicants were initially trained in the profession, i.e. before they were granted use of the protected title or professional designation in Ontario.

Ontario	68
Other Canadian Provinces and Territories	0
Certificate to Certificate (Labour Mobility)	0
USA	11
Other International	3
Multiple and/or Unspecified Jurisdictions	0
TOTAL	82

Q50

Other Licenses/Certificates of Registration Processed Please indicate the number of Provisional license/certificate or alternative class of license/certificate holders who were fully licensed/certified by your organization which were processed in the reporting year (January 1-December 31, 2021). Enter the data by the jurisdiction where applicants were initially trained in the profession, i.e. before they were granted use of the protected title or professional designation in Ontario.

Ontario	68
Other Canadian Provinces and Territories	0
Certificate to Certificate (Labour Mobility)	0
USA	11
Other International	3
Multiple and/or Unspecified Jurisdictions	0
TOTAL	82

Q51

Number of Reviews and Appeals Processed State the number of reviews and appeals that your organization processed in the reporting year (January 1-December 31, 2021). For applicants who were subject to an internal review or who were referred to a statutory committee of your governing council, such as a Registration Committee. Enter the data by the jurisdiction where applicants were initially trained in the profession, i.e. before they were granted use of the protected title or professional designation in Ontario.

Ontario	5
Other Canadian Provinces	0
USA	8
Other Countries	1
Multiple and/or Unspecified Countries	0
TOTAL	14

Q52

State the number of reviews and appeals that your organization processed in the reporting year (January 1-December 31, 2021). For applicants who initiated an appeal of a registration decision. Enter the data by the jurisdiction where applicants were initially trained in the profession, i.e. before they were granted use of the protected title or professional designation in Ontario.

Ontario	5
Other Canadian Provinces	0
USA	8
Other Countries	1
Multiple and/or Unspecified Countries	0
TOTAL	14

Q53

State the number of reviews and appeals heard in the reporting year (January 1-December 31, 2021). Enter the data by the jurisdiction where applicants were initially trained in the profession, i.e. before they were granted use of the protected title or professional designation in Ontario.

Ontario	6
Other Canadian Provinces	0
USA	8
Other Countries	1
Multiple and/or Unspecified Countries	0
TOTAL	14

Q54

State the number of registration decisions changed following an appeal and/or review that your organization processed in the reporting year (January 1-December 31, 2021). Enter the data by the jurisdiction where applicants were initially trained in the profession, i.e. before they were granted use of the protected title or professional designation in Ontario.

Ontario	0
Other Canadian Provinces	0
USA	0
OtherCountries	0
Multiple and/or Unspecified Countries	0
TOTAL	0

Q55

List the top three reason for appeals (by percentage) of a registration decision

- | | |
|---|---|
| 1 | Applicants requesting to become registered in Ontario following practising in another regulated jurisdiction outside of Canada |
| 2 | Applicants requesting to become registered in Ontario after more than 2 years of being inactive |
| 3 | Applicants requesting specific exemptions to the General (Provisional) requirement |

Q56

List the top five reasons (by percentage) for not Issuing a License/Certification to Internationally Trained Individuals

- | | |
|---|---|
| 1 | Applicant did not complete requirements for registration (examination, etc.) |
|---|---|

Q57

List the top Five Reasons (by percentage) for not Issuing a License/Certification to Canadian Graduates

- | | |
|---|---|
| 1 | Applicant did not complete requirements for registration (examination, etc.) |
|---|---|

Q58

Please provide any additional comments you may have:

The statistics for questions 48 - 50 all reference applicants registered in the General (Provisional) class of Registration, who subsequently became fully registered in the General class of Registration.

The statistics for questions 50 - 54 all apply to referrals to the Registration Committee for review. There were no external reviews or appeals of Registration Committee decisions in 2021.

Joel Friedman

From: Mendel, James (MLITSD) <James.Mendel@ontario.ca>
Sent: Wednesday, March 15, 2023 11:08 AM
Cc: Tam, Ming-Young (MLITSD); Forgie-Resnick, Hilary (MLITSD)
Subject: Office of the Fairness Commissioner - Fair Registration Practice reporting updates
Attachments: 2023 03 13 - Memo - March updates Health Regulators (FINAL) EN.docx

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

Hello,

Please find a memo attached regarding the Office of the Fairness Commissioner's (OFC) Fair Registration Practice reporting.

[SUBSCRIBE](#) to the OFC Newsletter

James Mendel
Compliance Analyst
Office of the Fairness Commissioner
(437) 233-4865
www.fairnesscommissioner.ca



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March 15, 2023

Dear Regulated Health Professionals,

As part of our commitment to provide you with more support and outreach in 2023, we are writing to provide you an update.

2022 Fair Registration Practices (FRP) report

The Office of the Fairness Commissioner (OFC) will be sending out the 2022 FRP report in May 2023. Regulators will have 60 business days to complete and file their submissions with the OFC. We anticipate that the 2022 FRP report will be largely like the 2021 report in its format and content, but some regulated professions can expect changes to the 2023 report based on the recent legislative amendments to the [Fair Access to Regulated Professions and Compulsory Trades Act, 2006](#) and [Ontario Regulation 261/22](#).

You might also recall, the changes to the 2021 FRP submission was in part a result of our continuing effort to modernizing our IT infrastructure. The OFC continues to work towards building a data portal as more permanent solution for future FRP submissions including the 2023 report. We hope to share more on the data portal later in the year.

Thank you for your patience with these processes and your ongoing efforts to improve your registration practices.

If you have any questions, please contact your assigned compliance analyst or e-mail Ming Young Tam, Manager, Business and Operations Planning, at ming-young.tam@ontario.ca.

Yours truly,

Hilary Forgie-Resnick,
Director



FAIRNESS COMMISSIONER
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THE OFC NEWSLETTER

MARCH 2023

REGULATOR SPOTLIGHT

Periodically, the Office of the Fairness Commissioner (OFC) highlights regulators that have adopted innovative approaches to improve their fair registration practices.

This March, we want to spotlight the Ontario Association of Certified Engineering Technicians and Technologists (OACETT), which has managed to successfully eliminate its previous one-year Canadian Experience Requirements (CER) from its registration process, in favour of a competency-based examination.

The following infographic was authored by OACETT and presents this regulator's solution and the process through which it was developed.

The OFC wishes to congratulate OACETT for its proactive efforts to remove this registration barrier.

A copy of this infographic may be downloaded from the OFC website by clicking on [OACETT CER Solution](#).



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An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

How to Eliminate the Canadian Experience Requirement

SOLUTION proposed by

**Ontario Association of Certified
Engineering Technicians and
Technologists**



1) TASK FORCE

In November 2013, a task force (with members from industry and academia) was created to address the Ontario Human Rights Commission's finding that Canadian experience requirements can constitute discrimination in employment unless proven otherwise.

2) RECOMMENDATION

In 2015, an Enhanced Professional Practice Exam (PPE) is proposed to substitute the one year Canadian experience.



3) EMPLOYER INTERVIEWS

TEN industry employers were interviewed in 2015 to help understand what was needed to develop a supplementary manual, seminar and exam for Internationally Educated Professionals (IEPs).

4) THE INTERVIEW QUESTIONS

Questions covered employee workplace performance:

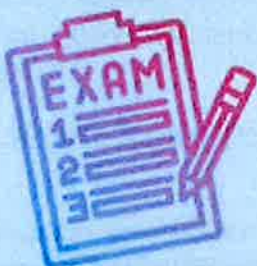


- Understanding and applying legislation.
- Understanding and applying health and safety regulations.
- Understanding Canadian workplace culture and cultural norms.

