

COLLEGE OF CHIROPRACTORS OF ONTARIO



**ELECTRONIC PUBLIC INFORMATION PACKAGE FOR
COUNCIL MEETING (HYBRID)
WEDNESDAY, JUNE 21, 2023 – 8:30 A.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, June 21, 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

Guests

Julie Maciura, SML law

AGENDA ⁴

| Page No. | ITEM | Action Required | Action By | Priority Level ⁵ |
|----------|---|-----------------|--------------------|-----------------------------|
| | CALL TO ORDER ⁶ AND LAND ACKNOWLEDGEMENT ⁷ | Welcome | Green/ Kariunas | 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 advise Ms Rose Bustria, Executive Assistant, if they would like to attend.

⁴ If you would like the complete background documentation relating to any item on the agenda, please speak to Dr. Green, President and Ms Willson (information may be subject to confidentiality provisions).

⁵ Subject to Council's direction.

⁶ Council members to be familiar with and comply with the rules of order. If required, Dr. Green, President, to be parliamentarian.

⁷ **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 ⁵ |
|------------|---|-----------------|-----------|-----------------------------|
| | 1. Consent Agenda | Approve | Council | High |
| 10 | 1.1 Discipline Committee Report | | | |
| 11 | 1.2 Fitness to Practise Committee Report | | | |
| 12 | 1.3 Inquiries, Complaints, and Reports Committee (ICRC) Report | | | |
| 23 | 1.4 Patient Relations Committee Report | | | |
| 25 | 1.5 Registration Committee Report | | | |
| | <i>Ontario Fairness Commissioner</i> | | | |
| 27 | 1.5.1 Communication dated May 15, 2023 re: 2022 Fair Registration Practices (FRP) Report | | | |
| 29 | 1.5.2 April/May 2023 Newsletters <i>Amendments to Registration Regulation (Emergency Class of Registration)</i> | | | |
| 35 | 1.5.3 Confirmation dated May 1, 2023 of Receipt of Submission from CCO | | | |
| 82 | 1.5.4 Communication dated April 25, 2023 re: Regulatory Registry Posting | | | |
| 90 | 1.5.5 Communication dated April 28, 2023 to Council members re: Additional Feedback re: Emergency Class of Registration | | | |
| | <i>Canadian Chiropractic Examining Board (CCEB)</i> | | | |
| 112 | 1.5.6 Communication dated April 19, 2023 re: CCEB exam changes | | | |
| 117 | 1.5.7 Sample Certificate of Competency | | | |
| | | | | |

| Page No. | ITEM | Action Required | Action By | Priority Level ⁵ |
|------------|--|---|-------------------|-----------------------------|
| | 2. Main Agenda | Adopt | Council | High |
| | 2.1 Conflict of Interest | Review/ Declare any real or perceived conflicts of interest as agenda item reached ⁸ | Council | High |
| | 3. Adoption of Minutes ⁹ | | | |
| | 4. Committee Reports | | | |
| 148 | 4.1 Executive Committee Report | Report/ Approve Recom- menda- tions | Green/ Council | High |
| | <i>Move in Camera ¹⁰</i> | | | |
| | <i>Move Out of Camera and Ratify Decisions made In Camera</i> | | | |
| | <i>Ministry of Health College Performance Measurement Framework (CPMF) ¹¹</i> | | | |
| 462 | 4.1.20 CCO’s CPMF Action Plan – 2023 (draft) | Approve | Council | High |
| 467 | 4.1.21 CPMF Report (March 31, 2023) | Review | | |

⁸ Standing conflicts of interest do not need to be declared at every meeting.

⁹ Only members present at the meeting should approve the minutes. Once Council minutes are approved, they are posted on the CCO website.

¹⁰ 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.

¹¹ 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 ⁵ |
|----------|--|-----------------|-----------|-----------------------------|
| 587 | 4.1.22 Communication dated April 25, 2023 to Registrars re: 2022 CPMF Reports | FYI | | |
| 589 | 4.1.23 Key Performance Indicators dated November 21, 2021 | FYI | | |
| 590 | 4.1.24 DEI Plan (approved April 20, 2022) ¹² | FYI | | |
| 598 | 4.1.25 Report to CDHO Council External Assessment of Council Effectiveness dated February 2023 ¹³ | | | |
| | <i>Other Ministry Related Matters</i> | | | |
| 625 | 4.1.26 Memo to Registrars from Dr. Karima Velji dated June 1, 2023 re: Registration Requirements | | | |
| | <i>Bill 60 – Your Health Act, 2023</i> | | | |
| 628 | 4.1.27 Extract of Bill 60 | | | |
| 632 | 4.1.28 Memo to Registrars from Dr. Karima Velji dated June 12, 2023 re: Bill 60 Regulations | | | |
| 639 | 4.1.29 Sample Media | | | |
| 645 | 4.1.30 Correspondence dated April 27, 2023 to Ms Robyn Gravelle from Minister Sylvia Jones ¹⁴ | Review | Council | |
| | <i>Communications/Media</i> | | | |
| 646 | 4.1.31 President’s Message dated April 27, 2023 + feedback | FYI | | |
| | <i>Animal Chiropractic</i> | Verbal Report | Willson | Medium |
| 656 | 4.1.32 Correspondence dated May 4, 2023 to the Honourable Lisa Thompson from Ms Willson | | | |

¹² CCO’s DEI Officers are reviewing and will prepare recommendations following a consideration of updated resources including the documents prepared by HPRO.

¹³ Council Effectiveness is one of the topics being considered for the Strategic Planning Meetings September 9,10, 2023.

¹⁴ Ms Gravelle will be recognized at the 2022 AGM on June 21, 2023.

| Page No. | ITEM | Action Required | Action By | Priority Level ⁵ |
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| 679 | 4.1.33 Correspondence dated June 12, 2023 to Ms Willson from the Honourable Lisa Thompson | | | |
| 682 | 4.1.34 Correspondence dated May 29, 2023 to the Honourable Lisa Thompson from Ms Brereton, CEO, OCA | Back-ground/ Context | | |
| 695 | 4.1.35 Correspondence dated April 19, 2023 to Michelle Phillips, Vice-Chair, Registry of Allied animal Health Practitioners of Canada from Jan Robinson, Registrar, CVO | Back-ground/ Context | | |
| | <i>Other Chiropractic/Health Related Stakeholders</i> | Primarily FYI (subject to questions) and back-ground/ context | Council | Medium |
| | <i>Canadian Chiropractic Association (CCA)</i> | | | |
| 781 | 4.1.41 Congratulations dated April 25, 2023 to Dr. Ayla Azad from Dr. Sarah Green | | | |
| | <i>Health Profession Regulators of Ontario (HPRO)</i> | | | |
| 787 | 4.1.43 2022-2023 Highlights | | | |
| 835 | 4.2 Advertising Committee Report | Verbal Report | Goudreau | High |
| 839 | 4.3 Quality Assurance Committee Report | Report/ Approve Recommendations | Groulx | High |
| 846 | 4.3.2 Guidance on Telecare (excerpt from April 17, 2020 President's Message) | FYI | | |
| 865 | 4.3.4 P-051: Peer Assessors | FYI | | |

| Page No. | ITEM | Action Required | Action By | Priority Level ⁵ |
|----------|---|-----------------|-----------|-----------------------------|
| 868 | 4.3.5 Competencies for Council and Committee Members | FYI | | |
| | 5. New Business ¹⁵ | | | |
| | <i>By-laws</i> | | | |
| 989 | 5.4 By-laws (current) | FYI | | |
| | <i>Standards</i> | | | |
| 1041 | 5.5 S-016: Advertising | No change | | |
| 1046 | 5.6 S-020: Cooperation and Communication with CCO | No change | | |
| | <i>Policies</i> | | | |
| 1059 | 5.7 P-004: Advertising Committee Protocol | No change | | |
| 1050 | 5.8 P-009: Dr. Harold Beasley Memorial Award | No change | | |
| 1051 | 5.9 P-010: Use of Professional Titles, Designations and Credentials | No change | | |
| 1061 | 5.11 P-011: Conflict of Interest for Council and Non-Council Committee Members (current) | FYI | | |
| 1065 | 5.12 P-016: Public Display Protocol + Statement | No change | | |
| 1070 | 5.14 P-029: Chiropractic Specialties (current) | FYI | | |
| | <i>Guidelines</i> | | | |
| 1071 | 5.15 G-016: Advertising | No change | | |
| | <i>Internal Policies</i> | | | |
| 1080 | 5.16 I-001: Meeting Guidelines | No change | | |
| 1082 | 5.17 I-009: Procedures for Attending Events/Functions | No change | | |
| 1083 | 5.18 I-010: Procedures for Attending Educational Sessions/Professional Development Programs | No change | | |
| 1085 | 5.19 I-011: Procedures for the Peer and Practice Assessment of | No change | | |

¹⁵ At the April 20, 2023 meeting all committees were requested to review their by-laws, standards and policies and to make any recommended changes to Council.

| Page No. | ITEM | Action Required | Action By | Priority Level ⁵ |
|-------------|---|-----------------|-----------|-----------------------------|
| | Committee Members | | | |
| 1086 | 5.20 I-012: Reimbursement of Reasonable Expenses and Per Diems + Per diem & Expenses Claim Statement | No change | | |
| 1092 | 5.21 I-013: Procedures for Speaking Engagements for Council Members | No change | | |
| 1094 | 5.22 I-014: Procedures for Striking and Dissolving Sub-Committees | No change | | |
| 1097 | 5.23 I-015: Zero Tolerance of Abuse, Neglect and Harassment | No change | | |
| 1100 | 5.24 I-016: Guidelines for Observers at Council Meetings | No change | | |
| 1102 | 5.25 I-017: Record Retention and Destruction Policy | No change | | |
| 1106 | 5.26 I-018: Minutes for CCO Meetings | No change | | |
| 1112 | 5.29 I-020: Contingency Reserve Fund | No Change | | |
| 1116 | 5.31 I-022: Guidance for Committee Chairs | No change | | |
| 1119 | 5.32 IG – 001: Procedures for Us of Email for CCO Business | No change | | |
| 1121 | 5.33 Competencies for Council and Committee Members | No change | | |
| 1137 | 5.35 CCO Code of Conduct for Current and Former Elected and Public Members of Council and Non-Council Committee Members (current) | FYI | | |
| 1143 | 5.37 Undertaking to Maintain Confidentiality for Council and Non-Council Committee Members (current) | FYI | | |
| 1147 | 5.38 Rules of Order of the Council | No change | | |
| 1149 | 5.39 Undertaking to the CCO Registrar from Elected Members of CCO Council | No change | | |
| 1151 | 5.40 Health and Safety Protocols for Hybrid (In-Person/Virtual) Council and Committee Meetings | No change | | |

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|-------------|---|------------------------------|---------------------|-----------------------------|
| | + Website announcement re: Virtual attendance by guests | | | |
| 1153 | 5.41 Extract from Chirocare Binder re: CCO legislation, standards, policies and guidelines | FYI | | |
| 1161 | 5.44 Undertaking to access meetings/hearings (current) | FYI | | |
| | <i>Council Training – Foundational Concepts, Public Interest and B.C. – Bill 36 Update</i> ¹⁶ | Present | Maciura/ Council | High |
| 1163 | 5.45 The College of Dietitians of Ontario – Definition of Public Interest | | | |
| 1164 | 5.46 Grey Areas (July 2003) – Will the Real Public Interest Please Stand Up? | | | |
| 1167 | 5.47 Extract from CCO’s Election Documents Q and A | | | |
| 1169 | 5.48 Extracts from Bill 36 – Health Professions and Occupations Act (British Columbia) | | | |
| 1185 | 5.49 Extract of Bulletin re: Professional Regulation (April 11, 2023) – British Columbia | | | |
| 1200 | 5.50 Sample Media/Bulletins re: Bill 36 | | | |
| | 6. FYI | Back-ground/ Context only | | |
| 1210 | 6.1 Extract of information re: expansion of drug prescribing under the Chiropractic Act, 1991 | | | |
| 1216 | 6.2 CBC Article – How these Indigenous pharmacists are building trust and confronting health care’s legacy of | | | |

¹⁶ Ms Maciura will be attending virtually from 11:00 a.m. – 11:45 a.m. to facilitate the training, which will include poll questions for Council.

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| | systemic racism (June 3, 2023) | | | |
| 1223 | 6.3 Bill 15 on Health Quebec – Chiropractors want to take part in consultations (April 15, 2023) | | | |
| 1127 | 6.4 Grey Areas (May, June 2023) | | | |
| 1232 | 6.5 Council Member Terms as of June 13, 2023 | | | |
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| | | | | |
| | 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.

Executive Committee Meeting Dates to December 2024

| Year | Date | Time | Event | Location |
|-------------|----------------------------------|-----------------------|---------|----------|
| 2023 | 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 |
| 2024 | Friday, January 26 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | Friday, March 22 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | Friday, May 24 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | Friday, August 16 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | Friday, October 25 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | | | | |

Council Meeting Dates to December 2024

| Year | Date | Time | Event | Location |
|-------------|--------------------|-----------------------|-------|---|
| 2023 | Wednesday, June 21 | 6:00 p.m. – 9:00 p.m. | AGM | The Royal Sonesta, Toronto, Yorkville Barclay Room ¹⁹ |

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

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

¹⁹ 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/>

| Year | Date | Time | Event | Location |
|-------------|------------------------|------------------------|---|---|
| | Friday, September 8 | 1:00 p.m. – 4:30 p.m. | Meeting | White Oaks Resort and Spa ²⁰ |
| | 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 |
| 2024 | Friday, February 23 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | Tuesday, April 16 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | Wednesday, April 17 | 8:30 a.m. – 1:00 p.m. | Meeting (Elections) | CCO |
| | Thursday, June 20 | 6:00 p.m. | Presidents’ Dinner | TBD |
| | Friday, June 21 | 8:30 a.m. – 1:00 p.m. | Meeting | CCO |
| | Friday, June 21 | 6:00 p.m. – 9:00 p.m. | AGM | TBD |
| | Friday, September 13 | 1:00 p.m. – 4:30 p.m. | Meeting | Millcroft Inn and Spa ²¹ |
| | Saturday, September 14 | 8:30 a.m. – 4:30 p.m. | Strategic Planning/Topic Specific Meeting | Millcroft Inn and Spa |
| | Sunday, September 15 | 8:30 a.m. – 11:30 p.m. | Strategic Planning/Topic Specific Meeting | Millcroft Inn and Spa |
| | Thursday, November 21 | 8:30 a.m. – 1:00 p.m. | Meeting (budget) | CCO |

²⁰ White Oaks Resort and Spa: 253 Taylor Rd, Niagara-on-the-Lake, Ontario
www.whiteoaksresort.com

²¹ Millcroft Inn and Spa, 55 John Street, Alton, Ontario, L7K 0C4
 519-941-8111
 1-800-383-3976
[Millcroft Inn & Spa | Spa Retreat in the Hills of Caledon, ON \(vintage-hotels.com\)](http://Millcroft Inn & Spa | Spa Retreat in the Hills of Caledon, ON (vintage-hotels.com))

| Year | Date | Time | Event | Location |
|------|---------------------|------------------------|---------------------------------|----------|
| | Friday, November 22 | 8:30 a.m. – 11:30 a.m. | Training/Topic Specific Meeting | CCO |
| | Friday, November 22 | 6:00 p.m. – 9:00 p.m. | Holiday Party | TBD |

**College of Chiropractors of Ontario
Discipline Committee Report to Council
June 21, 2023**

10

Committee Members: Dr. Dennis Mizel, *Chair*
Mr. Markus de Domenico
Dr. Angelo Santin
Mr. Shawn Southern
Dr. Lezlee Detzler, *non-Council member*
Dr. G. Murray Townsend, *non-Council member*
Dr. Matt Tribe, *non-Council member*
Mr. Robert Mackay, *Council Appointed member*

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

Committee Mandate

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

Report

Since the last report to Council, there have been no meetings of the committee, however, there have been hearing dates with respect to Dr. Brian Moore as follows: April 11,12,17, 18,25, 2023, May 24,29, 2023, June 2nd, 2023 and continuing on August 14,15,16,17,18,21 & 22, 2023.

The Health Profession Regulators of Ontario (HPRO) held its Discipline Orientation on May 26, 2023(Basic) and June 9, 2023(Advanced). Here are the dates for the fall: November 3, 2023 (Basic) and November 20, 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,

Dr. Dennis Mizel,
Chair

**College of Chiropractors of Ontario
Fitness to Practise Committee Report to Council
June 21, 2023**

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

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

Committee Mandate

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

Report

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

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

**College of Chiropractors of Ontario
Inquiries, Complaints and Reports Committee Report to Council
June 6, 2023**

Members: Dr. Michael Gauthier, *Chair*,
Dr. Michelle Campbell, *non-Council Member*
Mr. Gagandeep Dhanda,
Mr. Scott Stewart,
Dr. Julie Viscomi

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 one occasion by zoom, we had a training session with Ms Julie Maciura of Steinecke, Maciura and LeBlanc on May 30, 2023. The ICRC also completed the following:

May 2023:

Reviewed 10 cases

Made decisions on 6 cases

Appointed 75(1)(c) investigators on 2 cases

Committee meetings have been scheduled to April 9, 2024. 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.

College of Chiropractors of Ontario
Patient Relations Committee Report to Council
June 21, 2023

23

Members: Ms Zoe Kariunas, *Chair*
Ms Anuli Ausbeth – Ajagu
Dr. Kyle Grice
Dr. Colleen Patrick, *non-Council member*
Dr. Pip Penrose, *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 June 13, 2023, since the last meeting of Council.

The Committee received an orientation and introduction to the Patient Relations terms of reference, legislative context, regulations, standards of practice, policies and guidelines.

The Committee had discussions about various policies and processes for applications for funding for therapy and counselling, including timelines for funding, processes for communicating with applicants and how insurance coverage may affect funding from CCO. The Committee provided direction that formal communications should be made to applicants when they are six months away from the five-year period when funding from CCO is available.

The Committee identified Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members and Guideline G-010: Mandatory and Permissive Reporting on its workplan. The Committee also had discussions on various scenarios involved with accommodations for patients with disabilities.

The Committee reviewed the DEI resources from the Health Professions Regulators of Ontario (HPRO), including the Self Assessment Guide. CCO's DEI plan will be further reviewed and revised, following further review of the HPRO resources.

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

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The Committee reviewed the Partnership of Care and content related to the Patient Relations Committee in the Regulatory Excellence Workshop.

CCO will be joining the the Citizens Advisory Group (CAG) which will involve all colleges regulated under the *RHPA*. CCO staff will participate for one year and will report on the value add to the work of the Committee. The topics of informing patients of the ability to apply for funding for therapy and counselling, accommodating individuals with disabilities, and DEI were identified as topics that would be of benefit to review with the CAG. The Committee will also be looking at opportunities to collaborate with other patient advocacy groups on topics such as virtual care.

Acknowledgements

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

Respectfully submitted,

Ms Zoe Kariunas
Chair, Patient Relations Committee

**College of Chiropractors of Ontario
Registration Committee Report to Council
June 21, 2023**

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| | |
|-----------------------|---|
| Members: | Dr. Julia Viscomi, <i>Chair</i> Mr. Markus de Domenico Mr. Gagandeep Dhanda Dr. Angelo Santin |
| 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 twice on April 27, 2023 and June 1, 2023.

The Committee received an orientation on the terms of reference, legislation, regulation, policies, by-laws, flowcharts and forms relevant to the Registration Committee. The Committee noted that Registration forms were amended in 2022 to include gender neutral language. The Committee also received an overview of the role and history of the Ontario Fairness Commissioner. CCO has been categorized as a low risk and fully compliant regulator with the OFC, using the OFC's risk informed compliance framework. The next report is due in August 2023.

The Committee reviewed the proposed Emergency Class of Registration Regulation that was submitted to the Ontario Government on May 1, 2023. The Committee will review any feedback from the Ontario Government related to this draft regulation amendment.

The Committee reviewed correspondence from the Canadian Chiropractic Examining Board (CCEB) about upcoming changes to the CCEB examinations. The Committee met with the CEO of the CCEB, Ms Gemma Beierback, on June 1, 2023, to discuss and ask questions about the upcoming changes to the CCEB examinations. In the two upcoming sittings of the examinations, there will be a transition away from the three part examination, into a two part examination in May 2024. The Registration Committee will further review CCO policies related to CCEB examination exceptions, and how they may be affected by these upcoming changes. Further information is available in the April 19, 2023 correspondence and attachments, included in the Council package.

The Committee continues to review applications for registration that are referred to the Committee.

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Current Member Status

Chart 1: Membership Statistics as of June 8, 2023

| Classes | Total |
|--------------------|--------------|
| General | 4913 |
| Inactive | 227 |
| Retired | 177 |
| All classes | 5313 |

Chart 2: Change in Registration statistics for April 11, 2023 – June 8, 2023

| Description | Total |
|-------------------------------------|--------------|
| New members (Including Provisional) | 8 |
| Female | 4 |
| Male | 4 |

Chart 3: Colleges of Graduation for New Members

| | |
|------------------------------|---|
| CMCC | 2 |
| NCHS (Previously NYCC) | 2 |
| D'Youville | 1 |
| NHSU | 1 |
| USCHS | 1 |
| University of Western States | 1 |

Acknowledgements

I would like to thank the committee members and staff support for the Registration Committee for all of their contributions during this time.

Respectfully submitted,

Dr. Julia Viscomi
Chair, Registration Committee

From: Jo-Ann Willson
Sent: May 15, 2023 12:41 PM
To: Rose Bustria
Subject: FW: OFC Memo - 2022 Fair Registration Practices (FRP) Report

Registration and Council.

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

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: Barzallo, Mercy (MLITSD) <Mercy.Barzallo@ontario.ca>
Sent: Monday, May 15, 2023 12:04 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>; Joel Friedman <JFriedman@cco.on.ca>
Subject: OFC Memo - 2022 Fair Registration Practices (FRP) Report

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

Dear Colleague,

Please see below the OFC MEMO relevant to the 2022 FRP Report. If you have any questions or concerns, please contact your Compliance Analyst.



May 15, 2023

Re: 2022 Fair Registration Practices (FRP) Report

Dear Colleagues,

As you know, the Office of the Fairness Commissioner (OFC) requires that regulated professions submit reports on an annual basis about their registration practices and their compliance with the [Fair Access to Regulated Professions and Compulsory Trades Act, 2006 \(FARPACKTA\)](#) or Schedule 2 of the [Regulated Health Professions Act, 1991 \(RHPA\)](#).

Pursuant to this obligation, the 2022 FRP report is now available. We are requesting that you complete your report by **August 4, 2023**.

To access the report, please use the following link: [2022 Fair Registration Practices Report](#)

As previously noted, the format and content of future FRP reports will likely change again as (1) we migrate to a permanent portal and database solution, (2) the FARPACKTA regulatory provisions regarding maximum registration timelines come into force, and (3) should the most recent set of proposed amendments to the FARPACKTA, introduced in March 20th, 2023, through [Working for Workers Act, 2023](#), be passed.

We thank you for your ongoing efforts to improve your registration practices and for your patience as we continue to streamline and improve the report.

If you have any questions, please contact ming-young.tam@ontario.ca or peter.youssef@ontario.ca.

Yours truly,

Hilary Forgie-Resnick
Director
Office of the Fairness Commissioner

Si vous désirez recevoir cette communication en français, veuillez nous contacter à ofc@ontario.ca.



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

2021 QUICK FACTS

ITEM 1.5.2

PROFESSIONS AND TRADES REGULATED BY FAIR ACCESS LEGISLATION

15 REGULATED PROFESSIONS

(Skilled Trades Ontario is also responsible for 23 compulsory trades)

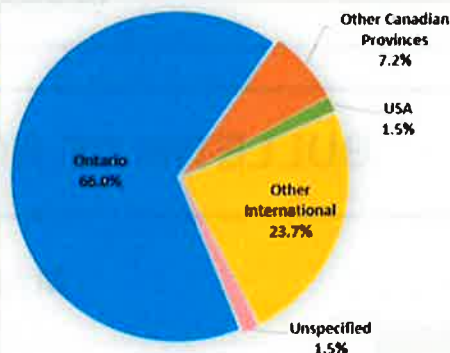
Covered by the Fair Access to Regulated Professions and Compulsory Trades Act, 2006

26 REGULATED HEALTH COLLEGES

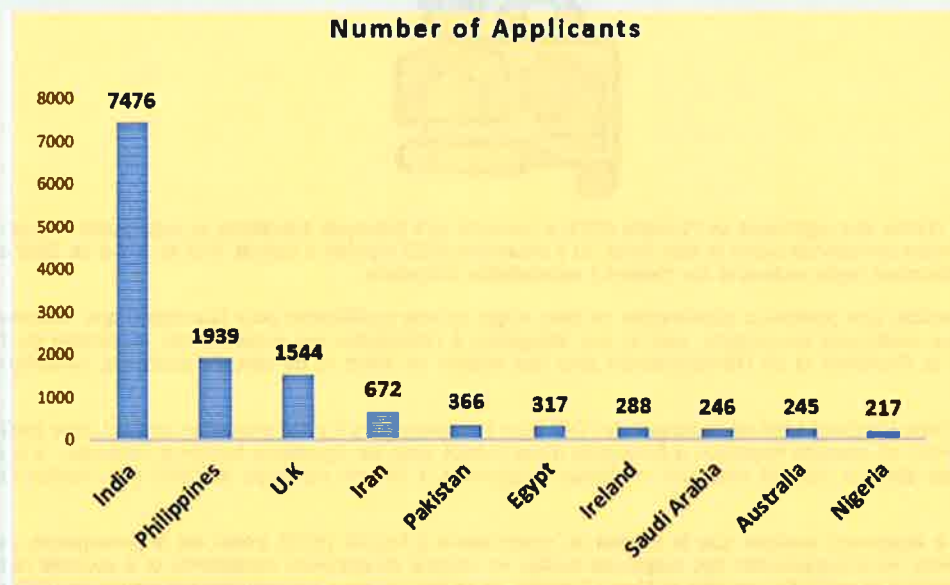
Covered by the Regulated Health Professions Act, 1991.

1. New applicants to Ontario's regulated professions in 2021

| Source of applicants | Number of applicants |
|--------------------------|----------------------|
| Ontario | 46,971 |
| Other Canadian Provinces | 5,127 |
| USA | 1,092 |
| Other International | 16,876 |
| Unspecified | 1,099 |
| TOTAL | 71,165 |



2. Top 10 source countries with the largest number of internationally trained applicants in Ontario's professions.



3. Top five source countries* for internationally trained applicants (excluding USA)

For the five professions that received the greatest number of applicants.

| | Total number of International applicants | 1 st largest Source country | 2 nd largest Source country | 3 rd largest Source country | 4 th largest Source country | 5 th largest Source country |
|---|--|--|--|--|--|--|
| College of Nurses of Ontario | 6953 | India | Philippines | Nepal | Nigeria | Ghana |
| Professional Engineers Ontario | 2177 | India | Iran | Pakistan | Egypt | China |
| College of Physicians and Surgeons of Ontario | 1133 | Ireland | Saudi Arabia | India | UK | Iran |
| Chartered Professional Accountant | 964 | UK | India | Pakistan | Australia | South Africa |
| Law Society of Ontario - Lawyers | 651 | UK | India | Australia | Pakistan | China |

* Source country is where internationally trained applicant obtained Initial training in the profession or trade.

Version française

BULLETIN DE NOUVELLE DU BCE

MAI 2023

L'ORDRE DES INGÉNIEURS DE L'ONTARIO DÉCIDE DE SUPPRIMER SON EXIGENCE EN MATIÈRE D'EXPÉRIENCE CANADIENNE



Le 23 mai 2023, l'Ordre des ingénieurs de l'Ontario (OIO) a annoncé qu'il prévoyait d'accélérer la suppression de son exigence relative à l'expérience canadienne avant la date limite du 2 décembre 2023 stipulée à l'article 10.2 de la *Loi de 2006 sur l'accès équitable aux professions réglementées et aux métiers à accréditation obligatoire*.

En vertu de cet article, une profession réglementée ne peut exiger comme qualification pour l'inscription que l'expérience d'une personne soit une expérience canadienne, sauf si une dérogation à l'interdiction est accordée par le ministre du Travail, de l'Immigration, de la Formation et du Développement pour des raisons de santé et de sécurité publiques, conformément à la réglementation.

Le Commissaire Irwin Glasberg a félicité le conseil de l'OIO pour le courage dont il a fait preuve en prenant cette décision, qui a permis de supprimer un obstacle historique à l'obtention d'une licence pour les ingénieurs formés à l'étranger. Il a également souligné que cette décision pourrait aider des centaines d'ingénieurs à devenir membres de l'OIO et à réaliser leurs rêves professionnels.

Le commissaire a également souligné que le Bureau du commissaire à l'équité (BCE) s'était fait le porte-parole, pendant de nombreuses années, de la suppression des exigences inutiles en matière d'expérience canadienne et a souhaité remercier les membres du personnel Angelika Neuenhofen et Mercy Barzallo, en particulier, pour leur engagement auprès de l'OIO et d'autres intervenants en vue de contribuer à l'obtention de ce résultat important.

Pour plus de renseignements sur la décision du gouvernement provincial d'éliminer les exigences en matière d'expérience canadienne, veuillez consulter le communiqué de presse d'octobre intitulé « [L'Ontario aide les nouveaux arrivants à commencer leur carrière](#) ».

provisions, and to promote best practices in the assessment and registration spheres.

Commissioner Glasberg and the OFC would be pleased to participate in one of your events. If your group is interested, please contact us at ofc@ontario.ca.

2021 QUICK FACTS

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APPLICANTS TO REGULATED PROFESSIONS

In late 2022, the OFC received the Fair Registration Practices reports that the regulated professions and regulated health colleges prepared for 2021. Links to these reports are now available on our website under the [Professions and Trades](#) section. The 2022 reports will be available later this year as we catch up!

We have provided below some highlights of the data, presented in an infographic format.

This information is also available in the [Publications](#) section of our website.

[View In Browser](#)

FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

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THE OFC NEWSLETTER

MAY 2023

PROFESSIONAL ENGINEERS ONTARIO DECIDES TO REMOVE ITS CANADIAN EXPERIENCE REQUIREMENT



On May 23, 2023, Professional Engineers Ontario (PEO) announced that it planned to accelerate the removal of its Canadian experience requirement in advance of the December 2, 2023, deadline stipulated in section 10.2 of the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006*.

Under this section, a regulated profession shall not require as a qualification for registration that a person's experience be Canadian experience, unless an exemption from the prohibition is granted by the Minister of Labour, Immigration, Training and Skills Development for the purposes of public health and safety in accordance with the regulations.

In commenting on this decision, Commissioner Irwin Glasberg congratulated PEO's council on the courageous nature of this decision which has now removed a historically troublesome barrier to the licensure of internationally trained engineers. He also noted that this decision has the potential to help hundreds of engineers to become PEO members and to realize their professional dreams.

The commissioner also pointed out that the Office of the Fairness Commissioner (OFC) had, for many years, been a champion for removing unnecessary Canadian experience requirements and wished to thank staff members Angelika Neuenhofen and Mercy Barzallo, in particular, for their engagement with PEO and other parties to help achieve this important result.

For some further information of the provincial government's decision to eliminate Canadian experience requirements, please see the October 2021 news release "[Ontario Helping Newcomers Start Their Careers](#)".

The full news release, [Ontario Removing Unfair Work Barriers for Skilled Newcomers](#), can be found in the Government of Ontario [Newsroom](#).

STAKEHOLDER ENGAGEMENT



To date, Commissioner Glasberg and OFC staff have been busy with stakeholder engagement opportunities. Commissioner Glasberg has been invited to participate in numerous meetings with the councils and registration committees of regulated professions and regulated health colleges, as well as associated strategic planning sessions.

These meetings represent a great opportunity for the commissioner to connect with regulators and to remind people of the OFC's role and mandate. They also provide a forum to discuss the rapidly changing registration landscape in Ontario, new legislative

regulated profession, but does not include the granting of a special designation, whether by way of a licence, certificate, or any other means, to those who are already registered”.

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Authority to Delegate Powers

The proposed amendment would, if passed, identify the further powers under FARPACTA that the Minister may delegate to the Fairness Commissioner or any person employed in the Ministry of Labour, Immigration, Training and Skills Development.

The legislature will be considering these amendments which are contained in [Bill 79, Working for Workers Act, 2023 - Legislative Assembly of Ontario \(ola.org\)](#).

MEET THE STAFF AT THE OFC



In September 2022, Aaliya Correa joined the Office of the Fairness Commissioner (OFC) as a Policy Analyst Intern. The OFC is fortunate to have such an eager and bright young woman join our team. We wanted to spotlight Aaliya and show her off to our subscribers.

Please tell us about yourself: Who are you? What do you do at the OFC?

I recently completed my undergraduate degree at the University of Toronto in June of 2022 with a major in political science and a minor in Canadian studies and geography. Currently I am a policy analyst intern at the OFC under the Indigenous Internship Program (IIP). Approaching nine months into the internship program I am learning new skills every day and am grateful for the opportunity to excel in my interest in policy work as a young Indigenous woman in government. As a policy analyst intern at the OFC, I assist with preparing research, analytical reports, presentations, and recommendations to management.

How did you find yourself at the OFC?

After completing my undergraduate studies, I knew I wanted to gain more experience in the policy field of government. My passion for developing and implementing meaningful policies, programs and positive change for Ontarians led me to my application to the OFC. The OFC's goals and initiatives stood out to me, and I was interested in being a part of an agency that strives for fair access to internationally trained professionals looking to work in Ontario; especially seeing as it is very apparent and growing topic in our economy today.

How do you focus on your own growth and development?

I find it beneficial to ask questions when anything is unclear to me, and to request involvement in projects that are of interest to me and that would assist my growth and development in the direction of work that I am interested in. It is also amazing to have a great manager and director that support my growth and involve me in projects that they think would be beneficial for me to take part in as well.

What superpower do you bring to your work?

Being a young woman starting in government, as well as freshly graduated from University, I bring a new perspective to issues that challenge today's society. I enjoy brainstorming new ideas that create positive change and require thinking outside the box.

Where do you see yourself in a few years?

In a few years I see myself moving along in the Ontario Public Service (OPS) in a position that allows for continuous growth and learning. By this time, I see myself having made various connections and networking as well as having made progress from when I first joined the OPS. In addition to this in a few years time I see myself having completed or in the progress of completing a Master's degree in Public Policy.

[View In Browser](#)

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FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

THE OFC NEWSLETTER

APRIL 2023

WORKING FOR WORKERS ACT, 2023

Proposed Amendments to Fair Access Legislation for the Non-Health Professions



In 2021, the government amended the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA) through the **Working for Workers Act, 2021** to help remove registration barriers, such as the requirement for Canadian experience as a qualification for registration.

In 2022, FARPACTA was further amended through the **Working for Workers Act, 2022** and O. Reg 261/22 to establish timelines within which regulated professions must respond to applications from domestic labour mobility applicants and internationally trained individuals, as well as other measures to reduce barriers for international candidates.

On March 20, 2023, the government introduced additional proposed amendments to FARPACTA through the **Working for Workers Act, 2023**.

Here are some details respecting the amendments contained in the **Working for Workers Act, 2023**:

Public Interest and Labour Market Considerations

The proposed amendment would, if passed, stipulate that a regulated profession has a duty to work with the appropriate 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 professionals.

Alternatives to Canadian Experience Requirements

The proposed amendment would, if passed, provide that a regulated profession may accept Canadian experience in satisfaction of qualification for registration only if also accepts alternatives to such experience that meet the criteria prescribed by the regulations.

Clarifying the Meaning of Entry to Practice to a Profession

The proposed amendment would, if passed, define the term "registration" in FARPACTA to mean, subject to the regulations, "the granting of membership in a regulated profession for entry to the practice of the profession, with or without conditions, whether by registration, licensure, admission, enrolment or other means without regard to the terminology used by the

Joel Friedman

From: Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>
Sent: Monday, May 1, 2023 4:07 PM
To: Joel Friedman; Ali, Asna (MOH); Regulatory Projects (MOH); Maurier, Jason (MOH); Henry, Allison (MOH)
Cc: Jo-Ann Willson
Subject: RE: College of Chiropractors of Ontario Proposed Emergency Class of Regulation Submission

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,

Thank you for CCO's regulation amendment package. We confirm its receipt and will be in touch with any questions that come up during our review.

Thanks,
 Vivian

Vivian Pang | Senior Policy Analyst
 Regulatory Oversight and Performance Unit
 Health Workforce Regulatory Oversight Branch
 Nursing and Professional Practice Division | Ministry of Health
 t: 437-227-0324 | e: vivian.pang@ontario.ca

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From: Joel Friedman <JFriedman@cco.on.ca>
Sent: May 1, 2023 3:47 PM
To: Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>; Ali, Asna (MOH) <Asna.Ali@ontario.ca>; Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Henry, Allison (MOH) <Allison.Henry@ontario.ca>
Cc: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: College of Chiropractors of Ontario Proposed Emergency Class of Regulation Submission

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

Good Afternoon,

The College of Chiropractors of Ontario (CCO) is submitting proposed amendments to Regulation 137/11: Registration to establish an Emergency Class of registration.

Please find attached the following documents related to the submission:

1. Attachment 1 – Draft Amendments to Regulation 137/11: Registration – Emergency Class of Registration
2. Attachment 2 – Chart of Current and Proposed Provisions and Rationale for Change (Form B)
3. Attachment 3 – Template for Submission of Regulation Proposals to the Ministry of Health (includes “Form A – Position of College Council Members on College’s Proposed Regulation”)

4. Attachment 4 – Feedback received to distribution and posting of proposed amendments

Please let us know if you have any questions.

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Regards,

Joel D. Friedman, BSc, LL.B
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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.

**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)**

**Proposed Amendments Approved by Council for Submission to the Ministry of
Health: April 17, 2023 (pending review of any further feedback) and May 1, 2023**

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, every emergency 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.

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

APPROVED BY COUNCIL FOR SUBMISSION TO THE MINISTRY OF HEALTH: APRIL 17 (PENDING REVIEW OF ANY FURTHER FEEDBACK) AND MAY 1, 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. 5. <u>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> |
|---------|-----|--|--|

| | | | |
|---------|-----|--|---|
| 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 - Supervised class of registration., and only practising under the supervision of a member in the General class of registration who meets the listed requirements.</p> |
|---------|-----|--|---|

| | | | |
|--|--|---|--|
| | | <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 or 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> | |
|--|--|---|--|

| | | | |
|---------|-----|---|--|
| 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> |
|---------|-----|---|--|

| | | | |
|---------|---|---|--|
| 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> |
| 17 | <p>It is a condition of every general certificate of registration and of every temporary certificate of registration that the member continue,</p> <ul style="list-style-type: none"> (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. | <p>It is a condition of every general certificate of registration, <u>every emergency certificate of registration</u> and of every temporary certificate of registration that the member continue,</p> <ul style="list-style-type: none"> (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. | <p>It is in the public interest for members registered for the practice of chiropractic and the performance of controlled acts to maintain professional liability insurance or protection.</p> |

Template for Submission of Regulation Proposals to the Ministry of Health

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Regulation Submission Template

This template is intended to provide guidance to Regulatory Colleges on the information that is required by the Ministry for the purpose of reviewing and processing regulation proposals. The template provides guiding questions in italics that Colleges should consider while developing their submissions. Colleges should provide additional details and supporting evidence to assist with explaining the request.

In addition to completing Section 1 of the template, Colleges should include the following in their submission:

- A draft of the proposed regulation
- Position of College council members on College's proposed regulation (Form A).
- A draft of the proposed amendments tracked within the existing regulation that shows all changes and includes additions, deletions and changes in wording. If a regulation is to be revoked, instructions should be included that identify what regulation is being revoked and direction to the ministry to revoke the regulation (Form B).

Regulation proposals should be submitted to the following address:

RegulatoryProjects@ontario.ca, copying the Director of the Health Workforce Regulatory Oversight Branch and the Manager of the Regulatory Oversight and Performance Unit. Their emails can be found [here](#). Once submitted, you will receive an email acknowledging receipt of the proposal.

Section 1: General Information

Who is the primary contact for this proposal?

Name: Joel Friedman
 Title: Deputy Registrar
 Telephone/ext.: 416-922-6355. ext.104
 Email: jfriedman@cco.on.ca

Who is the secondary contact for this proposal?

Name: Jo-Ann Willson
 Title: Registrar and General Counsel
 Telephone/ext.: 416-922-6355. ext. 111
 Email: jpwillson@cco.on.ca

1. Is the proposed regulation:

- A new regulation
- An amendment to O. Reg. 137/11: Registration
- Complementary amendments to ___/_____
- Revocation of O. Reg. ___/_____

Note: If the regulation amendments propose to remove outdated references to legislation, ensure that where statutes have been amended, the provisions being relied upon and/or referenced are current and relevant.

2. Provide the date the College Council approved the proposed regulation for submission to the ministry.

Approved on April 17, 2023 (pending review of any further feedback) and May 1, 2023 (final approval for submission to the Ministry).

3. Provide the date the proposed new regulation or amended regulation is to come into force.

- *If the amendment requested by the College is urgent, explain why it needs to be implemented immediately and the consequences of not moving forward according to the College's request.*

To be determined. No date specified.

4. Describe the regulation-making authority/authorities the College is relying upon to make the new regulation or amended regulation. Identify the provisions contained in the Health Professions Procedural Code and/or profession-specific Act.

Note: Colleges should use terms that are consistent with the RHPA or their professions specific Acts when drafting their regulation proposals.

The authority the College is relying on to amend Regulation 137/11: Registration is section 95(1)(k.3) of the *Health Professions Procedural Code (The Code)*, under the *Regulated Health Professions Act, 1991 (RHPA)*.

5. Provide a short description of the proposed regulation or amendment.

Include:

- *The purpose of the existing provisions in the regulation.*
- *The purpose of the new regulation or regulation amendment.*
- *The intended outcomes, including how the proposed regulation is consistent with ministry policies or guidelines, and/or government priorities.*

The purpose of the proposed amendments is to introduce and provide requirements for an Emergency Class of Registration, consistent with the guidance from the Ministry of Health. The intended outcome is to facilitate the registration of applicants in an Emergency Class of Registration in an event there is an emergency that presents a significant interruption in the processing of applications for registration.

6. Describe the rationale for the new regulation or regulation amendment.

- *Why is the College bringing forward these changes at this time?*
- *How does the proposal accomplish the policy objective the College is trying to achieve?*
- *What policy principles guided the development of the regulation? What evidence supports the policy?*
- *If a threshold is being established or changed (e.g., when determining a minimum number of practice hours), how was the threshold determined?*
- *What regulatory or non-regulatory options were considered in addition to the proposed regulation? Include options considered and the reasons these approaches were not chosen.*

The College of Chiropractors of Ontario (CCO) is bringing forward these changes to comply with section 16.3 of the Code. The proposed amendments to Regulation 137/11: Registration introduce the Emergency Class of Registration, the circumstances in which it may be applied, and the requirements for applying for and practising under the Emergency Class of Registration. CCO is proposing many of the same policy principles as it applied to its policy on registering individuals

under the General (Provisional) class of registration during the COVID-19 pandemic, when in-person entry-to-practice examinations were cancelled for a period of time. These include, requirements to practise only under the supervision of a chiropractor registered in the General class of registration and requirements to complete examinations when they are available. Prior to approving the policy on General (Provisional) applications for registration, CCO conducted a rigorous review of governance requirements, peer organization practices (including other regulators), stakeholder consultations and an evaluation from the University of Toronto's Institute of Health Policy, Management and Evaluation's Accessing Centre for Expertise (ACE) [[abstract](#) and [full report](#) available here]. CCO registered approximately 150 members in the General (Provisional) class of registration and all but one became registered in the General class of registration.

7. Provide an explanation of how the proposed regulation fits within the *Regulated Health Professions Act, 1991, (RHPA)* and the public interest.

- *Explain how the change will benefit or protect the public.*
- *Identify the risk(s) to the public if the amendment is not passed.*
- *If the regulation proposal contains elements reflective of the professions interest (e.g., spousal exemptions, changes to registration requirements, etc.), explain why they are necessary and how they uphold the public interest.*

It is in the public interest and one the duties and objects of CCO to register applicants in a timely, fair, consistent and transparent manner. In the event of an emergency that significantly interrupts the processing of applications for registration, there is a compelling public interest for registering applicants in a Provisional or Emergency class of registration, where practice is limited to under the supervision of a registered active chiropractor in good standing with CCO, as CCO did during the COVID-19 pandemic.

8. Provide an analysis of the impact and potential risks for the proposed regulation amendments, including on health human resource supply, labour mobility and any financial implications (e.g., compliance costs, patient safety, processing timelines etc.) on:

i. Members

Members registered in the General class of registration with CCO may act as supervisors to members who become registered in the Emergency class of registration. Supervising members provided positive feedback to this experience when a similar model was applied during the COVID-19 pandemic. Members registered in the Emergency class of registration will be authorized to practise chiropractic in a supervised setting and become fully registered when the opportunity is available.

ii. Applicants

Applicants will be given an opportunity to apply and become registered under the Emergency class of registration in the event an emergency provides a significant interruption in the registration process. Such applicants will be given an opportunity to practise the profession in a supervised environment and become fully registered when

the interruption in the registration process ends.

iii. The public

The public will be assured that any applicant who becomes registered in the Emergency class of registration will have completed non-exemptible requirements for registration, such as graduation from an accredited chiropractic program, will only be authorized to practise under supervision, will be required to maintain professional liability protection of insurance, and will be accountable to CCO's complaints, discipline and quality assurance program.

iv. The profession

In the event of an emergency that provides a significant interruption to the registration process, the profession will continue to experience the registration of new applicants under the Emergency class of registration with little interruption.

v. Other regulated health professions

Ontario health regulatory colleges will all have enacted amendments to provide for the registration of Emergency class of members, and to help ensure consistent registration practices in Ontario, in the event of an emergency that provides a significant interruption to the registration process.

vi. Other ministry or government programs

The continued registration of regulated health professionals in an emergency that provides a significant interruption to the registration process will help ensure sufficient and appropriate distribution of regulated health providers in Ontario.

vii. Other jurisdictions

Chiropractic regulators in other jurisdictions may apply similar principles and procedures to their processes for registering applicants during an emergency situation where there is a significant interruption to the registration process.

viii. Other stakeholders

Chiropractic associations are in favour of mechanisms to register chiropractors in an Emergency or Provisional class during an emergency situation where there is a significant interruption to the registration process. The graduates of accredited chiropractic educational institutions will be given an opportunity to become registered and practise during an emergency situation where there is a significant interruption to the registration process.

Section 2: Jurisdictional Comparison and Labour Mobility

9. Include a scan of how other Canadian jurisdictions regulate/address the subject matter.

- *Describe whether there are any developments or precedents established in other jurisdictions that are relevant or supportive of the regulation proposal (include references to source materials).*
- *Include existing recognized national and/or international standard(s) and why the college did or did not adopt these.*

CCO is not aware of other chiropractic regulators across Canada adopting an Emergency class of registration.

10. Does the College have any Mutual Recognition Agreements (MRA) and/or other reciprocity agreements between jurisdictions, regulatory bodies, or associations?

- *If yes, attach a signed copy of the MRA and/or other agreements. Include an explanation on how the proposed regulation impacts labour mobility, whether it is consistent with labour mobility requirements set up in the Canadian Free Trade Agreement (CFTA) and any exemptions that need to be requested.*
- *If not, describe what accommodation(s), if any, would be made by the College.*

CCO registers applicants from other Canadian jurisdictions consistent with the Agreement on Internal trade provisions of the *RHPA*.

11. If the proposal/submission is related to registration, was the Office of the Fairness Commissioner consulted on the proposed new regulation or amended regulation?

- *If yes, include a copy of the materials and feedback received and a summary of the Commissioner's feedback. Include whether the College addressed the Commissioner's concerns, if not, please explain why.*

CCO did not receive specific feedback from the Office of the Fairness Commissioner.

Section 3: Consultation

12. Have the circulation requirements for this proposal been waived or abridged pursuant to subsection 95 (1.6) of the *Health Professions Procedural Code (Code)*?

- *If yes, please attach a copy of the Minister's letter that provides approval for waiving or abridging the requirement to circulate the proposed regulation.*

There was no waiver or abridging of circulation requirements. Council unanimously approved the regulation amendments for submission to the Ministry of Health at its Council meeting on April 17, 2023, pending review of any further feedback received until April 28, 2023. Council subsequently approved the regulation amendments to submission to the Ministry of Health on May 1, 2023, following review of 2 additional submissions for feedback entered through the feedback portal, and 2 emails received.

13. When did the College Council approve circulation of the proposed regulation?

February 24, 2023.

14. When was the proposed regulation circulated and for how many days?

- *Provide a copy of the materials circulated to members including the proposed regulations and any cover correspondence or directions.*

The proposed regulation amendments were circulated to stakeholders, including members, and posted on CCO's website on February 28, 2023 for 60 days.

15. Provide a breakdown of the comments received from the following stakeholders, reflecting those in support and those against with numbers, wherever possible.

- *What kinds of concerns were raised with respect to the proposed changes, if any, and by whom?*
- *How did the College respond to concerns?*
 - College members
 - Professional associations;
 - Other regulated health Colleges;
 - Other stakeholders (including the public)

Feedback was generally in support the proposed amendments to Regulation 137/11: Registration. The Ontario Chiropractic Association and Canadian Chiropractic Association submitted feedback in favour of the proposed amendments.

A comment was provided by the Ontario Chiropractic Association to ensure that it is a requirement of the Emergency class of registration to maintain professional liability insurance or protection. This requirement was added to the proposed amendments in section 17 of Regulation 137/11: Regulation.

Comments were provided from members regarding further clarity on the emergency situation that would provide significant interruption in the processing of applicants for registration. CCO adopted the template used by many other Ontario health regulatory colleges and it may be kept intentionally non-specific to account for a variety of emergency situations. CCO did not make any changes to this proposed wording and it open to any further feedback from the Ministry of Health in its review.

Comments were provided from members regarding further clarity on the supervision of members registered in the Emergency class of registration. CCO Council is of the review that any further details around supervision can be addressed in a policy complementing Regulation 137/11: Regulation, in the event of an emergency, similar to the CCO policy on Provisional certificates of registration, during the COVID-19 pandemic.

16. Were changes made to the proposed regulation based on stakeholder and member feedback?

- *If yes, please explain what changes were made and why.*
- *If no, confirm if no changes were required. If feedback required changes but no changes were made, please explain why and provide details on how the College intends to manage any contentious issues.*

An additional change was made to the proposed amendments to require professional liability insurance or protection for members registered in the Emergency class of registration. Please see above for further comments.

17. Was the proposed regulation re-circulated to the members and stakeholders for comments as a result of the changes?

- *On what date did the College Council approve the revised proposed regulation?*
- *When was the re-circulation period and what was the outcome of the re-circulation? Was any additional feedback provided?*
- *If additional feedback was received was any action required and/or taken? Why or why not?*

There was no further circulation of the proposed amendments to the regulation.

Section 4: Implementation and Reporting

18. What is the College's implementation plan?

- *Include timelines, partners/stakeholders and activities (e.g., changes to standards, guidelines, by-laws, operational processes, communication activities).*

CCO would consider and implement policies, application processes and communications to stakeholders, including members to complement the Emergency Class of registration, similar to its processes in implementing the Provisional class of registration during the COVID-19 pandemic <https://cco.on.ca/prospective-members/general-provisional-certificate-of-registration/>.

19. How is the College measuring performance?

- *Describe the College's evaluation plan to monitor intended and unintended outcomes to ensure ongoing quality and safety and that the proposal was effective in addressing the issue. List any targets for delivery and milestones toward those targets.*

CCO would review the following in terms of measuring performance:

- The number of members who apply and are registered in the Emergency class of registration compared to the usual number of members who apply for registration in a non-emergency time period.
- The ability for applicants in the Emergency class of registration to find supervising chiropractors.
- If there is any unusual increase in complaints, reports or informal inquiries to CCO regarding members registered in the Emergency class of registration.
- The number of members who register in the Emergency class of registration who become fully registered in the General class of registration.

When CCO implemented the Policy and application form on the provisional certificate of registration in 2020 and 2021, there were approximately 150 members registered in the provisional class of registration and all but one became fully registered in the General class of registration, once the in-person entry-to-practice examinations were available. CCO received no formal complaints or reports regarding members registered in the provisional class of registration. As well, CCO's provisional registration policy and processes were identified as a best practice by the Ontario Fairness Commissioner in its May 2021 newsletter

"Form A"**Position of College Council Members on College's Proposed Regulation**

Name of College: College of Chiropractors of Ontario _____

Regulation Proposal Topic: Emergency Class of Registration _____

Date Approved by the College Council: Approved on April 17, 2023 (pending review of any further feedback) and May 1, 2023 (final approval for submission to the Ministry).
_____Please complete the following questionnaire when submitting a regulation proposal by your College. Fill out one form for each regulation proposal and include it with your submission.

| | Number of Public Members | Number of Professional Members |
|--|---------------------------------|---------------------------------------|
| Total Number of members* on the College Council | 7 | 9 |
| Number of College Council members present at Council Meeting who voted on the regulation proposal, including those who abstained | 6 (1 public member absent) | 9 |
| Number of College Council members who voted in support of this regulation proposal | 6 (unanimous) | 9 (unanimous) |
| Number of College Council members who voted in opposition of this regulation proposal | 0 | 0 |
| Number of College Council members who abstained from voting on this regulation proposal | 0 | 0 |

**for the purposes of this form, academic members count as professional members*

Clause-By-Clause Comparison Chart

| Existing Clause (if applicable) | Proposed New Clause | Rationale |
|--|---|---|
| | | <p><i>The rationale provided in this chart is used by ministry staff to explain the College's existing requirements, the amendment the College is trying to implement and how the regulatory language would be interpreted (i.e. put into practice) by the College. Each section of the existing regulation should be included in the chart. Where no change is being made, please indicate "no change" in that row.</i></p> <p><i>Please do not simply paraphrase the proposed new clause. Each section should explain the difference between the existing and proposed clause. It should explain briefly, the outcome of the provision; what this change will do with respect to College operational processes and/or how the provision impacts on members or the public and why the change is necessary. Please also identify in each section which regulation making authority is being used to make this change.</i></p> <p><i>If a requirement has been moved to another section of the regulation, is very important for the College to highlight where a requirement currently exists in the regulation and why a reorganization of the regulation is needed.</i></p> |
| EXAMPLE | | |
| <p>2(3) The applicant has successfully completed an examination in ethics and jurisprudence and such other examinations as may be set out approved by the College.</p> | <p>2(3) The applicant has successfully completed an examination in ethics and jurisprudence set or approved by the College.</p> | <p>The College would like to remove the phrase "...and such other examinations..." Currently the College does not require any other similar types of examinations. The College would like the language to reflect current practice so to make it clear to applicants that only an examination in ethics and jurisprudence is necessary to satisfy this requirement. The authority to make this requirement is contained in clause 95(1) (f) of the HPPC.</p> |

Frequently Asked Questions

1. How long does it take for a regulation submission to be processed?

The ministry endeavours to process regulation proposals as quickly as possible. However, timelines depend upon the number of policy items that must be considered, consultation requirements with ministry program areas and possibly other government ministries, time required for drafting and other priorities of the government.

Proposals that contain significant policy or legal issues may require a lengthier review process in order to resolve the issues that emerge during the ministry's review.

Where supporting information is limited, communication exchanges with the College may be needed to clarify issues and this may extend processing timelines significantly.

2. What documentation does the ministry require from Colleges for the ministry to process regulations?

In processing regulation requests, the ministry initially reviews the submission to ensure that the necessary information has been received. If documents are missing in the submission, the ministry will contact the College requesting the necessary information. **Omitting the required documentation will delay the policy review.**

3. What are the requirements for circulating the regulations before submitting them to the Ministry?

Circulation should include a full draft copy of the proposed amendments to a regulation or by-law replacing a regulation that is being revoked, that highlights the changes. A summary of the rationale used by Council in making its decision and a clear explanation of the impact(s) that the amendment(s) will have on all stakeholders should also be included with the circulation material.

Circulate the proposed regulation and rationale for the proposal to members for 60-days for comments. It is at the discretion of each College to determine what would be an appropriate circulation method that is in accordance with the Health Professions Procedural Code (HPPC) which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA). Circulation may also be required for by-laws replacing regulations being revoked.

Depending on the nature of the proposal, Colleges should consider whether organizations that are not regular stakeholders (e.g., other professional associations) should have an opportunity to comment, as they may have a special interest in the proposal.

The proposal may need to be re-circulated to members if substantive changes are made as a result of Council deliberations. Council should consult its legal counsel when considering whether a regulation proposal requires re-circulation.

4. What is required to finalize the proposal when a draft of the regulation is acceptable by both the ministry and college?

Two copies of the sealed regulation drafted by Legislative Counsel will be sent to the College electronically for sign off. Once received, Colleges should print a copy and have it signed in blue ink.

Two officers of the College will need to sign each draft. For most Colleges, the Registrar and the President are authorized to sign the draft regulations, in accordance with the College's by-laws. However, Colleges should consider having alternate signing officers, should an authorized signing officer not be unavailable.

Send a scanned copy of the fully signed, high resolution PDF document back to the ministry at RegulatoryProjects@ontario.ca.

Colleges should also submit two signed hardcopies (i.e., paper) to the ministry.

5. When does a regulation become law?

Once the Lieutenant Governor in Council has approved the regulation, it becomes law when it is filed with the Registrar of Regulations, or once filed, on the date set out in the regulation. The ministry will notify Colleges in writing when the regulation is filed and will advise Colleges on the expected dates for publication of the regulation on e-Laws and in the *Ontario Gazette*.

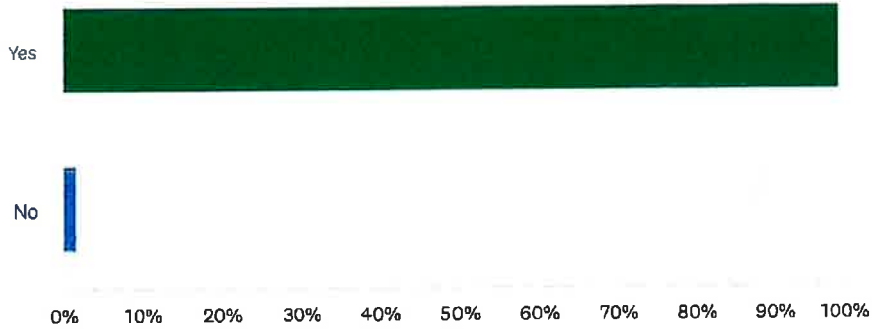
6. Why can't the ministry tell me when a regulation proposal is scheduled to be considered by the Legislation and Regulations Committee and by the Cabinet?

Government deliberations including those of its decision-making Committees are confidential. When it is appropriate to do so, the ministry will advise the Colleges of the government's decision.

Q1 Are you a Member of CCO

68

Answered: 61 Skipped: 0



ANSWER CHOICES

Yes

No

TOTAL

RESPONSES

98.36%

1.64%

60

1

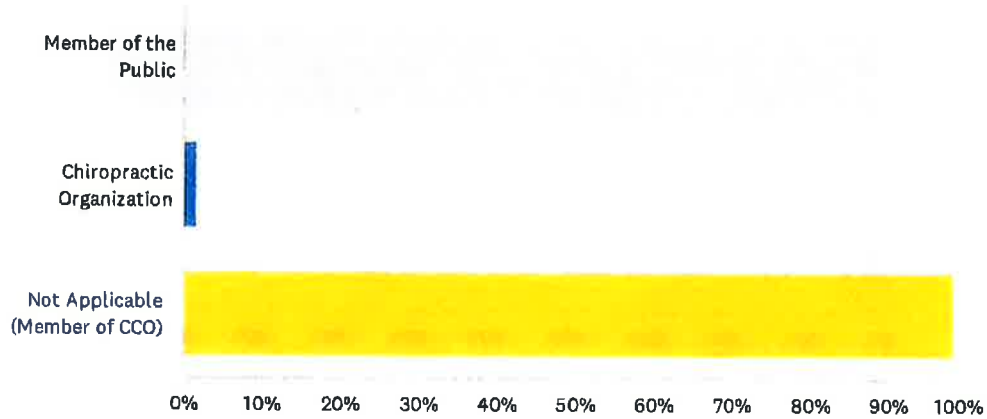
61

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Q2 If you are not a member of CCO, what type of stakeholder are you?

Answered: 61 Skipped: 0

69



ANSWER CHOICES

RESPONSES

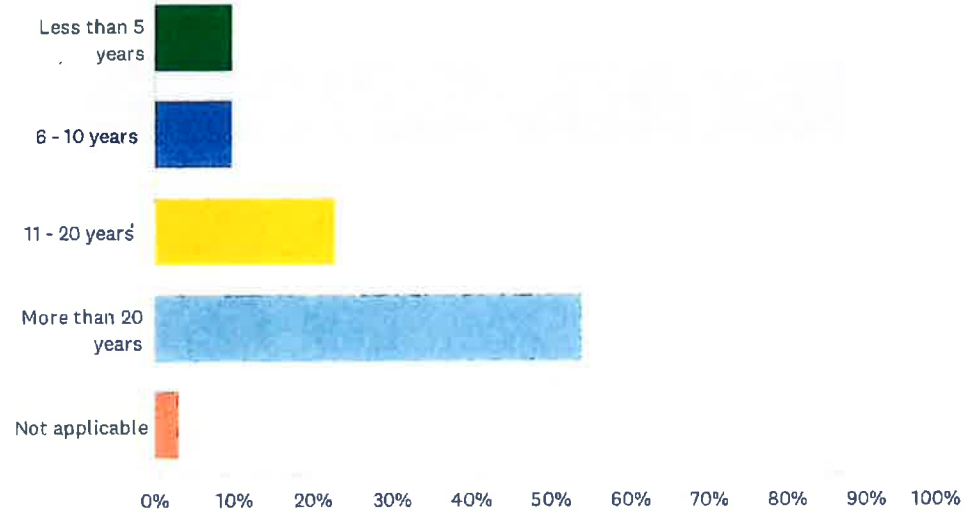
| | | |
|--------------------------------|--------|----|
| Member of the Public | 0.00% | 0 |
| Chiropractic Organization | 1.64% | 1 |
| Not Applicable (Member of CCO) | 98.36% | 60 |
| TOTAL | | 61 |

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Q3 If you are a member of CCO, how long have you been in practice?

Answered: 61 Skipped: 0

70



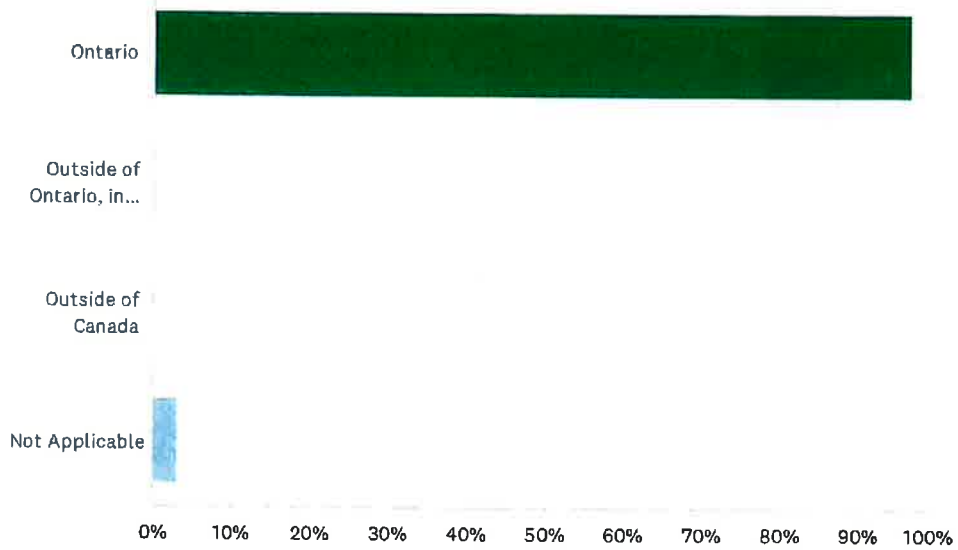
| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|----|
| Less than 5 years | 9.84% | 6 |
| 6 - 10 years | 9.84% | 6 |
| 11 - 20 years | 22.95% | 14 |
| More than 20 years | 54.10% | 33 |
| Not applicable | 3.28% | 2 |
| TOTAL | | 61 |

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Q4 If you are a member of CCO, what is the location of your primary practice or residence

Answered: 61 Skipped: 0

71



ANSWER CHOICES

RESPONSES

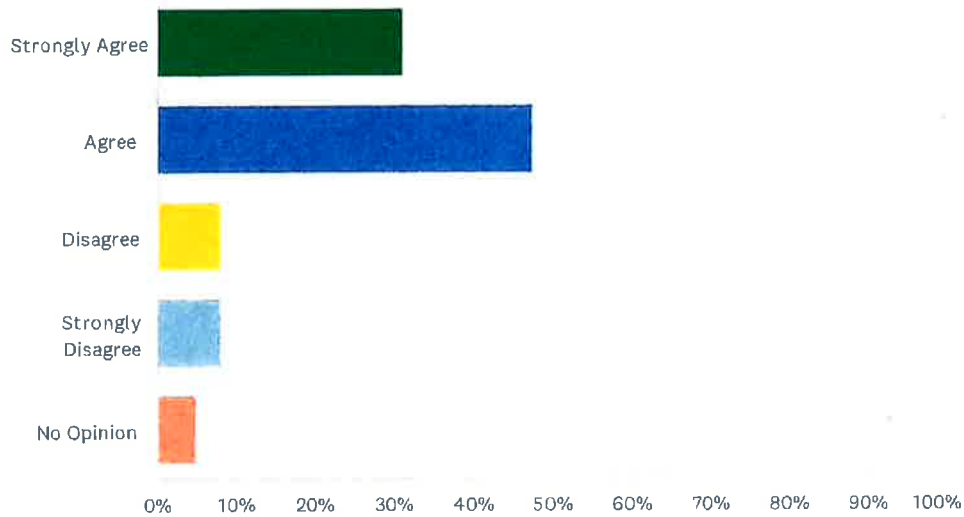
| ANSWER CHOICES | RESPONSES | |
|-------------------------------|-----------|-----------|
| Ontario | 96.72% | 59 |
| Outside of Ontario, in Canada | 0.00% | 0 |
| Outside of Canada | 0.00% | 0 |
| Not Applicable | 3.28% | 2 |
| TOTAL | | 61 |

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Q5 I agree/disagree with the draft proposed amendments to the Registration Regulation to create an Emergency Class of Registration

Answered: 61 Skipped: 0

72



| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-----------|
| Strongly Agree | 31.15% | 19 |
| Agree | 47.54% | 29 |
| Disagree | 8.20% | 5 |
| Strongly Disagree | 8.20% | 5 |
| No Opinion | 4.92% | 3 |
| TOTAL | | 61 |

Q6 The following amendments would better protect the public interest:

Answered: 20 Skipped: 41

| # | RESPONSES | DATE |
|----|---|--------------------|
| 1 | The amendments are appropriate. | 4/12/2023 10:00 AM |
| 2 | I feel there should be a requirement of malpractice insurance in place prior to issuing the emergency regulation | 3/12/2023 10:44 AM |
| 3 | 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 |
| 4 | What is an Emergency??? Under what circumstances would this certificate be granted? Give examples. | 3/1/2023 8:43 AM |
| 5 | The regulation is suitable as written. | 3/1/2023 7:32 AM |
| 6 | 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 |
| 7 | 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 |
| 8 | Greater clarity on the missing elements compared to a General Class. | 2/28/2023 6:58 PM |
| 9 | 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 |
| 10 | 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 |
| 11 | 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 |
| 12 | None | 2/28/2023 3:12 PM |

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| | | |
|----|--|--------------------|
| 13 | 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 that are waiting to get their license. | 2/28/2023 2:32 PM |
| 14 | 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 |
| 15 | Not having "chiropractor, emergency class" as the public will have no understanding of what that means | 2/28/2023 1:22 PM |
| 16 | Continuing crackdown on predatory treatment plans, fringe healthcare claims etc. | 2/28/2023 1:07 PM |
| 17 | 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 scores any clinical or behavioural deficiencies | 2/28/2023 12:50 PM |
| 18 | N/A. | 2/28/2023 12:40 PM |
| 19 | 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 |
| 20 | 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

Answered: 20 Skipped: 41

| # | RESPONSES | DATE |
|----|---|--------------------|
| 1 | None | 4/12/2023 10:00 AM |
| 2 | 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 |
| 3 | 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 |
| 4 | 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 |
| 5 | See abive | 3/1/2023 8:43 AM |
| 6 | Virtual care going forward must be considered along with this emergency class of registration. | 3/1/2023 7:32 AM |
| 7 | 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 |
| 8 | None | 2/28/2023 8:07 PM |
| 9 | 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 |
| 10 | 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 |
| 11 | 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 |
| 12 | Otherwise, I agree with all that you have sent out today. | 2/28/2023 4:17 PM |
| 13 | None | 2/28/2023 3:12 PM |
| 14 | 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 |
| 15 | 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 | 2/28/2023 2:32 PM |

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Class of Registration

practice as soon after graduation as possible to work on their clinical skills while they have 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

76

| | | |
|----|---|--------------------|
| 16 | See above | 2/28/2023 1:26 PM |
| 17 | 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 |
| 18 | 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 |
| 19 | N/A. | 2/28/2023 12:40 PM |
| 20 | 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 |

To: Jo-Ann Willson
Subject: RE: Emergency Registrant class

From: Caroline Brereton <cbrereton@chiropractic.on.ca>
Sent: Monday, April 17, 2023 2:19 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: Emergency Registrant class

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Hi Jo-Ann
Hope all is well
I'll be responding to the survey to support this

As I read the complete regulation document this section caught my attention and wondered if this would be updated to include the emergency class etc.?

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.

Thanks for any clarification
Caroline

Caroline Brereton (she/her)
Chief Executive Officer
Office: 416-860-4155
Mobile: 416-346-3288
Email: cbrereton@chiropractic.on.ca
Web: www.chiropractic.on.ca



Ontario
Chiropractic
Association

70 University Ave., Ste. 201
Toronto, ON M5J 2M4



From: Girgis, Youssef (he, him | il, le) (CB/BC) <Youssef.Girgis@cb-bc.gc.ca>
Sent: Monday, April 17, 2023 11:36 AM
Cc: McNabb, Alex (CB/BC); Callaghan, Bradley (he, him | il, le) (CB/BC); Zine, Youssef (CB/BC)
Subject: Competition Bureau comments on the Creation of Emergency Class Certificate of Registration
Attachments: Submission for Consultation - Emergency Class Registration.pdf

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Good day,

Please see the attached submission regarding your consultation on the Creation of Emergency Class Certificate of Registration.

Regards,

Youssef Girgis

(he/him | il/le)

Competition Law Officer | Competition Promotion Branch | Competition Bureau
Innovation, Science and Economic Development Canada | Government of Canada
youssef.girgis@cb-bc.gc.ca

Agent du droit de la concurrence | Direction générale de la promotion de la concurrence | Bureau de la concurrence
Innovation, sciences et développement économique Canada | Gouvernement du Canada
youssef.girgis@cb-bc.gc.ca



April 14, 2023

Competition Bureau comments on the Creation of Emergency Class Certificate of Registration

Thank you for the invitation to comment on the creation of emergency classes of registration as required by Ontario Regulation 508/22 under the *Regulated Health Professions Act, 1991 (Amendments)*.

The Competition Bureau (Bureau), as an independent law enforcement agency, ensures that Canadians prosper in a competitive and innovative marketplace. As part of its mandate, the Bureau promotes and advocates for the benefits of competition.

Why competition matters

Ontario's health regulatory Colleges (Colleges) play a critical role in protecting the public by making sure healthcare professionals are safe, ethical and competent.¹ Pro-competitive policies can help to advance these goals, as described in our market study: [Empowering health care providers in the digital era](#). The study explained how policymakers can leverage technology to gain the benefits of competition including improved quality of care, access to care and fostering innovation and its adoption. Pro-competitive policies can have other benefits in healthcare, including contributing to the resilience of the workforce by lowering barriers to entry. As made evident by the COVID-19 pandemic, this is particularly important during emergencies, which can create additional shortages and pressures on healthcare workers.

The Bureau recommends that the Colleges create these emergency classes of registration to maximize the benefits of competition, such as increasing the supply of qualified healthcare workers, and advance their goal of protecting the public. Further, the lessons learned in the process may also be used to benefit competition and public safety during times of non-emergency.

Competition assessment in policymaking

The Bureau's [Competition Assessment Toolkit](#) was designed to assist policymakers in identifying competition issues and tailoring policies to maximize the benefits of competition. Once a policy is identified for assessment, the policymaker should consider whether it has the potential to restrict competition. This may be the case if it makes it difficult for businesses to emerge or compete, or for consumers to make informed choices or switch products or services.

The policymaker should then consider whether a feature in the policy that could restrict competition is necessary, narrowly cast and proportionate. If there is an alternative that

¹ Health Profession Regulators of Ontario (2023). [Professions and their Regulatory Bodies](#).



achieves their policy goal in a more competition friendly manner, they should implement it accordingly and monitor its effects moving forward for any unintended consequences.

Restrictions and alternatives

The various registration requirements set out by the Colleges for healthcare workers to practice are barriers to entry for future workers. Such barriers are intended to keep the public safe by ensuring that healthcare workers are ethical and competent to practice. During an emergency though, increased demand for healthcare services and strains on healthcare workers can result in labor shortages that may present their own risk to public safety.² Temporarily easing these registration requirements with an emergency class of registration (and thereby increasing or speeding up the entry of healthcare workers) can balance these risks.

By setting up the emergency class of registration to only be as restrictive as necessary during times of emergency, the Colleges can maximize the benefits of competition (i.e. a more resilient healthcare workforce and patient safety). The Amendments require the Colleges to establish registration requirements for individuals joining the emergency class. These requirements can be used to lower barriers to enter the profession. For example, by allowing for competent healthcare students, recent graduates or accredited workers from other jurisdictions to register and by exempting certain requirements for emergency class registrants to move to another class. To strike the right balance between the risks and benefits associated with temporarily lowering these barriers requires the medical expertise of the Colleges. The Bureau hopes that the framework of a competition analysis presented in the Competition Assessment Toolkit may be helpful in doing so.

The Bureau also encourages the Colleges to consider how pro-competitive policies can benefit patients and healthcare workers outside of times of emergency as well. The Amendments require the Colleges to specify a path for healthcare workers in the emergency class to move into other classes of practice and to be exempted from certain registration requirements in doing so. Such exemptions will lower barriers to entry for those workers on a more permanent basis. These lowered barriers are likely to result in faster entry and more licensed healthcare providers, and as a result, a more resilient workforce. As such, the competitive benefits of the emergency class certification extend outside of times of emergency. We encourage the Colleges to use their expertise to make these exemptions as broad as possible to maximize the benefits of competition, while still meeting the central health and safety objectives of registration requirements.

In making these decisions, as in performing any competition assessment, the Colleges should base their decision to the greatest extent possible on objective empirical evidence.³ To the extent data on the effects of similar exemptions in other jurisdictions or during the COVID-19 pandemic are available, this could inform their decision. It may also be beneficial to track data on worker entry and patient safety for healthcare workers operating under the emergency class provisions going forward. This data could be used to make future adjustments to the exemptions provided for under the emergency class, relaxing or

² Canadian Institute for Health Information (November 2022), [Health workforce in Canada: In focus \(including nurses and physicians\)](#).

³ Competition Bureau (2020). [Strengthening Canada's economy through pro-competitive policies](#). See Step 3: Identify alternatives to address policy goals, if necessary.



tightening them as needed.⁴ Perhaps more importantly, this same data could also be used to determine whether the regular registration requirements are as necessary, narrowly cast and proportionate as can be. Having identified how much these barriers to entry can be safely lowered to offset the risk of worker shortages during times of emergency, those lessons may be used to maximize the benefits of competition in ordinary times.

We're here to help

The Bureau's goal is to promote the benefits of competition across the Canadian economy. On the other end, policymakers, as subject matter experts and authorities, are in a unique and critical position to seize upon these benefits. By incorporating competition analysis into your policy assessment, you can maximize the benefits of competition while still achieving your policy goals.

Such competition analysis can be complex, but is worthwhile and the Bureau can help. If you would like to discuss the Competition Assessment Toolkit, or have questions about particular policy proposals or the suggestions above, please contact our Competition Promotion Branch.

Yours Truly,

**Callaghan,
Bradley**

Digitally signed by
Callaghan, Bradley
Date: 2023.04.17
08:56:46 -04'00'

Bradley Callaghan
Associate Deputy Commissioner
Competition Promotion Branch
Competition Bureau

⁴ *Ibid.* See Step 5: Conduct an ex-post assessment.

From: Jo-Ann Willson
Sent: April 25, 2023 12:11 PM
To: Rose Bustria
Subject: FW: CCO's Emergency Class - Regulatory Registry Posting

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
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From: Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>
Sent: Tuesday, April 25, 2023 12:10 PM
To: Joel Friedman <JFriedman@cco.on.ca>; Ali, Asna (MOH) <Asna.Ali@ontario.ca>
Cc: Jo-Ann Willson <jwillson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>
Subject: RE: CCO's Emergency Class - Regulatory Registry Posting

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Hi Joel,

The Regulatory Registry posting for CCO concluded on April 24th. We wanted to let you know that no comments were received on your proposal.

Thanks,
Vivian

Vivian Pang | Senior Policy Analyst
Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division | Ministry of Health

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From: Joel Friedman <JFriedman@cco.on.ca>
Sent: March 8, 2023 4:00 PM
To: Ali, Asna (MOH) <Asna.Ali@ontario.ca>
Cc: Jo-Ann Willson <jpwilson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>
Subject: RE: CCO's Emergency Class - Regulatory Registry Posting

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Good Afternoon,

Thank you for updating us.

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
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E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

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

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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

P: 437.243.8547
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 <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,

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,

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: 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

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

86

P: 437.243.8547
E: asna.ali@ontario.ca

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 <jwillson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Ali, Asna (MOH) <Asna.Ali@ontario.ca>
Subject: RE: CCO's Emergency Class

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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
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
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E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

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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 <jwillson@cco.on.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Ali, Asna

(MOH) <Asna.Ali@ontario.ca>
Subject: CCO's Emergency Class

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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
Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division | Ministry of Health
t: 437-227-0324 | e: vivian.pang@ontario.ca

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Regulation - LGIC**88****College of Chiropractors of Ontario: Creation of
Emergency Class Certificate of Registration****Regulation** O. Reg. 137/11**Number(s):****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

|

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](#).

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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.

From: Joel Friedman
Sent: April 28, 2023 11:11 AM
To: Rose Bustria
Cc: Sarah Green; Jo-Ann Willson
Subject: Emergency Class of Registration Regulation
Attachments: EmergencyClassRegistrationApril28,2023.pdf;
FeedbackEmergencyClassRegistrationApril28,2023.pdf

This communication is being sent to all Council members.

At the April 19, 2023 Council meeting, the following motion was approved as part of the Registration Committee report to Council:

That Council approve the Registration Regulation, Emergency Class of Registration amendments, subject to a review of further feedback submitted by April 28, 2023.

Further to the April 19, 2023 Council meeting, please find attached the draft amendments on the Emergency Class of Registration and the updated feedback. Feedback was collected until April 28, 2023, 9 am, in accordance with the requirements for circulation of an amendment to a regulation under the *Regulated Health Professions Act, 1991*.

Please note that there were 59 responses for feedback from the feedback portal included in the April 19, 2023 and 61 responses as of April 28, 2023, 9 am, so the vast majority of feedback was included in the April 19, 2023 Council package. Included as well, are two emails that came into CCO on this topic.

Based on the discussion at the April 19, 2023 Council meeting, the wording in the new section 16.1(1) is consistent with the wording of many other health regulatory colleges in their submissions. As well, the emergency provisions in this regulation are intended only to address significant interruptions in issuing General certificates of registration.

Amendments to regulations are required to be submitted, reviewed and approved by the Ministry of Health. There may be further amendments following the Ministry of Health review, and there will be a further opportunity for CCO Council review and approval, following the Ministry of Health review.

Based on the email feedback and consistent with the submissions of other health regulatory colleges, I am proposing one additional amendment, indicated in section 17 of the chart, that it be a condition of members registered in the emergency class of registration to maintain professional liability insurance or protection, in accordance with the by-laws (By-law 16: Professional Liability Protection or Insurance).

Please respond to me by email by Monday, May 1, 2023 at 10:00 a.m. if you approve of the Emergency Class of Registration amendments being submitted to the Ministry of Health.

Thank you.

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800

Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
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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
APPROVED BY COUNCIL FOR SUBMISSION TO THE MINISTRY OF HEALTH, SUBJECT TO FURTHER REVIEW APRIL 28, 2023
VERSION DATE: APRIL 28, 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. 5. <u>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> |

| | | | |
|----------------|------------|--|--|
| <p>16.1(2)</p> | <p>New</p> | <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> |
|----------------|------------|--|--|

| | | | |
|----------------|------------|--|---|
| <p>16.1(3)</p> | <p>New</p> | <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 - Supervised class of registration., and only practising under the supervision of a member in the General class of registration who meets the listed requirements.</p> |
|----------------|------------|--|---|

| | | | |
|--|--|---|--|
| | | <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 or 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> | |
|--|--|---|--|

| | | | |
|---------|-----|---|--|
| 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> |
|---------|-----|---|--|

| | | | |
|---------|--|--|--|
| 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> |
| 17 | <p>It is a condition of every general certificate of registration and of every temporary certificate of registration that the member continue,</p> <p>(a) to maintain professional liability insurance in accordance with the by-laws; or</p> <p>(b) to belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability.</p> | <p>It is a condition of every general certificate of registration, <u>every emergency certificate of registration</u> and of every temporary certificate of registration that the member continue,</p> <p>(a) to maintain professional liability insurance in accordance with the by-laws; or</p> <p>(b) to belong to an association that is specified in the by-laws as providing the member with personal protection against professional liability.</p> | <p>It is in the public interest for members registered for the practice of chiropractic and the performance of controlled acts to maintain professional liability insurance or protection.</p> |

From: Jo-Ann Willson
Sent: April 19, 2023 2:52 PM
To: Rose Bustria
Subject: FW: From our CEO: CCEB exam changes | De notre Dg: changements à l'examen du CCEB
Attachments: CCEB-ExamChanges Final_EN.F0423.pdf; CCEB-ExamChanges Final_FR.F0423.pdf

Registration and Council.