What challenges do new employees (either Canadian or internationally trained) have with respect to this aspect of workplace performance?

Have you noticed any differences between the integration process of Canadian trained new employees and internationally trained employees with respect to this aspect of workplace performance?

5) NEW EXAM



With proper research and due diligence, OACETT's Internationally Educated Professional Practice Exam (IEPPE) was created.

- The IEPPE has four sections: Law, Ethics, Practice, and Enhanced Practice
- The PPE is three and a half hours long
- Online 24/7 with a proctor overseeing by webcam
- 130 multiple choice questions

6) ENHANCED SECTION

- The enhanced section focuses on Legislation and Professional Practice, Workplace Culture, and Health and Safety, and
- includes 30 additional questions.



AN INTERVIEW WITH OACETT

In order to assist other regulators that are considering ways to eliminate their own CERs, the OFC has provided the following Qs and As that elaborate on OACETT's experience.



Please provide some details on your consultations with employers.

Multiple employers were interviewed to provide their insights into the perceived gaps of internationally educated professionals (IEPs). They covered private and government organizations and came from a variety of engineering technology and applied sciences disciplines. Several of the employers were IEPs and shared their personal experiences of integrating into and succeeding in Canadian engineering technology and applied sciences workplaces. These employer insights were interwoven into the exam.

After the consultations, did you continue to maintain a professional relationship with the employers?

Many of the employers who were contacted already had OACETT certified members and had been advocates for certified technicians and technologists. A strong relationship continues with the employers who provided input on the creation of the alternate solution to a 1-year Canadian work experience.

How would OACETT define the distinct elements of a Canadian workplace culture that were canvassed in its examination?

Canadian workplace culture includes the legislation, standards and codes used in the workplace that are specific to Canada. This includes the policies and procedures that Canadian employees are following, the documents being used, and the symbols that hold meaning for the employees in the Canadian workplace (logos, brands, and safety symbols). It also includes employee and management behaviours including those typically found in Canada.

What did OACETT identify as critical competencies that demonstrated knowledge of the Canadian workplace?

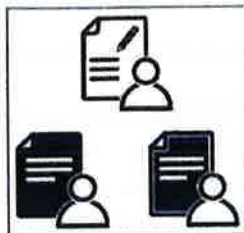
Success as an engineering technician or technologist does not just depend upon knowledge of legislation, codes and standards. It also depends upon appropriately applying the legislation, codes and standards to the Canadian workplace context. Effective practice must, therefore, integrate both knowledge and how it is applied

To provide more knowledge, additional information was included about the federal, provincial and local departments and agencies to be familiar with along with the relevant legislation, codes or standards they are responsible for, the tendering process, understanding contracts, and the government procurement process.

Additional health and safety information in the workplace was also included to close gaps with unfamiliarity with Canadian practices. This included information on basic health and safety strategies including why workplace health and safety is important, internal responsibility systems for workplace health and safety, the rights of employees, health and safety representatives and committees, and the types of workplace health and safety hazards.

Could you share feedback from professionals that completed the Internationally Educated Professional Practice Exam (IEPPE)?

Several months after the launch of the IEPPE, several of the first candidates to complete the exam were interviewed about their experiences. All were happy and grateful to have an efficient and accessible way to demonstrate their understanding of the Canadian workplace. They all felt this process allowed them to access the Canadian labour market sooner and more effectively.



In 2022, the Government of Ontario introduced an amendment to the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* to require that professional regulators enact emergency registration plans (ERPs)

More particularly, regulators must create and file an ERP with the Office of the Fairness Commissioner (OFC) by July 2, 2024, ensure that it addresses the stipulated elements, and keep the plan up to date.

Please refer to the following links for additional details: [Fair Access to Regulated Professions and Compulsory Trades Act, 2006](#) and [Ontario Regulation 261/22](#).

Given the requirements, we are offering information and advice to regulated professionals to assist them to:

- Develop their ERPs and understand how the OFC intends to determine if the obligation have been met; and
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ITEM 4.3.8

932**FAIRNESS COMMISSIONER****COMMISSAIRE À L'ÉQUITÉ**

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Version française

BULLETIN DE NOUVELLE DU BCE

MARS 2023

COUP DE PROJECTEUR SUR UN ORGANISME DE RÉGLEMENTATION

De temps en temps, le Bureau du commissaire à l'équité (BCE) met en lumière les organismes de réglementation qui ont adopté des approches innovantes pour améliorer leurs pratiques d'inscription équitables.

En mars, nous souhaitons vous présenter l'Association des techniciens et technologues certifiés en génie de l'Ontario (OACETT), qui a réussi à éliminer, de son processus d'inscription, l'exigence en matière d'expérience canadienne d'une durée d'un an, pour la remplacer par un examen axé sur les compétences.

L'infographie suivante a été rédigée par l'OACETT et présente la solution de cet organisme de réglementation et le processus par lequel elle a été développée.

La BCE tient à féliciter l'OACETT pour ses efforts proactifs visant à éliminer cet obstacle à l'inscription.

Une copie de cette infographie peut être téléchargée à partir du site web de la BCE en cliquant sur [Solution proposée par OACETT](#).

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

Gregory Neil Kawchuk^{1,3*} , Steen Harsted², Jan Hartvigsen^{2,3}, Luana Nyirö⁴ and Casper Glissmann Nim^{2,5,6}

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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Full list of author information is available at the end of the article



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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

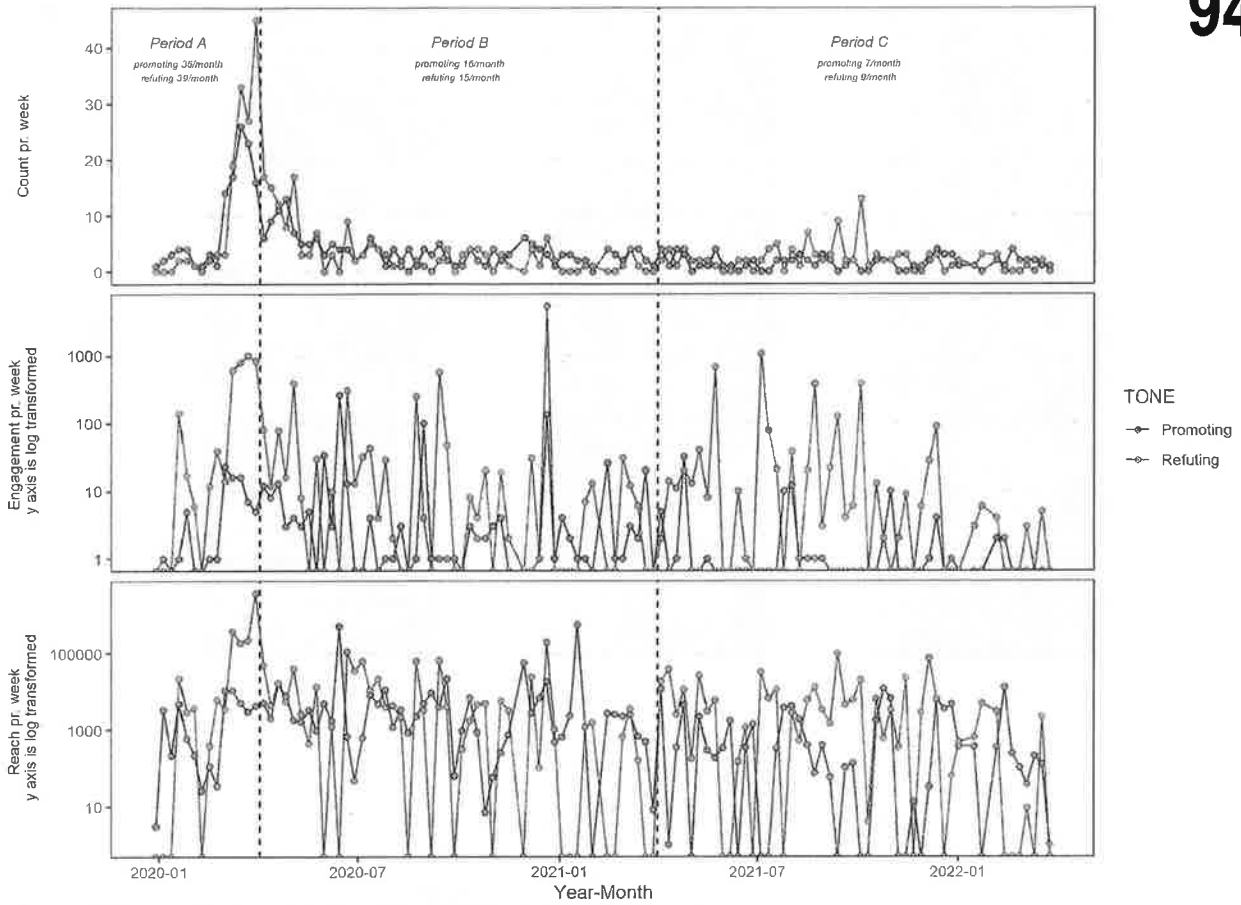


Fig. 1 Weekly count of tweets, engagement (likes + retweets) and reach (followers)

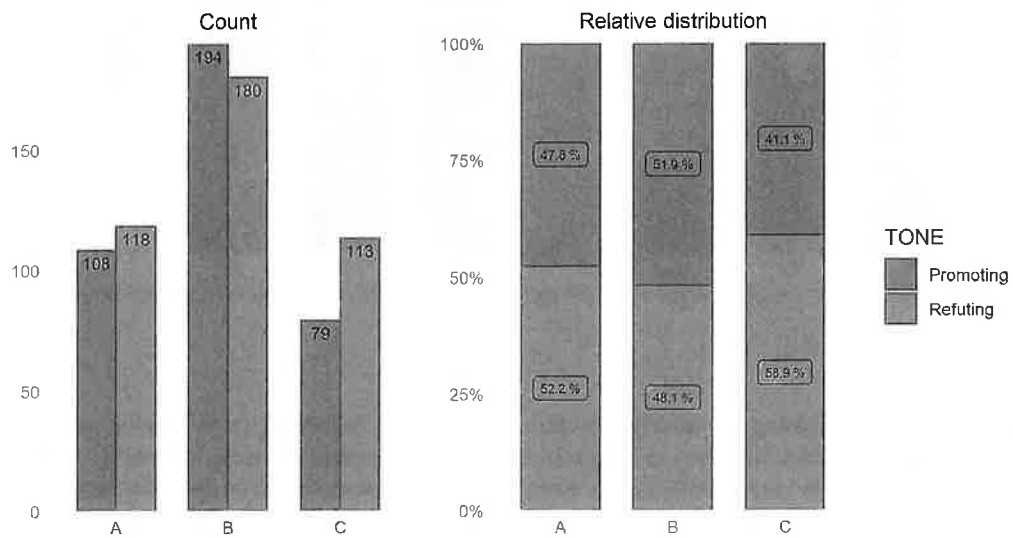


Fig. 2 Absolute and relative distribution of promoting and refuting tweets by period

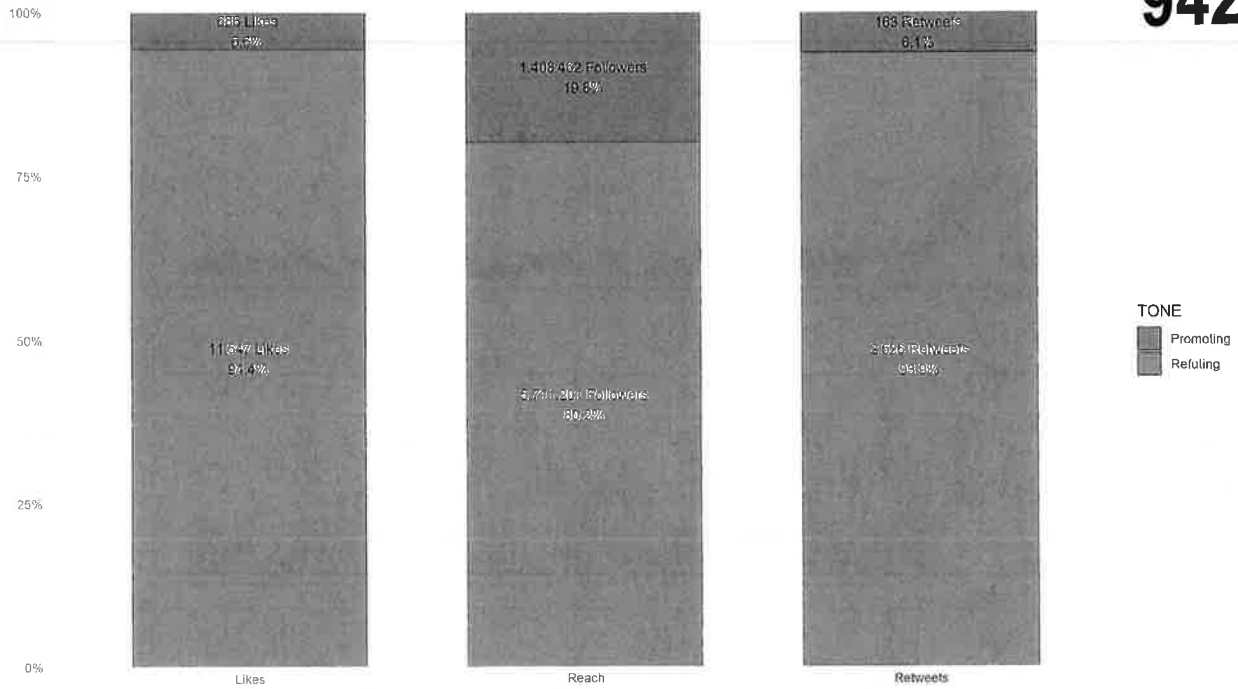


Fig. 3 Total engagement (likes plus retweets) and reach (followers)

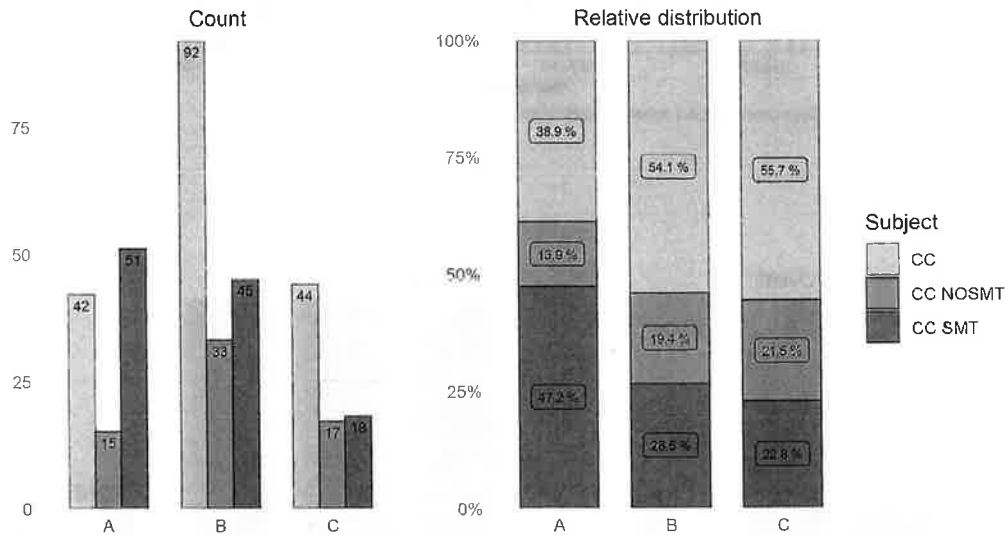


Fig. 4 Proportion of subject content (chiropractic/interventions) in promoting tweets (CC, SMT, CC noSMT) in monthly tweet rates for each time period