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From: Suzette Martin-Johnson <admin1@cceb.ca>
Sent: Wednesday, April 19, 2023 2:37 PM
To: Suzette Martin-Johnson <admin1@cceb.ca>
Subject: From our CEO: CCEB exam changes | De notre Dg: changements à l'examen du CCEB

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

Le français suit en bas.

Dear members | Bonjour à nos membres:

In 2019, the CCEB began working towards the launch of our revised examination blueprint. The evolving nature of professional practice in the health professions necessitates that examining boards like the CCEB review both their exam content and assessment methods on an ongoing basis. The upcoming changes to the CCEB examination reflect that practice and ensure the continued alignment of the examination process to best practice.

As the CCEB was beginning our routinized review, the [Federation of Canadian Chiropractic \(FCC\)](#), a national group made up of regulators, educational institutions and chiropractic specialty colleges, had finished the development of the 'Entry-to-Practice Competency Profile for Chiropractor in Canada'. This provided an excellent starting point for the CCEB to develop a new examination blueprint reflecting the expectations of Canadian chiropractic regulatory bodies.

The work of redeveloping our exam has been significant and has involved the entire CCEB staff and Board of Governors along with David Cane PhD, an outcome-based learning consultant, Anthony Marini PhD and Matthew Marini JD PME, of Martek Assessments Ltd., the CCEB psychometric consultant, along with a team of subject matter experts from across Canada including experienced chiropractors and chiropractic educators, as well as a national survey of the profession. This has been no small undertaking, and we are excited to share our progress. Please find attached an overview of the upcoming changes to the examination along with links to more detailed and specific information hosted on our website.

Exam changes begin in October 2023, and while there are changes to the examination structure and format, as detailed in the other provided resources, there will be no change or delay in the time it takes candidates to move through the process and achieve a CCEB certificate.

If you have questions that are not answered in the resources provided, please feel free to email me at gbeierback@cceb.ca.

You are welcome to share the attached documents with those in your networks.

En 2019, le CCEB a commencé à préparer pour le lancement de notre plan d'examen révisé. En raison de l'évolution de la pratique des professions de la santé, les conseils d'examen comme le CCEB se retrouvent continuellement dans l'obligation de réviser le contenu de leurs examens et leurs méthodes d'évaluation. Les prochains changements à l'examen du CCEB reflètent cette pratique et assurent l'alignement continu du processus d'examen sur les meilleures pratiques.

Alors que le CCEB commençait sa révision régulière, la [Fédération canadienne de chiropratique \(FCC\)](#), un groupe national composé d'organismes de réglementation, d'établissements d'enseignement et de collèges spécialisés en chiropratique, avait terminé la rédaction du « Référentiel de compétences des chiropraticiens pour l'accès à la pratique au Canada » (disponible sur [cette page](#) en défilant vers le bas, sous « *Politiques et processus d'agrément* »). Pour le CCEB, ce document a fourni un point de départ parfait pour le développement d'un nouveau plan directeur qui reflète les attentes des organismes canadiens de réglementation chiropratiques.

Le redéveloppement de notre examen a été important. Ce travail a impliqué l'ensemble du personnel et du Conseil des gouverneurs du CCEB, ainsi que David Cane PhD, consultant en apprentissage basé sur les résultats, Anthony Marini PhD et Matthew Marini JD PME de Martek Assessments Ltd., le consultant psychométrique du CCEB. Une équipe d'experts en la matière de partout au Canada, y compris des chiropraticiens expérimentés et des formateurs en chiropratique, a également fait partie du processus. En outre, un sondage national de la profession a été mené. Cela n'a pas été une mince affaire et nous sommes ravis de partager nos progrès. Veuillez trouver ci-joint un aperçu des changements de l'examen à venir ainsi que des liens vers des informations plus détaillées et spécifiques qui sont hébergées sur notre site Web.

Les changements d'examen commenceront en octobre 2023, et bien qu'il y aura des changements de structure et de format d'examen, comme détaillé dans les autres ressources fournies, il n'y aura aucun changement ou retard dans le temps qu'il faut aux candidats pour parcourir le processus et obtenir un CCEB certificat.

Si vous lisez les ressources fournies et vous avez encore des questions, n'hésitez pas à m'envoyer un e-mail à gbeierback@cceb.ca.

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Nous vous invitons à partager les documents ci-joint avec les personnes dans vos réseaux.

Sincerely | Bien cordialement,



Suzette Martin-Johnson (She/her/elle)

Board Administrator/Translator | Administratrice de Conseil/Traductrice
Suite 705, 7015 Macleod Trail SW, Calgary, AB T2H 2K6

T 403-230-5997 (2) | www.cceb.ca

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EXAM CHANGES ARE COMING STARTING OCTOBER 2023

Why is the Canadian Chiropractic Examining Board (CCEB) exam changing?

We are moving to align the CCEB blueprint with the [Federation of Canadian Chiropractic \(FCC\) Competency Profile](#).

IMPORTANT INFORMATION

New Process

- Moving to one (1) written and one (1) clinical examination.
- There will still be three (3) exam administrations per year.
- Must pass the Written Examination before being eligible to apply for the Clinical Examination.
- Written Examination will have AM and PM sections and be comprised of standard multiple-choice items and case-based items.
- Clinical Examination (OSCE) is expanding to include additional stations reflecting the new competencies.
- Elimination of exemption for experienced practitioners.
- Candidates have a total of four (4) years to successfully complete all their required examinations.
- Candidates have a maximum of four (4) attempts at each examination.
- Candidates who have previously exhausted their attempts at CCEB examinations will not be granted new attempts.
- Review the CCEB's Examination Eligibility Policy under the policies page here: <https://cceb.ca/policies/>

When does the transition start?

- October 2023.
- Component A spots will not be offered to first-time candidates in October 2023.
- The new Written Examination will be offered in February 2024.
- The new Clinical Examination will be offered in May 2024.
- There is no delay to candidates on their journey towards a CCEB certificate given the integration of the written elements of the examination in alignment with the new competencies.
- Candidates who have started their journey with the CCEB (have taken an examination) prior to October 2023 will be given a final attempt at completing in the existing examination format prior to being moved into the new examination format.

Blueprint weightings (Written Examination)

| Role (ordered by weighting) | Weighting (%) |
|-----------------------------|---------------|
| NMS Expert | 27 |
| Communicator | 24 |
| Professional | 16 |
| Collaborator | 15 |
| Scholar | 10 |
| Health Advocate | 5 |
| Leader | 3 |

Blueprint weightings (Clinical Examination)

| Role (ordered by weighting) | Weighting (%) |
|-----------------------------|---------------|
| NMS Expert | 42 |
| Communicator | 25 |
| Professional | 17 |
| Collaborator | 16 |

Exam Fee

| Current | | New | |
|--------------|---------------|-----------------|---------------|
| A | \$1150 | Written | \$1750 |
| B | \$1150 | Clinical | \$3350 |
| C | \$2575 | Total | \$5100 |
| Total | \$4875 | | |

TRANSITION PLAN

May 2023 (normal/unrestricted)

Component A

First-time writers
Repeat writers

Component B

First-time writers
Repeat writers

Component C

First-time writers
Repeat writers



October 2023 (restrictions)

Component A

NO first-time writers
Repeat writers **ONLY**

Component B

First-time writers
Repeat writers

Component C

First-time writers
Repeat writers



February 2024 (restrictions)

NEW WRITTEN EXAMINATION

ALL first-time writers of a written CCEB exam
ALL Component A repeat writers
Repeat writers of Component B on their third or fourth attempt

Component B

First-time repeat writers **ONLY**
Final administration of existing format

Component C

No restrictions - first-time and repeat attempts
Final administration of existing format



May 2024 (full implementation of new exam)

NEW WRITTEN EXAMINATION: First-time and repeat writers
NEW CLINICAL EXAMINATION (OSCE): First-time and repeat attempts

Please visit www.cceb.ca to learn more

ITEM 1.5.7

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**CERTIFICATE OF COMPETENCY FOR
CERTIFICAT DE COMPÉTENCE DÉCERNÉ À**

**HAVING SUCCESSFULLY COMPLETED THE EXAMINATION REQUIREMENTS OF
THE CANADIAN CHIROPRACTIC EXAMINING BOARD AS OF 2023.**

**À COMPTER DE 2023 POUR AVOIR RÉUSSI LES EXIGENCES
DE L'EXAMEN DU CONSEIL CANADIEN DES EXAMENS CHIROPRA TIQUES.**

Jason Guben, BSc(N), DC - Chair, Board of Governors
Président, Conseil des Gouverneurs

CERTIFICATE/CERTIFICAT #:

Gemma Beierback - Chief Executive Officer
Directrice générale

Generated Internally

**College of Chiropractors of Ontario
Executive Committee Report to Council
June 21, 2023**

Members: Dr. Sarah Green, *Chair*
Dr. Dennis Mizel, *Vice Chair*
Mr. Markus de Domenico, *Treasurer*
Dr. Jarrod Goldin
Dr. Paul Groulx
Ms Zoe Kariunas
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) and to welcome Ms Zoe Kariunas to the Committee.
- Since the last report to Council, the Committee has met on one occasion, namely May 17, 2023. The draft, confidential minutes for May 17, 2023 are included in the Council information package and are subject to approval at the next meeting, scheduled for August 11, 2023.

III CCO Interactions with Provincial Government

A. Ministry of Health – College Performance Measurement Framework (CPMF) and Related Matters (Item 4.1.20 and following, page 462, Main Agenda)

- The Committee, as in prior terms, reviews and provides feedback on CCO's progress on the commitments identified in the CCO 2022 CPMF Report which was filed with the Ministry of Health on March 31, 2023 (and is available on CCO's website).
- The Committee has the following recommendation for Council's consideration:

Recommendation 1:

That Council approve the CPMF Action Plan for 2023.

- Other Ministry of Health-related initiatives continue to be monitored, including Bill 60 – Your Health Act, 2023. It is important to know about this legislation although it does not currently directly affect the members of the chiropractic profession. The legislation relates to nurses, physicians, respiratory therapists, and medical laboratory technologists.
- Information concerning the Registration Regulation amendments relating to an emergency class of registration are included with the Registration Committee Report later in the Council agenda.
- Minister Sylvia Jones has written to Ms Robyn Gravelle to thank her for her contributions on CCO Council. I am looking forward to Council also having an opportunity to recognize Ms Gravelle at the 2022 AGM, scheduled for the evening of the Council meeting on June 21, 2023.

B. Ministry of Agriculture, Food and Rural Affairs (Item 4.1.32 and following, page 656, Main Agenda)

- Included in the Council information package is correspondence from Ms Willson to the Honourable Minister Lisa Thompson relating to CCO's history and background regulating members who provide chiropractic care to animals. The Honourable Minister Lisa Thompson has recently responded, including that the Ministry intention is to modernize the *Veterinarians Act*, but not to amend the way in which other health practitioners provide care to animals. The correspondence from Minister Thomson dated June 12, 2023 has been shared with the Ontario Chiropractic Association which has an advocacy role on behalf of their members who provide chiropractic care to animals.

IV Strategic Planning/Topic Specific Meetings

- As a reminder, Council has previously directed that the following topics be considered for the Strategic Planning Sessions scheduled for September 9, 10, 2023:
 - Evaluation of Council Effectiveness;
 - Follow up on the 2022 Strategic Planning Report;
 - CPMF status report and incorporation of commendable practices; and
 - Effective Communication with Stakeholders including members.
- All topics will of course be reviewed through CCO's lens of public interest protection.
- I have recommended that our meetings include appropriate "health" breaks so as a Council we role model healthy behaviour and take advantage of the nature around the meeting space.
- I encourage any Council member who has interesting and helpful information relating to any of these topics to forward the information to Ms Willson and me. The Committee will be finalizing plans at the August 11, 2023 Committee meeting.

V Comprehensive By-law, Standards, Policies and Guidelines Review (Item 5.1 and following, page 881, Main Agenda)

- Included in the Council information package is preliminary advice and recommendations from Ms Sara Blake, who is a lawyer with administrative law expertise, including extensive experience with the provincial government. Although legal advice may be discussed in camera, I think it may be beneficial to have a preliminary discussion and feedback during the public portion of the meeting.
- Please know that the Executive Committee will consider all the feedback received from Council either during the meeting on June 21, 2023 or afterwards before making recommendations to Council, likely at the September 8, 2023 meeting. Although CCO is not required to circulate all by-law amendments for feedback, my thought is that we would circulate the full set of by-law amendments to stakeholders, including members, and ask for feedback to be considered by the Committee, particularly since there will likely be a number of amendments to improve clarity, ensure the by-laws are reflective of CCO's commitment to DEI principles, and ensure that they are internally consistent to the extent possible (including for example, having all cooling off periods be six years).
- Ms Blake has included the public interest rationale for the amendments in the chart of potential amendments. However, it is important to note that all policy decisions about the by-laws are to be made by Council, and the by-laws will reflect those policy decisions. Only Council has the authority to approve by-law amendments, in accordance with the *RHPA*.
- Included in the Council information package are several amendments to other documents. The Committee has the following recommendations:

Recommendation 2: (Item 5.10, page 1056 Main Agenda)

That Council approve the revisions to P-011: Conflict of Interest for Council, Non-Council Committee Members and Council Appointed Members ("Committee Members").

Recommendation 3: (Item 5.14, page 1070 Main Agenda)

That Council approve the revisions to P-029: Chiropractic Specialties.

Recommendation 4: (Item 5.30, page 1113 Main Agenda)

That Council approve the revisions to I-021: Procurement of Goods and/or Services (change in the number of policy only).

Recommendation 5: (Item 5.34, page 1134 Main Agenda)

That Council approve the revisions to the CCO Code of Conduct for Current and Former Council Members and Council Appointed Members (“Committee Members”).

Recommendation 6: (Item 5.36, page 1139 Main Agenda)

That Council approve the revisions to the Undertaking to Maintain Confidentiality for Council, Non-Council Committee Members and Council Appointed Members (“Committee Members”).

Recommendation 7: (Item 5.43, page 1160 Main Agenda)

That Council approve the revisions to the undertaking to access meetings/hearings.

VI Other Chiropractic/Health Related Stakeholders (Item 4.1.37 and following, page 704 Main Agenda)

- Information concerning CCO's involvement with other chiropractic/health related stakeholders is included in the Council information package primarily as FYI.
- Council members will note that:
 - Dr. Mizel, Ms Willson and I attended the FCC meetings on April 22 and 23, 2023, and will be attending a Regulatory Council meeting on June 20, 2023. The April meetings were my first national meetings, and I was impressed with the collaborative discussions amongst chiropractic regulators, as well as the educational sessions concerning important topics such as accreditation of chiropractic educational institutions and the potential for an accrediting system for chiropractic specialties.
 - CCO continues to participate in the important work being done by HPRO on behalf of all health regulatory colleges in Ontario. The work relating to principles of DEI will be of assistance as CCO further develops and refines its own DEI Plan. As many of you are aware, the Discipline training sessions have also been well regarded by those council members who have attended. I encourage all Council members to review the important legislative updates HPRO provides to its members which provide an overview of the Ontario government's legislative agenda and priorities relating to health regulation.

VII Council Training (Item 5.45 and following, page 1163, Main Agenda)

- I am very pleased to welcome Ms Julie Maciura of SML Law to facilitate a Council training session on several important topics, including a consideration of the recent legislative amendments in British Columbia relating to the way in which the health professions are regulated in the public interest. Ms Maciura will be presenting in the public portion of the meeting, although only Council members will be participating in the "poll" question component of the training.

VIII Conclusion

- Thank you to all Council members and staff for your ongoing support and commitment. I look forward to working with all of you over the next several months. I am particularly looking forward to an informative and inspiring strategic planning session in September 2023 while we continue the important work CCO has done to date and have an opportunity to ensure a continuing focus on CCO's mandate to regulate chiropractic in the public interest.
- I would be pleased to answer any questions arising from my report.

Respectfully submitted by,

Dr. Sarah Green,
President

From: Jo-Ann Willson
Sent: Friday, 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

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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. |

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

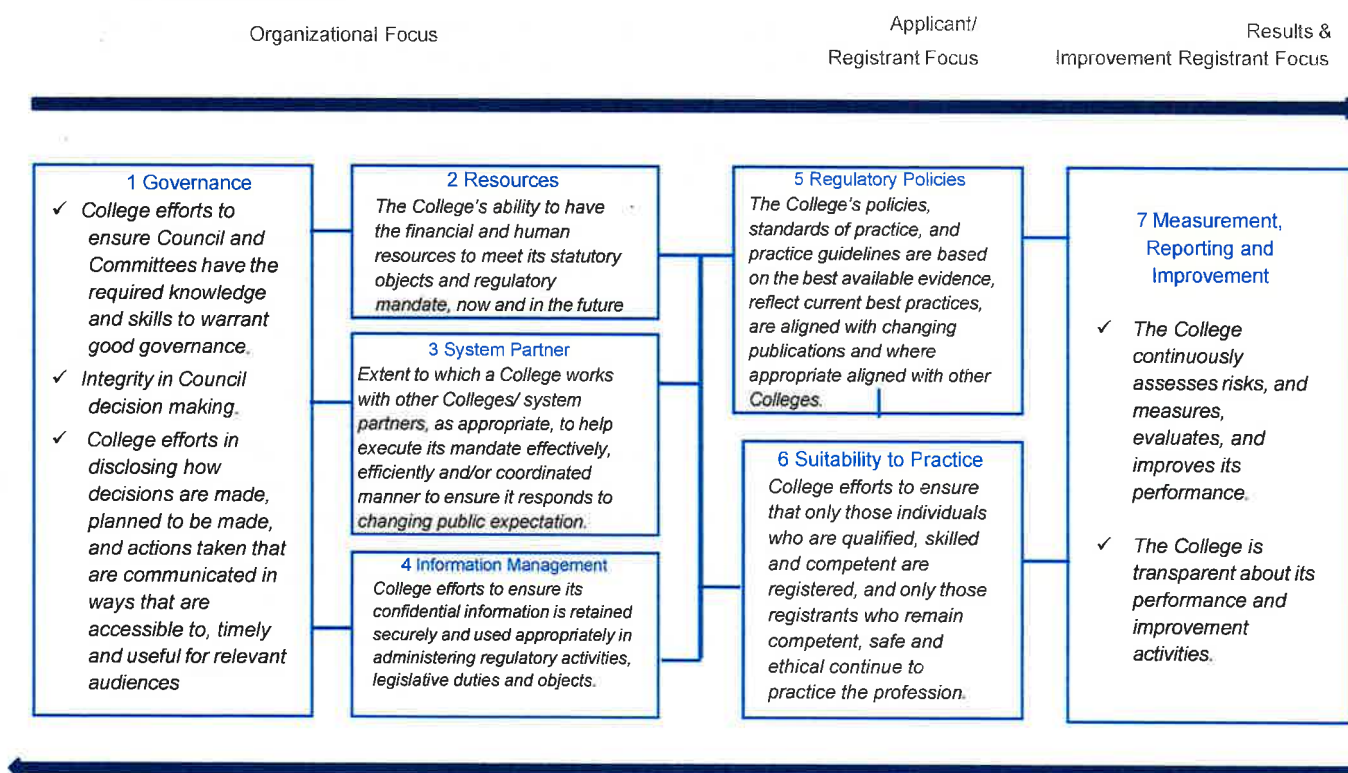


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

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

What has changed in 2022?

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

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

Part 1: Measurement Domains


| | | Measure: | |
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| | | 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee. | |
| DOMAIN 1: GOVERNANCE | STANDARD 1 | Required Evidence | College Response |
| | | a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria; and <hr/> <i>Benchmarked Evidence</i> <hr/> | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> The competency and suitability criteria are public: Choose an item. <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> CCO identifies competencies for candidates for election to Council and appointment of non-council committee members in the following documents: <ul style="list-style-type: none"> Competencies for Council and Committee Members - this document was passed by CCO Council on November 25, 2021 to identify competencies for Council and committee members, including competencies that candidates may already possess and competencies that can be learned and developed through CCO orientation and educational opportunities. 2022 Notice of Election - the Notice of Election identifies the criteria for being eligible for election to Council and the factors and the conflicts of interest that would preclude a member from being eligible for election to Council. In the 2022 Notice of Election, CCO has identified various competencies that candidates are encouraged to include in their election material, including: knowledge, 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. This document is available to the public. CCO By-law 6 and By-law 12 identify criteria and requirements for being eligible to be a Council or committee member. |
| | Yes | | |

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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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| | 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> | | | |

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| | <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. <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> 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="638 597 1713 643">The College fulfills this requirement:</td> <td data-bbox="1713 597 2024 643">Yes</td> </tr> <tr> <td colspan="2" data-bbox="638 643 2024 1279"> <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> | The College fulfills this requirement: | Yes | <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. | |
| The College fulfills this requirement: | Yes | | | | | |
| <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. | | | | | | |

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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> | |

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| | | 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. | 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. 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. | | |
| | | <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: | | | |
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| 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. | The College fulfills this requirement: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Partially</td> </tr> </table> <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> | | Partially |
| | | Partially | |
| | | <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"><i>if the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td style="text-align: right;">Yes</td> </tr> </table> | <i>if the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> |
| <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> 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. | | |

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| | b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years. | The College fulfills this requirement: | Partially |
| | | <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> | |
| | | <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> | |

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.




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| | <p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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>Partially</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> | | | |

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| | <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> | The College fulfills this requirement: | Partially |
| | <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>. • 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. | | |

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| | <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>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.</p> | | |



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| 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>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 | | |

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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> | |

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| | 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-Q15: Zero Tolerance for Abuse, Neglect and Harassment (internal policy, reviewed on an annual basis, last amended September 2018) | Yes |
| | <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. | |

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| | | <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> | <p>The College fulfills this requirement:</p> <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. | <p>Yes</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> | Choose an item. |
| | <p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally:</p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; 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 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> | 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> | Choose an item. |
| | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |



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| | <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> <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>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>Choose an item.</p> | |
| | <p><i>Additional comments for clarification (if needed)</i></p> | | | |
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| | <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. | |

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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 (if needed)</i> | |



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| 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. | <p>The College fulfills this requirement:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <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 |
| | | Yes | | |
| <i>If the response is "partially" or "no", is the college planning to improve its performance over the next reporting period?</i> | | | | |
| <i>Additional comments for clarification (optional)</i> | | | | |

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| | | 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). <ol 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 | The College fulfills this requirement: | Yes |
| | | | <ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <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> | |
| | | | <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. |



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: | | |
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| 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. | |

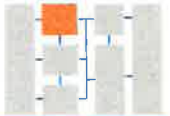
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| | | If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? | Choose an item. | |
| | | Additional comments for clarification (optional) | | |
| | Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan. | | | |
| | Required Evidence | College Response | | |
| 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). | The College fulfills this requirement: | | Yes | |
| | <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. | | | |

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| | | | <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 Colleague 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> | |



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| | <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> | |

|  | | Measure: 6.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate. | |
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| DOMAIN 2: RESOURCES STANDARD 4 | | Required Evidence | College Response |
| | | <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> <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> |

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| | | <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>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | |



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| | | <p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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>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>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (if needed)</i></p> | | |

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| | <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> | <p>Yes</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> | |



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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> | | |
| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | |
| <i>Additional comments for clarification (optional)</i> | | | | | |

| DOMAIN 3: SYSTEM PARTNER | |
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| STANDARD 5 and STANDARD 6 | |
| Measure / Required evidence: N/A | <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.

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

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

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

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.

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.

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.

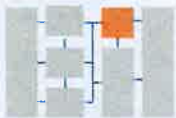
On December 2, 2022, proposed amendments to By-law 6 and By-law 12 were circulated to stakeholders, including members, for feedback on increasing the cooling off period from to six years from three years the amount of time that must have elapsed since a disciplinary finding or disqualification from serving 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. | | |
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| 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; | 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> | 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) | | | |



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| <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>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>In conjunction with its IT providers, CCO will continue prioritizing IT and cyber security reviews in 2023, enhancing security, and performing independent assessments.</p> | | |

|  | | Measures 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). | |
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| DOMAIN 5: REGULATORY POLICIES STANDARD 8 | | Required Evidence | College Response |
| | | 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. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> The College fulfills this requirement: </td> <td style="width: 20%; text-align: center; padding: 5px;"> Yes </td> </tr> </table> <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 |
| The College fulfills this requirement: | Yes | | |

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.

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.

- 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.

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.

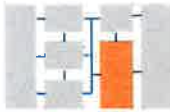
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| | <p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to 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> | | |



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| | <p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p> | <p>The College fulfills this requirement:</p> <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 style="text-align: right;">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> |



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|  | <p>Measure: P.1 Applicants meet all College requirements before they are able to practice.</p> | | | | |
| | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 9</p> | <p>Required Evidence</p> | <p>College Response</p> | | |
| <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p> | | <table border="1"> <tr> <td data-bbox="1627 535 1669 576">The College fulfills this requirement:</td> <td data-bbox="1669 535 1995 576">Yes</td> </tr> <tr> <td colspan="2" data-bbox="1627 576 1995 1287"> <ul 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>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>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>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>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> </td> </tr> </table> | The College fulfills this requirement: | Yes | <ul 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>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>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>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>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 | | | | |
| <ul 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>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>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>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>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> | | | | | |

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| | <p>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.</p> <p>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.</p> <p>Following review of an application and all applicable information, the Registration Committee may make the following decisions:</p> <ul style="list-style-type: none">• 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 |
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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.

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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> | |
| | 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.). | 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> | |

| Measures: | | |
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| 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically. | | |
| <p>c. A risk-based approach is used to ensure that currency² 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> | <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> | <p>Yes</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> | 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).

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| 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: <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 | Yes |
| | | <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> | |
| | | <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. |



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| | | <i>Additional comments for clarification (if needed)</i> |
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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:</p> <p style="text-align: right;">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 If not, please provide a brief explanation: • 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.



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.

- 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.

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)



| Measure: | |
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| 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right to work regulation ³ . | |
| | 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> | <p>The College fulfills this requirement:</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. • <i>If yes, please insert link to the policy.</i> <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. |

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| | | <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>).

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| | <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> | | |



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| | | | <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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> | Yes |
| | | | | <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 |

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| | | <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> | | | |



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| DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 11 | Measure 11.1 The College enables and supports anyone who raises a concern about a registrant. | |
| | Required Evidence | College Response |
| | <p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p> | <p>The College fulfills this requirement:</p> <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> |



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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> | |



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| | <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>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>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> |

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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> | |




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| | <p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>The College supports the public in a number of ways:</p> <ul style="list-style-type: none"> • Communicating with the member of the public by phone and/or email to aid in understanding the existing standards of practice, policies and guidelines of the College; • Communications to members and members of the public involve the complaint process, possible outcomes of a complaint and links to relevant tools used by the Inquiries, Complaints and Reports Committee. Information and sample letters are included in the inquiries, complaints and reports webpages. • Assisting the member of the public with information on how to draft a letter of complaint and what accompanying information is to be included; • Assisting the member of the public in understanding the various steps of the complaints process, such as communication with the member, review by the ICRC, investigation including the collection and review of clinical notes and records, timelines of the complaints process and possible outcomes for complaints; • CCO has assisted members of the public who are unable to write a letter of complaint. An example of this is CCO taking a recording of the individual's complaint through a telephone conversation and transcribing this as a letter of complaints. • CCO has provided members with translated documents upon request. <p>The College will inform a complainant who is making a complaint for an allegation on sexual abuse on the right of the complainant to apply to the College for funding for therapy or counselling. The College will inform the complainant on the process for this application and direct them to the various forms associated with the complaints process.</p> | <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>Choose an item.</p> |
| | <p><i>Additional comments for clarification (optional)</i></p> | | |
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| Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process. | |
| a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.). | The College fulfills this requirement: |
| | <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The College provides formal letters to the complainant and member within the timelines of the complaints process under the Health Professions Procedural Code under the <i>RHPA</i>. CCO will log and track complaints within the internal member database which includes key dates that are required for communications consistent with the <i>RHPA</i> requirements. Information and sample letters are included in the inquiries, complaints and reports webpages.</p> |
| | Yes |
| | If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? |
| | Choose an item. |

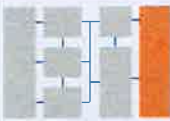


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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 12</p> | | | | <i>Additional comments for clarification (optional)</i> | |
| | | <p>Measure:</p> <p>12.1 The College addresses complaints in a right touch manner.</p> | | | |
| | | <p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p> | | <p>The College fulfills this requirement:</p> | |
| | | <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 | | 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> | |



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| 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. | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> <tr> <td colspan="2"> <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> </tr> </table> | | Yes | <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 | | | | |
| | <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> | | | | | |
| <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> | | | | | | |

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|  | | 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. | | | |
| DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT STANDARD 14 | Required Evidence | College Response | | | |
| | a. Outline the College's KPIs, including a clear rationale for why each is important. | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>In addition to its mission, vision, values and strategic objectives and committee objectives, CCO approved the Key Performance Indicators document for core CCO functions. KPIs are regularly included in Council and committee packages, and are intended to identify the core objectives of certain statutory committees and the annual review of standards of practice, policies and guidelines.</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. | | |



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| | | <i>Additional comments for clarification (if needed)</i> | |
| | <p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p> | <p>The College fulfills this requirement:</p> | <p>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><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", is the College planning to improve its performance over the next reporting period?</i></p> | <p>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> | |

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| Measure: | | |
| 14.2 Council directs action in response to College performance on its KPIs and risk reviews. | | |
| a. Council uses performance and risk review findings to identify where improvement activities are needed. | The College fulfills this requirement: | Partially |
| | <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><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> | |
| Benchmarked Evidence | | |
| Measure: | | |
| 14.3 The College regularly reports publicly on its performance. | | |
| a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website. | The College fulfills this requirement: | Yes |
| | <ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. <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> | |



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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 (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><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> | |
| <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> | | |



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.



Below is the total number of attendees for each workshop held in 2022:

| Workshop Date | Actual Number of Attendees Present |
|---------------|------------------------------------|
| 24-Feb-22 | 33 |
| 8-Jun-22 | 172 |
| 28-Oct-22 | 146 |

Total: 351

2. Peer and Practice Assessment

Details surrounding the Peer and Practice Assessment Program can be found on CCO's website:

- [Peer and Practice Assessment 1.0](#)
- [Peer and Practice Assessment 2.0](#)

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.

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 *Chiropractic Act, 1991*. In assuming the right to practice, members also assume the responsibilities associated with this right, including the responsibility to maintain competence.

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.

557 Members



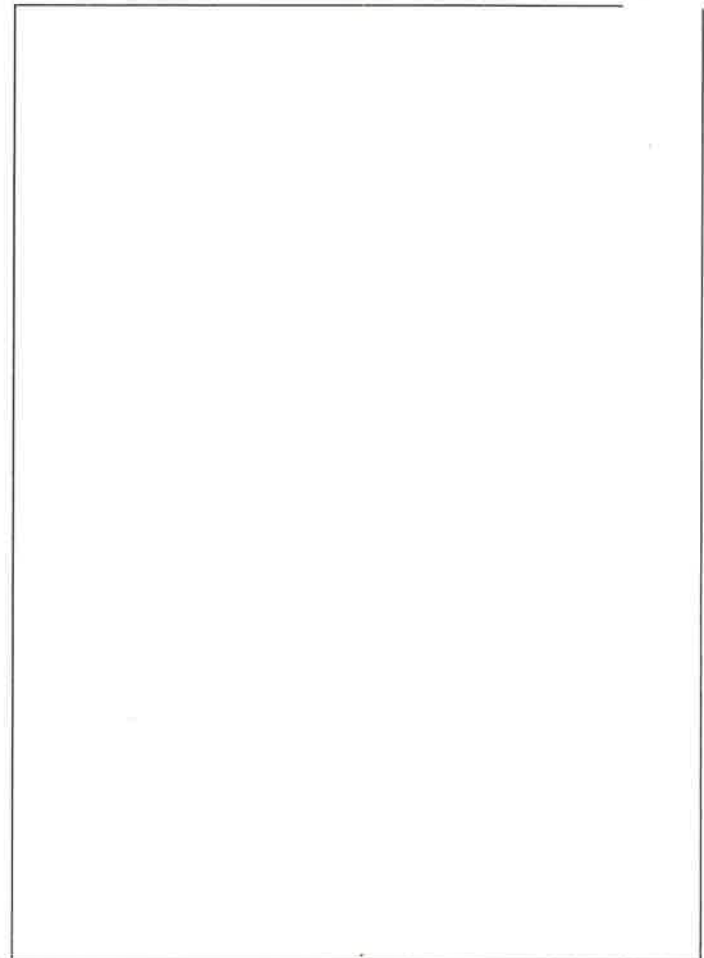
During the assessment, peer assessors can flag any deficiencies noted with the members' record keeping and/or knowledge of the College's standards of practice, policies, and guidelines. This process also allows the member to engage in conversations with their peer assessor regarding any noted deficiencies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

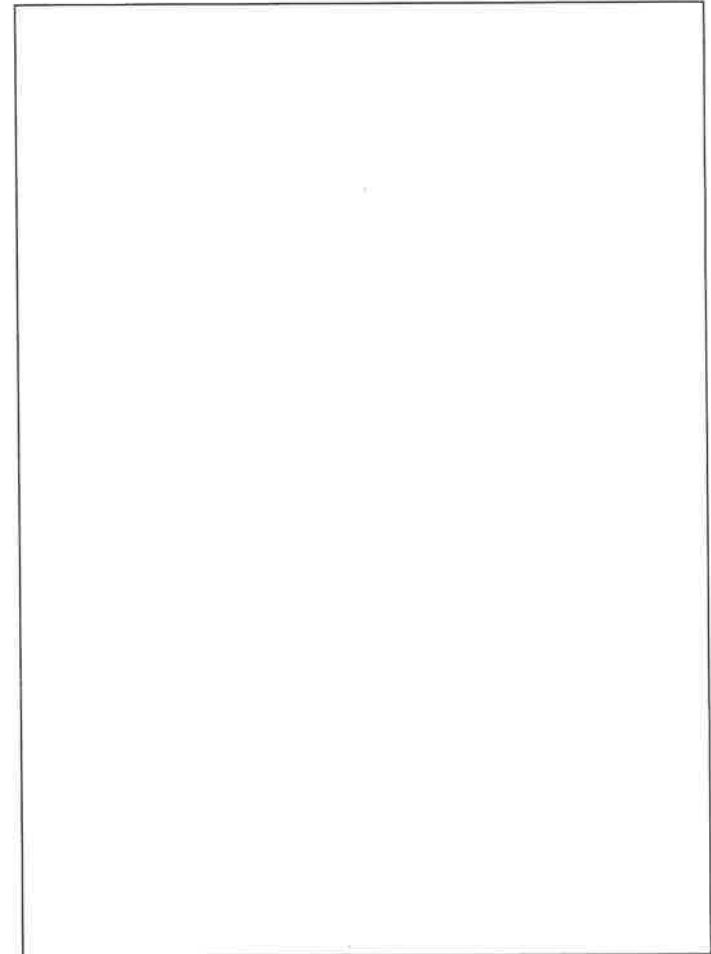
| | |
|---------------|------------|
| Totals | |
| PPA2.0 | 294 |

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:

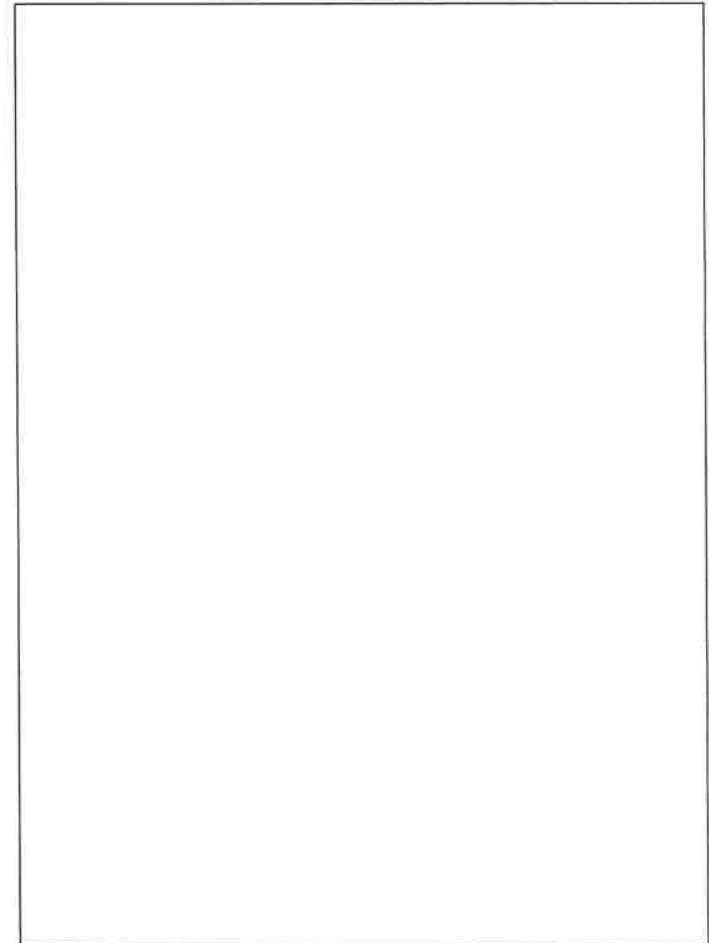


- Review of updates to regulations, standards of practice, policies and guidelines related to the practice of chiropractic;
- Review of changes to the PPA programs to accommodate the above updates;
- Gathering front-line feedback from assessors on their experiences of the past year's PPA cycle;
- Group 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.





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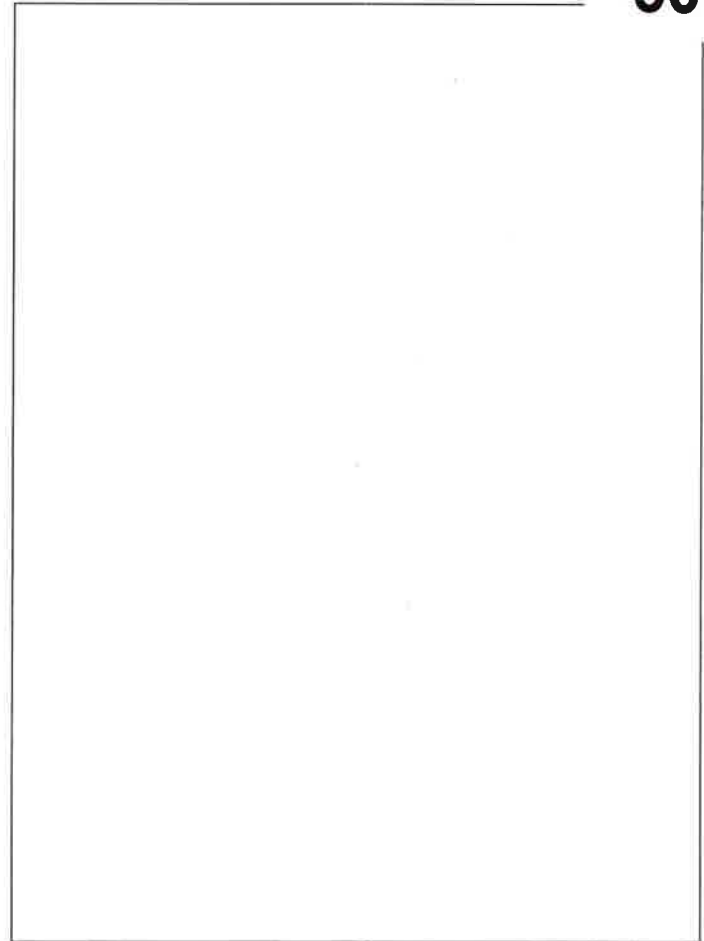
New Peer Assessors

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.

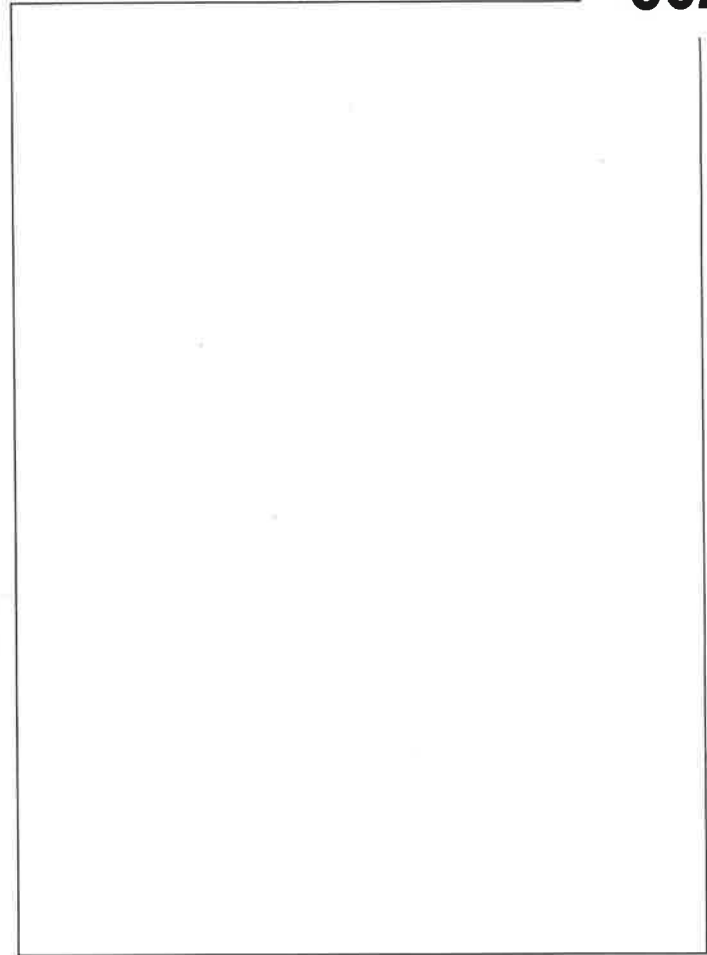
Training for the new assessors continued into 2023 with an Orientation Day, as well as being required to attend the Peer Assessor Workshop the following day. Finally, in-field training will take place once again where AITs will, this time, be observed by a current peer assessor as they conduct two assessments (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.

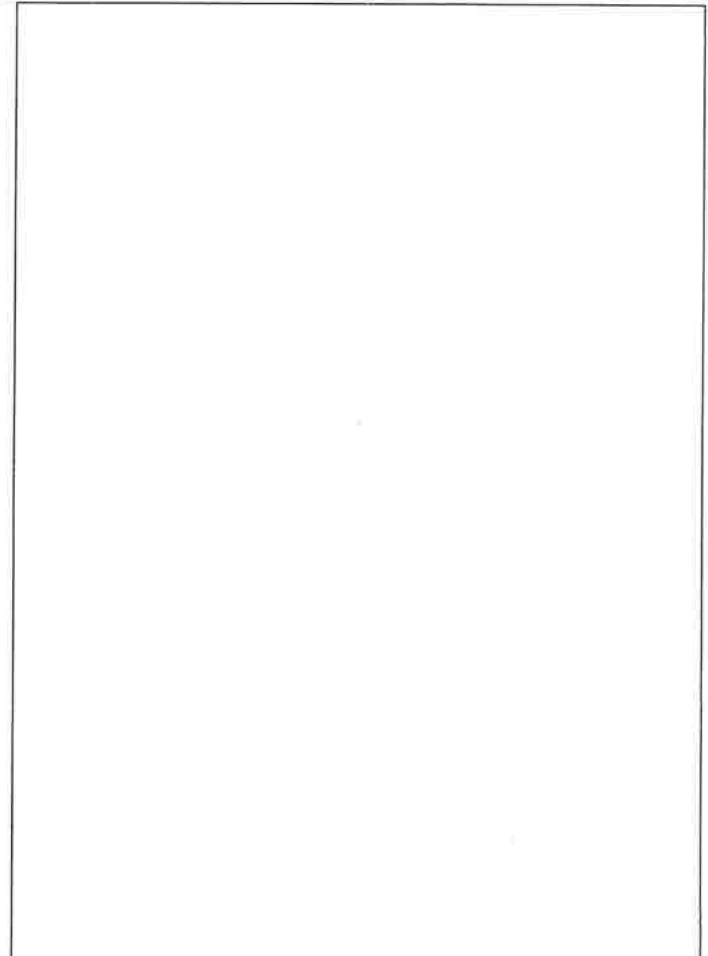
Self-Assessment

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.”

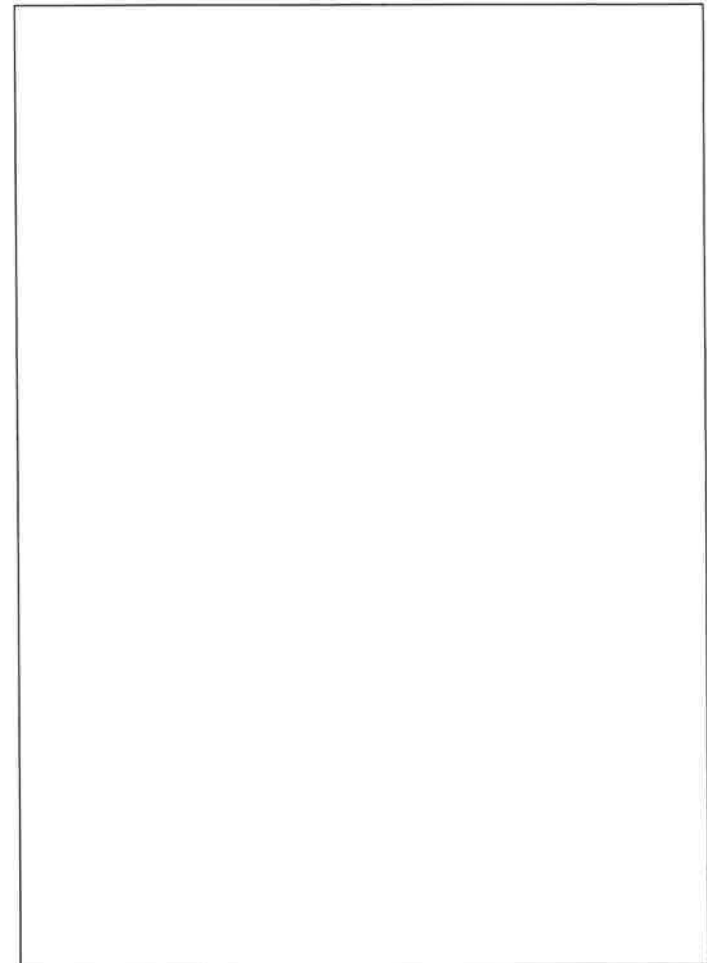
In 2022, the QA Committee revised the latest draft of SA 2.0 to better reflect the needs and expectations of the experienced chiropractor, and common issues that might arise related to each core competency. Members were notified of the new Self-Assessment Questionnaire via the [President’s Message dated 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.

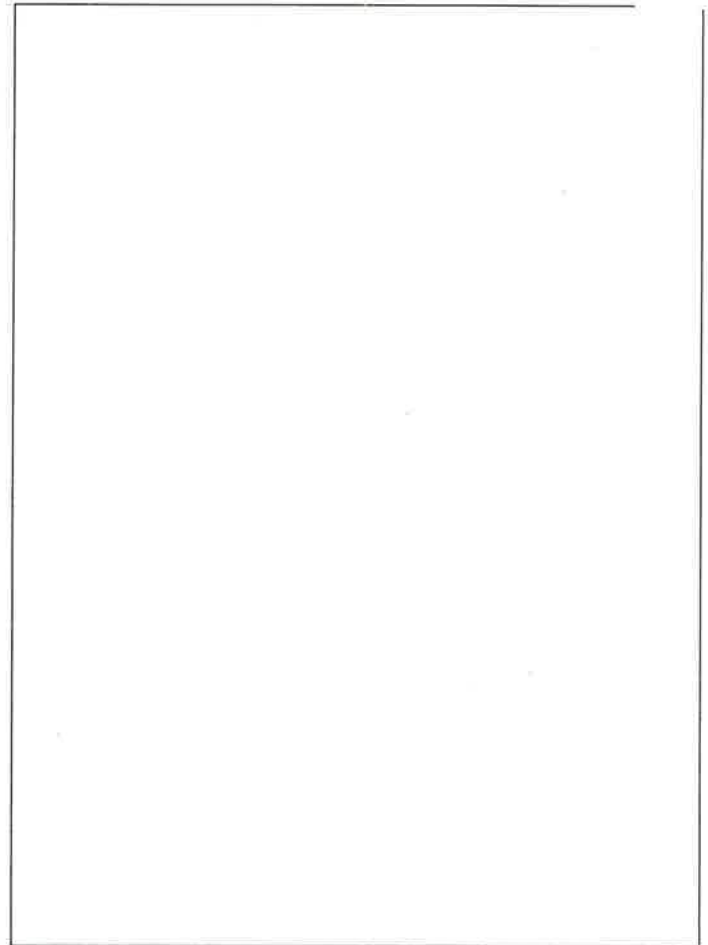
4. Peer Mentoring Program

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

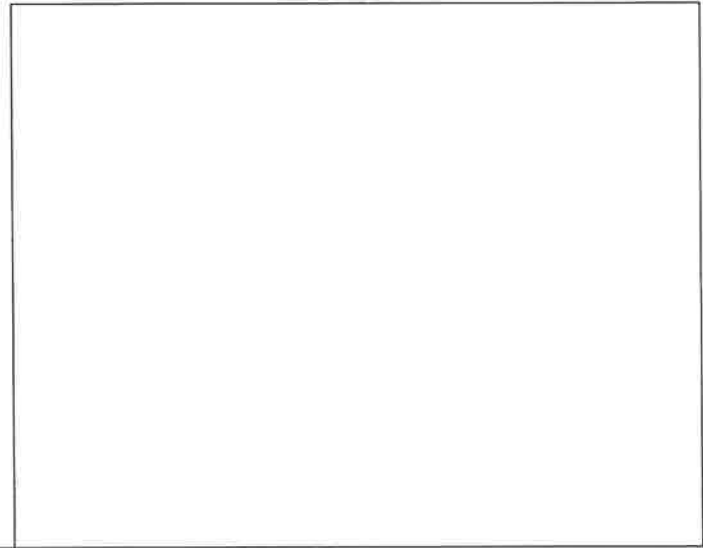




Feedback was obtained from all 13 peer mentors, all of whom rated the training session 5 out of 5.

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.

- v. <Insert QA activity or assessment>
- vi. <Insert QA activity or assessment>
- vii. <Insert QA activity or assessment>
- viii. <Insert QA activity or assessment>
- ix. <Insert QA activity or assessment>
- x. <Insert QA activity or assessment>





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

NR

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

| DOMAIN 6: SUITABILITY TO PRACTICE | | | |
|--|--|--|--|
| STANDARD 10 | | | |
| 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 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 | |

569

| | | |
|--|--|---|
| | 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> | | |



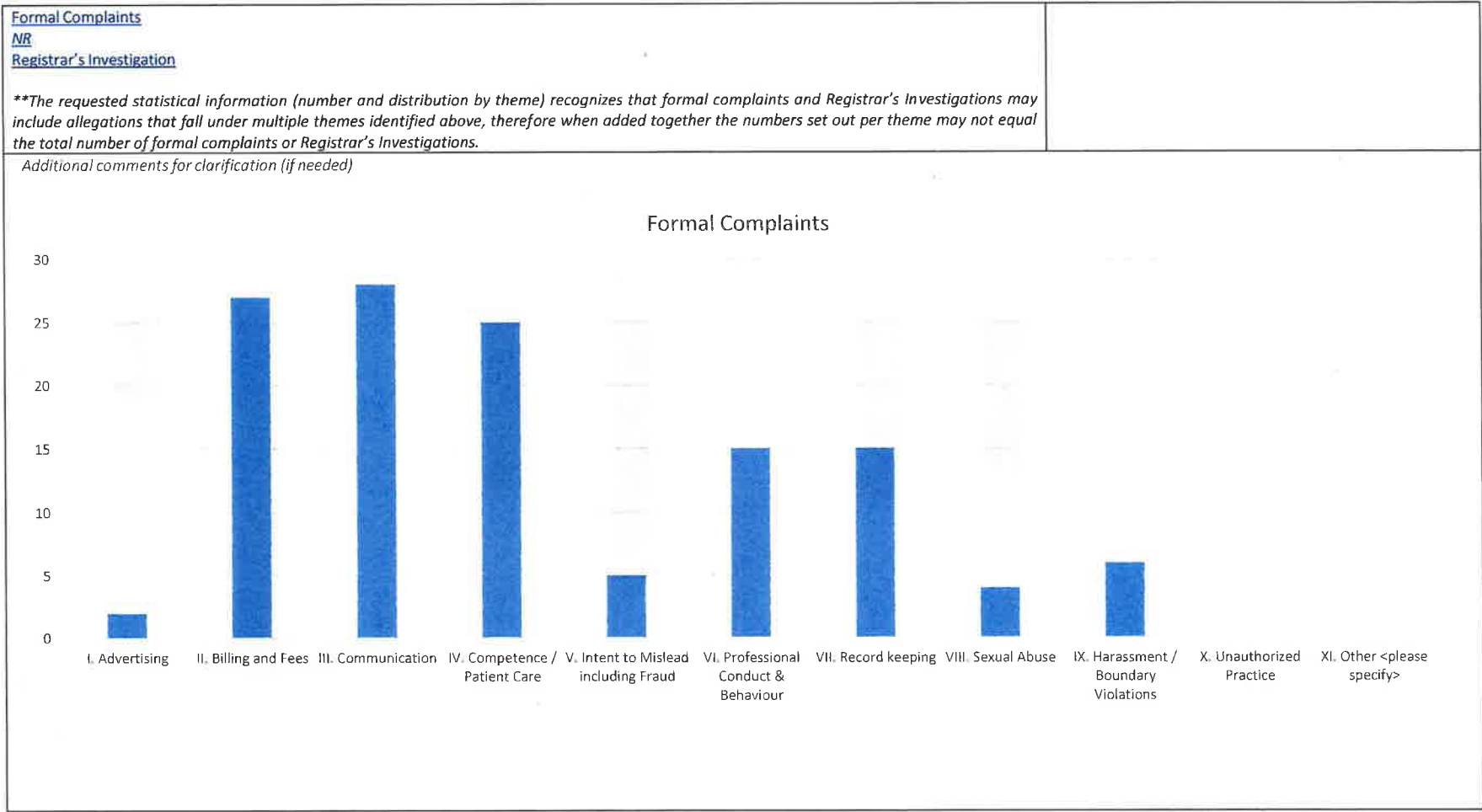
Table 3 – Context Measure 4

| 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. 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><i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i></p> | | |
| <p><i>NR</i> * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **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. <i>If a College method is used, please specify the rationale for its use:</i> | | | | |
| 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.



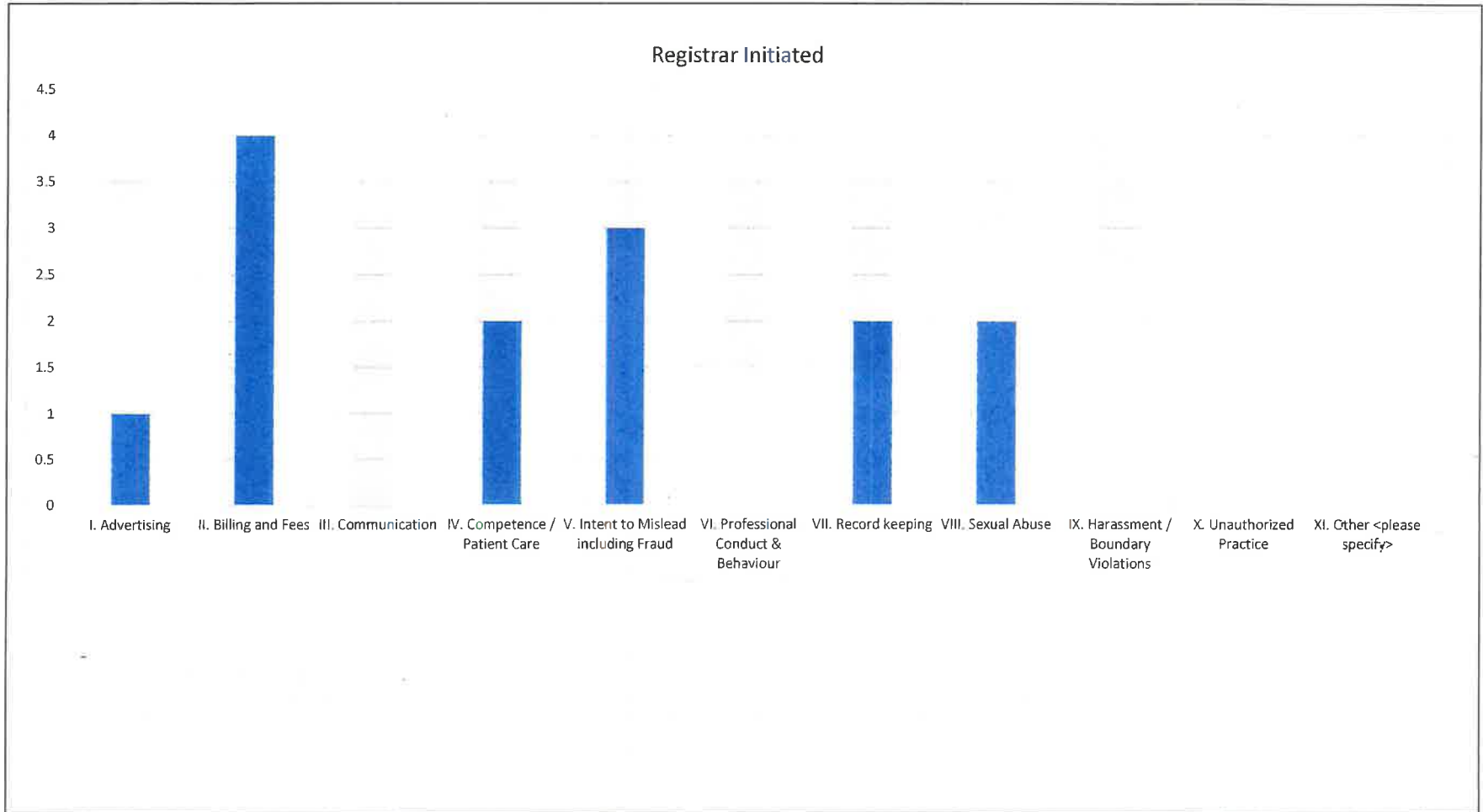


Table 5 – Context Measures 6, 7, 8 and 9

| DOMAIN 6: SUITABILITY TO PRACTICE | | |
|--|----|----|
| STANDARD 12 | | |
| <p>Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p> | | |
| 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 |
| <p><i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.</i></p> | | |

| | | | |
|--|---|---|--|
| VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee | 0 | 0 | |
|--|---|---|--|

[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)

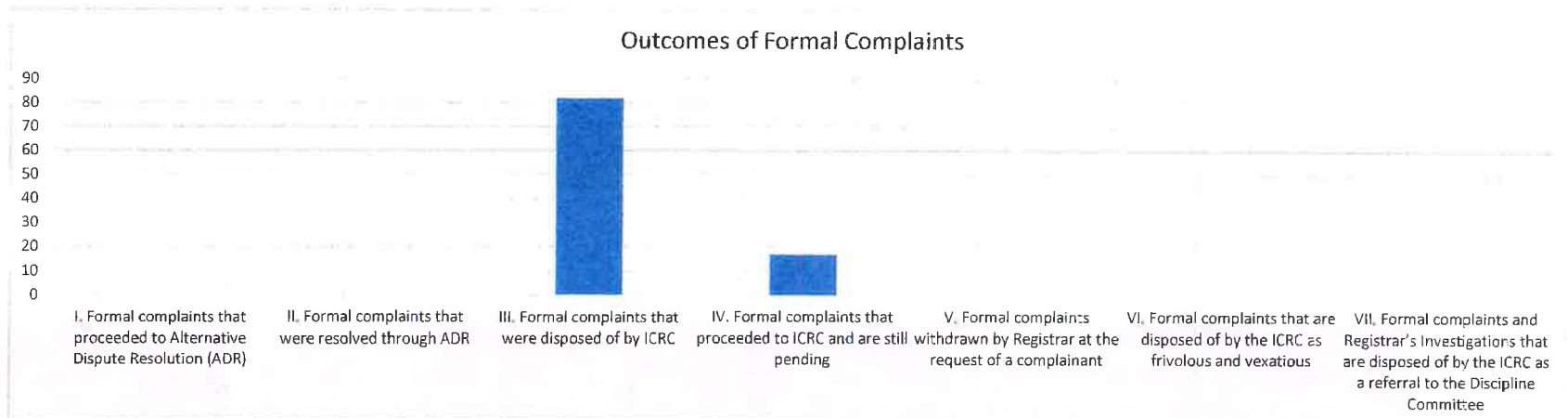


Table 6 – Context Measure 10



| 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* | | | | | | | |
| Nature of Decision | # of ICRC Decisions++ | | | | | | |
| | 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 |
| <ul style="list-style-type: none"> • Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions. <p>NR</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> | | | | | | | |

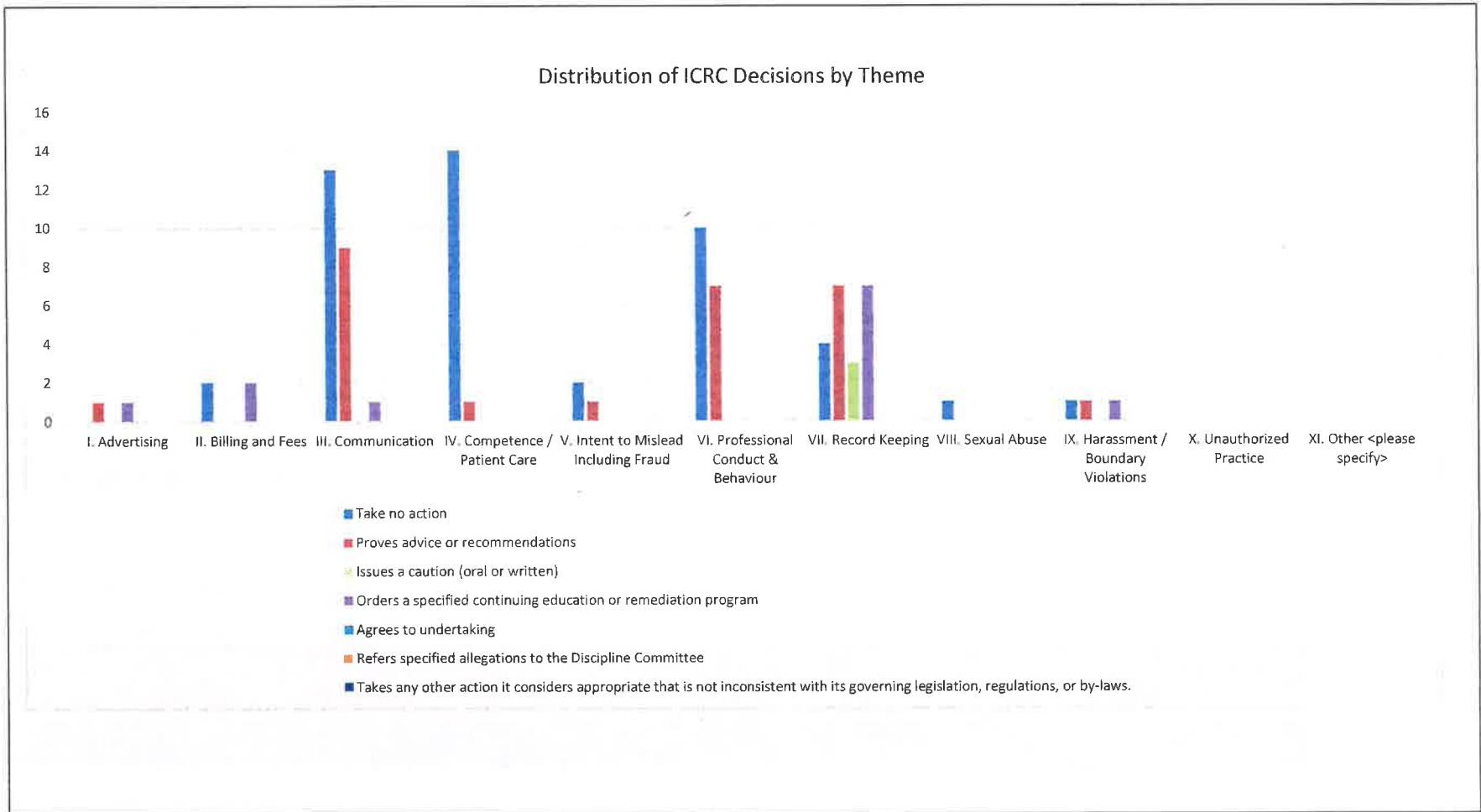


Table 7 – Context Measure 11

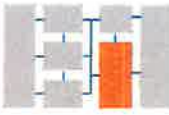
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|------|---|
| STANDARD 12 | | |
| <p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p> | | |
| Context Measure (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> | | |
| Additional comments for clarification (if needed) | | |

Table 8 – Context Measure 12

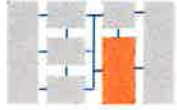
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|------|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| 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 5: SUITABILITY TO PRACTICE | |
|--|---|
| STANDARD 12 | |
| <p>Statistical data collected in accordance with the recommended method or the College's own method: Recommended</p> <p><i>If College method is used, please specify the rationale for its use:</i></p> <p>Discipline decisions may have more than one finding by type. There were a total of 7 discipline decisions in 2022.</p> | |
| 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 |

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



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

NR

Additional comments for clarification (if needed)

Disribution of Discipline Decisions by Type

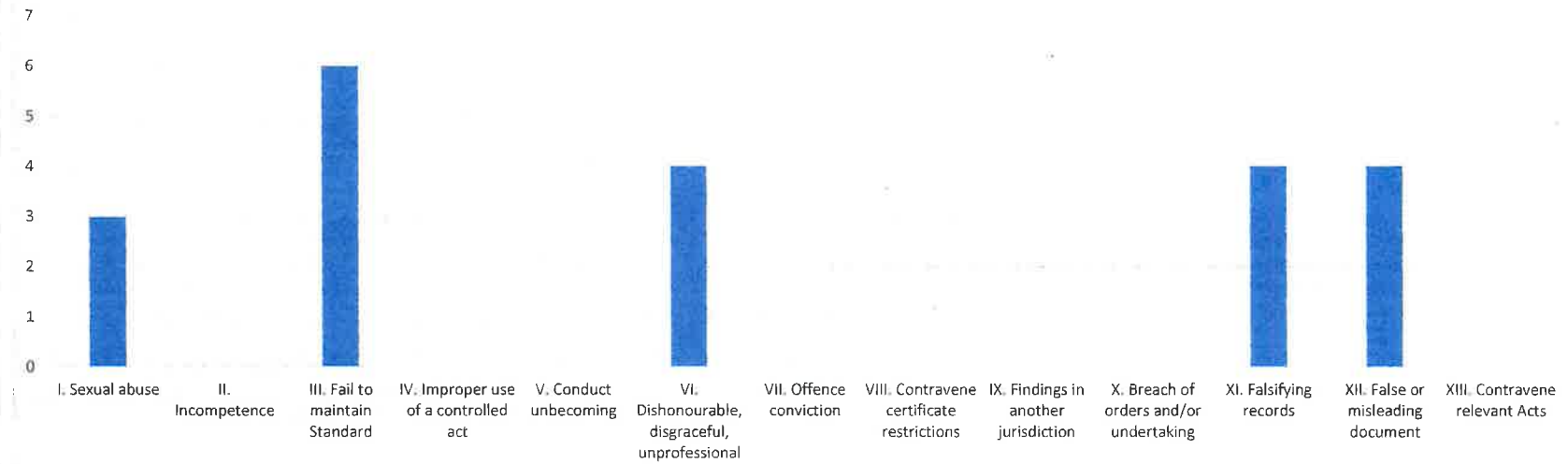

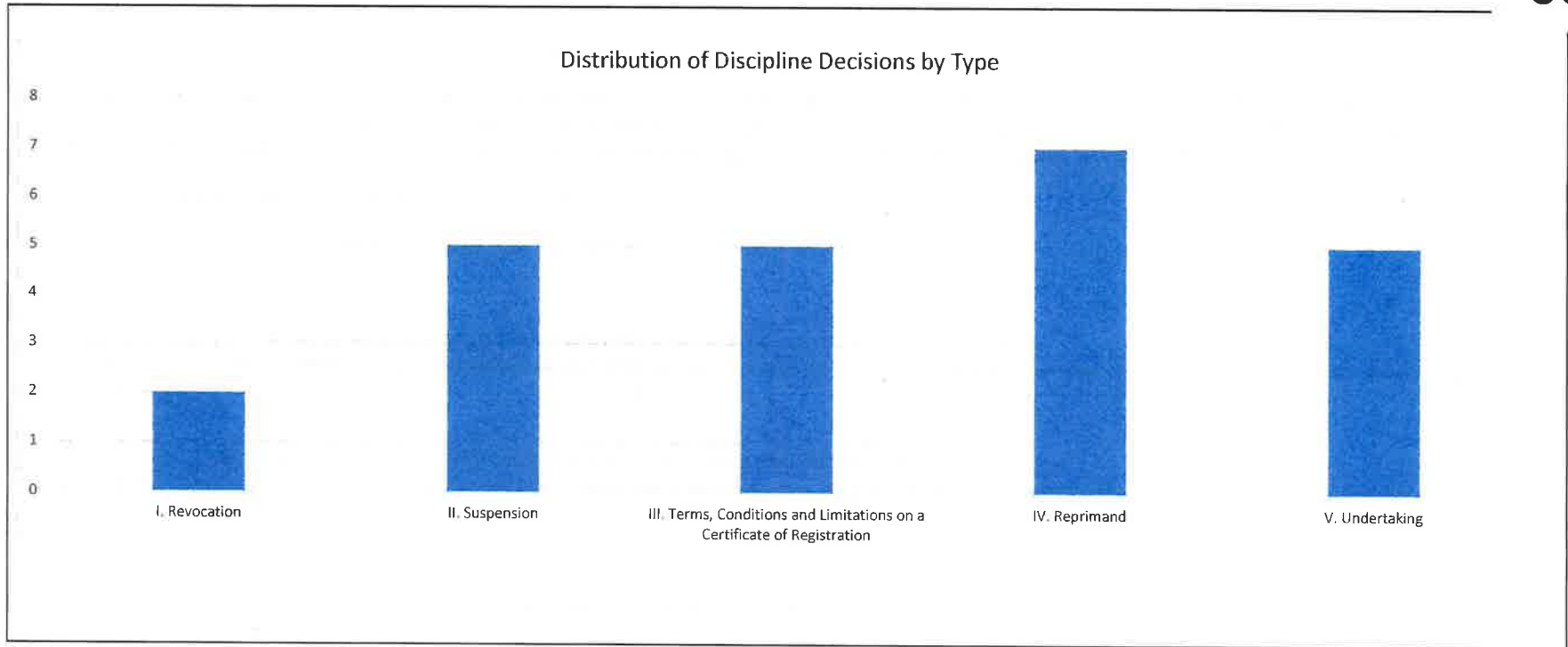


Table 10 – Context Measure 14

| DOMAIN 6: SUITABILITY TO PRACTICE | | STANDARD 12 |  |
|---|---|--|---|
| STANDARD 12 | | | |
| <p>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></p> | | | |
| Context Measure (CM) | | | |
| CM 14. Distribution of Discipline orders by type* | | <p><i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p> | |
| Type | # | | |
| I. Revocation | 2 | | |
| II. Suspension | 5 | | |
| III. Terms, Conditions and Limitations on a Certificate of Registration | 5 | | |
| IV. Reprimand | 7 | | |
| V. Undertaking | 5 | | |
| <p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p>Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR</p> | | | |
| <p><i>Additional comments for clarification (if needed)</i></p> <p>A discipline decision may have multiple orders.</p> | | | |





Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

From: Jo-Ann Willson
Sent: April 25, 2023 5:58 PM
To: Rose Bustria
Subject: FW: 2022 CPMF Reports

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
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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: Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>
Sent: Tuesday, April 25, 2023 5:22 PM
To: boriordan@caslpo.com; Registrar@cocoo.on.ca; Jo-Ann Willson <jwillson@cco.on.ca>; gpettifer@cdho.org; DFaulkner@rcdso.org; Judy Rigby <jrigby@cdto.ca>; RTom-Ying@denturists-cdo.com; melanie.woodbeck@collegeofdietitians.org; basil.ziv@collegeofhomeopaths.on.ca; nancy.leris@coko.ca; officeofregistrar@cmtto.com; executiveoffice@cmlto.com; k.dobbin@cmo.on.ca; CEO@collegeofnaturopaths.on.ca; ED@cnomail.org; elarney@coto.org; fkhan@collegeofopticians.ca; JJamieson@collegeoptom.on.ca; registrar@ocpinfo.com; nwhitmore@cpso.on.ca; aashon@collegept.org; d.adams@crpo.ca; hamp@crto.on.ca; Ann.Zeng@ctcmpao.on.ca; Tony DeBono <tdebono@cpo.on.ca>; Pree Tyagi <pree.tyagi@cmrito.org>
Cc: Henry, Allison (MOH) <Allison.Henry@ontario.ca>; Ali, Asna (MOH) <Asna.Ali@ontario.ca>; Pang, Vivian (MOH) <Vivian.Pang@ontario.ca>; Walsh, Colleen (MOH) <Colleen.Walsh@ontario.ca>
Subject: 2022 CPMF Reports

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 Registrars and CEOs,

With my apologies for the delay in sending this email, the team and I want to thank you for your continued engagement with the CPMF. We recognize the work and commend the College staff and Councils for submitting the 2022 CPMF submissions by the March 31st deadline.

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As you are aware, the ministry has been working on a number of time sensitive priorities and commitments with regards to the health human resource supply. As this work finishes over the coming months, my team will begin analysing the reports to assess trends in the health regulatory system. The traditional CPMF timelines and activities, such as the Working Group, will be adjusted accordingly. We will share updates on the CPMF as they become available.

Thank you again,
J

Jason Maurier

Manager, Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Ministry of Health

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

P: 416.571.0931

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Key Performance Indicators

Approved by Council: November 25, 2021

Registration

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

Inquiries, Complaints and Reports

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

Quality Assurance

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

Review of Standards of Practice, Policies and Guidelines

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

ITEM 4.1.24

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

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

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

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

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

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

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

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

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

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

Kelly Malcolm – Staff Member and Investigator

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

ADDITIONAL INFORMATION

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

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

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Report to CDHO Council

EXTERNAL ASSESSMENT OF COUNCIL EFFECTIVENESS

Deanna L. Williams
Dundee Consulting Group Ltd.
February 2023

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1. Introduction

1.1 This third-party assessment of the CDHO Council's effectiveness was contracted by the College to fulfill expectations set out under Measure 1.2.b of the College Performance Measurement Framework (CPMF).¹ The CPMF, which was established by the Ontario government's Ministry of Health in 2020, is the first such system-wide regulatory reporting tool of its kind in Canada, and requires all Ontario health regulatory Colleges to annually provide evidence as to how the set expectations across various domains are either met, or partially met- and their proposed plans to meet any unmet expectations going forward. The overarching aim noted in the introduction to the CPMF Reporting Tool is to help answer the following key question: *"How well are Colleges executing their mandate which is to act in the public interest?"* and this, in my view, creates a link between a regulatory Council's focus and commitment to the public interest and its overall effectiveness as a regulatory governing board.

1.2 The CPMF sets out the following expectation that *"the framework includes a third-party assessment of Council's effectiveness at a minimum of every three years, yet what constitutes 'effectiveness' of a Council has been left largely open to interpretation.* My approach in this Review process reflects my personal understanding that the expected third party assessments are not meant to constitute full blown governance reviews, but rather to more appropriately focus on how effectiveness is demonstrated at Council and Council meetings and on identifying areas where opportunities for improvement may exist.

1.3 This is an assessment of the CDHO Council, and accordingly, the Council's input and agreement on both the approach taken, and on the criteria against which its effectiveness would be assessed, was an important first step in this process.

1.4 In addition to my personal observation of two Council meetings, on September 16th and December 2nd respectively, this process was guided by regular touch point discussions, and by my review of documents and other materials provided to me by staff. Special thanks to Veronica Douglas, Terri Strawn, and Dr. Glenn Pettifer for timely responses to my questions and to all members of the CDHO Council, and staff leadership team who took the time out of their busy schedules to meet with me and share their invaluable perspectives- their collective contribution to this assessment process is acknowledged, and much appreciated.

Deanna L. Williams

1

https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjjzi25678AhVKjYkEHed6BSkQFnoECAwQAw&url=https%3A%2F%2Fhealth.gov.on.ca%2Fen%2Fpro%2Fprograms%2Fhwrob%2FCPMF_summary_report.aspx&usg=AOvVaw01EGq2BGQRyypG0v_Ce9yp

2. Executive Summary

2.1 The College of Dental Hygienists of ON (CDHO) commissioned this external third-party assessment of its Council's effectiveness, to be conducted between September 2022 and February 2023. The assessment process included a review of documents, including supporting materials for the September 16th and December 2nd, 2022, Council meetings, which were personally observed; the College's Governance Manual; and copies of Council evaluation surveys conducted after each Council meeting in 2022. Considerable insights were gained through the observation of the two noted meetings, but also through 24 personal interviews conducted with individual members of CDHO Council, and with the Registrar/CEO and members of the staff leadership team, between September and November 2022.

2.2 The assessment finds that Council meetings are currently led by a President who is, and is widely seen to be, a strong and capable Chair. The observed Council meetings were well run, with timelines generally adhered to; appropriate time was allotted for discussions or debate; and Council members interacted positively with one another. Council follows several identified good practices through its noted commitment to ongoing education and training (generally occurring in conjunction with regularly scheduled Council meetings); its commitment to embrace diversity, equity and inclusion; its inclusion of a 'public interest rationale' in many of the policies and reports that are brought forward to the Council; and its efforts to facilitate the onboarding of all new Council members through its established mentoring program.

2.3 The Council demonstrates a strong commitment to improving itself through regular engagement in education and training sessions, and these are generally held in conjunction with scheduled Council meetings. A list of the Council education and training sessions held in 2022 is included in Appendix 1. Council's commitment to improving its own performance and effectiveness is further evident in its 'Council evaluation' process which, since March 2022, is publicly conducted, analyzed, and discussed at the end of each Council meeting. A copy of the survey questions used in the evaluation process can be found in Appendix 2.

2.4 Overall, Council members were observed to take their roles on Council seriously and most of Council believe that they come prepared for meetings and ready to engage in questions and discussion. Some Council members, however, said that there are a few members of Council who do not generally participate in any discussions and questioned whether this is due to a lack of preparedness on their parts, or a lack of understanding about Council's Policy Governance model and how it works.

2.5 A majority of respondents describe the current Registrar and CEO, who has been in the role for a year, as an approachable and effective regulatory leader. Many individuals referred to past issues of concern due to strained relationships between the Registrar and CEO and Council, and between the CDHO and the Dental Hygiene profession. The Registrar's efforts to build more positive relationships through better communication and embrace more open-ness and

transparency are acknowledged and appreciated by most Council members, who believe this also contributes to their own collective effectiveness.

2.6 Council meeting materials are generally provided to Council ten days to two weeks in advance which most informants say provides them sufficient time for review in advance of the upcoming meeting(s).

2.7 All informants believe that in camera meetings are used by Council appropriately and occur only in adherence with the criteria set out in legislation and policy.

2.8 The assessment reveals some concern in an observed failure of Council to collectively demonstrate a clear and unremitting focus on the public interest during its meetings. Notwithstanding that a 'Public Interest Rationale' is included in a number of monitoring reports or policies put before the Council, it was observed that the words 'public', or 'the public interest' were not articulated in the Council meeting observed on September 16th. While not evidently a primary focus for most of Council's discussions on December 2nd, 'the public' was however discussed during Council's consideration of the "Voice of the Patient Study", conducted by Pivotal Research, at the direction of the College's Ownership Linkages Committee.

2.9 A number of respondents said that the College, under its new leadership, is making considerable efforts to address and improve its overall relations with the dental hygiene profession, which were widely seen as "antagonistic" in the past. While its appropriate to consider how any Council-approved initiatives might impact key stakeholders, including both the public and the profession, the public outreach discussions were observed to be more focused on potential impacts to registered dental hygienists than to the public. These discussions, described in more detail in the section below, presented a good opportunity for Council to collectively reflect on the important principle that 'elevating' the RDH profession in the public's minds aligns more with the role of the association and not the CDHO.

2.10 Several individuals believe Council is challenged by a 'high turnover' rate-which they consider is due in part to the Government's recent tendency to appoint public members for one-year terms, but also to a declining interest amongst the profession in running for Council. In regard to high turnover concerns, it was noted that 12 of the first 17 individuals interviewed- which included the Registrar and CEO- said they have been with the CDHO for three years or less.

2.11 Notwithstanding, many respondents say that Council is doing well, and has demonstrated resilience through the 'turmoil and instability' brought on in part by three leadership (Registrar) changes in the past three years.

2.12 Finally, CDHO Council demonstrates a strong commitment to following the model of Policy Governance which has been implemented in the past five years. Some individuals offered that the switch to Policy Governance was initially adopted to address previous issues of concern

arising from ‘blurred lines’ between operations and governance, and to ensure that going forward, the respective roles and lines of authority between the Registrar/CEO and Council remained clear and respected by all. However, many Council members describe the current policy governance model as too ‘rigid’, onerous, difficult to learn, and express concern that it gives rise to an ‘inordinate’ amount of Council’s time and energy being put towards monitoring operations and specifically the Registrar and CEO’s performance and compliance- rather than on matters that truly relate to public interest.

2.13 In response to further questioning, individuals identified ‘matters that relate to public interest’ as those things that assist in ensuring that the public consistently receives safe, competent, and quality care from their dental hygienists; example given included reviewing and revising the entry to practice and continuing competency requirements as needed (it is noted that the continuing competency program and process is already undergoing changes); maintaining and enforcing ethical and practice standards, including infection control; improving access to care, and assisting the profession in better facilitating positive collaborative relationships with those oral health care practitioners providing care to their same clients.