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

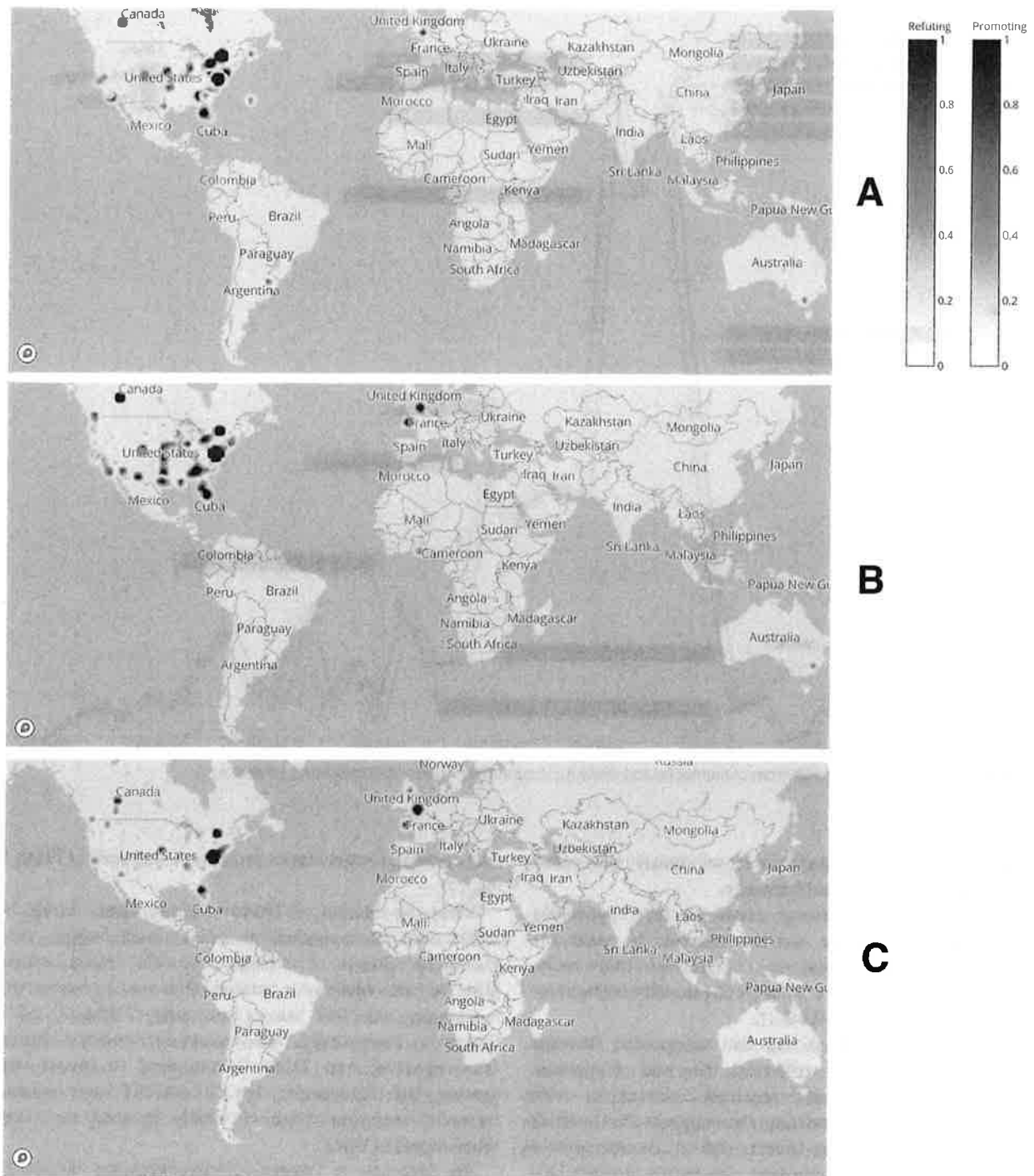


Fig. 5 Geospatial heat map of promoting and refuting tweets in time periods A, B and C

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

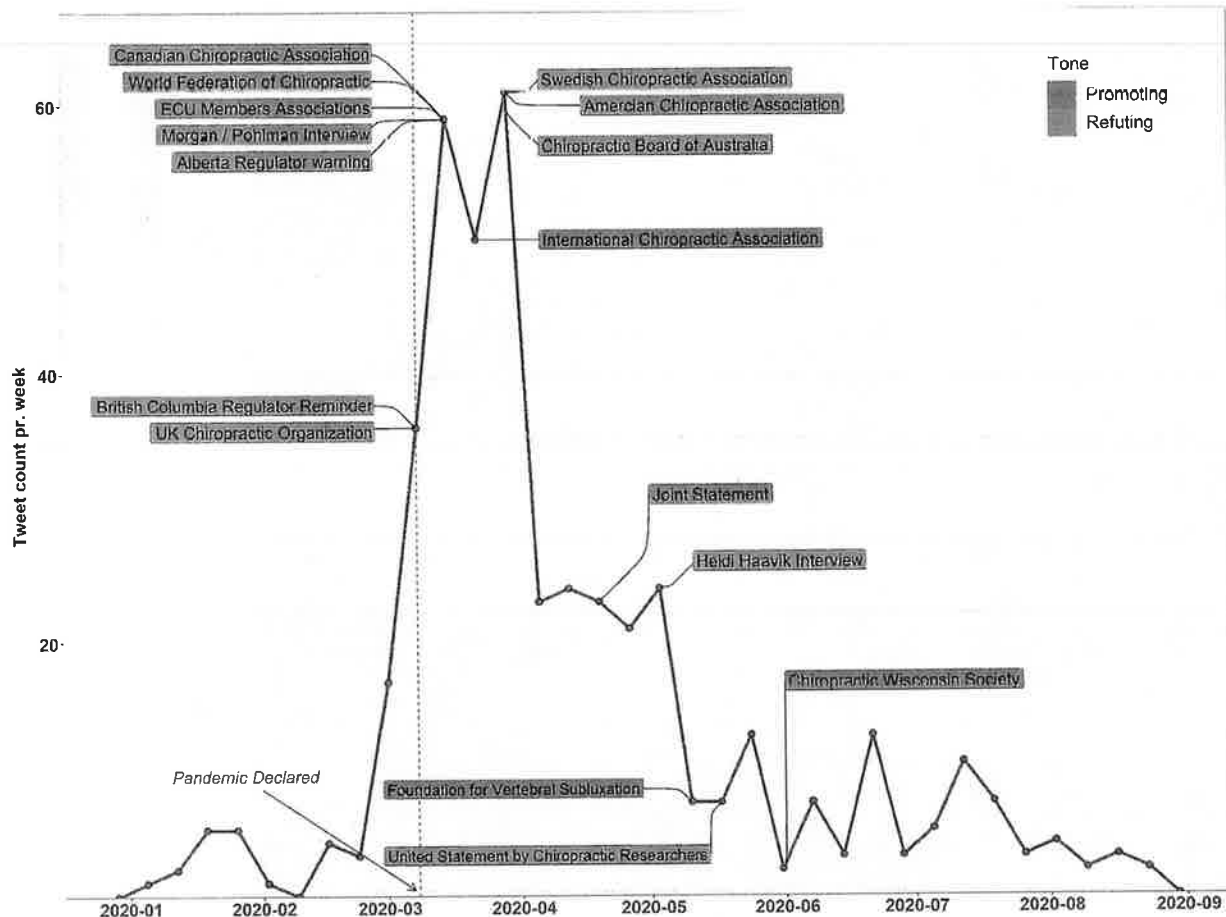


Fig. 6 Tweets superimposed with dates of promoting and refuting announcements from the chiropractic profession

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].