3. Emerging Themes and Analysis

The following findings are set out under some commonly emerging themes that align with the key assessment criteria for effectiveness used in this review. A list of the criteria applied in this assessment of Council’s effectiveness are included in Appendix 3.

a. Demonstrating an unremitting focus on the public and public interest

3.1 Most Council members believe Council does maintain a clear focus on the public interest and considers public interest when making its decisions; however, as noted above in the Executive Summary, this was not always evident in the two observed meetings of Council on September 16, 2022, or December 2, 2022.

3.2 During discussion about plans for a public outreach campaign at the December meeting, a professional member of Council expressed the view that letting the public know dental hygienists are registered is a good thing, as this “elevates us” in the minds of clients; it was observed that this view was not questioned at the time, even though it is clearly not the College’s role to promote or elevate the profession. Further discussion on this matter gave rise to additional concerns that relations between the CDHO and the dental hygiene profession (which by all accounts are starting to improve) could be negatively affected if enhanced public outreach gave rise to an increased number of complaints against dental hygienists. In my view, this was a missed opportunity for Council to collectively reflect on the role of the College, and to consider how pursuing a public outreach campaign does align with the College’s mandate to put public interests first.

3.3 Many respondents referred to past tensions between the previous College leadership and Council, as well as very challenging relations with the profession- these are widely seen to have resulted in considerable turbulence and instability for both Council and the College. Many informants told me that things are in a good place now; that the new Registrar and CEO's efforts in embracing more open-ness and transparency has rebuilt trust with Council and is seen to already be shifting the CDHO's relationship with the dental hygiene profession to a more respectful and mutually supportive one.

3.4 Notwithstanding a collective desire to maintain the general respect of the profession, a commitment going forward to *always* asking 'where does the public/ public interest factor into this matter/discussion', for all matters coming to Council for consideration and decision, can help re-set its discussions in the appropriate direction.

3.5 Since 2020, the College has included a "Public Interest Rationale" paragraph in reports and policies that are brought forward to the Council for consideration or decision. This practice aligns with identified good regulatory practices internationally and presents a great opportunity for the Council to keep public interest at the forefront of its discussion and decisions. Council could further consider advising the public *how* 'public interest' factored into its decisions or actions, by including a "Public Interest factors and considerations" section in its minutes going forward. In doing so, Council would clearly demonstrate that it considered, and was guided by public interest when discussing matters and making its respective decisions.

3.6 The minutes of Council meetings, which are included on the College's public facing website once they are approved by Council, are noted to lack details respecting the nature of the Council's discussions, and the considerations leading to its final decisions- see minutes of the meeting on September 16, 2022, below². It is suggested that going forward, Council minutes should provide more information to the public regarding the nature of Council's discussion; the public interest rationale as considered by Council, and why Council believes that a respective decision appropriately serves the public interest.

b. Assuring a blend of skills and competence on Council

3.7 All Council members said they had received some orientation training upon joining Council, and while it is CDHO's intent to provide such orientation before any individual attends their first meeting, some members said that because of timing, they did not receive much education or training before attending their first meeting. The College's lack of control over timing of appointments for public members of Council is acknowledged, but there is a strong agreement that no one should attend their first meeting without comprehensive orientation training.

3.8 The College has established a mentoring program to assist in the onboarding of new professional and public members of Council, and this aligns with good practice. The majority of

² https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_09162022.pdf?sfvrsn=87b296a0_6

informants said the mentoring process is helpful, but some described their own experience with mentoring as 'hit or miss'. Some individuals said that apart from an initial contact they did not have any engagement with their assigned mentors, while others found their mentors to be readily available. Some who have acted as mentors said they did not feel that their efforts to reach out to their assigned 'mentees' were very successful. Notwithstanding, most individuals said they are in favor of maintaining a more consistently delivered, and structured mentoring program.

3.9 There is general agreement that the onboarding of new Council members could be improved; several members said that the orientation they received did not fully prepare them for their role on Council, or in understanding Policy Governance. Most respondents said that the Council's comprehensive orientation training should continue to provide information about the College and professional regulation of Dental Hygiene in Ontario but that it also needs to include more training on Policy Governance.

3.10 The College has articulated competency and skills profiles for both Council and Committee members, and these were approved by CDHO Council at its meeting on June 11, 2021. The Competency Profile for Council is not used to screen interested individuals out of consideration, but rather to communicate the general competencies or behaviors that are seen as desirable for all members of Council, as well as more specific competencies that Council believes would also be beneficial on Council. The eventual goal is to have all prospective professional members of Council complete a self-assessment of their level of expertise in areas included in the competency profile, beginning in the 2022 elections. As of October 2021, the current members of the Council had completed their own self assessments of their individual expertise in areas included within the competency profile.

3.11 The Council's approved competency profiles were publicly posted as part of the June 2021 meeting materials and are publicly available on the CDHO website under the following links for Council Competency Profile³ and Committee Composition Profile⁴.

3.12 The Council demonstrates a strong commitment to improving itself through its regular engagement in education and training sessions, and these are generally held in conjunction with the scheduled Council meetings. A list of the Council education and training sessions held in 2022 is included in Appendix 1.

3.13 The College has developed a pre-election orientation and training module, which includes two PowerPoint presentations for professional members who are interested in seeking election onto Council. The Registrar and CEO leads the first session focused on the regulatory framework in which the CDHO operates, and information about the College's organizational

³ https://www.cdho.org/docs/default-source/pdfs/elections/council-competency-profile.pdf?sfvrsn=69ee96a0_2

⁴ <https://www.cdho.org/docs/default-source/pdfs/council/committee-composition-profile.pdf>

and governance structure. It includes such topics as: expectations, roles, and responsibilities of Council members; the College's mandate; role of the Council and its committees; confidentiality, privacy, and conflicts of interest. The President or Vice-President leads the second session which focuses on current issues and initiatives. The planned 4-hour session is a requirement for all members of the profession who are interested in seeking election onto Council and is intended to ensure prospective Council members understand what will be expected of them as members of a regulatory Council.

c. Working well collectively for greater effectiveness

What makes Council effective now?

3.14 All respondents said that on the whole, members of Council work well together and that the Council collectively shares a commitment, and desire to be effective at regulating the dental hygiene profession in Ontario.

3.15 At both observed meetings of Council- September 16th which was a virtual meeting and December 2nd, which was a hybrid meeting including both in-person and virtual attendees, the Council members in attendance were observed to be fully engaged- and it was noted that all video cameras remained on at all times, except for breaks. No conflicts due to differences in opinions or views were observed in either meeting, and a mutual respect between Council, individually and collectively, and the Registrar/CEO was also apparent. The impression left after observing the two meetings is that individuals on Council feel comfortable- and are encouraged- to share their views, and that they treat one other with courtesy and respect.

3.16 The current President of Council is widely seen and described as a strong leader, and an effective Council Chair. The President also chairs the Executive Committee, which many Council members say is very effective and efficient at reviewing and vetting matters, reports, and policy revisions before they are put before Council for final decisions and approval.

3.17 Many Council members said they are satisfied that they receive the information they need in advance of their meetings, and in a timely manner that allows them to sufficiently prepare.

3.18 Council members acknowledge that there is almost too much information to pore through in preparation for upcoming meetings, but most respondents said they feel comfortable in knowing they can call the President, the Registrar/CEO, or his Executive Assistant if they need more information or any questions answered- and some said they do so often. All individuals I spoke to rate the new Board Effect portal favorably, and say that it works well.

3.19 With a few exceptions, both Council and staff consider that in-camera meetings are currently used appropriately, and in accordance with criteria set out in legislation and policy. A few individuals cited a tendency in the past for Council to go in-camera for discussion of

matters that some, or all of Council did not want to discuss publicly, which at times, led to much of the Council agenda being discussed in-camera. The current Registrar and CEO is widely viewed as a champion for greater open-ness and transparency and is credited for the Council's current practice of following appropriate guidelines when there is a proposal to go in-camera.

3.20 Council demonstrates a collective commitment to improving its own performance and effectiveness, as is evident in its 'Council evaluation' process which occurs at the end of each Council meeting. Before the meeting is adjourned, the President calls on each Council member to take the time to complete the approved Council effectiveness survey, the results of which are collated and reported back on to all of Council- and since March 2022, the surveying of Council members is conducted, and the collated results are discussed- in public- at the end of each Council meeting. A copy of the survey questions used in the Council's evaluation process can be found in Appendix 2.

What would make Council more effective going forward?

3.21 It was noted, in the first observed meeting on September 16th, that six Council members had not met expectations for completion of their monitoring assessment at the time of this Council meeting, giving rise to some discussion as to whether this lack of compliance would have a negative impact on Council's effectiveness re its monitoring and oversight role. Council may wish to further consider what steps, if any, it should take to address ongoing concerns with non-compliance in this regard.

3.22 While many Council members say that they believe things are generally working well, several suggest that Council's effectiveness would be improved if *everyone* came to meetings fully prepared. They noted that there are some Council members who routinely do not speak up or openly participate in discussions at Council, raising some uncertainty as to whether all members of Council have read- and/or understood- the materials.

3.23 Some individuals mentioned the current mentoring program established to help in onboarding new members of Council. They said that while the intent is commendable, their own experience with mentoring was 'hit or miss'- a few indicated that except for an initial introduction they had received no contact from their assigned mentor(s). There was some speculation as to whether the mentoring program may be impaired by the relatively high turnover rate on the Council. Reviewing the mentorship program with a view to ensure the program works as intended is an identified opportunity for improvement going forward.

3.24 A number of respondents expressed concerns about questions that are asked, that frequently end up taking Council's discussion 'off on a tangent'. It was noted that some of these questions are not directly related to an issue at hand or aligned with the College's mandate- and that this challenges the Council in getting through its work efficiently and effectively. The current President and Vice-President were acknowledged for their attempts to guide such discussions back on track, but some individuals suggested that specific education and training on how Council members can best fulfil their oversight and governance roles through the asking

of good and relevant questions- and what appropriate questions look like- would be helpful for all.

3.25 Respecting the amount of information included in the Council materials and the time allotted for preparation, many Council members said there can be too much information requiring their review and attention. Several individuals suggested that when one has competing work and home commitments, two weeks prior is not enough time and that Council's overall effectiveness would be improved by either increasing the advance preparation time, or by changing the current governance model altogether, and eliminating the copious number of monitoring reports.

3.26 As noted in the Executive Summary, since 2017 Council has strictly followed a Policy Governance model. Some individuals said that the switch to Policy Governance was adopted to address previous concerns arising from 'blurred lines' between operations and governance, and to ensure that going forward, respective roles and lines of authority between the Registrar/CEO and Council remain clear and respected by all.

3.27 Not all Council members like or are supportive of the Policy Governance model, however. Several members said they see the current governance model as too 'rigid' and said that it 'goes too far' in establishing such strict limits as to what can be discussed at any given time on the agenda and by whom. One member described this as follows: "if the policy doesn't include it, we can't 'go there'".

3.28 As noted in the Executive Summary, some individuals also expressed concerns that Council's strict interpretation of Policy Governance has led to the Council becoming more of a 'rubber-stamp' board. Many Council members, even those who say they agree in principle with Policy Governance, question whether too much time is devoted to monitoring reports. A number of individuals described the Policy Governance model as onerous and difficult to learn, and further expressed concern that it gives rise to an 'inordinate' amount of Council's time and energy being spent on monitoring operations and the Registrar/CEO's performance - rather than on 'things that truly relate to public interest'.

3.29 In response to further questioning, these respondents identified 'things that relate to public interest' as those matters which help to ensure that the public consistently receives safe, competent, and quality care from their registered dental hygienists. Some examples provided included reviewing and revising the entry to practice, and continuing competency requirements as needed (it is noted that the continuing competency program and process is already undergoing changes); maintaining and enforcing ethical and practice standards, including infection control; addressing access to care, and assisting the profession in better facilitating positive collaborative relationships with other oral health care practitioners providing care to the same clients.

3.30 A majority of those I spoke with suggested that a review of the current governance model is warranted going forward.

d. A sound process for identifying and reviewing risk

3.31 Without exception, Council members were challenged in answering my question about whether the Council has a sound process for identifying and reviewing risk(s). Most individuals said that risk is not something that comes up at Council, or that they believe risk is more a focus of consideration at the committee level; several mentioned the Inquiries, Complaints and Reports Committee (ICRC) which follows a risk-based framework to help guide respective deliberations and decisions.

3.32 A majority of individuals said that they believe that it is up to the President and Registrar/CEO to identify those issues that need to be brought to the Council's attention, including risks.

3.33 Several individuals suggested that risks are handled in different ways, with most risks being identified and reviewed at the committee level rather than at Council. Respecting the Council's oversight role in evaluating risk, some Council members said they believe that potential risks, once identified by the Registrar/CEO, are brought to the Executive Committee for review and that if deemed appropriate, Council would be informed, in either a special meeting or an in-camera session.

3.34 Some Council members think that with all the monitoring they do, they must be reviewing some risks, but most are not sure which specific risks are captured through monitoring. It is my observation that the CDHO Council does oversee some financial and operational risks in its monitoring of the operational policies, or when considering whether the Registrar/CEO has correctly interpreted and carried out Council's directions, as set out in the policies.

3.35 At the two Council meetings observed, there was no evident consideration of potential risk(s) of harm to clients of dental hygienists or to the public. The management and mitigation of the risk of harms that could be caused by a profession is a primary function of a regulator, however, and a 'failure to protect the public' poses a high-level regulatory risk for a regulator.

3.36 Council should consider publicly identifying and documenting potential risks of harm that it believes could arise from, or be addressed/mitigated through, its respective decisions as an identified opportunity for improvement going forward.

e. Striving to improve Council's own effectiveness

3.37 The CDHO Council has, for several years, self-assessed its collective performance through the completion of Council evaluation surveys at the end of each Council meeting.

3.38 Since March 2022 the Council Evaluation process has been conducted in public, after Council comes to the end of its agenda but before the Council meeting is officially adjourned. The President advises observers that Council members will take about ten minutes to complete their assessments of the Council meeting and invites them to remain online. Council members are then requested to complete the surveys in real time and approximately 15 minutes later, the President publicly shares the collated results with Council and observers. A copy of the current Council Meeting Feedback survey, which was last modified in June 2022, is attached as Appendix 2.

3.39 In the observed meetings, the President effectively led Council through the survey results, and Council members appeared comfortable asking questions or providing comments based on the feedback shared. It was not clear to the observer how or whether the feedback received from the Council meeting evaluations is used or analyzed with a view to identify opportunities for improvement going forward. Council should consider developing an annual performance report, setting out the common or emerging themes arising from a collation of feedback collected from the previous year's meetings and an agreed action plan should be established to address these over the coming year.

3.40 Most of the respondents consider that this assessment of Council effectiveness is being conducted to meet expectations set out under the College Performance Measurement Framework (CPMF). While many acknowledged that the Council sees the College's final CPMF report before it is annually submitted to the Ministry, most believe that the CPMF falls primarily within the role and responsibility of the Registrar and CEO and not Council.

f. Embracing principles of transparency, diversity, equity, and inclusion

3.41 There is a strong consensus amongst informants that the Council has made, and continues to make, appropriate strides in demonstrating its commitment to transparency, and to diversity, equity, and inclusion (DEI).

3.42 Many individuals consider that the College, and the Council, are forward thinking in the current approach to DEI and that principles of diversity, equity and inclusion are integrated into virtually everything considered by Council—indeed the President was observed in her opening remarks, to remind Council members of their obligations to keep diversity, equity and inclusion in mind as they consider matters before them. It was also noted that considerable training and education on DEI has recently been provided to Council, a testament, most say, to Council's commitment to embrace these principles.

3.43 With regard to transparency, some members who have been on Council for at least a few years, say they have come a long way in being more transparent, and largely attribute their progress to the current Registrar and CEO who role models open-ness and transparency

through his own leadership style and encourages greater transparency about the Council and its work.

3.44 Notwithstanding the above, there is an identified opportunity for Council minutes to reflect Council's commitment to greater open-ness and transparency by including more information on the nature of the Council's discussions and its rationale for decisions and actions (including demonstrating how Council's considerations of public interest and risk factored into both).

4. Concluding Remarks

4.1 It was a pleasure to work with the CDHO Council, and CDHO's staff leadership team on this external assessment of Council's effectiveness.

4.2 As noted in the introduction, an external third-party assessment of each College Council's effectiveness is expected at a minimum every three years under the CPMF, but there is no definition of 'Council effectiveness' to help Colleges guide these assessments. This lack of clarity has given rise to some confusion amongst the health regulatory Councils; some consider the expectation to be for a high(er) level assessment respecting how a given Council demonstrates it works effectively to regulate its given profession(s) while keeping a clear and unremitting focus on the public and public interest. Others believe the CPMF expects the Colleges to undertake full blown governance reviews and have expressed concerns about time and resources that would need to be committed to such an undertaking.

4.3 In proposing my approach to this assessment, I found myself returning to the overarching question posed in the Introduction to the CPMF Reporting Tool: *"How well are Colleges executing their mandate which is to act in the public interest?"*. In my view, this question serves to confirm a clear and compelling link between a Council's focus and commitment to the public interest and its overall effectiveness as a regulatory governing board.

4.4 I find overall that the CDHO Council members take their roles on Council seriously and that there is a collective desire to ensure the CDHO is an effective regulator. Meetings are competently chaired, and generally start and finish within the appointed times. Relationships amongst members of Council, and between Council and the Registrar/CEO are widely viewed as positive and founded on principles of courtesy and respect, and the recent return to in-person meetings, with a hybrid option, is viewed by all as a positive move which will facilitate better engagement at meetings, thereby improving effectiveness.

4.5 This assessment identified several opportunities for improvement, and these are set out under Section 5.

4.6 The assessment did, however, give rise to two main issues of concern that in my view, significantly impact Council's ability to be as effective as it could be. The first is the observed failure on Council's part to demonstrate that it puts public interest above all other interests, and how. The findings giving rise to these concerns are described in detail in section 3 a. on pages 5 and 6 of this report. The second concern relates to a commonly expressed lack of support for the Policy Governance model currently followed by Council. As noted in 3.27 and 3.28, many members say the current governance model is rigid, onerous, difficult to understand and work with and that it contributes to a sense that Council is a 'rubber stamp' board. Further comments that Policy Governance gives rise to an 'inordinate' amount of Council's time and energy being spent on monitoring operations and the Registrar/CEO's performance - rather than on 'things that truly relate to public interest' were also expressed. A majority of

respondents said that, after five years, they believe that a comprehensive review of the current governance model is warranted.

4.7 In conducting this external assessment of the CDHO Board's effectiveness, I was guided by the criteria set out by Harry Cayton in "A Checklist for Regulatory Boards"⁵, which is included as Annex 1, in his report to the Law Society of British Columbia, December 2021. I would like to acknowledge and express my appreciation to Harry Cayton for permitting me to use these criteria as a guide for my own assessments.

4.8 Finally, my special thanks to Veronica Douglas, and Dr. Glenn Pettifer who were the staff leads through this assessment, and to President Terri Strawn and all members of the CDHO Council who took time out of their busy schedules to meet with me and share their invaluable perspectives- their collective contribution to this assessment process is acknowledged, and much appreciated.

⁵ see Annex 1, Cayton Report to the Law Society of British Columbia, December 2021

5. Identified Opportunities

5.1 The Council of the CDHO should consider undertaking a comprehensive review of its current governance model and practices

5.2 To better ensure that the Council demonstrates its clear and unremitting focus on the public interest, the following steps are suggested:

- Continue including a 'Public Interest Rationale' paragraph in all policies and reports put before Council for its consideration.
- Further include the 'Public Interest Rationale' in the minutes of Council meetings as evidence that the public interest factored into Council's consideration of a respective matter and how.
- Include the question "*Where is the public interest rationale for considering this matter/making this decision?*" as a standing item in the President/Chair notes for all matters put before Council for its consideration, to ensure public interest is evidently at the forefront of Council's discussions and decisions.

5.3 Council should continue to strengthen its current onboarding processes for new members of Council through the establishment of a more consistently delivered, and structured mentoring program.

5.4 Council should publicly consider, identify, and document potential risks/risks of harm that may arise from, and be addressed or mitigated through, its respective deliberations and decisions.

5.5 Council should consider developing an annual performance report, based on common themes arising from a collation of feedback collected from the Council Evaluation surveys from the previous year's meetings and an agreed action plan should be established by Council to address identified opportunities for improvement over the coming year.

Appendix 1

CDHO Council Training Sessions, 2022

| Date | Topic | Presenter |
|---|---|--|
| January 14, 2022 | New Member Orientation (only new members attended) | Dr. Glenn Pettifer and Caroline Lotz (Council President) |
| January 21, 2022 | Conflict of Interest and Confidentiality | Rebecca Durcan, SML |
| | Regulation/RHPA | Richard Steinecke, SML |
| February 25 th 2022 Workshop | Current, Important Topics in Professional Regulation | Rebecca Durcan, SML |
| | Diversity and Inclusion (Unconscious Bias) | Canadian Centre for Diversity and Inclusion (CCDI) |
| | Governance Reform and Regulatory Modernization: Ministry of Health Consultation | Dr. G. Pettifer and Julie Maciura, SML |
| March 4 ^h , 2022 Meeting | Risk-Based Regulation | Rebecca Durcan, SML |
| June 2, 2022 | New Member Orientation (only 1 new member attended) | Dr. Glenn Pettifer and Terri Strawn (Council President) |
| June 9, 2022 Workshop | Ownership Linkage Committee Overview | T. Strawn (Council President) and C. Grbac |
| | Guidelines for Reviewing Policies with an Inclusion Focus | Michael Bach, CCDI |
| | Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies | Harmony Johnson |
| June 10, 2022 Meeting | Third-Party Assessment | Deanna Williams |
| September 9, 2022 Workshop | Third-Party Assessment | Deanna Williams |
| | Indigenous Inclusion | Roy Pogorzelski, CCDI |
| September 16, 2022 Meeting | No Board Education on the agenda | |
| December 1, 2022 Workshop | Land Acknowledgment | Christine Luckasavitch |
| | Bias and Noise | Rebecca Durcan, SML |
| | | Rebecca Durcan, SML |

| | | |
|---------------------------------|--|--|
| | <p>Roles and Responsibilities of Council Members</p> <p>CDHA and CNAR Conference Reports from Council Members who attended</p> | <p>Terri Strawn and Carla Grbac (CDHA Summit)</p> <p>Terri Strawn and Vanessa Pereira (CNAR)</p> |
| <p>December 2, 2022 Meeting</p> | <p>Inequality in Access to Oral Health Care</p> <p>Quality Assurance Strategic Planning</p> | <p>Dr. Catherine Carstairs</p> <p>Dr. Zubin Austin</p> |

Appendix 2

March 4, 2022 Council Meeting Feedback - Copy

Last Modified: Tuesday, June 7, 2022, 3:12 PM

 Add Question

 1. Are you a Public or Elected/Selected Member? 

- Public Member
- Elected/Selected

 2. The agenda and supporting documents were provided in sufficient time to allow me to prepare for the meeting. 

- Agree
- Disagree

 3. If you've selected 'disagree', please explain why. 

 4. The information provided was clear, concise, and complete. 

- Agree
- Disagree

 5. If you've selected 'disagree', please explain why. 

 6. I felt comfortable seeking clarification on agenda items from committee chairs or administration to ensure I was fully prepared for the meeting. 

- Agree
- Disagree
- N/A

 7. If you've selected 'disagree', please explain why. 

 8. The agenda was appropriate and topics were relevant to the mission and goals of the CDHO. 

- Agree
- Disagree

☰ 9. If you've selected 'disagree', please explain why. ⋮

☰ 10. Items were clearly identified for information, discussion or decision. ⋮
 Agree
 Disagree

☰ 11. If you've selected 'disagree', please explain why. ⋮

☰ 12. All Council members were adequately prepared for the meeting. ⋮
 Agree
 Disagree

☰ 13. If you've selected 'disagree', please explain why. ⋮

☰ 14. Appropriate information/evidence was available to support informed decisions. ⋮
 Agree
 Disagree

☰ 15. If you've selected 'disagree', please explain why. ⋮

☰ 16. All items identified on the agenda were addressed. ⋮
 Agree
 Disagree

☰ 17. If you've selected 'disagree', please explain why. ⋮

☰ 18. The Chair encouraged expression of all Council members. ⋮
 Agree
 Disagree

☰ 19. If you've selected 'disagree', please explain why. ⋮

☰ 20. The Chair recognized and addressed issues of potential conflict of interest. ⋮
 Agree
 Disagree

☰ 21. If you've selected 'disagree', please explain why. ⋮

☰ 22. Council members treated one another and staff with self respect and cooperation and the willingness to deal openly on all matters. ⋮
 Agree
 Disagree

☰ 23. If you've selected 'disagree', please explain why. ⋮

☰ 24. Time was used effectively and discussions were focused. ⋮
 Agree
 Disagree

☰ 25. If you've selected 'disagree', please explain why. ⋮

☰ 26. As a Council member, I felt comfortable expressing my opinions. ⋮
 Agree
 Disagree

☰ 27. If you've selected 'disagree', please explain why. ⋮

☰ 28. Items discussed fell within the roles and responsibilities of Council. ⋮
 Agree
 Disagree

☰ 29. If you've selected 'disagree', please explain why. ⋮

≡ 30. Council applied rules of procedure and proper conduct for the meeting so that Council decisions were made in an efficient, knowledgeable, and expeditious fashion. ⋮

- Agree
- Disagree

≡ 31. If you've selected 'disagree', please explain why. ⋮

≡ 32. CDHO Council meetings follow a clear and transparent meeting process. ⋮

- Agree
- Disagree

≡ 33. If you've selected 'disagree', please explain why. ⋮

≡ 34. The meeting structure and leadership encouraged the right amount of participation. ⋮

- Agree
- Disagree

≡ 35. If you've selected 'disagree', please explain why. ⋮

≡ 36. Council members conducted themselves in a manner which is ethical, business-like, and lawful and upholds the reputation of the CDHO. ⋮

- Agree
- Disagree

≡ 37. If you've selected 'disagree', please explain why. ⋮

≡ 38. Do you have any additional comments? ⋮

- Abstain
- or —

Criteria for Council effectiveness that guided this assessment:

1. The Council demonstrates a clear commitment to, and focus on, the public interest.
2. The Council works well together and behaves with courtesy and respect.
3. Respective roles and responsibilities are clear and respected, and the Council is confident in its leadership.
4. Meetings are well run and effectively chaired.
5. The Council assures a desired blend of skills and competence in its members.
6. The Council has a sound process for identifying and reviewing risks.
7. The Council demonstrates accountability and strives to improve its own effectiveness.
8. The Council demonstrates a commitment to principles of diversity, equity and inclusion and transparency.

Individuals who participated in this assessment:Members of CDHO Council:

Michelle Atkinson
Loree Beniuk
Erin Betts
Maheen Cassim
Anne-Marie Conaghan
Jennifer Cooper
Pella Giabanis
Carla Grbac
Alex Greco
Farzana Hussain
Martin Iyamabo
Megan Leuprecht
Caroline Lotz
Angelica Palantzas
Vanessa Pereira
Sasha Sidhu
Terri Strawn
Margaret Wade
Jacqueline White
Mary Yeomans

Members of CDHO Staff:

Dr. Glenn Pettifer
Jane Keirs
Suzanne Fox
Eric Bruce

Appendix 5

About the Reviewer

Deanna Williams BScPhm, R.Ph, CAE, C.Dir is known nationally and internationally for her work in professional and occupational regulation. Deanna assumed her first regulatory leadership role at the Ontario College of Pharmacists, Canada's largest pharmacy regulatory authority, retiring as its Registrar in 2011. The Minister of Health and Long-Term Care appointed Deanna as Supervisor to the College of Denturists of Ontario during the loss of its regulatory privileges in 2012 and 2013 and she was also appointed as inaugural Risk Officer, for the Retirement Homes Regulatory Authority (RHRA) in 2014, serving in this role through 2018.

Since 2011, Deanna has provided consulting services in areas relating to professional and occupational regulation in Canada, the US and abroad through Dundee Consulting Group Ltd. In 2017-2018 Deanna served as Expert Technical Advisor to Ontario's Minister of Health and Long-Term Care, providing advice on best regulatory practices across professions and international jurisdictions, with a particular focus on processes for complaints, investigations and discipline related to the sexual abuse of patients by regulated health care practitioners.

Deanna has conducted external regulatory performance and governance reviews for both health and non-health regulators, independently and in collaboration with Harry Cayton.

Deanna was recognized by the international regulatory community in 2010 as the recipient of the CLEAR International Award for Regulatory Excellence, and in 2019, as the recipient of the CLEAR Lifetime Achievement Award. Deanna received her designation as a Certified Association Executive (CAE) from the Canadian Society of Association Executives (CSAE) and her Corporate Director (C. Dir.) designation from the Chartered Director program, DeGroote School of Business, McMaster University. She has served on the Finance and Audit Committee of the University of St Michael's College, University of Toronto and the Board of Directors of Haldimand War Memorial Hospital and currently serves as a director on the Board of the Vistana Spas Condominium Association, in Orlando Florida and on the Board of Joseph Brant Hospital in Burlington, ON.

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
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Telephone: 416 212-5494

Ministère de la Santé

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

Téléphone : 416 212-5494



June 1, 2023

MEMORANDUM TO: Registrars and Executive Directors

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

RE: Ontario Regulation 508/22 (Registration Requirements) made
under the *Regulated Health Professions Act, 1991* (RHPA)

As a follow up to my December 14, 2022, memo, I want to thank the Colleges for submitting your Emergency Class regulation proposals to the Ministry. I know this required great effort to quickly draft regulations, launch consultations and, in some cases, schedule special Council meetings. Your efforts will help Ontario's health system facilitate quicker registration to help safeguard the health workforce supply in the event of future emergencies.

A number of Colleges have taken the opportunity to make additional amendments to their registration practices and to remove additional registration barriers. In order to meet the August 31, 2023 deadline for the Emergency Class regulations, the Ministry will only be proceeding with the Emergency Class provisions at this time.

The remaining proposals will be brought forward beginning this Fall. I would ask for your patience as these will take some time to work through, given the complexity of some of the proposed changes. However, you have my commitment that we will process these other proposals as expeditiously as possible.

Thank you for your continued involvement and cooperation during this process. You may contact Allison Henry and her team should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Karima Velji". The signature is stylized and includes a horizontal line extending to the right.

Dr. Karima Velji

c: Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Nursing and Professional Practice Division, Ministry of Health

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www.ola.org

ITEM 4.1.27

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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: Third Reading Vote

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

| Date | Bill stage | Event | Outcome | Committee |
|-------------------|----------------|--|---------------------|-------------------------------------|
| May 8, 2023 | Third Reading | Vote | Carried on division | - |
| May 8, 2023 | Third Reading | Closure | Carried on division | - |
| April 27, 2023 | Third Reading | Moved closure | Vote deferred | - |
| April 27, 2023 | Third Reading | Debated | - | - |
| April 27, 2023 | Third Reading | Debated | Debate adjourned | - |
| April 26, 2023 | Third Reading | Debated | Debate adjourned | - |
| April 6, 2023 | Third Reading | Debated | Debate adjourned | - |
| April 5, 2023 | Second Reading | Ordered for Third Reading | - | - |
| April 5, 2023 | Second Reading | Reported as amended | - | Standing Committee on Social Policy |
| April 4, 2023 | Second Reading | Consideration of a Bill | - | Standing Committee on Social Policy |
| March 27, 2023 | Second Reading | Consideration of a Bill | - | Standing Committee on Social Policy |
| March 21, 2023 | Second Reading | Consideration of a Bill | - | Standing Committee on Social Policy |
| March 20, 2023 | Second Reading | Consideration of a Bill | - | Standing Committee on Social Policy |
| 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 | Debate adjourned | - |
| February 22, 2023 | Second Reading | Debated | Debate adjourned | - |
| February 22, 2023 | Second Reading | Debated | Debate adjourned | - |
| February 21, 2023 | First Reading | Vote | Carried | - |

Was this page helpful?



1ST SESSION, 43RD LEGISLATURE, ONTARIO
1 CHARLES III, 2023

Bill 60

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

The Hon. S. Jones
Minister of Health

Government Bill

| | |
|--------------|-------------------|
| 1st Reading | February 21, 2023 |
| 2nd Reading | March 1, 2023 |
| 3rd Reading | |
| Royal Assent | |

*(Reprinted as amended by the Standing Committee on Social Policy
and as reported to the Legislative Assembly April 5, 2023)*

(The provisions in this bill will be renumbered after 3rd Reading)



This reprint of the Bill is marked to indicate the changes that were made in Committee.
The changes are indicated by underlines for new text and a ~~strikethrough~~ for deleted text.

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.

From: Jo-Ann Willson
Sent: June 12, 2023 4:48 PM
To: Rose Bustria
Subject: FW: ADM Memo Bill 60 Regulations
Attachments: ADM Memo On Bill 60 Regulations June 2023.pdf

Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
 Registrar & General Counsel
College of Chiropractors of Ontario
 59 Hayden Street, Suite 800
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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: Office of the Chief of Nursing and Professional Practice (MOH) <chiefnursing@ontario.ca>
Sent: Monday, June 12, 2023 4:03 PM
To: gpettifer@cdho.org; dfaulkner@rcdso.org; jrigby@cdto.ca; RTom-Ying@denturists-cdo.com; melanie.woodbeck@collegeofdietitians.org; basil.ziv@collegeofhomeopaths.on.ca; nancy.leris@coko.ca; maureen.boon@cmto.com; john.tzountsouris@cmlto.com; pree.tyagi@cmrito.org; k.dobbin@cmo.on.ca; andrew.parr@collegeofnaturopaths.on.ca; scrawford@cnomail.org; elarney@coto.org; fkhan@collegeofopticians.ca; JJamieson@collegeoptom.on.ca; stanchak@ocpinfo.com; nwhitmore@cpsy.on.ca; croxborough@collegept.org; tdebono@cpo.on.ca; d.adams@crpo.ca; hamp@crto.on.ca; Ann.Zeng@ctcmpao.on.ca; boriordan@caslpo.com; Registrar@cocoo.on.ca; Jo-Ann Willson <jwillson@cco.on.ca>
Cc: Velji, Karima (MOH) <Karima.Velji@ontario.ca>; Henry, Allison (She/Her) (MOH) <Allison.Henry@ontario.ca>
Subject: ADM Memo Bill 60 Regulations

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 Registrars and Executive Directors,

Please see the attached memo regarding Bill 60 Regulations to operationalize the legislation which are now posted on the government's Regulatory Registry.

633

Regards,

Dr. Karima Velji, RN, PHD, CHE, FCAN
Pronouns (She/Her)
Chief of Nursing and Professional Practice
Assistant Deputy Minister of Health
Ministry of Health
777 Bay Street, 19th Floor, Toronto, M7A 2J3
Email: Karima.Velji@ontario.ca
Cell: 647-534-4874

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sous-ministre adjoint
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Toronto ON M7A 2J3

Téléphone : 416 212-5494



634

June 12, 2023

MEMORANDUM TO: Registrars and Executive Directors

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

RE: Bill 60 Regulations

As you may be aware, Bill 60, *Your Health Act, 2023*, received Royal Assent on May 18, 2023. Regulations to operationalize the legislation are now posted on the government's Regulatory Registry. You may find the regulations at the links below:

<https://www.ontariocanada.com/registry/view.do?postingId=44708&language=en>

<https://www.ontariocanada.com/registry/view.do?postingId=44709&language=en>

<https://www.ontariocanada.com/registry/view.do?postingId=44707&language=en>

If you have any questions, please contact Allison Henry at Allison.Henry@ontario.ca. You are also encouraged to provide your comments on the regulations via the Registry. The postings will close on July 9, 2023.

Thank you,

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

Dr. Karima Velji

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

From: Jo-Ann Willson
Sent: June 12, 2023 11:15 AM
To: Rose Bustria
Subject: FW: "As of Right" Regulatory Registry Posting
Attachments: ATT00001.txt

Council.

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

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Monday, June 12, 2023 9:41 AM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Cc: John Tzountzouris <john.tzountzouris@cmlto.com>
Subject: [Registrars] "As of Right" 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.

Hi All:

The Ministry forwarded the following link to the Colleges who have their individual professions' Acts affected by the regulation.

[Proposed Regulatory Amendments to Allow Out-Of-Province Regulated Health Professionals to Temporarily Practice in Ontario Without Registration with an Ontario Regulatory College \(ontariocanada.com\)](#)

Comments are due on July 9th.

We'll add this to tomorrow's Board Bi-Weekly Check-In.

636

Take care!!

Beth Ann



Beth Ann Kenny, Executive Director

Health Profession Regulators of Ontario (HPRO)

301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0

Email: bakenny@regulatedhealthprofessions.on.ca

Web: www.regulatedhealthprofessions.on.ca

Phone: 416-493-4076 / Fax: 1-866-814-6456

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Regulation - LGIC**Proposed Regulatory Amendments to Allow Out-Of-Province Regulated Health Professionals to Temporarily Practice in Ontario Without Registration with an Ontario Regulatory College****637****Regulation Number(s):**

TBC

Instrument Type:

Regulation - LGIC

Bill or Act:

Medicine Act, 1991 and as below

Summary of Proposal:**Main Regulations:**

Regulations under the Medical Laboratory Technology Act, 1991, Medicine Act, 1991, Nursing Act, 1991, and Respiratory Therapy Act, 1991, to permit out-of-province regulated health professionals (OPRHPs) to use the protected titles and hold themselves out to be competent to practise their respective professions, subject to conditions, which include:

1. The person is registered with a regulatory authority in a Canadian jurisdiction, other than Ontario, and holds in that jurisdiction the equivalent of a certificate of registration authorizing independent practice in Ontario.
2. A regulatory authority in a Canadian jurisdiction has not refused to grant the person a certificate of registration in the profession within the last two years.
3. A finding of professional misconduct, incompetence or incapacity has not been made against the person as a result of a proceeding.
4. The person must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding.
5. In Ontario, the person only provides services in public hospital or long-term care home.
6. The person has submitted to the college an application for a certificate of registration prior to providing professional services.

OPRHPs would lose the exemption under select circumstances, including:

1. The person has not been issued a certificate of registration by the college within 6 months after the person first began to provide professional services in Ontario.

Regulatory amendments to Ontario Regulation 246/22 under the Fixing the Long-Term Care Act to enable out-of-province (OOP) physicians, registered nurses, nurse practitioners (NPs), registered practical nurses, and respiratory therapists to provide services in long-term care homes.

Per subsections 194 (1) to (5) of the Fixing the Long-Term Care Act, the text of the proposed regulation can be found here (INSERT LINK).

Supporting Regulations:

1. Commitment to the Future of Medicare Act, 2004: to prohibit extra billing from OOP physicians and to include OOP physicians and NPs in the reporting requirements related to queue jumping.
2. Gift of Life Act: To make the rules and authorities that apply to physicians under the Gift of Life Act applicable to OOP physicians.
3. Healing Arts Radiation Protection Act: to enable OOP physicians and nurse practitioners to order x-rays.
4. Health Protection and Promotion Act: To require OOP physicians and nurses to report diseases of public health significance to medical officers.
5. Health Insurance Act: To include OOP physicians and NPs in definitions for compensation and reporting purposes.
6. Laboratory and Specimen Collection Centre Licensing Act: To permit OOP physicians and certain nurses to requisition or perform certain laboratory services. To permit OOP medical laboratory technologists to work in a laboratory.
7. Narcotics Safety and Awareness Act, 2010: To designate OOP physicians and NPs as "prescribers" and "dispensers"
8. Ontario Medical Association Dues Act, 1991: To enable the collection of OMA dues from OOP physicians.
9. Public Hospitals Act: To enable OOP physicians and nurses to provide professional services in a hospital.
10. Regulated Health Professions Act, 1991: To enable OPRHPs access to controlled acts and to enable OOP physicians to use the "doctor" title.

Analysis of Regulatory Impact:

To practice in Ontario, individuals from other Canadian jurisdictions must register with the applicable Ontario health regulatory College to practice. While the Canadian Free Trade Agreement (CFTA) allows for expedited mobility between jurisdictions, there remain certain administrative barriers associated with the registration process (e.g., validating credentials, assessing for competence) that can take a significant amount of time and delay an individual's ability to work immediately.

The proposed regulatory amendments are focused on eliminating barriers to registration for the selected OPRHPs to allow for expedited employment in hospitals and long-term care homes. While waiting for their application to be assessed, these professionals will be able to begin working immediately.

If approved, the proposed regulations would result in increased capacity in Ontario's hospitals and long-term care homes. This would help reduce staffing shortages, burnout, and long wait times for health services to provide more

comprehensive health care services for Ontarians. Additionally, the proposed regulations could pave the way for future initiatives such as a national approach to registration.

Further Information:**638**

Bill 60: Your Health Act, 2023



CFTA Chapter 7 (Labour Mobility) (Download Adobe Reader)



Draft Regulation - NSAA (Download Adobe Reader)



Draft Regulation - Medicine Act (Download Adobe Reader)



Draft Regulation - Nursing Act (Download Adobe Reader)



Draft Regulation - MLTA (Download Adobe Reader)



Draft Regulation - RTA (Download Adobe Reader)

Draft Regulation - FLTA (Download Adobe Reader)

Proposal Number:

23-HLTC042

Posting Date:

June 9, 2023

Comments Due Date:

July 9, 2023

Contact Address:

Health Workforce Regulatory Oversight Branch, 438 University Ave, 10th Floor, Toronto, ON M7A 1N3

Comment on this proposal via email

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Ontario passes health-care bill allowing private clinics to conduct more surgeries



Katherine DeClerq, CTV News Toronto Multi-Platform Writer
@KateDeClerq

ITEM 4.1.29

639

Published Monday, May 8, 2023 12:15PM EDT

Last Updated Monday, May 8, 2023 12:15PM EDT

The Ontario government has passed a bill allowing more private clinics to conduct OHIP-covered surgeries as advocates warn of potential legal action.