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		
										Expected rate of to preserve proportion (%)	Actual rate of change (%)	Difference (%)	Expected rate of to preserve proportion (%)	Actual rate of change (%)	Difference (%)
	Period A	Period B	Period C	Period A	Period B	Period C	Period A	Period B	Period C	Period A	Period B	Period C	Period A	Period B	Period C
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	1.5C	47	26	23	39	22	-17	46	40	-6
Total	108	170	79	36.00	14.17	6.5E	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). 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

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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.

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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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Subject: FW: Province Helping More Ontario Students Become Doctors at Home in Ontario

Council.

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NEWS RELEASE

Province Helping More Ontario Students Become Doctors at Home in Ontario

950

Historic number of undergraduate and postgraduate training seats now prioritized for Ontario residents

March 30, 2023

[Premier's Office](#)

HAMILTON — The Ontario government is further expanding the number of medical school spots to historic highs while helping Ontario students become doctors in the province, whether they studied at home or abroad. Starting in 2023, the government is investing an additional \$33 million over three years to add another 100 undergraduate medical school seats and another 154 postgraduate medical training seats beginning in 2024, both now prioritized for Ontario residents.

“Too many Ontario students are having to go abroad for medical school because they can’t find residency spots here in their home province while international students learn here then leave,” said Premier Doug Ford. “That’s why we’re expanding the number of undergraduate and graduate medical school spots and putting qualified Ontario students at the front of the line. We’re training the next generation of Ontario doctors right here in Ontario to stay here and care for Ontario communities.”

The new investment in Budget 2023 builds on the expansion of 160 undergraduate and 295 postgraduate medical training seats announced last year, the [largest expansion of Ontario’s medical school system in over a decade](#).

“Medical seat expansion in the province’s postsecondary sector is a critical element of our plan to connect people to care close to home,” said Jill Dunlop, Minister of Colleges and Universities. “Expanding postsecondary education opportunities that prioritize Ontarians will make it easier for the homegrown doctors of tomorrow to receive training and provide world-class health care right in their own communities.”

This expansion is part of the government’s *Your Health* plan, which includes initiatives to hire more health care workers.

“Increasing the number of doctors and other health care workers will make it easier for Ontarians to connect to world class health care right in their own communities,” said Sylvia Jones, Deputy Premier and Minister of Health. “We will continue to implement our bold plan to grow our health

workforce so Ontarians can continue to receive care closer to home for years to come.”

“By investing in Ontario’s health workforce, our government is connecting people to the care they need where and when they need it,” said Peter Bethlenfalvy, Minister of Finance. “Training more doctors here in Ontario is part of our plan to build a strong Ontario that is supporting people today while laying a strong foundation for the future.”

The Ontario government’s 2023 budget, *Building a Strong Ontario*, is helping to drive economic growth, attract jobs and investments, and build key infrastructure projects faster. The government’s plan is also training skilled workers to fill in-demand jobs, keeping costs down for those that need it the most, and providing better health and public services for Ontario families.

Quick Facts

- The government is also investing \$100.8 million to expand and accelerate the rollout of undergraduate and postgraduate medical education that was announced as part of the 2022 Ontario Budget.
- 60 per cent of the new postgraduate training seats will be in primary care and 40 per cent will be in specialty care.
- The new medical expansion will bring the total number of undergraduate seats and postgraduate training seats to 1,212 and 1,637 respectively, by 2028.
- The province has expanded the [Ontario Learn and Stay Grant](#) which provides full, upfront funding for tuition, books and other direct educational costs to students in return for working in the region where they studied for a term of service after graduation. In addition to nursing programs, the grant will now include paramedic and medical laboratory technologist programs in priority communities.
- To strengthen the health and long-term care workforce, [Ontario invested \\$342 million](#) for 2021-22 to add over 5,000 new and upskilled registered nurses and registered practical nurses as well as 8,000 personal support workers. In addition, Ontario invested \$57.6 million for 2022–23 to hire 225 nurse practitioners in the long-term care sector.
- To learn more about careers in health care, please visit: <https://www.ontario.ca/page/careers-health-care>

Quotes



"As one of the world's top medical schools, McMaster University welcomes the Government of Ontario's commitment to fund additional medical student spots across the province. McMaster is pleased to continue working with its partners to meet Ontario's increasing healthcare needs by training more doctors to deliver better patient care."

- David Farrar
President, McMaster University

"Communities across Ontario are facing a shortage of doctors, and Queen's University applauds the government's investments to create new spaces in the province's medical schools. Queen's is pleased to be a partner in training more family physicians and other specialists to help provide the care that Ontarians need."

- Dr. Patrick Deane
Principal and Vice-Chancellor, Queen's University

"Today's investment to expand medical education recognizes the importance of the University of Toronto's Temerty Faculty of Medicine as Canada's top ranked and largest medical school, and the impact our students will continue to have in advancing the health of Ontarians."

- Dr. Trevor Young
Dean, Temerty Faculty of Medicine and Vice-Provost, Relations with Health Care Institutions, University of Toronto

"We are thrilled that the provincial government is expanding Western University's undergraduate medical education program. Southwestern Ontario is among the fastest growing regions in Canada, and we know that where a physician trains is a strong predictor of where they will practice. With these additional spots, Western's Schulich School of Medicine & Dentistry can train more doctors to serve our regional communities. We commend the government for taking this critical step."

- Dr. Alan Shepard
President and Vice-Chancellor, Western University

"Toronto Metropolitan University welcomes the Ontario government's investment in the postsecondary sector, particularly in healthcare, to improve access to higher education and address the demand for skilled healthcare professionals. TMU is committed to expanding its medical-related programs and working collaboratively with the government, hospitals, and healthcare organizations to meet the evolving needs of Ontario's healthcare system."

- Mohamed Lachemi
President and Vice-Chancellor, Toronto Metropolitan University

"The University of Ottawa is pleased to receive new medical school seats at its Faculty of Medicine and help build strong and sustainable frontline healthcare services across the province, including in rural and northern communities. The University trains over 90 per cent of Ontario's bilingual health care professionals who are in great demand throughout the province's healthcare system and provide francophones with critical services when they need them most."

- Jacques Frémont
President and Vice-Chancellor, University of Ottawa

Additional Resources

- [2023 Ontario Budget: *Building a Strong Ontario*](#)
- [Ontario Training More Doctors as it Builds a More Resilient Health Care System](#)

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Sent: April 5, 2023 10:28 AM
To: Rose Bustria
Subject: FW: CPSO Removes Barriers for Internationally Educated Physicians

Council.

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From: Dr. Nancy Whitmore, CPSO Registrar and CEO <registrarceo@cpsso.on.ca>
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MESSAGE FROM THE REGISTRAR

Dr. Nancy Whitmore

Good morning,

I am pleased to announce that CPSO has taken another significant step to help address the physician shortage in Ontario. Yesterday, CPSO Executive Committee of Council removed supervision and assessment requirements for physicians who are trained and Board Certified in the U.S., allowing them to begin independent practise in Ontario immediately. The Committee also approved changes to make it easier for family physicians from Australia, Ireland, the United Kingdom and the United States to practice in Ontario.

Throughout the pandemic, CPSO has been working with several health system stakeholders to identify opportunities to address physician supply issues within the constructs of the legislation.

The approval of these policy amendments is a major win for Internationally Educated Physicians and Ontario patients struggling to get the care they need. I ask for your continued support in sharing these changes so we can bring more physicians to Ontario.

For more information, you can find our [News Release and Backgrounder on our website](#).

Regards,

A handwritten signature in cursive script that reads "Nancy".

Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer





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College of Physicians and Surgeons of Ontario 80 College Street, Toronto, Ontario M5G 2E2

ITEM 6.4

Coun. Josh Matlow broke code of conduct on Twitter, should face 10-day pay suspension, says commissioner



Abby O'Brien, CTV News Toronto Multi-Platform Writer
@abbyjobrien

957

Published Friday, March 24, 2023 10:36AM EDT

Last Updated Friday, March 24, 2023 11:42AM EDT

Toronto Coun. Josh Matlow broke council's code of conduct by criticizing two city bureaucrats on Twitter before retaliating against one of them after she filed a complaint, the city's integrity commissioner has found.

The [51-page report](#), released Friday by Integrity Commissioner Jonathan Batty, outlines two complaints lodged by city officials over Matlow's Twitter posts. In the first, the Ward 12 representative and recently announced mayoral candidate accused a city staff member of lying to him regarding the opening of washrooms in spring 2022. In the second, Matlow referred to the newly appointed interim city manager Tracey Cook as the "very wrong person" for the job.

Batty said Matlow violated city council's code of conduct, which says members must treat city employees appropriately and not engage in reprisal.

In turn, the commissioner has recommended the council suspend Matlow's pay for 10 days.

The news comes just days after the councillor announced his intention to run for Mayor of Toronto in this year's byelection.

Matlow has disputed the findings. After the commissioner released the report Friday, [the councillor issued a statement](#), saying he believes "elected representatives have a responsibility to put residents first."

"That includes taking a stand when encampment clearings are done violently, advocating for park bathrooms and water fountains to be open and functioning, and demanding that billion-dollar projects

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[Council expected to reprimand](#)

[Thompson and Matlow for code of conduct violations](#)

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PHOTOS

are never approved based on misleading figures,” he said.



958

Within the findings, Matlow argued that his tweets were protected by his Charter right to free expression – a notion that Batty dismissed.

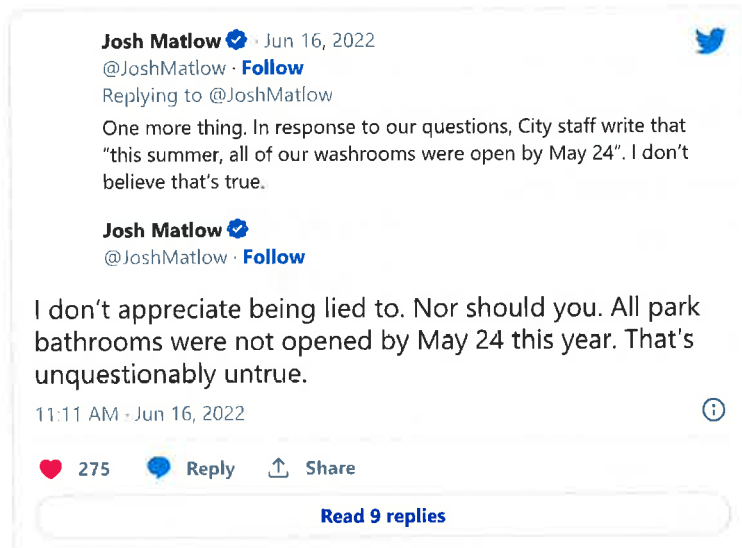
Matlow did not issue an apology in his statement, but said he will “work to ensure that Senior Staff are encouraged to provide their best advice to Council and all Torontonians, independent from political pressure.”

Council will consider the integrity commissioner’s recommendations at its meeting next week.

FIRST TWEET INVESTIGATED

The first complaint was filed by former city manager Chris Murray over a tweet published by Matlow in mid-June 2022.

In the tweet, Matlow said he had been “lied to” by staff about when park washrooms opened for the season.



Matlow alleged that the general manager of the city’s parks department Janie Romoff had lied to him in response to a motion Matlow tabled asking whether the city met its timelines for opening public facilities.

“For this summer, all of our washrooms were open by May 24 and all water fountains have now been activated, a few washrooms are down for repairs

and approximately 5% of our total water fountains are currently inoperable due to mechanical issues,” Romoff said in the email, included in Batty’s report.

959

Matlow [posted a screenshot of the email to Twitter and wrote](#), “I don’t appreciate being lied to. Nor should you. All park bathrooms were not opened by May 24 this year. That’s unquestionably untrue.”

Murray alleged this tweet damaged the manager of the park’s department’s reputation and made her so upset she was unable to speak at council.

He also said it led to an “onslaught” of online harassment directed at the bureaucrat.

In response, on Friday, Matlow said that evidence provided by residents demonstrated that Romoff’s claim was false.

“They just weren’t open,” he said.

Matlow says Batty’s findings contradicted Romoff’s email, which he says were written at the “private direction of the mayor [...] to kill the prolonged conversation about service.”

SECOND TWEET INVESTIGATED

The second complaint was filed by interim city manager at the time, Tracey Cook, after Matlow called her “the very wrong person” for the job on social media.

“I believe the mayor & council chose the very wrong person,” Matlow [posted to Twitter on July 19](#).



Matlow was the only councillor to vote against the decision to appoint Cook to replace Murray after he stepped down in June.

The councillor accused Cook of omitting facts in information given to council about former mayor John Tory's SmartTrack transit plan.

In Friday's findings, Cook said that Matlow "impugned her professional integrity and personal reputation."

Cook announced her retirement as a civil servant in January 2023.

INSTANCE OF REPRISAL

At a March 3 meeting, Matlow asked a city staffer if they were deliberately withholding information on the SmartTrack project from the committee, Batty found.

Matlow's comments were determined to have acted as a reprisal against Cook after she filed her complaint.

Initially, the commissioner recommended docking Matlow five days' pay, but later increased it to 10.

Batty wrote that it was necessary to impose a stiff penalty because Matlow's use of social media represented "an escalation" of misconduct.

SOME ALLEGATIONS DISMISSED

Not all of the allegations made against Matlow were upheld by Batty in Friday's findings.

For example, Batty determined Matlow was in fact entitled to express his opinion about Cook's professional record, and didn't violate the code by voicing his opinion that she shouldn't have been appointed city manager.

That being said, Batty found Matlow broke the code of conduct rule against bullying or intimidating employees by choosing to criticize both staffers on social media, and again when he "falsely" harmed Romoff's reputation by accusing her of lying.

Batty also found Matlow's tweets violated the city's anti-harassment policy.

“A member of council who Tweets critically about a specific City employee subjects that employee to attack in a forum in which they cannot respond.”

In his Friday statement, Matlow said, “in all instances, the information Staff provided to the public, and the actions they took, supported former Mayor Tory’s political direction rather than provide independent and objective advice.”

Going forward, Matlow said he “ will work to ensure that staff are encouraged to provide their best advice to council and all Torontonians, independent from political pressure.”