Bill 60, also known as the *Your Health Act*, was passed by the Doug Ford government Monday at Queen's Park and will go into effect once it receives Royal Assent.

The legislation was first tabled in February by Health Minister Sylvia Jones, who argued it was necessary to reduce the province's large surgical backlog.

"People should not have to wait for months for diagnosis, and if necessary, surgeries," Jones said on Feb. 21.

Under the bill, both for-profit and not-for-profit clinics will be allowed to conduct cataract surgeries, MRI and CT scans, minimally invasive gynecological surgeries and, eventually, knee and hip replacements under the Ontario Health Insurance Plan.

The legislation was met with immediate backlash from advocates and experts concerned about oversight, staffing and upselling.

The province's official opposition has repeatedly said the plan will result in a two-tiered system leading some patients to "jump to the front of the line."

"Today is a sad day, a day that will go down in history of our province as the day that the Ford government delivered a fatal blow to work treasured Medicare," NDP Health Critic France Gelinas told reporters Monday morning ahead of the vote.

"Today this Conservative government will say goodbye to care based on needs and come on in to investors who wants to make money off of the backs of sick people."

The NDP has said it presented 74 amendments to the *Your Health Act* in committee, but none were accepted or even considered by the Doug Ford government.

"They did not engage in discussion. I would say they did not even listen to what we were saying," Gelinas said.

A [revised version of the legislation](#) shows only one change, and it appears technical in nature.

The legislation, also known as Bill 60, specifies that a physician at a private clinic shall not turn a patient away for choosing to pay with their OHIP card.

Some experts have previously told CTV News Toronto that allowing private clinics to perform more procedures does have the potential to help relieve some of the pressure being put on province's health-care system; however they also suggested that a plan for staffing, as well as transparent funding and oversight, will be necessary.

The province has said it will designate "expert organizations" to work with Ontario Health and the Ministry of Health to ensure quality and safety standards are met at every clinic. The director of this third-party or the ministry may issue an inspection of a facility if necessary.

The Ontario Health Coalition, which advocates for publicly-funded health care while representing more than 500 member organizations and individuals, has said this oversight is not enough to combat what they have previously called "manipulative upselling" at private clinics.

"Before they brought in the legislation, Doug Ford said that they had guardrails, and they will they will be protecting against all sorts of things," Natalie Mehra, executive director of the Ontario Health Coalition, told reporters.

The coalition released a compilation of testimonies from patients in February that revealed instances in which people were forced to pay out of pocket for procedures that should be covered under their insurance.

In some instances, patients said they were urged to get upgraded lenses, told they had to incur the costs of eye measurements, and invoiced for contrast dye needed for imaging.

PHOTOS



Ontario Premier Doug Ford leaves an announcement on healthcare in the province in Toronto, Monday, Jan. 16, 2023. THE CANADIAN PRESS/Frank Gunn

Mehra warned they will be filing a formal complaint to both the provincial and federal government, and that further legal action may be possible following the passing of Bill 60.

640

"If you think you're going to set up shop here and charge OHIP and charge patients on top, you have another thing coming."

While the *Your Health Act* docs say that all private clinics will need to show they have a staffing model in place that won't detract from other facilities, experts and unions say they remain concerned that staff will leave the public sector in exchange for better hours or pay at a private clinic.

"The idea is good, but there's still there's a tremendous lack of human resources to be able to sort of pull this one off," Doug Angus, professor emeritus at the University of Ottawa's Telfer School of Management the University of Ottawa, told CTV News Toronto in January.

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- [Katherine DeClerq](#)
- CTV News Toronto Multi-Platform Writer
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Published May 8, 2023 12:09 p.m. EDT

The Ontario government has passed a bill allowing private clinics to conduct more OHIP-covered surgeries as advocates warn of potential legal action.

Bill 60, also known as the *Your Health Act*, was passed by the Doug Ford government Monday at Queen's Park and will go into effect once it receives Royal Assent.

The legislation was [first tabled](#) in February by Health Minister Sylvia Jones, who argued it was necessary to reduce the province's large surgical backlog.

"People should not have to wait for months for diagnosis, and if necessary, surgeries," Jones said on Feb. 21.

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- Ontario releases 3-step plan to invest in private care to reduce surgical backlog

Under the bill, both for-profit and not-for-profit clinics will be allowed to conduct cataract surgeries, MRI and CT scans, minimally invasive gynecological surgeries and, eventually, knee and hip replacements under the Ontario Health Insurance Plan.

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The legislation was met with immediate backlash from advocates and experts concerned about oversight, staffing and upselling.

The province's official opposition has repeatedly said the plan will result in a two-tiered system leading some patients to "jump to the front of the line."

"Today is a sad day, a day that will go down in history of our province as the day that the Ford government delivered a fatal blow to our treasured Medicare," NDP Health Critic France Gelinas told reporters Monday morning ahead of the vote.

"Today this Conservative government will say goodbye to care based on needs and come on in to investors who wants to make money off of the backs of sick people."

The NDP has said it presented 74 amendments to the *Your Health Act* in committee, but none were accepted or even considered by the Doug Ford government.

"They did not engage in discussion. I would say they did not even listen to what we were saying," Gelinas said.

A [revised version of the legislation](#) shows only one change, and it appears technical in nature.

The legislation, also known as Bill 60, specifies that a physician at a private clinic shall not turn a patient away for choosing to pay with their OHIP card.

Some experts have previously told CTV News Toronto that allowing private clinics to perform more procedures does have the [potential to help relieve some of the pressure](#) being put on province's health-care system; however they also suggested that a plan for staffing, as well as transparent funding and oversight, will be necessary.

- **MORE: [Will Doug Ford's health-care plan work? Here's what experts say](#)**

The province has said it will designate "expert organizations" to work with Ontario Health and the Ministry of Health to ensure quality and safety standards are met at every clinic. The director of this third-party or the ministry may issue an inspection of a facility if necessary.

The Ontario Health Coalition, which advocates for publicly-funded health care while representing more than 500 member organizations and individuals, has said this oversight is not enough to combat what they have previously called [“manipulative upselling” at private clinics](#).

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The coalition released a compilation of testimonies from patients in February that revealed instances in which people were forced to pay out of pocket for procedures that should be covered under their insurance.

In some instances, patients said they were urged to get upgraded lenses, told they had to incur the costs of eye measurements, and invoiced for contrast dye needed for imaging.

Mehra warned they will be filing a formal complaint to both the provincial and federal government, and that further legal action may be possible following the passing of Bill 60.

“If you think you’re going to set up shop here and charge OHIP and charge patients on top, you have another thing coming.”

While the *Your Health Act* does say that all private clinics will need to show they have a staffing model in place that won’t detract from other facilities, experts and unions say they remain concerned that staff will leave the public sector in exchange for better hours or pay at a private clinic.

“The idea is good, but there's still there's a tremendous lack of human resources to be able to sort of pull this one off,” Doug Angus, professor emeritus at the University of Ottawa’s Telfer School of Management the University of Ottawa, [told CTV News Toronto in January](#).

John Fraser, interim Liberal leader, reiterated this in a statement issued Monday, saying the health-care system as it stands now is under stress and needs more support.

“What should be of great concern to all Ontarians is that the government’s solution to the healthcare human resources crisis – which will be the biggest ongoing challenge in this province for some time to come – is to set up a parallel system that will compete for the nurses, doctors, and frontline workers that our hospitals and long-term care homes desperately need,” Fraser said.

“There should be only one shareholder when it comes to our healthcare system, and that’s the patient.”

The province has said there are more than 200,000 people in Ontario waiting for surgical procedures.

ITEM 4.1.30

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante



April 27, 2023

Robyn Gravelle Michelutti

Dear Robyn Gravelle Michelutti:

I would like to take this opportunity to thank you for the time and effort you have given while serving on the Council of the College of Chiropractors of Ontario.

Your commitment as a member of the council has been invaluable and the work you have done has left a lasting impact on all Ontarians. I truly appreciate your contribution and I hope you have found your tenure both challenging and rewarding.

Please accept my best wishes. I hope that you will continue to offer your time and talent in serving the people of Ontario.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones'.

Sylvia Jones
Deputy Premier and Minister of Health

c: Registrar

Rose Bustria

From: College of Chiropractors of Ontario <cco.info+cco.on.ca@ccsend.com>
Sent: April 27, 2023 3:50 PM
To: Rose Bustria
Subject: A Message From CCO's New President - April 27, 2023

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

A Message From CCO's New President - April 27, 2023

When I reflect on the journey that has led me to the presidency of CCO, I am both humbled and grateful. I have been a chiropractic patient since the age of 7, and over many years our family chiropractor helped me overcome knee problems, ankle injuries, low back pain and debilitating headaches.

As a practitioner and co-owner (along with my husband) of Elmira Family Chiropractic, I manage a thriving practice imbued with small-town values: integrity, respect, transparency and decency. Chiropractic has transformed my life, and I remain deeply committed to continuing to do all I can to serve the public interest, and to ensure that Ontarians have access to competent and ethical chiropractic care.

Over the past three years on Council, I have had the pleasure of serving on the Executive Committee -- most recently as Vice-President -- and as chair of the Inquires, Complaints and Reports Committee. I have approached the often challenging business of Council with an open mind, listened respectfully to all presented points of view, and carefully considered context and pertinent data and information without bias. My experience of procedure and policy-making on Council has been invaluable, as has been the ongoing orientation and training in governance best-practices, chairing, and regulation we have received as directors.

Still, I do not take the transition to the office of President, and all its attendant duties, lightly. As a mother of three young children, business owner, and dedicated healthcare provider, I balance these responsibilities with what I believe is a clear-eyed professionalism, a high degree of organization, and plain old-fashioned hard work. I am also aware that I am the first female President in the history of CCO, and while I recognize the significance of this, I am sure I will not be the last.

I am looking forward to working with all of Council and its committees over this next term to continue the excellent progress that's been made toward strengthening CCO's governance and delivering on our strategic objectives. I see a large part of the planning work and goal-setting at Executive Committee continuing to be informed by the Ministry's College Performance Measurement Framework (CPMF), and the efforts of CCO to meet or exceed these benchmarks. Especially where there is a focus on the evaluation of the effectiveness of Council and committees, to obtain feedback on our strengths and weaknesses and how we can improve as an organization. I believe it is beholden on us to deepen CCO's stakeholder relationships, and to clearly communicate how the decisions of Council best reflect the public interest.

Now that our new committee roles have been set (please see the [accompanying announcement](#)), I would like to thank CCO's Nominating Working Group for their comprehensive and detailed guidance to Council. The group reviewed all relevant CCO by-laws and best practices derived from the CPMF and several other colleges, and identified specific competencies required of nominees to Executive and other committees – ranging from seven to 27 competencies, depending on the committee. The Nominating Working Group's rationales were instrumental in the nominating process. A big welcome to all new and returning committee members as we embrace our roles for the new term!

I would also like to offer my heartfelt appreciation to outgoing CCO President Dennis Mizel for his leadership over the previous term(s), and his personal availability and mentorship during my time as Vice-President. Fortunately, we will be continuing our collaboration as he now takes on the newly vacated role of Vice-President.

Thinking back on my time on Council, I am struck by how much positive change was accomplished despite the obvious challenges of the pandemic response which coloured the first two-and-a-half years of that term. Our ability to meet again in person, particularly in the context of our strategic planning meetings and AGMs, has been a wonderful opportunity to connect with colleagues and deepen our conversations about priorities. CCO Council and staff are genuinely passionate about the College's public interest mandate, and I am thrilled to be working together to build upon this momentum and am feeling very optimistic about where we are headed in future.

Sincerely,



Dr. Sarah Green
CCO President



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

[Unsubscribe bustria@cco.on.ca](mailto:bustria@cco.on.ca)

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Sent by cco.info@cco.on.ca powered by



Subject: FW: A Message From CCO's New President - April 27, 2023

From: Barbara Smith
Sent: Thursday, April 27, 2023 3:55 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: A Message From CCO's New President - April 27, 2023

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Amazing, thanks for sharing and doing all you do for our profession.
I really appreciate it!
Sincerely,
Dr Barbara J Smith

On Thu, Apr 27, 2023, 3:50 PM College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:



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

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Over the past three years on Council, I have had the pleasure of serving on the Executive Committee -- most recently as Vice-President -- and as chair of the Inquires, Complaints and Reports Committee. I have approached the often challenging business of Council with an open mind, listened respectfully to all

Subject: FW: A Message From CCO's New President - April 27, 2023

From: john clubb
Sent: Thursday, April 27, 2023 6:32 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: A Message From CCO's New President - April 27, 2023

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A great message from the new account! So proud of her.

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From: College of Chiropractors of Ontario <cco.info@cco.on.ca>
Sent: Thursday, April 27, 2023 3:50:17 PM
To: docclubb@hotmail.com <docclubb@hotmail.com>
Subject: A Message From CCO's New President - April 27, 2023



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

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Subject: FW: A Message From CCO's New President - April 27, 2023

From: Courtney Gray
Sent: Thursday, April 27, 2023 7:05 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: A Message From CCO's New President - April 27, 2023

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Congratulations Sarah! We are so lucky to have you!

On Thu, Apr 27, 2023 at 3:50 PM College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:



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

A Message From CCO's New President - April 27, 2023

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Subject: FW: A Message From CCO's New President - April 27, 2023

652

From: john clubb
Sent: Thursday, April 27, 2023 6:32 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: A Message From CCO's New President - April 27, 2023

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From: College of Chiropractors of Ontario <cco.info@cco.on.ca>
Sent: Thursday, April 27, 2023 3:50:17 PM
To: docclubb@hotmail.com <docclubb@hotmail.com>
Subject: A Message From CCO's New President - April 27, 2023



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

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Rose Bustria

Subject: FW: A Message From CCO's New President - April 27, 2023

653

From: Shelly S.
Sent: Friday, April 28, 2023 10:50 AM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: A Message From CCO's New President - April 27, 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.

Hi Dr. Green,

Thank you for this lovely email. Congratulations on your role as president of CCO and the first female president indeed.

I am also mother of three kids (ages 5, 6.5, 9.5, all boys), and have been practicing since 2013. I know first hand how some days can be challenging, but I find a way to manage everything and get through the day, and I'm sure you've had some rough, yet productive days, to get to where you are today.

It's great to hear that women now have more prominent roles in our profession, both in practice and in leadership roles such as yourself.

All the best to you.

Shabnam (Shelly) Sadr

- Sent from iPhone

On Apr 27, 2023, at 15:50, College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:



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

A Message From CCO's New President - April 27, 2023

Subject: FW: A Message From CCO's New President - April 27, 2023

From: gauri shankar
Sent: Saturday, April 29, 2023 2:14 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: A Message From CCO's New President - April 27, 2023

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Congratulations Dr. Green, you will be a great President.

Dr Gauri Shankar

Sent from my Bell Samsung device over Canada's largest network.

From: College of Chiropractors of Ontario <cco.info@cco.on.ca>
Sent: Thursday, April 27, 2023 3:50:14 PM
To: docshankar99@gmail.com <docshankar99@gmail.com>
Subject: A Message From CCO's New President - April 27, 2023



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

A Message From CCO's New President - April 27, 2023

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Subject:

FW: A Message From CCO's New President - April 27, 2023

From: Dr. Mizel

Sent: Monday, May 1, 2023 8:25 AM

To: cco.info <cco.info@cco.on.ca>

Subject: RE: A Message From CCO's New President - April 27, 2023

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Dr. Sarah Green

Congratulations on your election to President! You've worked very hard on your preparations for meetings which have been noticed by several. I am excited for this year to see where your leadership takes us. Your kind words in this message to me and the Nominations Working Group are appreciated. Thanks again for stepping up!

Dr. Dennis Mizel

Dennis Mizel, B.S., DC., FCCPDR

Vice President

College of Chiropractors of Ontario

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

Tel: (416) 922-6355

Fax: (416) 925-9610

E-mail: drmizel@stcatharineschiropractic.com

Web Site: www.cco.on.ca

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|

From: College of Chiropractors of Ontario <cco.info@cco.on.ca>

Sent: Thursday, April 27, 2023 3:51 PM

To: drmizel@stcatharineschiropractic.com

Subject: A Message From CCO's New President - April 27, 2023



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

May 4, 2023

ITEM 4.1.32

656



The Honourable Lisa M. Thompson
Minister of Agriculture, Food and Rural Affairs
77 Grenville Street, 11th Floor
Toronto, Ontario
M7A 1B3

Via e-mail (Lisa.Thompsonco@pc.ola.org) and mail

The College of Chiropractors of Ontario (CCO) and Regulation of the Chiropractic Care of Animals

Dear Minister:

CCO is responding to the recent Discussion Paper entitled “*A Proposal to Modernize the Veterinarians Act: Discussion Paper*” which was posted for consultation and feedback. Thank you for the opportunity to provide comments on this important initiative.

CCO is a regulatory body with a statutory mandate to regulate chiropractic in the public interest. CCO has 5,354 members, of which 129 members indicated on their 2023 renewal form that they provide animal chiropractic care consistent with CCO’s Standard of Practice S-009: Chiropractic Care of Animals (Appendix A attached).

By way of background, CCO has historically had many conversations, meetings and communications with the College of Veterinarians of Ontario (CVO) concerning the provision of chiropractic care to animals. I have attached some examples of communications with the CVO (Appendix B). Starting in 1998, I was involved in discussions with then Registrar, Dr. John Henry, CVO, about how to appropriately address the chiropractic care of animals, realizing that both chiropractors and veterinarians receive training in the chiropractic care of animals (often in joint programs), and the public interest required standards of practice in place to ensure public protection and in particular to ensure safe, competent and ethical chiropractic care to animals in Ontario. For CCO, like many regulators, standards of practice outline what is considered satisfactory performance of procedures by a member of the profession.

CCO Council approved S-009: Chiropractic Care of Animals (S-009) on April 25, 1998. S-009 makes it clear that the primary responsibility for the health care of animals is with registrants of the CVO, and that consent to the chiropractic care of animals must be fully informed and voluntarily given. To comply with S-009, CCO members are required to have successfully completed a program in animal chiropractic. Maintenance of separate office spaces are also required, although as you can appreciate there are instances in which the member goes directly to the animal to assess and treat conditions consistent with the chiropractic scope of practice.



S-009 has been reviewed annually since its approval by Council in 1998, with each revision intended to better protect the public. You will note from the document attached, that S-009 was amended February 19, 2008, December 4, 2015, and November 24, 2022. Amendments are based on recommendations from the Quality Assurance Committee and appropriate consultation. CCO's Quality Assurance Program includes an in-person peer assessment component which requires peer assessors to meet with members to ensure, in a proactive way, that members are complying with CCO's standards or practice, policies and guidelines.

In addition to a quality assurance program, CCO, like other regulators, has a complaints and discipline procedure designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *Regulated Health Professions Act, 1991*. Since approval of S-009, there has not been a complaint from any animal owner concerning the chiropractic care of their animal. In total, there have been five complaints involving animal chiropractic to CCO - two complaints were from the CVO, two complaints were from one chiropractor complaining against another, and one was from a veterinarian (without concern being expressed by the animal owner). All matters were addressed by CCO's Inquiries, Complaints and Reports Committee (formerly the Complaints Committee).

To summarize:

- There has been a standard of practice in place relating to the chiropractic care of animals since 1998;
- CCO has not received any complaints from the public about the chiropractic care of animals; complaints from others have been addressed by the ICRC;
- The Quality Assurance Program, and in particular the peer assessment component includes a review of all standards of practice, including S-009 to ensure members are practicing in a manner consistent with CCO's standards, policies and guidelines;
- CCO is committed to ongoing dialogue and collaboration with the CVO and other stakeholders to ensure public interest protection in the chiropractic care of animals;
- To date, animal owners have had the choice of where to receive chiropractic care for their animals, and many of them have chosen to receive chiropractic care from members of CCO as well as members of the CVO.

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We would be pleased to answer any questions or provide further input into your important task of revising and revising the *Veterinarians' Act*. I know the advocacy association for chiropractors in Ontario, namely the Ontario Chiropractic Association, has and will be making submissions on behalf of its members. CCO thinks it important that you also have the perspective of the regulator in terms of how the issues have been addressed to date, and what information is gathered and maintained by CCO consistent with its public interest mandate.

Jo-Ann Willson,

Registrar and General Counsel

- c. Ms Jan Robinson, Registrar, CVO
- Ms Caroline Brereton, CEO, OCA

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

APPENDIX B

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.



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



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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.

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Strengthening the veterinary profession through quality practice and public accountability.

Ms. Jo-Ann Willson
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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

June 9, 2009

Via e-mail, facsimile (1-519-824-6497) and courier

Ms Susan Carlyle
Registrar
College of Veterinarians of Ontario
2106 Gordon Street
Guelph, Ontario
N1L 1G6

Re: Comments from the College of Chiropractors of Ontario (CCO) on the College of Veterinarians of Ontario (CVO) Draft Position Statement entitled *The Practice of Complementary and Alternative Veterinary Medicine (Draft Position Statement)*

Dear Ms Carlyle:

I Introduction

Thank you for the opportunity to comment on the above noted document, and for the extension of time on which to file a response.

This correspondence is further to my correspondence dated October 21, 2008 (copy attached) and enclosures.

In summary, CCO's view is that the Draft Position Statement is inconsistent with the law of Ontario, public policy and the interests of the public. The Draft Position Statement appears to be based on an advocacy position for the purpose of expanding veterinarian jurisdiction, rather than the public interest.

II Background

CCO and CVO worked collaboratively for many years in addressing the issue of animal chiropractic. I set out the chronology in my correspondence dated October 21, 2008 (copy enclosed). CCO and CVO worked together between 1992 and 1999 to develop a joint approach regarding animal chiropractic. CCO Standard of practice, S-009: Chiropractic Care of Animals (copy enclosed) was approved by CCO Council in 1998, following an extensive consultation period with members and stakeholders. That consultation included six years of collaboration with CVO. S-009 was subsequently circulated to members and stakeholders and published on CCO's web site. Shortly thereafter, CVO passed a policy which included many of the same provisions as S-009. Since 1998, and in reliance on an agreed upon approach to the regulation of animal chiropractic, CCO members have been meeting the public demand for appropriate and effective chiropractic care of animals in accordance with S-009.

You notified me by way of a June 30, 2008 letter that the CVO Council was considering a Draft Position Statement and that, if it was approved, it would have a "significant" impact on CCO members, as any chiropractor would require a written referral from a licensed veterinarian prior to providing a chiropractic treatment to an animal. Absent a written referral, a chiropractor would be considered by the CVO to be engaging in the unauthorized practice of veterinary medicine, and, I took from your letter, presumably subject to prosecution by the CVO pursuant to section 40 of the *Veterinarians Act, R.S.O. 1990, Ch. V.3*. You also informed me that S-009 would "require immediate revision" so as to require a chiropractor to obtain a referral from a veterinarian before providing a chiropractic treatment to an animal. For reasons which are not clear, S-009 is not included in the list of documents reviewed in the development of the Draft Position Statement.

III Statutory Framework

The practice of veterinary medicine in Ontario is defined in the *Veterinarians Act*, V.3, as including "the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being." The CVO's jurisdiction in Ontario is delineated by that statutory definition, as it is authorized by law to regulate the practice of veterinary medicine and to govern its members in accordance with the *Veterinarians Act*.

The CVO has based its Draft Position Statement on a definition of veterinary medicine (the "AIT definition") that is inconsistent with the *Veterinarians Act* and was created for a different purpose than the regulation of the practice of veterinary medicine in Ontario. The AIT definition is as follows:

*"Veterinary Medicine" means the practice of medicine, surgery and dentistry on animals, and includes the examining, diagnosing, prescribing, manipulating and treating for the prevention, alleviation or correction of a disease, injury, condition, deformity, defect, or lesion in an animal with or without the use of any instrument, applicant, drug, or biologics;*¹

The footnote to this definition in the Draft Position Statement says the following:

*"This definition is based on that agreed to by all Canadian veterinary regulators as published in the 2001 Mutual Recognition Agreement under the pan-Canadian Agreement on Internal Trade (AIT)."*²

The AIT definition was agreed to by various regulators for the purpose of enabling a veterinarian qualified for that occupation in one part of Canada to have access to employment opportunities in that occupation in another part of Canada. The AIT definition of veterinary medicine cannot be used to define the practice of veterinary medicine for the purposes of the *Veterinarians Act*, and in particular, sections 11, 39, and 40 of that *Act*.

The practice of veterinary medicine, as that term is defined in the *Veterinarians Act*, does not include manipulation or animal chiropractic, and it is not within the jurisdiction of the CVO to claim exclusive jurisdiction over it, or to regulate the practice of chiropractic. In addition, as you are aware, legislation governs over any policies or position statements to the extent of any inconsistency pursuant to the doctrine of paramountcy.

¹ Page 2, Draft Position Statement.

² Footnote 1, page 2, Draft Position Statement.

IV The Public Interest

The government of Ontario has promoted safe, effective, and efficient health care in Ontario by allowing regulated health care professionals to practise to the full extent of their competence, and by encouraging opportunities for regulated health professions to work together. This allows for a system where all health professionals can function to the fullest extent of their training and capability as part of an integrated and collaborative health care team. The government, and CCO, believes that interprofessional collaboration is key to improving access to seamless and effective care that is in the public interest.

This approach is also in the public interest because it allows members of the public the right to choose the appropriate care for their animals. The CCO has heard from many members of the public who value the treatment provided to their animals by chiropractors. They want to have the ability to choose the type of care provided to their animals, and consider it critically important to have access to chiropractic care for their animals. The Draft Position Statement, which requires a veterinarian to refer an animal to a chiropractor for chiropractic care, and then supervise that care, would have the effect of increasing the cost and limiting access to chiropractic care of animals.

CCO is aware of the number of letters forwarded to the CVO from the public setting out their strong support for being able to choose who delivers chiropractic care for their animals without such care being subject to “gate keeping” and supervision by veterinarians.

CCO’s QA Committee has had an opportunity to review some of the feedback provided with respect to the draft position statement. The feedback was informative and appears to consistently support the status quo, namely, that animal owners in some instances choose to consult directly with chiropractors with training and expertise in animal chiropractic, and some animal owners choose to consult directly with veterinarians for the chiropractic treatment of animals. What was clear from the feedback reviewed is that there are chiropractors and veterinarians who have managed to establish and maintain healthy working relationships which are of benefit to their respective patients.

What appears to be missing from the Draft Position Statement is an identification of and articulation of the public interest issues that the statement is attempting to address. What evidence is there of harm to the public requiring changes to the status quo in terms of animal chiropractic? The question is important particularly given the regulator's role in protecting the public interest to be contrasted with the role of professional associations in advancing professional interests.

V Conclusion

CCO Standard S-009 protects the public, allows for choice and access to care, and was developed in cooperation and collaboration with CVO. It includes a number of principles our colleges agreed upon, including that the primary responsibility for the health care of animals is with members of the CVO, who are responsible for appropriate history taking, comprehensive examination, including clinical pathology, imaging, and the overall treatment/management of animals. S-009 also stresses the importance of appropriate coordination and consultation between chiropractors and veterinarians in the chiropractic care of animals, as well as the need to promote professionalism, safety and effectiveness in the chiropractic care of animals. Chiropractors who provide chiropractic care to animals must have successfully completed specialized training, must ensure informed consent is given to treatment, and must maintain records in such a manner as to facilitate communication with the animal's treating veterinarian.

Moreover, CCO Standard S-009 has been in effect for more than 10 years. During that time, the CCO received only one complaint from a veterinarian about the care provided by a chiropractor to an animal, and the animal's owner was pleased with the care provided and would not agree to release any of the records or agree to participate in the complaint against the chiropractor. CCO does not have a history of concerns expressed by the public with respect to animal chiropractors, although S-009 provides a mechanism for dealing with any such concerns if they arise.

Such an integrated approach to health care is consistent with the philosophy and purpose of the legislation. Put differently, the *Veterinarians Act* does not provide that the exclusive care of animals other than humans rests with veterinarians.

Both of our colleges' members have special education, training and expertise. We each have members who provide health care services to animals. We would welcome the opportunity to work in collaboration with the CVO to resolve issues arising from animal chiropractic.

Thank you for hosting Mr. Friedman, Dr. Walton and I at our recent lunch. I reiterate the QA Committee's offer to meet with members of the committee of the CVO responsible for reviewing the feedback and making recommendations if it would be of assistance in resolving any outstanding issues.

I emphasize CCO's ongoing commitment to work with CVO and other regulators on matters of mutual interest, particularly given our respective mandates to regulate the professions of chiropractic and veterinary medicine in the public interest. We appreciate the opportunity to comment on the Draft Position Statement and look forward to further dialogue.

Yours truly,

Jo-Ann Willson
Registrar and General Counsel
B.Sc., M.S.W., LL.B.

October 21, 2008

Via facsimile (1-519-824-6497) and courier

Ms Susan Carlyle
Registrar
College of Veterinarians of Ontario
2106 Gordon Street
Guelph, Ontario
N1L 1G6

Re: Mutual Interest in Animal Chiropractic Between the College of Chiropractors of Ontario (CCO) and the College of Veterinarians of Ontario (CVO)

Dear Ms Carlyle:

I Introduction

I am writing to you with respect to our respective colleges' interest in animal chiropractic, and to reopen the dialogue concerning a possible resolution, in the public interest, of any remaining areas of controversy. Part of the delay in writing to you has been that I have had to track down the various communications between our colleges since at least the early 90's concerning the topic, and the various efforts made to resolve matters over the years. When I joined CCO in 1993, animal chiropractic was a topic of conversation between CCO and CVO, and fortunately (or unfortunately, depending on your perspective), I have been involved in many of those conversations.

II Background Information

I am not aware of what background information you have concerning animal chiropractic and the numerous discussions, meetings and correspondence between CCO and CVO over the years. Therefore, I have set out below some of the relevant history, and have also enclosed with this correspondence, some background documents:

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In 1992, a task force was established consisting of veterinarians and chiropractors, and the task force agreed that some sort of training should be necessary for both professions, and that both professions should have a means to communicate with each other in the interest of the public and their animals.

On February 24, 1994, CVO's then President, Dr. John Reeve-Newson, wrote to the late Dr. Stan Stolarski, CCO Registrar, to invite the CCO Executive to meet with CVO's Executive to discuss the topic of animal chiropractic.

In 1995, members of the CVO Executive Committee and staff met with the CCO Executive Committee to discuss a possible press release from both colleges, but this press release was never finalized or published.

In 1997, I wrote to CVO's then Registrar, Dr. John Henry at least five times (May 6, 1997, May 12, 1997, June 4, 1997, August 27, 1997, and September 19, 1997), each time enclosing the updated draft of the Animal Chiropractic Standard of Practice.

On May 9, 1997, I met with CCO's then Registrar, Dr. Jerry Grod and Dr. Henry, in Dr. Henry's office overlooking the golf course, at the CVO in Guelph. At the time, I suggested that the two colleges come up with a joint standard of practice dealing specifically with animal chiropractic to provide guidance to the members of both colleges. My understanding is that a draft of this standard was reviewed and discussed by CVO Council in June 1997. Various drafts were later reviewed and amendments made, and in March 1998, CVO Council reviewed draft # 11.

In November, 1997, CCO's Quality Assurance (QA) Committee circulated to CCO Registrants and other stakeholders (including the CVO), a draft standard of practice relating to the Chiropractic Care of Animals. The memorandum from the late Dr. Bert Brandon, Chair, QA Committee, references the long consultation and discussion with the CVO in the development of the standard. It also references the importance of members of both colleges continuing to dialogue about the important issues relating to animal chiropractic, and that the draft was intended to provide guidance to the members of both colleges. This draft was to be circulated by both colleges, and on that basis, the CVO agreed to have its logo included on the draft, and to reference the obligations of CVO members in the document. I do not know if the CVO circulated this draft as was anticipated.

On March 2, 1998, I wrote to Dr. Henry enclosing a further draft standard on animal chiropractic resulting from a number of telephone conversations between us and a review of the feedback received from the November 1997 circulation, and requesting further comments.

On April 25, 1998, CCO Council approved S-009: Chiropractic Care of Animals, on the recommendation of the QA Committee, which had reviewed all feedback received from members and stakeholders. The standard was subsequently circulated and posted on CCO's website.

On May 22, 1998, Dr. Henry forwarded to me a copy of his note to the CVO Executive and Council updating them on the animal chiropractic standard, and advising there may be a bit of a delay in further action because I was about to go on maternity leave (The particular daughter Dr. Henry is referencing is about to celebrate her 13th birthday).

On November 13, 1998, I again wrote to Dr. Henry to provide an update, and to advise that references to CVO members had been deleted from the standard, but otherwise, the standard was the same as had been forwarded to him on March 2, 1998.

On January 20, 1999, CVO Council passed a policy it intended to become a regulation which included many of the same provisions as in CCO's S-009, such as appropriate training in animal chiropractic, the name of the member of CCO and relevant portions of the chiropractic record, and a responsibility to provide, upon request, a copy or summary of relevant portions of the veterinary record to the CCO member. Similar to CCO's standard, there was to be an exemption for CVO registrants who were enrolled and participating in an approved program in animal chiropractic, such as the certificate program offered by the American Veterinary Chiropractic Association (AVCA) or its equivalent. I do not know whether the CVO proceeded to try to get such a regulation passed through the legislature.

In the March/April 1999 CVO newsletter, Dr. Henry outlined the history of the CCO standard and CVO policy in an article entitled "Animal Chiropractic Update."

On September 28, 2005, the CVO Council approved a position statement entitled Animal Rehabilitation in Veterinary Practice which expressly excludes animal chiropractic.

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In the December 2007 CVO Update, the Position Statement on Animal Rehabilitation in Veterinary Practice was returned to staff to be reworked along with the CVO policy on chiropractic therapy in order to draft a comprehensive policy for CVO Council's consideration.

On June 20, 2008, CCO Council approved minor amendments to S-009: Chiropractic Care of Animals, on the recommendation of the QA Committee, which had reviewed the standard as part of its ongoing review of all standards of practice and policies. In particular, the specific reference to the AVCA was deleted.

III Your Correspondence dated June 30, 2008 and Enclosure

On July 4, 2008, I received your correspondence dated June 30, 2008, enclosing CVO's draft Position Statement on Complementary and Alternative Veterinary Medicine. In your correspondence you indicate that the potential impact of the document on CCO membership is "significant." As I indicated to you, the CVO is responsible for regulating veterinarians in Ontario, and the CCO is responsible for regulating chiropractors in Ontario. The CVO, cannot by standard of practice, which arguably is inconsistent with the *Veterinarians Act*, adversely affect the members of another profession.

One of the significant difficulties is the definition of veterinary medicine contained in the *Veterinarians Act*, namely:

"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".

As you are aware, animal chiropractic is not specifically mentioned.

What is apparently new in the position statement is a requirement for chiropractors to obtain a written referral from a veterinarian. In addition, there appear to be some inconsistencies in defining the appropriate level of care and supervision. In your correspondence, you indicate that the CVO's new position statement will require immediate revision to CCO's S-009: Chiropractic Care of Animals to ensure CCO's standard is in line with the CVO policy. With respect, I disagree.

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Animal chiropractic continues to be practised by many chiropractors, not only in Ontario, but in many other provinces and jurisdictions. The AVCA program trains both chiropractors and veterinarians. Animal owners frequently seek chiropractic care for their animals directly from chiropractors. CCO has had a standard of practice relating to animal chiropractic in place for well over a decade, in an effort to provide guidance to members who practice animal chiropractic, and that standard was developed in consultation with the CVO. It may be that are changes are required, in the public interest, but fundamental changes cannot be made unilaterally.

In addition, since you have indicated the CVO position statement is a draft, and my understanding is that the draft will be considered by the CVO at an upcoming meeting, do I have your permission to share the draft with members of the chiropractic profession who practise animal chiropractic to solicit their input and constructive feedback? CCO certainly recognizes and applauds the CVO for looking at this issue again. Animal chiropractic is important, and given the history and mutual interest of our colleges in the issues, further discussion and consideration is required.

IV Conclusion

I am aware that in the past, CVO has received legal advice from Richard Steinecke on the topic of animal chiropractic. Mr. Steinecke also provides legal advice to CCO on occasion, and accordingly, it may be a conflict for him to act on this topic on behalf of either college. On the other hand, it may be that Mr. Steinecke may actually be able to try to mediate or broker an agreement between CCO and CVO. That issue can be discussed on another occasion.

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I will tell you that on a personal level, I have the upmost respect and admiration for veterinarians (and chiropractors as well). I am committed personally and professionally to trying to resolve any issues related to animal chiropractic. If you would like to meet with our respective QA Committees or even meet informally, I would be pleased to do so. I know the QA Committee supports inter-professional collaboration and dialogue, and we would be pleased to discuss how the two colleges can work collaboratively in the public interest within our respective mandates.

Yours truly,

Jo-Ann Willson
B.Sc., M.S.W., LL.B.
Registrar and General Counsel

Enclosures:

1. Correspondence dated February 24, 1994 to Dr. Stolarski from Dr. John Reeve-Newson.
2. Correspondence dated September 19, 1997 to Dr. John Henry from Ms Willson re: Chiropractic Care of Animals.
3. Memorandum dated November 7, 1997 to Registrants of CCO/Other Stakeholders from CCO QA Committee re: draft standards (including Chiropractic Care of Animals) and draft standard entitled Chiropractic Care of Animals (dated November 7, 1997).
4. Correspondence dated March 2, 1998 to Dr. Henry from Ms Willson.
5. Facsimile dated May 22, 1998 to Ms Joanne Wilson [sic] from John Henry.
6. Correspondence dated November 13, 1998 to Dr. Henry from Ms Willson (with S-009: Chiropractic Care of Animals enclosed).
7. CVO Chiropractic Care of Animals document (January 20, 1999).
8. Animal Chiropractic Update dated March/April 1999.
9. CVO Position Statement on Animal Rehabilitation in Veterinary Practice (September 28, 2005).
10. Extract from CVO Update December 2007.
11. CCO S-009: Chiropractic Care of Animals (amended: June 20, 2008).
12. Correspondence dated June 30, 2008 to Ms Willson from Ms Carlyle and enclosure.

Ministry of Agriculture,
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Ontario

June 12, 2023

ITEM 4.1.33

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Jo-Ann Willson
jpwillson@cco.on.ca

Dear Ms. Willson:

Thank you for taking the time to share the perspective of the College of Chiropractors of Ontario regarding the proposed modernization of the Veterinarians Act.

The Ministry of Agriculture, Food and Rural Affairs (OMAFRA) oversees the Veterinarians Act which provides authority for the College of Veterinarians of Ontario (CVO) to regulate veterinarians and the practice of veterinary medicine. The act also provides a framework for the CVO to do its work in the service and protection of the public – a responsibility with which the College of Chiropractors of Ontario would also be familiar.

Our government is considering making amendments to the Veterinarians Act to improve oversight and transparency in the public interest and better align the overall framework of the veterinary profession with other regulated health professions in Ontario, and as you are aware on March 1, 2023, a Discussion Paper was posted on the Regulatory Registry that contained input on how several areas of the current legislative and regulatory framework could be improved. This includes better defining the scope of practice for veterinary medicine, improving the complaints and resolutions process, addressing quality assurance in the legislation, and improving the overall governance of the College of Veterinarians of Ontario.

I do want to clarify that the intent of our proposals in the discussion paper are to expand access to care, not restrict professionals currently practicing. That extends to the important work that chiropractors perform in the delivery of veterinary medicine.

.../2

Thank you for providing your feedback and comments on this Discussion Paper. Your insights on the many interactions between the College of Chiropractors of Ontario and the CVO with respect to policies governing the provision of care to animals 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. It is our intention that the current exemptions in the Veterinarians Act, with respect to licensing, would continue to apply. The proposals for modernization are also not intended to restrict any regulated health professional who may currently be allowed to perform an authorized act on an animal as part of their scope of practice.

Should you have any questions or 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 ongoing collaboration on this modernization initiative.

Please accept my best wishes.

Sincerely,



Lisa M. Thompson
Minister of Agriculture, Food and Rural Affairs

c: Andrea Martin, Director, Food Safety and Environmental Policy Branch

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- 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/>.

From: Jo-Ann Willson
Sent: June 13, 2023 5:23 AM
To: Rose Bustria
Subject: FW: Letter from the Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs
Attachments: EXB08715_signed.pdf

Council.

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From: Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) <minister.omafra@ontario.ca>
Sent: Monday, June 12, 2023 1:56 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: Martin, Andrea (She/Her) (OMAFRA) <Andrea.L.Martin@ontario.ca>
Subject: Letter from the Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs

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Corporate Correspondence Unit
Communications Branch
Ontario Ministry of Agriculture, Food and Rural Affairs

Rose Bustria

From: Jo-Ann Willson
Sent: May 29, 2023 8:29 PM
To: Rose Bustria; Joel Friedman
Subject: FW: Ontario Chiropractic Association - Veterinarian Act Consultation
Attachments: OCA Submission on the Modernization of the Veterinarians Act_2023-05-29.pdf

Council and QA.