TOP VIDEOS



Ford says more police the solution to TTC violence



Nashville bodycam footage of school shooter



WARNING: Nashville shooter inside school

**Report on Councillor Josh Matlow's
Tweet criticizing a committee decision**

**Jonathan Batty
Integrity Commissioner**

December 6, 2021

ICT

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COMMISSIONER**
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Introduction

1. This report describes my investigation of an allegation that on April 27, 2021 Councillor Josh Matlow breached the *Code of Conduct for Members of Council* (the “Code of Conduct”) when he Tweeted the following comment about the outcome of a vote at the Economic and Community Development Committee:

The committee referred the motion off to staff with zero timeline for it coming back. During this pandemic summer, the very time when we don't want people congregating indoors, placing unreasonable restrictions on the use of our parks is cowardly, dangerous, inequitable & wrong.

2. I reviewed the complaint and determined it to be within my jurisdiction and that there were sufficient grounds to investigate the allegation. However, for the reasons set out below, I do not find Councillor Matlow’s conduct is prohibited under the rules of the Code of Conduct.

The Allegations of Misconduct and Councillor Matlow’s Reply

The Allegations of Misconduct

3. Deputy Mayor Michael Thompson filed a complaint on May 5, 2021 alleging that Councillor Matlow’s Tweet was discreditable conduct for purposes of Article XIV (Discreditable Conduct) of the Code of Conduct and submitted a screenshot of this Tweet. As Deputy Mayor Thompson publicly announced in Committee, as Chair, his intention to pursue this matter after the meeting, I have referred to him by name as the complainant.

Councillor Matlow’s Response

4. Councillor Matlow acknowledged he Tweeted these remarks and said he believed the decision of the committee was “cowardly” and he wished that they had demonstrated courage on an issue that he believed was important for “equity and public health.” He said he stood by his remarks, but he also acknowledged he deleted the Tweet a few minutes after he had posted it.

Investigation

Committee Proceedings

5. The Economic and Community Development Committee (the “Committee”) met on April 27, 2021 and considered the following motion: Agenda Item EC21.15 - Enjoying a Drink Outdoors: Providing Safe, Responsible and Equitable Options for All Torontonians.
6. Councillor Matlow is not a member of the Committee. He sent a communication to the Committee on April 12, 2021 which became the basis for this agenda item. Although Chapter 27 of the Toronto Municipal Code, Council Procedures (the “Council Procedures”)

allows members of Council who are not members of a committee to attend its meetings, ask questions and make statements, they are not allowed to make motions or vote on items at that committee. Members of Council who are not members of a committee, however, are afforded the ability to communicate to a committee to ask them to consider a matter “not on the meeting agenda but within the committee’s mandate.”¹ This affords such members a procedural courtesy to put a matter, in the form of an agenda item, before their peers even if they themselves are not permitted to vote on an item. Agenda Item EC21.15 was just such an item.

7. The Committee met by public videoconference and, as is standard practice, the meeting was streamed live on the City of Toronto’s YouTube channel, where a recording of it can still be viewed. There was a very typical debate on this agenda item. Some members of the public spoke in favour of the proposed measures in their deputations, some spoke against. Councillor Matlow spoke in favour, some councillors spoke against (including councillors who were not members of the Committee). Some voting members did not speak at all in the debate on this item. The tone of the meeting was business-like and cordial. Councillor Matlow, for instance, had decided to participate by joining while he was in a park. Ultimately, however, the Committee did not agree to adopt Councillor Matlow’s proposal. Instead, it voted to refer the subject to City staff. Immediately after this vote, the Committee recessed for lunch.
8. After the Committee voted, Councillor Matlow Tweeted these remarks. He also Tweeted other comments regarding the meeting that did not employ similar rhetoric as the Tweet that is subject of this complaint. Those Tweets indicated how disappointed he was with the outcome but did not name any members of the Committee.
9. Almost immediately, members of the Committee saw all these Tweets and at least one member, as Councillor Matlow advised me, complained to him about the Tweet referring to their decision as “cowardly.” Councillor Matlow then deleted that Tweet. Following the lunch recess, Deputy Mayor Thompson, spoke from the chair about this Tweet and advised the other members he would speak with them about pursuing “the appropriate action to take with respect to this matter.”
10. Although the complaint about Councillor Matlow concerned his reaction to what had transpired at Committee, he posted the Tweet after he left the Committee. As the conduct at issue took place outside Committee, it was within my jurisdiction to investigate upon receipt of a complaint. Had Councillor Matlow used this language in debate, the Chair could have dealt with it according to the Committee’s procedures. In that case, I would only have jurisdiction to investigate such remarks if the Committee moved to ask me to do so.

¹ Council Procedures § 27-17.5. A (2) Members' options for presenting communications.

11. Although the Tweet was posted after Councillor Matlow left the Committee meeting, it was helpful for me to contact the voting members of the Committee who had been present because it was alleged Councillor Matlow's remarks were directed at them personally. The extent to which members took exception to these remarks varied. Some members told me they were offended by the Tweet and some chose not to respond to my inquiry at all. While the collective response from the Committee's members is not determinative of my findings, it was relevant for me to contact them as the Tweet at issue was critical of their decision.

Findings

Councillor Matlow's Actions

12. The substance of policy debates and voting outcomes are not matters that can, or should be, reviewed under the Code of Conduct. My jurisdiction is limited to examining personal conduct of members of Council.
13. In the legislative process, motions are often amended, defeated or referred for further study by staff. Councillor Matlow posted this Tweet right after the Committee dealt with his proposal in a way that he disliked. Councillor Matlow's remarks were deliberate rather than inadvertent. He told me he deleted them within a few minutes of posting only because a colleague had expressed displeasure. He did not retract or apologize for these remarks. He said to me he stood by them, which seems contradictory given that he almost immediately deleted them.
14. Although Councillor Matlow quickly deleted this Tweet, it was immediately picked up by online media and remains "live" to this day. Metaphorically, deleting this Tweet could not "unring that bell" in the world of online content. Deleting a comment is not the same as retracting a statement. A retraction is a public acknowledgement that something needs to be withdrawn because it is inaccurate or hurtful. As a courtesy, a retraction is often then coupled with an apology.

What is prohibited under Article XIV (Discreditable Conduct)?

15. Article XIV (Discreditable Conduct) states:

All members of Council have a duty to treat members of the public, one another, and staff appropriately and without abuse, bullying or intimidation, and to ensure that their work environment is free from discrimination and harassment. The Ontario *Human Rights Code* applies and if applicable, the City's *Human Rights and Anti-harassment Policy*, and *Hate Activity Policy*.

16. As former Integrity Commissioner Lorne Sossin noted in a report² considering whether a councillor's remarks about another councillor were discreditable conduct:

Councillors will of course from time to time disagree about positions and engage in political rhetoric in order to criticize the judgment of other Councillors. Councillors must be permitted sufficient leeway for public criticism in order for municipal democracy to thrive. There must also be, however, limits on the legitimate scope for public criticism. One such limit is imposed by Article XIV of the *Code*, and the duty on Councillors to treat one another "appropriately."

Discreditable conduct, however, includes not only deliberately lying, but also acting in a manner that treats other Councillors unfairly.

17. In that case, a member of Council filed a complaint about what another member said about him in a radio interview. He was accused of having a conflict of interest and having voted on a matter concerning it. However, the minutes of Council showed the member had not been present for the vote. Even if he had been, it was also established he would have had no conflict. Commissioner Sossin found this was discreditable conduct because the member did not have due regard for the direct personal consequences these statements would have. No penalty was recommended, though, because the comments were later retracted and an apology was made on the same radio program.
18. In another report³, former Integrity Commissioner Janet Leiper considered a complaint about a member of Council made by a person running against her in an upcoming municipal election. In that matter, the member told a newspaper that her political opponent was a "criminal." The person had no criminal record and Commissioner Leiper found this sort of name-calling to be discreditable conduct. No penalty was recommended because an unqualified apology was made and accepted before the matter was considered by Council.
19. In those two cases, an individual was singled out and a factually incorrect statement was made about that individual.
20. In contrast, the remarks in this case do not single out any one person; they are aimed at the Committee, which is a collective entity. Objectively, the critical comment is directed at the collective judgement of the Committee rather than the character of individual Committee members. No one appears to have suffered an adverse personal consequence because of the Tweet. As such, I believe on the spectrum of political discourse, the Tweet was political rhetoric critical of a legislative outcome rather than an incorrect statement of a factual nature or a remark individually impugning someone's personal character. As such, Councillor

² Report on Code of Conduct Violation by Councillor Ford (February 13, 2009) <https://www.toronto.ca/legdocs/mmis/2009/cc/bgrd/backgroundfile-18977.pdf>

³ Report on Violation of Code of Conduct for Members of Council: Councillor Maria Augimeri (August 1, 2014) <https://www.toronto.ca/legdocs/mmis/2014/cc/bgrd/backgroundfile-72911.pdf>

Matlow's Tweet does not amount to discreditable conduct for purposes of the Code of Conduct.

21. Ironically, if anyone has suffered an adverse personal consequence because of the Tweet, it may be Councillor Matlow. Deleting a Tweet because it has offended your colleagues, but not apologizing for it, is a half-measure that does not go unnoticed. Although leeway in political debate is granted under the Code of Conduct, Members may find that observing higher standards in their political rhetoric will help them accomplish their legislative objectives.

Conclusion

22. As I have made no finding of misconduct, no penalty or remedial measure is recommended.

23. Because the remarks I investigated were directed at the Committee's decision and the Chair discussed with other Committee members that he would be pursuing this matter, all members of Council (not just the Committee's members) will have an interest in knowing the outcome as will the public. For these reasons, I am reporting on the outcome of my investigation to Council.

Respectfully submitted,

Jonathan Batty
Integrity Commissioner

Using the Discipline Process to Enforce Governance Obligations

by Julie Maciura
of the Ontario and New Brunswick Bars
March 2023 - No. 276

Council/Board members of professional regulators have a fiduciary duty to the organization and its public interest mandate. For example, they must avoid breaching confidentiality or acting when in a conflict of interest. A significant breach of those obligations will result in a "Code of Conduct" process that could result in censure or even removal from their office. In serious matters, those investigations and recommendations for action are usually performed by external experts.

Where the individual is also a registrant, can the regulatory complaints and discipline process be used instead? If so, should it?

Most regulators strongly discourage the use of the disciplinary process to address governance matters. Complaints about governance issues are frequently screened out as either an abuse of process or not warranting disciplinary action. The primary process, using the regulator's Code of Conduct, is best suited to address those matters. Using the disciplinary process can easily be misused by those who disagree with the views of the Council/Board member. It can "politicize" regulatory activities. Regulatory committees are placed in the awkward position of considering the conduct of those who appoint them to the committee and who review their performance. Using the discipline process to address governance matters can also discourage registrants from serving in these important positions.

Ultimately, the discipline process has a different mandate than a Code of Conduct process. The former protects the public from the incompetent or unethical conduct of registrants. It is not designed to ensure that

the leadership of the regulator comply with their fiduciary duties.

Perhaps these considerations were best illustrated two decades ago in [Manitoba Chiropractors Assn. v. Alevizos](#), 2003 MBCA 80 (CanLII). There, a Board member was referred to discipline for allegations of revealing confidential information about an investigation of a practitioner to the practitioner's legal counsel and spouse. The hearing panel concluded that there had been a serious breach of confidentiality, but that it did not amount to professional misconduct in the circumstances. After further litigation, Manitoba's highest court upheld the dismissal of the allegations.

Interestingly, the Board member then sued the regulator and many of its representatives for malicious prosecution and other torts for having tried, unsuccessfully, to discipline him. Years later, after a full civil trial, the [court concluded](#) that the regulator had not acted improperly in taking the matter to discipline.

However, a recent case illustrates the successful use of the discipline process to address governance concerns. In [Wanglin v College of Acupuncturists of Alberta](#), 2023 ABCA 25 (CanLII), a registrant was disciplined for having a conflict of interest while serving on the Council of the regulator. While on the Council, she also served on its executive including as its President. A complaint was made by another member of the profession that the registrant was continuing to serve in a leadership position, including as President, of a professional advocacy and support association. Having such a dual role is prohibited by most regulators and was contrary to this regulator's policies and by-laws.

At the hearing, the regulator rejected the registrant's "innocent explanation" defence attributing the apparent dual role on the lack of updated records for the professional association. This evidence included information on website pages, including both the

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WANT TO REPRINT AN ARTICLE

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registrant's and the association's pages, recent association cheques signed by the registrant, and that the professional association's corporate mailing address remained the registrant's office. It concluded that the documents and testimony established that she had maintained her leadership role with the association.

The regulator required the registrant to take an ethics course, pay a \$3,000 fine, and reimburse the organization for part of its costs in the amount of \$72,000.

The Court found that there were no palpable and overriding errors in the factual findings of the regulator, or the finding that the policies and by-laws were breached. Interestingly, the registrant identified certain "disclosures" that she had made (e.g., that she was "affiliated" with the professional association during discussion of relevant by-law amendments). The Court observed that those statements did not meaningfully disclose the nature and currency of her position with the professional association.

As in the *Alevizos* case, the registrant argued that these governance lapses did not amount to professional misconduct. The Court upheld the regulator's finding that it was, stating:

The crux of this issue is that the Hearing Panel and the Review Panel are better positioned than this Court to assess the impact of Dr. Wanglin's conduct on the public interest and the reputation of the profession from the perspective of a reasonable member of the public. We must defer to their findings on this topic absent some clearly unreasonable conclusion or clear mistake of fact or error of principle. Dr. Wanglin has not shown any such error.

We agree with Dr. Wanglin that not every breach of a policy, including the College's

Conflict of Interest Policy, necessarily amounts to professional misconduct. However, the factual record in this case is extensive and nuanced, and there is no basis for interfering with the Hearing Tribunal's conclusions that Dr. Wanglin's overlapping involvement as President of the College and executive member of the AATCMPA constituted professional misconduct.

The Court also found that the existence of a separate Code of Conduct process, that could have better addressed the issue, does not preclude using the disciplinary process in appropriate cases.

Regulators will probably continue to strongly view the Code of Conduct process as the preferred option for most governance transgressions. However, where there is a serious breach of a fiduciary duty that brings the credibility of the regulator into doubt and which reflects on the ability of the registrant to practise with integrity, the discipline process might also be available.

Hopefully, the *Wanglin* decision will not result in a flurry of governance complaints being addressed through the disciplinary process of regulators.

Council Member Terms as of April 12, 2023 ¹

ITEM 6.6

970

Name	District	Date First Elected/Appointed	Date Re-elected/ Reappointed	Date of Expiry of Current Term
Elected Members				
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	April 2023	April 2026
Dr. Colin Goudreau	6 (Western)	April 2020	April 2023	April 2026
Dr. Sarah Green	5 (Central West)	April 2020	April 2023	April 2026
Dr. Paul Groulx	2 (Eastern)	April 2019	April 2022	April 2025
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021	April 2024
Dr. Angelo Santin	1 (Northern)	April 2021	NA	April 2024
Dr. Julia Viscomi	4 (Central)	April 2021	NA	April 2024
Appointed Members ²				
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

¹ Please advise Ms Rose Bustria a.s.a.p. if you are aware of any discrepancies.

² CCO requires at least 6 public members to be properly constituted.