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From: Alison Smiley <asmiley@chiropractic.on.ca> **On Behalf Of** Caroline Brereton
Sent: Monday, May 29, 2023 4:59 PM
To: minister.omafra@ontario.ca
Cc: Jo-Ann Willson <jwillson@cco.on.ca>; Dianna Pasic <dpasic@chiropractic.on.ca>; Caroline Brereton <cbrereton@chiropractic.on.ca>
Subject: Ontario Chiropractic Association - Veterinarian Act Consultation

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Good afternoon,

The attached correspondence is sent on behalf of Ms. Caroline Brereton, CEO, Ontario Chiropractic Association.

Regards,
 Alison Smiley
 Administrative Coordinator

Caroline Brereton (she/her)

Chief Executive Officer

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May 29, 2023

The Honourable Lisa M. Thompson
Minister of Agriculture, Food, and Rural Affairs
Ontario Ministry of Agriculture, Food and Rural Affairs ("OMAFRA")
77 Grenville Street, 11th Floor
Toronto, ON
M7A 1B3

Dear Minister Thompson,

Re: Comments on the Modernization of the Regulation of the Veterinary Profession

On behalf of the Ontario Chiropractic Association ("OCA"), I would like to thank you for the opportunity to respond to the second phase of the consultation on the modernization of the *Veterinarians Act*. Central to OCA's submission is our belief that the proposed regulatory framework must safeguard direct consumer access to, and choice among, healthcare providers working within their full scope of practice to meet the needs of animals and their owners. In fact, this position is identical to the College of Veterinarians of Ontario position which stated, in their letter of April 19, 2023 to the Registry of Allied Animal Health Practitioners of Canada that "The College Council recognizes and supports the public's direct access to educated and skilled non-veterinary animal care providers ..."

The OCA represents Ontario's chiropractors. Consumers rely on easy and direct access to chiropractors' unique scope of practice as experts in musculoskeletal ("**MSK**") conditions (i.e., relating to the spine, nervous system, and joints). To serve both its members and the public, the OCA seeks to advance the understanding and use of chiropractic care in both humans and animals.

As regulated and respected providers of evidence-based care, Animal Chiropractors are a well-established sector within Ontario's animal care landscape. Since 1998, the Chiropractic College of Ontario (CCO) has regulated the practice of animal chiropractic care in the province with a comprehensive standard of practice, and a long history of dialogue and collaboration with the College of Veterinarians of Ontario (CVO). Indeed, animal chiropractors have been providing safe and effective care for animals and pets in Ontario for close to a quarter century during which time CCO has not received a single public complaint regarding animal chiropractors.

As with human health care, animal owners should be free to choose from a range of providers for the care of their animals. Based on individual needs, values, and preferences, animal owners may also wish to seek care from multiple providers, either concurrently or separately, throughout their animal's care journey. Many consumers seek out animal chiropractors for primary care (or a second opinion) because they want non-invasive and low-risk care options for their animals' and pets' mobility or performance-related issues. Indeed, chiropractic care offers safe, effective, and conservative approaches to spinal and movement related disorders in animals that can reduce or replace the need for high-risk (and costly) diagnostic, surgical and pharmaceutical interventions. Moreover, for some animal owners who live in rural or remote areas where access to veterinary care is limited or non-existent, the freedom to attend alternative providers is essential to



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maintaining prompt access to animal health care. For many pet owners, this is not an abstract issue: According to Statistics Canada, 58% of Canadian households report they own at least one dog or cat. Many of these pet owners rely on animal chiropractic service to help keep their pets healthy, particularly if the pets suffers from a musculoskeletal injury or condition.

The OCA recognizes consumer freedom to choose treatment must be balanced with appropriate safeguards. Only those regulated health professionals who possess the requisite knowledge, skill, and judgment, and who are subject to the appropriate regulatory oversight, should be trusted with the responsibility of providing animal health care. Chiropractors who have completed the requisite training under the College of Chiropractors of Ontario's ("CCO") standards of practice ("**Animal Chiropractors**") are healthcare professionals who meet these criteria. Animal Chiropractors offer access to regulated, effective, and evidence-based treatments, therapies, and modalities that for many Ontario animal owners is the preferred (and/or only accessible) care option.

In our submission below, we highlight numerous concerns, and specific recommendations, and solutions to ensure that the modernization of the *Veterinarians Act* neither reduces nor restricts consumers' ability to directly access the full range of safe and effective animal care options in Ontario. To this end, the OCA strongly recommends that the proposed framework authorize Animal Chiropractors to use their knowledge, skill, and judgment with respect to the following practices and authorized acts that fall within the chiropractic scope of practice:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - a. a disorder arising from the structures or functions of the spine and their effects on the nervous system; or
 - b. a disorder arising from the structures or functions of the joints of the extremities.
2. Performing acupuncture, a procedure performed on tissue below the dermis, in accordance with the standard of practice and within the scope of practice of chiropractic.
3. Moving the joints of the spine beyond a person's usual physiological range of motion, using fast, low amplitude thrust.
4. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

Furthermore, the OCA strongly recommends:

1. Very specific clarification that the proposed addition of "Performing 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" to the scope of practice of veterinary medicine relates specifically and exclusively to the fitness for slaughter and soundness for sale of an animal.
2. The modernized *Veterinarians Act* explicitly provide that nothing in the *Veterinarians Act* derogates from the authority of chiropractors to apply or order the application of a form of energy in accordance with the standards of practice of the profession of chiropractic, subject to any requirements, restrictions, or conditions that may be set out in the regulations.
3. The modernized *Veterinarians Act* explicitly permit chiropractors to use the title "Doctor", variations, or abbreviations when providing animal care.



This submission is divided into four sections:

- Section A highlights the education and training, regulatory oversight, and unique expertise of the animal chiropractic profession in Ontario.
- Section B outlines OCA's concerns and recommendations regarding the proposed changes to the veterinary scope of practice.
- Section C delineates specific exemptions and solutions that OCA is requesting to ensure that the new regulatory framework for veterinary care does not restrict practices and authorized acts that fall within the chiropractic scope of practice.
- Section D specifies additional recommendations to facilitate ongoing public access to animal chiropractors in Ontario.

A. Ontario's Animal Chiropractors: Regulated and Respected Providers of Evidence-Based Primary Care for Over 20 Years

As regulated and respected providers of evidence-based care, Animal Chiropractors are a well-established sector within Ontario's animal care landscape. Animal Chiropractors draw from their clinical expertise, the best available scientific evidence, and animal owner preferences and values to adopt practice principles that guide their clinical decision-making. Animal Chiropractors provide a range of accessible, safe, effective, and non-invasive options for the primary care needs of animals.

Animal Chiropractors complete extensive training beyond the four-year post-graduate program that qualifies them to be chiropractors. Ontario's Veterinary Chiropractic Learning Centre ("VCLC") educates chiropractors (and veterinarians who opt to take the program) in the specialized field of animal chiropractic. Consisting of a minimum of 220 hours of supervised classroom and hands-on instruction, the program is certified by the Animal Chiropractic Certification Commission division of the American Veterinary Chiropractic Association.¹

Underpinning the public's trust in animal chiropractic care is effective professional regulation by the CCO, which regulates the profession in the public interest. For almost a quarter century, the CCO has maintained a comprehensive standard of practice that specifies the requirements and obligations of Animal Chiropractors, including quality assurance, insurance coverage, advanced training/education, and coordination and consultation with veterinarians. Animal chiropractors are trained to recognize when chiropractic care is appropriate, when a veterinarian would better serve an animal/client, or when a collaborative approach might be optimal.

It is the OCA's understanding that veterinary medicine offers limited conservative care options for the many animals with functional/mechanical related problems of the MSK system (particularly

¹ The core curriculum addresses: Anatomy; Biomechanics; Neurology (Basic and Advanced); Chiropractic Sciences; Veterinary Sciences; Ethics and Legalities; Rehabilitation Therapy; Complementary Therapies/Auxiliary Chiropractic Modalities; Animal Chiropractic/VSMT Techniques Lecture; Animal Chiropractic/VSMT Techniques Laboratory (Hands-on); Case Presentations; and Adjunct Veterinary/Chiropractic Diagnosis.



the spine and pelvis). Spinal facet joint dysfunction/irritation, costovertebral joint dysfunction, sacroiliac dysfunction, myofascial restriction, and biomechanical alterations of gait are examples of valuable, science-based diagnoses and assessments appropriate for MSK disorders. The OCA understands conventional veterinary medicine practice does not typically identify such diagnoses. Further, these MSK disorders are not detectable by diagnostic tests (such as x-rays or blood work). Animal Chiropractors possess the knowledge, skill, and judgement to assess, diagnose, and treat these MSK disorders.

B. OCA Concerns and Recommendations Regarding the Proposed Changes to the Veterinary Scope of Practice

OMAFRA's recent discussion paper "[A Proposal to Modernize the Veterinarians Act](#)" proposes a number of legislative changes to clarify the exclusive scope of practice of veterinarians. These proposed changes, if legislated, would effectively confer veterinarians and veterinarian technicians the exclusive authorization to provide care to animals.

The OCA, together with the Canadian Memorial Chiropractic College (CMCC) and the Veterinary Chiropractic Learning Centre (VCLC) strongly disagrees that veterinarians and veterinary technicians should be exclusively authorized to provide care to animals. The *Chiropractic Act, 1991* defines the chiropractic scope of practice as the assessment of conditions related to the spine, nervous system and joints, and the diagnosis, prevention and treatment, primarily by adjustment, of:

- (a) dysfunctions or disorders arising from the structures or functions of the spine and the effect of those dysfunctions or disorders on the nervous system; and
- (b) dysfunctions or disorders arising from the structures or functions of the joints.

This definition does not limit the scope of chiropractic practices to practicing on humans. The College of Veterinarians of Ontario ("CVO") itself has previously recognized in its December 2017 proposal "[Achieving a Modern Approach to the Regulation of Veterinary Medicine in Ontario](#)" (the "CVO Proposal") that in some instances, chiropractors "have the requisite competence, skills, knowledge, and judgment to perform defined authorized activities, or aspects of them [...]".

Should the proposed legislative changes proceed, the OCA strongly recommends the inclusion of explicit exemption(s) for authorized activities and practices that are within the scope of practice for Animal Chiropractors. Animal Chiropractors have been providing care to animals for years pursuant to the CCO's standards of practice, and frequently in collaboration with veterinarians. Without explicit legislative exemptions for Animal Chiropractors, the proposed legislative changes will create uncertainty for Animal Chiropractors and for the thousands of animal owners who already choose conservative care for their animals and pets.

OMAFRA has proposed providing clear authority to the Council of the CVO (subject to the approval of the Lieutenant Governor in Council and upon prior review by the Minister of Agriculture, Food and Rural Affairs) to make regulations exempting certain regulated health professionals to support veterinary professionals. Creating exemptions for Animal Chiropractors via regulation is an inelegant and inefficient solution, and will almost certainly lead to unnecessary confrontation, red tape and unintended consequences into the future. For



one, implementing regulation to this effect would require additional redundant public consultation. The CVO has already proposed a number of exemptions to the *Veterinarians Act* in respect of Animal Chiropractors in the CVO Proposal following a three-year consultation process with a diverse set of stakeholders. Enacting exemptions by regulation would leave Animal Chiropractor's current patients without access to their owner's preferred care provider while the regulation-making process plays out. Moreover, such a delay would undermine the public's understanding of, and trust in, chiropractic care for animals. On balance, the OCA firmly recommends that the authority of Animal Chiropractors be clearly set out in the modernized *Veterinarians Act* so that there is no gap in regulation or misunderstanding of what is allowed and not allowed at any period in time.

C. Requested Exemptions for Animal Chiropractic Care

1. Communicating a Diagnosis

The OCA recommends the modernized *Veterinarians Act* authorize chiropractors to communicate a diagnosis identifying a disorder in an animal that falls within the chiropractic scope of practice. As noted below, this would limit the diagnosis to disorders arising from the structures or functions of the spine and their effects on the nervous system, or the structures or functions of the joints of the extremities.

Under the *Regulated Health Professions Act, 1991* ("RHPA"), several professions have the authority to communicate a diagnosis. These professions can be divided into two categories: 1) those with a broad (generalist) scope (e.g., physicians and nurses); and 2) those who have a focused scope of practice. Professionals in the second category have the authority to communicate a diagnosis relating to their profession's scope of practice.

Chiropractors fall into the second category. The *Chiropractic Act, 1991* authorizes chiropractors to communicate a diagnosis identifying, as the cause of a person's symptoms:

- (a) a disorder arising from the structures or functions of the spine and their effects on the nervous system; or
- (b) a disorder arising from the structures or functions of the joints of the extremities.²

These disorders fall **within the chiropractic scope of practice**³ and include (but are not limited to) MSK-related conditions such as a vertebral joint dysfunctions, temporomandibular ("TMJ") joint disorders, and lumbosacral sprains.

The OCA requests that the revised *Veterinarian's Act* explicitly authorize Animal Chiropractors to communicate a diagnosis identifying a disorder in an animal that falls within the chiropractic scope of practice. Animal Chiropractors possess the requisite knowledge, skill, and judgment to communicate such diagnoses. Animal Chiropractors are also trained to recognize when chiropractic care is indicated/contraindicated, when an animal's condition is beyond the

² *Chiropractic Act, 1991*, S.O. 1991, c. 21, s. 4.

³ *Chiropractic Act, 1991*, S.O. 1991, c. 21, s. 3.



chiropractic scope of practice limits, and when it is in the animal's best interests that a veterinarian be involved in its care.

Beyond the competencies of Animal Chiropractors, there are several practical reasons to authorize Animal Chiropractors to communicate a diagnosis. Communicating a diagnosis is necessary to obtain informed consent for treatment. [CCO Standard S-002 \(Record Keeping\)](#) also requires that chiropractors record a patient's diagnosis or clinical impression in the patient's health record. Further, animal owners who seek chiropractic care for their animals expect Animal Chiropractors to communicate the diagnosis — or provide a referral where necessary.

The existing chiropractic regulatory framework provides strong safeguards to protect animal patients. It is an act of professional misconduct for a chiropractor to fail to advise a patient to consult with another health professional when the chiropractor knows or ought to know that:

- the patient's condition is beyond the scope of practice and competences of the chiropractor;
- the patient requires the care of another health professional; or
- the patient would be most appropriately treated by another health professional.⁴

Authorizing Animal Chiropractors to communicate diagnoses within the chiropractic scope of practice would not compromise the health or safety of animal patients. Where an animal requires care that is beyond the scope of chiropractic practice, an animal chiropractor must refer (and has been trained to refer) to a veterinarian when it is in the animal's best interest that a veterinarian be consulted for further care.

2. Performing acupuncture, a procedure performed on tissue below the dermis, in accordance with the standard of practice and within the scope of practice of chiropractic.

The OCA recommends the modernized *Veterinarians Act* authorize chiropractors to perform acupuncture, a procedure performed on tissue below the dermis, in accordance with the standard of practice and within the scope of the practice of chiropractic. The OCA recommends against including any reference in the legislation to performing procedures on the dermis.

OMAFRA has proposed adding “[Performing] a procedure on tissue on or below the dermis” to the scope of veterinary practice under the modernized *Veterinarians Act*. The OCA notes that the RHPA itself does not list performing a procedure “on” the dermis as a controlled act. No regulated health profession has a unique liberty to perform procedures on the dermis of humans. There is no compelling reason for OMAFRA to grant veterinarians an unprecedented exclusive liberty to perform procedures on the dermis of animals. To the contrary, this restriction would be overly broad and require a number of explicit exemptions be included for procedures like bandaging, skin care, massage, etc. to provide sufficient certainty.

Should OMAFRA nevertheless proceed with this proposed legislative change, there is great utility to authorizing Animal Chiropractors to performing procedures on the dermis. Depending on an animal's condition(s), an animal can benefit from muscle and soft tissue chiropractic procedures

⁴ O. Reg. 852/93, s. 1(13).



performed on the dermis (e.g., massage, ultrasound, laser, vibration, exercise prescription, etc.) either alone or in combination with spinal manipulation. Administering techniques to facilitate muscle change (such as myofascial release, Logan basic technique and stretches) can also help support adjustment/manipulation in an animal. Chiropractors have access to VCLC training to perform these techniques on animals, building on their existing knowledge and skill acquired through the four-year chiropractic program.

With respect to procedures on tissue below the dermis, animals can benefit from acupuncture as an adjunctive therapy to spinal manipulation. Ontario Regulation 107/96 to the RHPA authorizes chiropractors to perform acupuncture provided they perform it in accordance with the CCO's standards of practice and the chiropractic scope of practice.⁵

The CCO has created safeguards to ensure that chiropractors who intend to perform acupuncture on patients (whether humans or animals) as an adjunctive therapy undergo significant training in the area. [CCO Standard S-017 \(Acupuncture\)](#) provides that chiropractors who intend to use acupuncture as an adjunctive therapy must complete a minimum of 200 hours of formal training (combining both clinical and academic training) as stipulated in the [World Health Organization's Guidelines on Basic Training and Safety in Acupuncture, 1999](#). S-017 also requires chiropractors to participate in ongoing continuing education activities in the performance of acupuncture. Chiropractors can fulfill these requirements through international acupuncture courses that are accredited by the International Veterinary Acupuncture Society ("IVAS") or IVAS-affiliated organizations.

As a further safeguard, the CCO has stipulated that chiropractors who intend to use acupuncture on animals must first qualify to perform acupuncture on humans (i.e., by meeting the requirements set out in [CCO Standard S-017](#)). The CCO could potentially be asked to require Animal Chiropractors to demonstrate their specific competency in animal acupuncture through an examination, certification, and/or proof of training. The OCA believes this requirement provides the necessary safeguards for Animal Chiropractors to perform acupuncture on animals.

3. Moving the Joints of the Spine Beyond the Animal's Usual Physiological Range of Motion, Using a Fast, Low Amplitude Thrust

The OCA recommends that the modernized Veterinarians Act explicitly authorize chiropractors to move the joints of the spine beyond the animal's usual physiological range of motion using a fast, low amplitude thrust.

The *Chiropractic Act, 1991* authorizes chiropractors to move the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust. Both the CCO and CVO agree that a modernized *Veterinarians Act* should explicitly authorize chiropractors to perform this act on animals. The CVO Proposal previously recommended a legislative exemption to this effect. This proposal followed "a robust and lengthy process of public consultations, of research, of accessing expert advice, and of deliberation" that took place over three years. The

⁵ O. Reg. 107/96, s. 8(2). Specifically, Animal Chiropractors must practice in accordance with the CCO's and standards of practice.



OCA requests that OMAFRA give effect to the recommendations of both the OCA and the CVO in this regard.

4. Putting an instrument, arm, hand, or finger beyond the anus

The OCA recommends that the modernized *Veterinarians Act* authorize chiropractors to put a finger beyond the anal verge for the purpose of manipulating the tailbone, in accordance with standards set by the CCO.

The CVO Proposal similarly recommended that Animal Chiropractors be authorized to put a finger beyond the anus for the purpose of manipulating the tailbone. The *Chiropractic Act, 1991* already authorizes chiropractors to perform this act in humans. As with humans, the only indication for putting a finger beyond an animal's anal verge would be for a coccygeal adjustment/manipulation. This intervention would be a last case scenario if external adjustment/manipulation procedures were unsuccessful, resulting in the persistence of a deviated sacral apex and/or sacrotuberous ligament tautness. In the case of trauma, a veterinarian must first rule out a fracture before a chiropractor could proceed with this treatment. The VCLC program discusses at length sacrotuberous ligament and its treatment in both horses and dogs.

D. Additional Recommendations to Facilitate Ongoing Public Access to Animal Chiropractors in Ontario

1. Clarification to Proposed Fitness and Soundness Assessment Language

The OCA recommends the modernized *Veterinarians Act* explicitly indicate that the proposed addition of "Performing 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" to the scope of practice of veterinary medicine relates specifically and exclusively to the fitness for slaughter and soundness for sale of an animal".

The CVO has indicated that this authorized act relates specifically and exclusively to assessment for the purposes of fitness for slaughter and soundness for sale. The OCA believes that the term "fitness and soundness" may have particular meaning and be well known within the veterinary medicine world but may be unclear to the public.

The OCA believes it is critical for the legislation to distinguish between assessment for fitness for slaughter and soundness for sale, and a health assessment for the purposes of a diagnosis or treatment. Providing additional specificity regarding the intent of this authorized act will help promote transparency for the public regarding the activities that pose a significant risk, and therefore need to be restricted.

Alternatively, if OMAFRA intends "fitness and soundness" to be interpreted more broadly and may include assessment for the purpose of providing health care, **the OCA recommends chiropractors have access to this authorized act.** A comprehensive assessment is required to develop a diagnosis and the appropriate treatment plan.



MSK issues within the chiropractic scope of practice can affect an animal's soundness or fitness. Chiropractors look for improper movement patterns to assess and guide treatment on animals. It is imperative that Animal Chiropractors be able to assess the movement and function of an animal to determine if there are any contraindications to treatment (such as signs of fracture or neurological deficit). Cranial nerve exams, proprioceptive test, and peripheral reflexes provide valuable information regarding the integrity of the animal as well as pre- and post-treatment changes.

Screening for muscle asymmetry and faulty gait/movement patterns are covered in detail in the VCLC training of Animal Chiropractors. Animal Chiropractors are trained to refer to a veterinarian for lameness workups when indicated by their assessment. This assists in determining whether an animal is sound as well as to know when it is a MSK diagnosis versus needing referral to a veterinarian. Allowing Animal Chiropractors to assess an animal's fitness would be an adjunct to their clinical picture and would never deter from appropriate veterinarian referral and communication.

2. Applying or Ordering the Application of a Form of Energy

The OCA recommends that the modernized *Veterinarians Act* explicitly provide that nothing in the *Veterinarians Act* derogates from the authority of chiropractors to apply or order the application or a form of energy in accordance with the standards of practice of the profession of chiropractic, subject to any requirements, restrictions, or conditions that may be set out in the regulations.

The CVO's January 2021 Policy Statement "[Use of Forms of Energy in the Treatment and/or Care of Animals](#)" **divides forms of energy ("FOE")** used in the care of animals into three risk categories. The CVO's current position is that non-veterinarians may only provide certain FOE **considered of Moderate Risk (Category 2)** with a referral from a veterinarian.

The CVO's position reduces access to timely, safe, and affordable treatment and care of animals. More specifically, animal owners receiving care from chiropractors face unnecessary delays and additional expense due to the fact that veterinarians insist on performing a physical assessment prior to "authorizing" the suitability of FOE treatment and referring back to the Animal Chiropractor for this care.

The modernized *Veterinarians Act* should authorize chiropractors to independently apply and order FOE within the chiropractic scope of practice and in accordance with CCO standards. In this case, details about specific FOE could be stipulated in a regulation.

3. Use of Title "Doctor" , variations, and abbreviations

OCA recommends that the revised *Veterinarians Act* explicitly permit chiropractors to use the title "Doctor", variations, or abbreviations when providing animal care.

The OCA notes that the CVO Proposal previously recommended an exemption to **permit chiropractors to use the title "Doctor (Dr.)"** subject to certain conditions:



- (a) Chiropractors mention that they are a member of the CCO or identify themselves as chiropractor, when orally describing themselves as a doctor.
- (b) Chiropractors set out their full name after the title, immediately followed by (a) "College of Chiropractors of Ontario" or (b) "Doctor of Chiropractic (DC)" when identifying themselves in writing on any name tag, business card, or document.

The OCA agrees with the CVO that chiropractors should be able to use the title "Doctor" (including variations/abbreviations) **when treating animals**. However, the CVO's stipulations are inconsistent with the RHPA. The RHPA authorizes chiropractors to use the title "Doctor", variations, and abbreviations without restriction.⁶

[CCO Policy P-010 \(Use of Professional Titles, Designations and Credentials\)](#) provides an additional safeguard:

Members of CCO must clearly, accurately and unambiguously communicate to the public, including in their patient care and communication, record keeping, financial and billing practices, and advertising, websites and social media, that they are members of CCO and must not hold themselves out or misrepresent to the public that they are members of another regulated health profession.

It is an act of professional misconduct for a chiropractor to use a term, title, or designation in respect of their practice contrary to the policies of the CCO.⁷

⁶ *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, s. 33.

⁷ O. Reg. 852/93, s. 1(16).



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E. Conclusion

Thank you for the opportunity to provide input into the modernization of the *Veterinarians Act*. The OCA believes that the revised legislation must safeguard direct consumer access to, and choice among, providers all working to their full scope of practice to meet the needs of animals and their owners. As such, the **OCA strongly recommends that the proposed *Veterinarians Act* include legislative exemptions that acknowledge the authority of chiropractors to undertake all activities within their full scope of practice.** If left to regulations, the proposed Bill will compromise animal care and health outcomes, create unnecessary red tape for consumers and chiropractors, and more broadly, undermine the public's understanding of, and trust in, chiropractic care for animals. The OCA would be pleased to provide further comment upon request.

Sincerely,

Caroline Brereton, RN, MBA
Chief Executive Officer

cc: Jo-Ann Willson
Registrar and General Counsel
College of Chiropractors of Ontario



ITEM 4.1.35

**Public confidence
in veterinary regulation.**



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April 19, 2023

Michelle Phillips, Vice-Chair
Registry of Allied Animal Health Practitioners of Canada
252141 Hwy 22, Box 2001
Cochrane, AB T4C 1B8

via email: raahpcanada@gmail.com

Dear Michelle Phillips,

**Re: Letter to the Ontario Ministry of Agriculture, Food and Rural Affairs on the
Modernization of the Regulation of the Veterinary Profession**

The College of Veterinarians of Ontario thanks the Registry of Allied Animal Health Practitioners of Canada (RAAHP) for providing us with a copy of your letter to the Ontario Ministry of Agriculture, Food and Rural Affairs related to proposals to modernize the regulation of veterinary medicine in Ontario.

The College Council regulates the practice of veterinary medicine in Ontario. Since 2018, the College Council has been formally seeking modernization of the *Veterinarians Act*. The College Council's proposed recommendations include transition to a scope of practice model that supports both intraprofessional and interprofessional team-based animal care. This model includes a definition of veterinary medicine and establishes a risk of harm framework related to veterinary medical activities.

The proposed scope model ensures that activities that pose the greatest risk of harm to animals and/or the public are carried out by veterinarians. Other activities, those that pose a lower risk of harm, will exist in the public domain. The proposed model provides clarity for the veterinary profession, other non-veterinary animal care providers, the public, and the courts, who would determine whether an individual is practicing in an unauthorized capacity.

The College Council recognizes and supports the public's direct access to educated and skilled non-veterinary animal care providers, as long as their services do not fall under the practice of veterinary medicine.

Further, the College recommends specific exemptions for certain non-veterinary animal care providers, like human chiropractors and human physiotherapists, to perform certain authorized activities. This is due to their additional education and training in animal care which alleviates the risk

of harm. The College Council supports and encourages interprofessional collaboration between veterinary and non-veterinary animal care providers to help ensure the best outcomes.¹

With this in mind, the College Council is pursuing and promoting a scope of practice model that is risk-based and research-informed. This model enables the College to meet its mandate of public protection and support animal welfare.

Please find the College's responses to the RRAHP's specific comments below aimed at assisting our continued discussions.

Making or Communicating a Diagnosis

The College Council remains steadfast that the provision of a diagnosis in animals is the practice of veterinary medicine. This position is consistent with veterinary regulators across Canada.

Diagnosis in animals is a high-risk activity that requires an advanced level of species-specific education that is available only through veterinary training. The diagnosis process is multi-layered and requires in-depth knowledge of a patient and its physiology to properly determine cause(s) of symptoms. Diagnosis is often working or differential in nature, and more than one hypothesis or possibility can be an explanation. A diagnosing practitioner needs to be able to rule out a variety of different possibilities, through activities such as diagnostic testing, to achieve refinement of cause.

Veterinarians undergo several years of specialized and animal-specific training to provide veterinary diagnoses. Their education is confirmed through a national standardized examination process. If a veterinarian fails to meet the standard of practice for providing a diagnosis and its related duty of care, they are fully accountable to the College for their actions.

The public relies on veterinary diagnoses to make informed care decisions about their animals. If a diagnosis is wrong and/or incomplete, there can be a serious risk of harm to the animal(s). Given this high risk, it is essential that this activity remain in the realm of veterinary medicine.

The College does not dispute that non-veterinary animal care providers may have advanced training in animal care. The College believes that the information gathered by non-veterinary animal care providers is valuable and can allow for clinical assessment and treatment within specific and limited areas of animal care.

Non-veterinary animal care providers, however, cannot eliminate conditions and/or causes from their clinical assessment of animals. They cannot order, provide, or interpret diagnostic tests. They are not formally educated in zoonotic diseases or veterinary pharmacology. Their base knowledge is in human medicine, and supplementary training in animal care does not equate with a veterinary education.

Given this, the College believes the information gathered by non-veterinary animal providers should be provided to veterinarians through interprofessional collaboration so it can help inform a veterinary diagnosis. It should not, however, replace it.

¹ For more information on the College's work related to shared care and interprofessional collaboration, please refer to **Appendix A**.

Performing an Assessment to Determine the Fitness or Soundness of an Animal or Group of Animals

The proposed authorized activity related to physical assessments is a specific allowance pertaining to signing off on the fitness of an animal(s) or group of animals for the purpose of sale and/or slaughter. It does not affect a non-veterinary animal care provider's ability to make a clinical assessment of an animal to offer treatment within their specific area of animal care.

Performing a Procedure on Tissue Below-the-Dermis

The proposed authorized activity related to performing a procedure below-the-dermis covers a variety of sub activities, including surgery and wound management. It also includes, but does not exclusively refer to, insertion of a needle.

Animal acupuncture involves the insertion of a needle below-the-dermis on an animal. The College, therefore, considers it to be the practice of veterinary medicine. This position is consistent with veterinary regulators across Canada.

The College Council is currently reviewing its position on animal acupuncture. This is an ongoing project that is expected to be completed by December 2023. Early research and analysis indicates that education, research, and training in animal acupuncture is currently only available to veterinarians. Further, there are a variety of risks associated with below-the-dermis procedures (bruising, bleeding, infections, skin reactions, etc.) that pose a significant risk of harm or potential harm to an animal. These risks are elevated by the fact that anatomies of humans and animals are different, and animals cannot communicate their pain in the same manner as humans.

These findings are reflected in the position of the Ontario College of Traditional Chinese Medicine which maintains (and has upheld in disciplinary hearings) that its members are not permitted to practice on animals, including the practice of animal acupuncture.

Moving the Joints of the Spine Beyond the Animal's Usual Physiological Range of Motion Using a Fast, Low Amplitude Thrust

The College has agreed to seek exemptions for both chiropractors and physiotherapists from this proposed authorized activity.

The College has not been approached by the Ontario College of Traditional Chinese Medicine or any related associations regarding this proposed activity.

Applying or Ordering the Application of a Form of Energy

This proposed authorized activity will permit the College to develop a regulation that will further outline the permissions around use of forms of energy on animals as well as any potential exemptions for non-veterinary animal care providers.

The College's regulation work will be based on its current *Position and Policy Statements on the Use of Forms of Energy in the Treatment and/or Care of Animals*. These statements were the first of their kind in veterinary medicine and were developed based on research and risk analysis.

In developing this work, the College received feedback from a variety of stakeholders, including veterinary professionals, non-veterinary professionals, and the public. Conversations were also held with experts in this area.

Based on this background work, the College Council approved a framework that saw only those modalities that posed a high-to-medium risk of harm remain under veterinary oversight. In creation of this framework, the College Council also recognized and provided its support for lower-risk forms of energy existing in the public domain.

The College Council is confident this framework was developed on risk-informed research and remains open to altering its current approach during the regulation process should future research indicate the need for amendment, inclusive of any potential exemptions for non-veterinary animal care providers.

Conclusion

Again, the College thanks the RAAHP for the opportunity to review its submission. The College Council is dedicated to supporting and promoting interprofessional collaboration and team-based care. We welcome the opportunity for further communication should the RAAHP have additional questions and/or concerns related to the proposed scope of practice model.

Sincerely,
COLLEGE OF VETERINARIANS OF ONTARIO



Jan Robinson
Registrar & CEO

c.c.:

Ontario Ministry of Agriculture, Food and Rural Affairs, Food Safety and Environmental Policy Branch

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Ontario Chiropractic Association

Ontario Physiotherapist Association

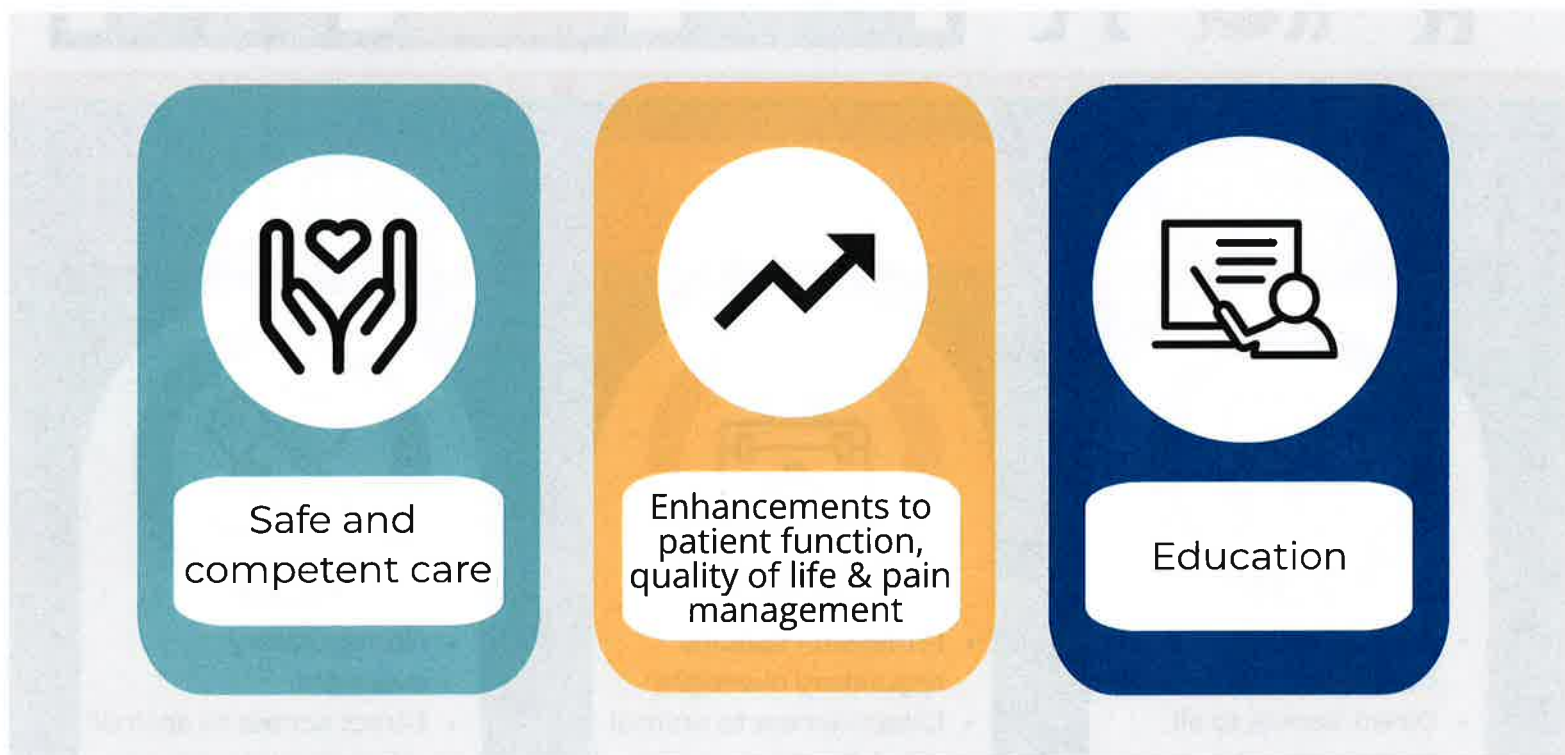
Animal Rehabilitation Division of the Canadian Physiotherapy Association

Ontario Herbalists Association

Ontario Homeopathic Medical Association

Benefits of Collaboration in Animal Physical Rehabilitation¹ for Professionals 699

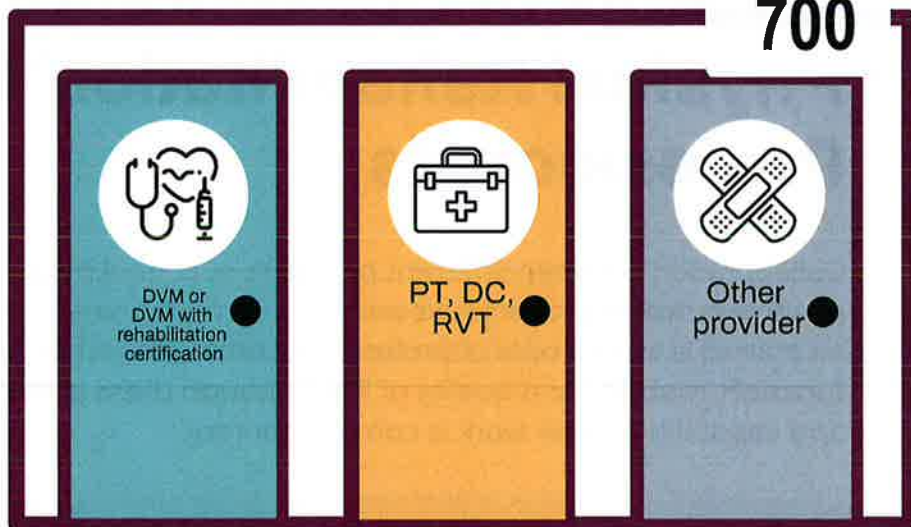
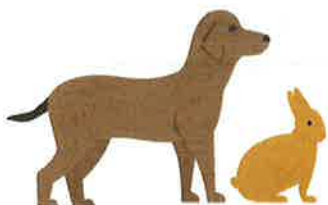
Collaboration between different providers of animal physical rehabilitation contributes to positive outcomes for animals and their owners. Shared care in physical rehabilitation of an animal is an example of professions coming together to offer services that increase function, mobility, and quality of 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!



From: Jo-Ann Willson
Sent: April 25, 2023 8:20 PM
To: Rose Bustria
Subject: FW: Congratulations!

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: 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.

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From: Sarah Green <drsarahgreen1@gmail.com>
Sent: Tuesday, April 25, 2023 7:38 PM
To: aazad@chiropractic.ca
Cc: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: Congratulations!

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.

Dr Azad,

On behalf of the College of Chiropractors of Ontario, I want to congratulate you on your new position as CEO of the Canadian Chiropractic Association. It has been wonderful to watch all the amazing things you have done in our profession since having you as one of my educators at CMCC (hard to believe it has been over a decade already!). I wish you luck in your new role.

I also hope you and your family are well!

All the best,

Sarah Green

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Sarah Green, B.Sc, DC

President

College of Chiropractors of Ontario

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

Tel: (416) 922-6355

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Web Site: www.cco.on.ca

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HEALTH PROFESSION REGULATORS OF ONTARIO

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The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's)* 26 Colleges and the Registrars, who make up the Board of Directors. Collaboration and consensus are key for HPRO, helping its members live out its statement of purpose, "advancing excellence in public safety through collaboration of Ontario's health profession regulators". That is achieved through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

HPRO's leadership is thankful to all who support the work of HPRO, making a definitive difference in health profession regulation in Ontario.

WINDING DOWN—COVID-19 PANDEMIC

For the first time since March 3, 2020, HPRO's Board held an in-person meeting - Strategic Planning, facilitated by Deanna Williams (at the College of Chiropractors of Ontario on February 9th). The World Health Organization's May 5th statement that COVID-19 no longer constitutes a public health emergency of international concern, now allows everyone to reflect on that experience and to find ways to implement positive change for themselves and the greater good.





Management Committee Members:

Elinor Larney, Chair

Dan Faulkner, Vice-Chair

Judy Rigby, Treasurer

Shenda Tanchak,
Member (Past President)
- as of October 6, 2022

Maureen Boon, Member

Joe Jamieson, Member -
as of October 6, 2022

and

Rod Hamilton, Member
until his passing on
August 11, 2022
(see Page 7)

CHAIR & MANAGEMENT COMMITTEE REPORT

This report covers HPRO's corporate year from the June 1, 2022, Annual Meeting, reporting to the May 19, 2023, Annual Meeting.

STRATEGIC PLANNING

HPRO's Board of Directors was able to dedicate time to strategic planning (see photo on first page). This follows priority planning preparation and an extensive review and update to HPRO's By-Laws, ensuring consistency with the *Ontario Not-for-Profit Corporations Act* which took effect on October 19, 2021. Thanks are extended to Deanna Williams of Dundee Consulting Group Ltd. for facilitating the session and continuing to share her expertise.

FOCUS ON LEGISLATION

The 2022-2023 corporate year included many meetings and discussions related to new or potentially amended legislation in Ontario. Trends across Canada were also being monitored, particularly noting major changes to regulated health professional registration. Some of HPRO's focus on legislation is highlighted below.

PRESENTATION TO STANDING COMMITTEE ON SOCIAL POLICY RE. BILL 60, YOUR HEALTH ACT, 2023

On March 21, 2023, Management Committee representative Maureen Boon presented in person to the Standing Committee on Social Policy on Bill 60, *Your Health Act, 2023*, with virtual support of Dan Faulkner and Shenda Tanchak. The presentation focused on certain aspects of the "as of right" provisions, sharing, "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." HPRO's support was offered with the hope to work with Government on regulations as the legislative process continues.



CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

FEEDBACK ON BILL 106, PANDEMIC AND EMERGENCY PREPAREDNESS ACT, 2022

On June 9, 2022, HPRO wrote to the Ministry of Health's Assistant Deputy Minister Sean Court regarding its Bill 106, *Pandemic and Emergency Preparedness Act, 2022*, regulation consultation, focusing on section six and issues such as language proficiency, timely registration decisions, and emergency class of certificates of registration. At the time of publication of this edition of "Highlights", Colleges are completing their public consultation and internal regulation approval processes to include an "emergency class" of registration. HPRO's Chair Elinor Larney wrote, "Be assured that HPRO's member Colleges are committed to preventing any barriers to registration for healthcare professionals, recognizing the paramount need for regulators to fulfill their mandate to protect the public."

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

HPRO wrote to the Ministry of Health on December 7th to offer feedback on the 2022 CPMF reporting tool in anticipation of Colleges' third annual submission of their CPMF reports which are made publicly available by each College as of March 31st each year. These reports were designed to help the public understand how well regulatory Colleges are doing their job and to help continually improve accountability, transparency, and oversight. A network of HPRO members met weekly to share information about their CPMF reports and how to adopt commendable practices, such as governance modernization reforms, from October 28, 2022, to March of 2023.

ANTI-RACISM IN HEALTH REGULATION PROJECT

The Anti-Racism in Health Regulation Project, led by Judy Rigby and supported by a nine-member Steering Committee and a Project Management Team from Graybridge Malkam, continued to advance the Project to assist Colleges in their work related to equity, diversity, and inclusion (EDI). A grant from the Federal Government's Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) Program, announced on November 25, 2022, supports three areas:

1. An EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation;
2. An EDI self-assessment checklist and reporting tool; and
3. The development of an EDI toolkit, including internal training components for colleges.

As noted in the announcement, "This work will reach hundreds of college staff, Board and committee members, and ultimately, (hundreds of thousands of) regulated health professionals and their patients/clients." Additionally, HPRO has committed to share the outcomes of this project with other provinces and territories to support their health profession regulators in their EDI journeys.

Thanks are extended to the Steering Committee members (see right), who have dedicated their time, energy, and expertise over the last two years.

Anti-Racism in Health Regulation Project Steering Committee:

Judy Rigby (CDTO), Chair
Deborah Adams (CRPO)
Brian Fehst (CKO)
Naakai Garnette (CMTO)
Zahra Grant (CMO)
Tim Mbugua (COTO)
Kevin McCarthy (CNO)
Brian O'Riordan
(CASLPO)
Delia Sinclair Frigault
(OCP)



CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

MEETINGS WITH REGULATORY SECTOR ORGANIZATIONS/PRESENTATIONS :

- ADM Sean Court and ADM Karima Velji, Director Allison Henry, Manager Stephen Cheng, Manager Jason Maurier and others re. proposed legislation, the CPMF, governance modernization, and other government priorities
- David A. Wright, Ontario Physicians and Surgeons of Ontario Discipline Tribunal (OPSDT) Chair, on the newly formed process for hearings
- Christine Elliott, Counsel, Fasken re. insights on health regulatory sector
- Presentation by Richard Steinecke on “Reflections on Retirement”

HPRO MEMBER STAFF KEY AREA NETWORKS

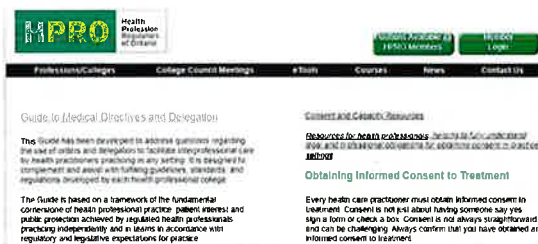
Staff have access to Networks of College areas of activity, including:

- Communications
- Compliance Monitoring
- Corporate Services
- Deputy Registrars
- Executive Assistants
- Investigations and Hearings
- Practice Advisors
- Quality Assurance
- Records Management
- Registration

EDUCATIONAL OPPORTUNITIES

HPRO’s members’ Boards/Councils, committees, and staff are provided with resources for orientation, education, and training, including:

- Governance Training (*see page 6*)
- Discipline Orientation Workshops (*see page 6*)
- Education for Health Professional Regulators of Ontario (EHPRO) (all aspects of the *RHPA* available online for members)
- Training Videos about Patient Sexual Abuse (available online for members)
- Communicators’ Day Conference (*see page 5*)



HPRO’S ONLINE RESOURCES

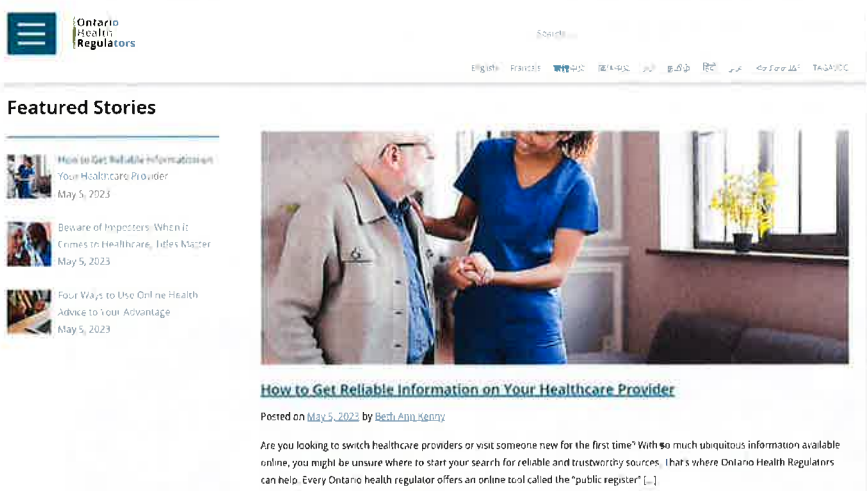
- [Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario](#)
- [Consent and Capacity Resources](#)
- [Positions available at HPRO Member Colleges](#)
- [Information on College Board of Directors/Council Meeting dates](#)

COMMUNICATIONS COMMITTEE

HPRO’s Communications Committee, led by Chair Ryan Pestana, continues to focus on encouraging public use of HPRO’s public-facing website - ontariohealthregulators.ca (OHR) - which provides links to Colleges, specifically their public registers, information about complaints, and public consultations. This work is consistent with Colleges’ duty to promote and enhance relations between Colleges and the public. Included on that site are a number of featured stories that share trusted information about “regulated health professionals and the organizations that oversee them”. These articles and more are also featured through media outlets such as “Zoomer Marketing” and social media through Facebook.

In addition to that work, Colleges’ communications teams are supported through a Network for information-sharing and an annual Communicators’ Day Conference, which was held on December 1, 2022. This conference offered sessions on governance communications lessons (Ontario College of Teachers), using the CPMF as a new communications tool, genuine EDI communications, and Accessibility for Ontarians with Disabilities Act (AODA) compliance and accessible/inclusive communication.

The OHR website features stories, written to inform the public about regulated health professionals and the organizations that oversee them



Communications Committee :

- Ryan Pestana, Chair (CMTO)
- Dave Bourne (OCP)
- Lynn Butler (CKO)
- Jef Ekins (CMRITO)
- Michelle Price (CMLTO)
- Mark Sampson (CPSO)
- Taylor Turner (College of Physiotherapists of Ontario)

Communicators’ Day Planning Subcommittee :

- Ryan Pestana, Chair (CMTO)
- Lynn Butler, CKO
- Michelle Price, CMLTO
- Taylor Turner (College of Physiotherapists of ON)

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO’s Officers and Management Committee members as well as HPRO’s Committee membership appointments for the 2023-2024 year. As recognized each year, the dedication of volunteers and support from member Colleges is a most important and valued resource.

Nominations Committee:

- Linda Gough (CMRITO), Chair (to February 28, 2023)
- Carole Hamp (CRTO)
- Anne Zeng (CTCMPAO)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair
- Genevieve Plummer (OCP)
- Ravi Prathivathi (CNO) (to August 2022)

Discipline Orientation Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Richard Steinecke (Steinecke Maciura LeBlanc) to December 31, 2022
- Julie Maciura (Steinecke Maciura LeBlanc) as of January 1, 2023

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. With virtual training options now available, HPRO is able to offer more opportunities for these training sessions.

Fall 2022 Workshops

October 14 – Basic Session 46 registrants (18 Colleges represented)

October 7 – Advanced Session 27 registrants (11 Colleges represented)

Spring 2023 Scheduled Workshops

May 26 – Basic Session

June 9 – Advanced Session

REASONS WRITING WORKSHOP

This is the second year that HPRO has provided an interactive workshop based on feedback from the Discipline Orientation sessions to enhance attendees' abilities to write reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Sessions were held on June 20, 2022 (30 registrants from 11 Colleges) and October 7, 2022 (20 registrants from 10 Colleges).

GOVERNANCE TRAINING FOR RHPA COLLEGES



This webinar for College Staff, Council, and Committee Members focuses on Colleges' core public interest functions, providing a comprehensive understanding of governance for regulators. Sessions were held on the mornings of November 3 and 10, 2022 (20 registered from 8 Colleges).

Richard Steinecke, past Faculty for HPRO's Governance Training Workshops

TRANSITIONS

HPRO MEMBERS:

- **College of Denturists of Ontario: Roderick Tom-Ying** was appointed Registrar & CEO as of December 12, 2022, following a term as Acting Registrar when **Glenn Pettifer** became Registrar of the College of Dental Hygienists of Ontario (January 3, 2022).
- **College of Medical Radiation and Imaging Technologists of Ontario: Pree Tyagi** was appointed Registrar & CEO as of March 1, 2023, following the retirement of **Linda Gough**, effective February 28, 2023. Linda Gough had served as HPRO's longest-serving Past President - eight years in total.
- **College of Nurses of Ontario: Silvie Crawford** was appointed Executive Director & CEO, effective September 8, 2022. **Carol Timmings** has served as Acting Executive Director & CEO, effective April 1, 2022, following **Anne Coghlan's** retirement.
- **College of Physiotherapists of Ontario: Anita Ashton** was appointed Interim Registrar upon the passing of **Rod Hamilton** on August 11, 2022. It was announced on April 4, 2023, that **Craig Roxborough** would become Registrar, effective May 23, 2023.
- **College of Psychologists of Ontario: Tony DeBono** was appointed Registrar & Executive Director following **Rick Morris's** retirement, effective February 27, 2023.

REGULATORY SECTOR PARTNERS AND ORGANIZATIONS:

- **Richard Steinecke**, Steinecke Maciura LeBlanc, HPRO's legal counsel, retired on December 31, 2022. **Julie Maciura** was appointed counsel as of January 1, 2023.
- **Ministry of Health: Sylvia Jones** was announced as Ontario's Deputy Premier and Minister of Health following the June 2022 provincial election. On July 7th, **Karima Velji** was appointed Assistant Deputy Minister and Chief of Nursing and Professional Practice, replacing Sean Court.

RECOGNIZING THE PASSING OF ROD HAMILTON

It was with profound sadness that HPRO learned of the passing of Rod Hamilton on August 11, 2022. Having served on the Board for many years, Rod had joined the Management Committee on June 1st, and we were looking forward to his contributions, recognizing his extensive experience in regulation and his gentle, sincere, and straightforward way of sharing his knowledge and valued opinions.

This photo of Rod was taken during HPRO's last pre-pandemic meeting (March 3, 2020), when Rod shared his thoughts about the potential for major disruptions to life as we knew it. This was just another demonstration of Rod's insight and foresight, something we continue to miss, organizationally and individually.





2022-2023 HIGHLIGHTS

**Members:**

[College of Audiologists and Speech-Language Pathologists of Ontario \(CASLPO\)](#)

[College of Chiropodists of Ontario \(COCOO\)](#)

[College of Chiropractors of Ontario \(CCO\)](#)

[College of Dental Hygienists of Ontario \(CDHO\)](#)

[College of Dental Technologists of Ontario \(CDTO\)](#)

[College of Denturists of Ontario](#)

[College of Dietitians of Ontario](#)

[College of Homeopaths of Ontario \(CHO\)](#)

[College of Kinesiologists of Ontario \(CKO\)](#)

[College of Massage Therapists of Ontario \(CMTO\)](#)

[College of Medical Laboratory Technologists of Ontario \(CMLTO\)](#)

[College of Medical Radiation and Imaging Technologists of Ontario \(CMRITO\)](#)

[College of Midwives of Ontario \(CMO\)](#)

[College of Naturopaths of Ontario \(CONO\)](#)

[College of Nurses of Ontario \(CNO\)](#)

[College of Occupational Therapists of Ontario \(COTO\)](#)

[College of Opticians of Ontario](#)

[College of Optometrists of Ontario](#)

[College of Physicians and Surgeons of Ontario \(CPSO\)](#)

[College of Physiotherapists of Ontario](#)

[College of Psychologists of Ontario](#)

[College of Registered Psychotherapists Therapists of Ontario \(CRPO\)](#)

[College of Respiratory Therapists of Ontario \(CRTO\)](#)

[College of Traditional Chinese Medicine Practitioners and](#)

[Acupuncturists of Ontario \(CTCMPAO\)](#)

[Ontario College of Pharmacists \(OCP\)](#)

[Royal College of Dental Surgeons of Ontario \(RCDSO\)](#)

Health Profession
Regulators of Ontario
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**College of Chiropractors of Ontario
Advertising Committee Report to Council
June 21, 2023**

835

Members: Dr. Colin Goudreau, *Chair*
Dr. Jarrod Goldin
Mr. Gagandeep Dhanda
Dr. Janine Taylor, *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 met once on May 26, 2023 since the last meeting of Council.

The Committee received an orientation on the Advertising Committee terms of reference, standard of practice, policies, guideline, and advertising checklist. This included reviewing the definition of advertising (which includes messaging on websites and social media), specific sections of the advertising standard of practice and guideline, and the process for members to submit proposed advertisements and receive feedback from CCO. The Committee also reviewed the content related to advertising, websites, and social media in the Regulatory Excellence Workshop (REW).

The Committee had the following discussions with respect to advertising:

- The Committee acknowledged that very few members submit proposed advertisements for review, as only two proposed advertisements had been submitted in 2023. The Committee brainstormed other mechanisms to facilitate the review of advertisements, short of a formal complaint.
- Although complaints regarding advertising, websites and social media have dramatically decreased from 2020 to 2022, the Committee discussed that individuals may be hesitant to file formal complaints about advertising to CCO, as this requires the member to know who filed the complaint against them. This may create a deterrent to filing a complaint.

836

- There was discussion that during the COVID-19 pandemic, CCO would communicate informally to members if information was brought to CCO's attention that a member's advertisement, website, or social media post may not be in compliance with COVID-19 protocols. The Committee had discussion that a similar, more informal method of reporting and responding to alleged advertising breaches to CCO outside of a formal complaint may help in removing this deterrent for individuals to file formal complaints about advertising.
- The Committee also discussed that CCO having a presence on social media could also facilitate allegations of breaches of the advertising standard of practice being brought to CCO's attention in a more informal manner.
- Since the Advertising Committee is a non-statutory Committee that reports to the Executive Committee, the Advertising Committee is requesting the Executive Committee review the Advertising Committee terms of reference to consider these discussions. The Committee is also requesting the Executive Committee to review Policy P-016: Public Display Protocol and specifically, to review the requirement to notify CCO ten business days prior to an event. The Committee noted that a similar requirement was removed from Policy P-017: Public Screenings in 2021.
- There was also discussion that since review of member websites and social media is included as part of Peer and Practice Assessment, the peer assessors may benefit from a presentation on advertising, websites, and social media at the next Peer Assessor Workshop.

The Committee will be further reviewing the draft Handbook for Advertising, Websites and Social Media at its next meeting.

Acknowledgements

I would like to thank the committee members and staff support for the Registration Committee for all of their contributions during this time.

Respectfully submitted,

Dr. Colin Goudreau
Chair, Advertising Committee

ADVERTISING COMMITTEE
TERMS OF REFERENCE
(Approved by Council: June 17, 2020)

1. Composition

- 1.1 The Advertising Committee is composed of two elected members, one public members, and one non-Council member.

2. 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.

3. Accountability and Reporting

3.1 The Advertising Committee is a non-statutory committee pursuant to By-law 11 in accordance with S. 94 (1)(i) of the *Health Professions Procedural Code*, Schedule 2 to the *Regulated Health Professions Act, 1991*.

3.2 The Committee reports to the governing Council via the Executive Committee.

4. Duties under the *Regulated Health Professions Act, 1991*

4.1 The Advertising Committee will:

- advise members of the Committee's procedures for reviewing advertising;
- review advertising submitted by a member for approval and feedback, in accordance with Policy P-004: Advertising Committee Protocol;

5. Meetings

5.1 The Advertising Committee will conduct meetings approximately twice per year in person or by teleconference call as often as necessary.

5.2 The Advertising Committee will review submitted advertisements, in accordance with Policy P-004: Advertising Committee Protocol, between meetings.

ITEM 4.3

**College of Chiropractors of Ontario
Quality Assurance Committee Report to Council
June 21, 2023**

839

Members:

Dr. Paul Groulx, Chair
Dr. Kyle Grice
Ms Zoe Kariunas
Mr. Shawn Southern
Dr. Elizabeth Anderson-Peacock, non-council member

Staff:

Mr. Joel Friedman, Deputy Registrar
Dr. Katherine Tibor, Director of Professional Practice
Ms. Jo-Ann Willson, Registrar and General Counsel

Committee Mandate

- To develop, establish and maintain:
 - programs and standards of practice to assure the quality of the profession;
 - standards of knowledge and skill and programs to promote continuing competence among members; and
 - standards of professional ethics.
- To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members.

Report

Since the last meeting of Council, the Quality Assurance (QA) Committee met once on May 31, 2023

Recommendations

The Committee has the following recommendations to Council:

Recommendation 1

That Council approve Draft Guideline G-015: Virtual Care for Distribution and Feedback from Stakeholders, including members.

The Committee is recommending approval for distribution and feedback of a draft guideline related to virtual care. CCO adopted temporary guidance for “telecare” during the COVID-19 pandemic; however, the Committee was of the view that a permanent guideline should be approved to replace this temporary guidance. The draft guideline is intended to address registration requirements, clinical competency, limitations, standards and expectations,

professional liability requirements, record keeping and billing, and jurisdictional considerations associated with virtual care.

In its consideration of this topic, the Committee reviewed comparable guidelines from 12 other Ontario regulatory colleges. The Committee also considered amending a current standard of practice, policy or guideline to include content related to providing virtual care; however, determined that a standalone document would be more appropriate and consistent with the practices of other Ontario regulators.

The Committee is of the view that this new draft guideline should be circulated for feedback from stakeholders, including members, and any feedback will be reviewed by the Committee in making any final recommendations to Council.

Recommendation 2

That Council approve amendments to Competencies for Council and Committee Members to include Peer Assessors.

The Committee reviewed and is recommending draft amendments to the Competencies for Council and Committee Members document to include competencies for peer assessors. These competencies are largely consistent with those of Council and committee members, while taking into account the unique role of peer assessors of acting as ambassadors for CCO, and would complement the eligibility requirements for being a peer assessor in Policy P-051: Peer Assessors.

Additional Reporting

The committee received an orientation to the legislation context of the QA Committee and reviewed its standards of practice, policies and guidelines. The Committee identified the following topics as part of its workplan for 2023/2024:

Clinical Competency in Controlled Acts

The Committee continued its discussion on further ways of assessing competency in controlled acts that was raised at the Peer Assessor workshop in January 2023. The Committee is considering the benefit of collecting further statistics related to the frequency of the performance of controlled acts and the chiropractic techniques used by members that could be gathered as part of 2024 registration renewal. The Committee will be considering the addition of renewal questions to be recommended to the Registration Committee in its consideration of 2024 renewal.

The Committee also had discussion on the mandatory continuing education (CE) hours related to controlled acts and the CE opportunities that exist for members in these areas. The Committee will be reviewing Standard of Practice S-003: Professional Portfolio, which stipulates the requirements CE, as part of this review.

Chiropractic Care of Animals

The Committee reviewed submissions made by CCO on the regulation of the chiropractic care of animals to the consultation entitled “*A Proposal to Modernize the Veterinarians Act*”. The Committee will continue to monitor any new developments related to this consultation.

Peer and Practice Assessment (PPA)

The Committee received a report on the PPA program. 256 members have been selected for PPA 1.0 and 314 member have been selected for PPA 2.0. The PPA fillable PDF forms have been updated on the CCO website. Assessments will soon begin with a goal to complete them by the end of the calendar year 2023. The Committee also directed that peer assessors review and sign the code of conduct like Council and committee members.

CCO Workshops

CCO continues to present the *Regulatory Excellence for CCO Members Workshop (REW)* virtually, with the most recent 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 reviewed presentation software that is used by several other Ontario regulatory colleges and will be looking to implement this software to create shorter, permanent, interactive webinars, beginning with the topic of advertising, websites and social media.

Cyber Security

The Committee continued its discussion on cyber security and will be reviewing this topic further with a specific focus on the storing and protection of financial information in members’ electronic record keeping systems.

Ordering, Taking and Interpreting Radiographs

The Committee will review Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs, with specific review of the requirement to collect information related to the gender of the patient in taking radiographs.

Core Competencies for CCO Members

The Committee reviewed the Core Competencies for CCO Members document as it relates to the Federation of Canadian Chiropractic's (FCC) Entry-to-Practice Competency Profile for Chiropractors in Canada. The Committee will continue this review and look for ways to make the Core Competencies document more prominent.

Conflict of Interest in Commercial Ventures

The Committee reviewed a question related to third-party companies doing social medial advertisements on behalf of members for a fee. In its review, the Committee was of the opinion that review of Standard of Practice S-019: Conflict of Interest in Commercial Ventures should be added to the committee's workplan.

Acknowledgements

I would like to thank the members and staff of the QA committee for all of their contributions during this time.

Respectfully submitted,

Dr. Paul Groulx
Chair, Quality Assurance Committee

Guidance on Telecare (excerpt from April 17, 2020 President's Message)

As of April 17, 2020, CCO members may provide telecare services to new patients - meaning an individual who does not have a pre-existing, in-person doctor/patient relationship with the member - as this is deemed to be essential. Without obtaining initial information from the patient, members cannot be in a position to advise if the patient requires urgent/emergency in-person treatment.

To be very clear, these protocols governing telecare are temporary (during the period of the Ontario emergency order). CCO will review and provide further guidance following the lifting of this order.

CCO members may use an initial telecare screening consultation to determine:

- If the new patient is in need of urgent/emergency care that requires in-person chiropractic treatment.
- If it is determined that in-person treatment is required, members must comply with the screening, practice, hygiene and protective equipment protocols for in-person urgent/emergency care.
- If the new patient requires urgent/emergency care that is outside the chiropractic scope of practice, the member must make a referral to the appropriate health professional.

If, however, it is determined that the new patient does not require urgent/emergency in-person care but is in need of essential chiropractic services that could be offered remotely through telecare (i.e. time sensitive situation or to avoid adverse patient outcomes as per the Chief Medical Officer Directive), CCO members may now provide telecare services to that patient with the following protocols:

- The member must be registered in the General class of registration and ensure they have appropriate malpractice insurance or protection for telecare services.
- Both the member and patient must reside in the province of Ontario.
- The member must ensure they have achieved, maintain and can demonstrate clinical competency in providing telecare (as required of CCO members for every diagnostic and therapeutic procedure).
- The member must ensure a safe, secure and confidential platform is being used for telecare, and is used with the patient's authorization.
- The member is required to maintain the privacy of personal health information in accordance with the *Personal Health Information Protection Act, 2004* and CCO standards of practice, policies and guidelines, including the use of technological safeguards, such as secure transmission systems and storage mechanisms, password protection for any devices used for telecare services, and physical safeguards to prevent unauthorized use.
- The member must communicate to the patient, in advance, if any fee is to be charged for telecare services.
- The member must maintain records and billing practices consistent with CCO standards of practice, policies and guidelines that explicitly indicate that the services provided are telecare in nature.

In addition, members must use their professional judgement to determine whether:

- Telecare is appropriate for that patient without an in-person examination;
- The patient has the physical, cognitive, language and technological capabilities to be able to participate in telecare services; and
- There are risks, contra-indications or limitations to performing telecare services that outweigh the benefits for that patient.

To summarize - CCO members may now offer consultation, obtain informed consent, conduct modified assessment/examination, and provide diagnosis/clinical impression, plan of care recommendations, and other telecare services within the chiropractic scope of practice to new patients via telecare. These services include recommending and monitoring of appropriate exercises, recommending appropriate devices or supports, advice on ergonomics, nutrition, hot/cold therapies, lifestyle and home care.

In providing telecare services members must understand and acknowledge the limitations of telecare, specifically with respect to: care and communication with patients, including limitations to the performance of certain orthopedic, neurological and chiropractic assessments; limitations to providing a definitive diagnosis (in which case a clinical impression may be more appropriate), and recognition that no hands-on assessment or care will be provided through telecare.

Consistent with CCO requirements for periodic assessment and treatment review, members providing telecare must evaluate the new patient's progress no later than two-weeks after the onset of treatment (and thereafter according to CCO guidelines on assessment/reassessment).

If, after the initial two-week period the patient's condition worsens or does not improve, the member must take the appropriate next steps either to refer the patient to another qualified healthcare professional, to terminate care, or if it is established that the patient is now in need of urgent/emergency care, to follow CCO protocols for the provision of urgent/emergency in-person care under the Ontario legislature's emergency order.

In these extraordinary times, and for the duration of the Ontario emergency order, CCO has provided these enhanced protocols for telecare in the public interest; to allow individual Ontarians to receive ethical and competent chiropractic care that could forestall an escalation of their condition to that requiring urgent/emergency care, and through these measures to divert additional strain on front line health resources in our province in support of the Ministry's effort to ensure we have the necessary capacity to successfully manage the impacts of COVID-19.

Please note that the situation remains very fluid and that further practice directives may be necessary as events require. I thank you for your patience and understanding.

CCO MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES

Mission

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Vision

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Values

- Integrity
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- Innovative
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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 committees 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

PEER ASSESSORS



Policy P-051

Quality Assurance Committee

Approved by Council: September 13, 2008

Amended: April 16, 2013, June 17, 2015, September 15, 2018

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

INTENT

To outline the Quality Assurance Committee's process and criteria for appointing, re-appointing, discharging and thanking peer assessors for the Peer and Practice Assessment Program.

DESCRIPTION OF PROGRAM

The Peer and Practice Assessment Program is one component of the quality assurance program. The Quality Assurance Committee developed the Peer and Practice Assessment Program to enhance members' learning opportunities and ensure their compliance to CCO's regulations, standards of practice, policies and guidelines.

- The program is designed to be educational, not punitive, in nature;
- Participation in all Quality Assurance initiatives is mandatory for all CCO members holding a General ('Active') certificate of registration, as set out by the *Regulated Health Professions Act, 1991*.
- CCO randomly selects members to participate in the program and matches the selected member with an assessor in his/her electoral district.
- Members may volunteer to participate in the program before being chosen through random selection.
- Information gathered during the peer and practice assessment is only shared with the members of the Quality Assurance Committee. No other committee will have access to this information.

PROCEDURE FOR MEMBERS TO APPLY OR RE-APPLY FOR PEER ASSESSOR APPOINTMENT

A member may apply or re-apply to CCO to become a peer assessor by submitting his/her professional portfolio and a cover letter outlining the reason(s) he/she is interested in being appointed or re-appointed as a peer assessor.

A member is eligible for appointment as a peer assessor if, on the date of the appointment, the member:

- is registered in the General ('active') class of registration of CCO;
- has been registered in the General class of registration for at least five years;
- has actively practised chiropractic in Ontario for at least five years;
- is currently actively providing direct care to patients;
- has been peer assessed;
- practises primarily in Ontario;
- is not in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law;
- is not in default in completing and returning any form required by CCO;
- is not the subject of any disciplinary or incapacity proceeding;
- has not had a finding of professional misconduct, incompetence or incapacity against him/her in the preceding three years;
- has not been disqualified from Council or a committee of CCO in the previous three years;
- is otherwise a member in good standing with CCO;
- is not a member of the Council of a college of any other health profession;
- declares that all content on their professional websites and social media accounts are in compliance with CCO standards of practice, policies and guidelines
- is not currently or has not been a member of the CCO's staff at any time within the preceding three years.

PROCESS FOR APPOINTMENT AND RETENTION OF PEER ASSESSORS

The Quality Assurance Committee shall appoint and re-appoint peer assessors at the first Quality Assurance Committee meeting following the annual CCO elections, or as soon thereafter as practicable.

The term of a peer assessor is approximately three years from the date he/she is appointed.

A peer assessor may request a deferral for appointment and/or leave of absence for up to one year if he/she provides the Quality Assurance Committee with reasons for the request that are satisfactory to the Committee.

When the member's three-year appointment nears its completion, the member may apply for re-appointment.

A member who has served as a peer assessor for nine consecutive years, or three consecutive terms, is ineligible for re-appointment as a peer assessor until a full three-year term has passed since he/she last served as a peer assessor.

APPOINTMENT CRITERIA

When appointing peer assessors, the Quality Assurance Committee will consider the following:

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

DISQUALIFICATION OF PEER ASSESSORS

A member will be discharged as a peer assessor if he/she:

- breaches one of the qualifications required to become a peer assessor as outlined in this policy;
- breaches confidentiality or any information learned through the peer and practice assessment and/or other Quality Assurance programs;
- is absent from two consecutive CCO peer assessor training days; or
- fails to discharge properly or honestly any office to which he/she has been appointed, in the opinion of the Quality Assurance Committee.

COMPLETION OF APPOINTMENT

A member will be considered to have completed their appointment and thanked for their services if the member does any of the following:

- resigns in writing;
- requests an extended leave of absence as a peer assessor;
- completes his/her term of service and is not re-appointed; or
- completes nine consecutive years or three consecutive term.

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

BY-LAW 1: DEFINITIONS AND INTERPRETATION

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, February 23, 2016, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), April 14, 2021 (came into effect June 16, 2021), November 25, 2021 (came into effect February 25, 2022)

1.1 In these by-laws, unless the context otherwise dictates,

“Administrator” in the context of a chiropractic educational institution means one who occupies an executive, management and/or policy-making position;

“AFC” means the Alliance for Chiropractic

“Appointed Member” means a member of the Council appointed by the Lieutenant Governor in Council;

“By-laws” means by-laws made by the Council;

“CAC” means the Chiropractic Awareness Council;

“CCA” means the Canadian Chiropractic Association;

“CCEB” means the Canadian Chiropractic Examining Board;

“CCEC” means the Council on Chiropractic Education (Canada);

“CCPA” means the Canadian Chiropractic Protective Association;

“CCRF” means the Canadian Chiropractic Research Foundation;

“*Chiropractic Act*” means the *Chiropractic Act, 1991*;

“CMCC” means the Canadian Memorial Chiropractic College;

“CNAC” means the Canadian National Alliance for Chiropractic;

“*Code*” means the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*;

“Council Member” means a member of the Council of CCO

“CSCE” means the Canadian Society of Chiropractic Evaluators;

“CCO” means the College of Chiropractors of Ontario;

“Council” means the Council of the CCO;

“Elected Member” means a member of the Council elected by the members of the CCO;

“FCC” mean the Federation of Canadian Chiropractic;

“Member” means a member of the CCO;

“OCA” means the Ontario Chiropractic Association;

“Non-Chiropractic Committee Member” means an individual appointed under the by-laws to serve as a member of a committee who is neither a member of the Council nor a Member;

“Non-Council Member” means a committee member who is a member of the College but is not a member of Council;

“Prescribed” means prescribed in the regulations or by-laws;

“Primary practice” is the business address of the member as reported to CCO in accordance with the RHPA and By-law 17;

“Primary residence” is the member’s residential address as reported to CCO in accordance with By-law 17;

“RHPA” means the *Regulated Health Professions Act, 1991*;

“UQTR” means Université du Québec à Trois-Rivières.

- 1.2 The definitions contained in the *RHPA* and *Chiropractic Act* are incorporated and adopted in the by-laws unless the context otherwise dictates.
- 1.3 Any act referred to by name shall mean that act in force at the relevant time as amended, or replaced.
- 1.4 The by-laws shall be governed and construed in accordance with the laws of Ontario.

- 1.5 In the event of an inconsistency between the by-laws and the *RHPA*, *Chiropractic Act*, or the regulations under those acts, the *RHPA*, the *Chiropractic Act* and the regulations under those acts shall govern.
- 1.6 The CCO and its representatives are excused from complying with an obligation set out in these by-laws, including acting within a specified time period, where compliance is not feasible because of an emergency such as a pandemic or war.
- 1.7 The registrar is authorized to make non-substantive corrections to the official version of these by-laws including where there are typographical errors, spelling and grammar mistakes, formatting anomalies, incorrect numbering of provisions, and inaccurate cross-references to other provisions.

BY-LAW 2: SEAL

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015

- 2.1 The seal shown on this page is the seal of CCO.
- 2.2 The registrar, president, vice-president and treasurer and such other person or persons as may be authorized by Council shall each have authority to affix the seal of CCO to any document.

BY-LAW 3: EXECUTION OF DOCUMENTS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019)

- 3.1 Unless otherwise provided by law or the by-laws, a document of CCO shall be signed by: the registrar or the deputy registrar and one of the president, vice-president or treasurer if the document has financial implications for CCO; and the registrar or the deputy registrar, or someone authorized by him/her, if the document does not have financial implications for CCO.
- 3.2 Notwithstanding any provision to the contrary contained in the by-laws of CCO, Council may, at any time, by resolution, direct the manner in which, and the person or persons by whom, any instrument in writing or class of instruments in writing made on behalf of CCO may or shall be executed.
- 3.3 A person who may sign a document may impress the seal of CCO upon the document if the seal is required and if the document has been signed as required by the by-laws.
- 3.4 Minutes of Council meetings shall be signed by any two of the president, vice-president, treasurer or registrar.
- 3.5 Proposed regulations shall be signed by the registrar and one of the president, vice-president or treasurer.
- 3.6 Decisions made by the panel of the Discipline Committee and/or the Fitness to Practise Committee of CCO shall be signed by all members participating in the decision.
- 3.7 Documents of a committee, such as a notice of a summons, shall be signed by a representative of the committee.

BY-LAW 4: BANKING AND FINANCE

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, September 4, 2020 (came into effect November 26, 2020)

- 4.1 The Executive Committee shall appoint a chartered bank where deposits are insured by the Canadian Deposit Insurance Corporation for the use of CCO.
- 4.2 All money belonging to CCO shall be deposited in the name of CCO with the bank without deduction for any purpose whatsoever.
- 4.3 The registrar or deputy registrar may endorse any negotiable instrument for collection on account of CCO through the bank for deposit to the credit of CCO with the bank.
- 4.4 The registrar or deputy registrar and one of the president, vice-president or treasurer may invest or reinvest funds of CCO, not immediately required, in:
- (a) bonds, debentures, or other evidences of indebtedness of or guaranteed by the Government of Canada or the Government of Ontario; or
 - (b) deposit receipts, deposit notes, certificates of deposit, and other similar instruments issued or endorsed by a chartered bank.
- 4.5 The Executive Committee may by resolution decide to invest or reinvest funds of CCO, not immediately required, in securities outlined in By-law 4.4 above.
- 4.6 The registrar or deputy registrar and one of the president, vice-president or treasurer shall sign documents to implement a decision made by the Executive Committee pursuant to By-law 4.5 above.
- 4.7 The Council may from time to time by resolution:
- (a) borrow money on the credit of CCO;
 - (b) limit or increase the amount or amounts to be borrowed; and
 - (c) secure any present or future borrowing, or any debt, obligation, or liability of the College, by charging, mortgaging, hypothecating or pledging all or any of the real or personal property of CCO, whether present or future.

- 4.8 The Executive Committee shall not exercise the powers or duties of the Council under By-law 4.7 above or take any similar action.
- 4.9 The registrar or deputy registrar and one of the president, vice-president or treasurer shall sign documents to implement a decision made by the Council pursuant to By-law 4.7 above.
- 4.10 Goods or services may be purchased or leased for the benefit of CCO if the purchase or lease is approved by:
- (a) the registrar or the deputy registrar, if the resulting obligation does not exceed \$25,000;
 - (b) the registrar or the deputy registrar and one of the president, vice-president, or treasurer if the resulting obligation is between \$25,000 and \$50,000; and
 - (c) the registrar or the deputy registrar and two of the president, vice-president, or treasurer if the resulting obligation exceeds \$50,000.

BY-LAW 5: FINANCIAL YEAR AND AUDITING

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020)

- 5.1 The financial year of CCO shall be from the 1st of January of one year to the 31st of December of the same year.
- 5.2 Council shall appoint annually one or more Auditors who are licensed under the *Public Accounting Act, 2004* to audit CCO's financial statements.
- 5.3 Financial statements for CCO shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor's report, shall be presented annually to Council.
- 5.4 The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.
- 5.5 The Auditor may be re-appointed at the discretion of Council.
- 5.6 If the Auditor is unable to continue his or her duties or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor.
- 5.7 Council shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- 5.8 Council shall set the remuneration of the Auditor and confirm the appointment and remuneration in writing.
- 5.9 The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of CCO and is entitled to require from the Council members, officers and employees and relevant payees of CCO such information as in his or her opinion is necessary to enable him or her to report as required by law or under this section.
- 5.10 The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting that he or she attends on any part of the business of the meeting that concerns them as Auditor.

- 5.11 The auditor shall report to the Executive Committee upon reasonable request by the Executive Committee and in any event at the last meeting of the Executive Committee before the annual meeting of Council.
- 5.12 The auditor shall report in writing to the Council at the annual meeting of Council on the financial statement which shall be submitted to each annual meeting and shall state in the report whether, in his/her opinion, the financial statement presents fairly the financial position of CCO and the results or its operations for the period under review in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding period.
- 5.13 The Executive Committee shall not exercise the powers or duties of the Council under this by-law.

BY-LAW 6: ELECTION OF COUNCIL MEMBERS

Approved by Council: February 24, 2001

Amended: February 12, 2002, September 24, 2009, September 17, 2015, February 23, 2016, February 28, 2017, April 24, 2018, January 6, 2019, June 19, 2019 (came into effect September 13, 2019), September 14, 2019 (came into effect November 28, 2019), September 4, 2020 (came into effect November 26, 2020), April 14, 2021 (came into effect June 16, 2021), September 10, 2021 (came into effect November 25, 2021), January 20, 2023 (came into effect January 20, 2023)

6.1 Electoral 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.

Electoral 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.

Electoral 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.

Electoral District 4: Central comprised of the city of Toronto and the regional municipality of York.

Electoral 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.

Electoral District 6: Western comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth and Oxford, and the municipality of Chatham-Kent.

Electoral District 7: Academic comprised of the entire province of Ontario.

6.2 A member is eligible to vote in District 7 and 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.

- 6.3 For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.

| Column 1 | Column 2 |
|--------------------|-------------------|
| Electoral District | Number of Members |
| 1 | 1 |
| 2 | 1 |
| 3 | 1 |
| 4 | 2 |
| 5 | 2 |
| 6 | 1 |
| 7 | 1 |

- 6.4 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. The member shall continue to serve in office until his/her successor takes office in accordance with this by-law.
- 6.5 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.
- 6.6 An election of members to Council shall be held in or about of March of each year in accordance with the following schedule:
- (a) in 2021 and every third year after that for electoral district 1 and one Council member for each of electoral districts 4 and 5;
 - (b) in 2022 and every third year after that for electoral districts 2 and 3 and one Council member for electoral district 4;
 - (c) in 2023 and every third year after that for electoral districts 6 and 7 and one Council member for electoral district 5.
- 6.7 The registrar shall set the date for the election of members to Council.
- 6.8 A member is ineligible to 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 providing and returning any information required by CCO.

- 6.9 A member is eligible for election to Council in an electoral district, if on the closing date of nominations and anytime up to and including the date of the election:
- (a) 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;
 - (b) 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;
 - (c) the member is not in default in completing and returning any form required by CCO;
 - (d) the member is not the subject of any disciplinary or incapacity proceeding
 - (e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years;
 - (f) the member has not resigned from a position on Council, before completing their term, within the last three years and four months.
 - (g) the member does not have an outstanding code of conduct matter with the College.
 - (h) the member is not, and has not been in 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;
 - (i) 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;
 - (j) the member has not been disqualified from the Council or a committee of the Council in the previous six years;
 - (k) the member is not a member of the Council or of a committee of the College of any other health profession;

- (l) the member has not been a member of the staff of CCO at any time within the preceding three years;
- (m) for District 7 only, the member is a member of the faculty of an accredited educational institution; and
- (n) 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.

- 6.10 The registrar shall supervise the nomination of candidates.
- 6.11 No later than 50 days before the date of an election, the registrar shall notify every member eligible to vote of the date, time and place of the election and of the nomination procedure.
- 6.12 The nomination of a candidate for election as a member of Council, and undertaking to the CCO Registrar shall be in writing and shall be given to the registrar at least 35 days before the date of the election (i.e., the nomination date).
- 6.13 The nomination shall be signed by the candidate and by at least 10 members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.
- 6.14 The candidate shall provide to the registrar by the nomination date or such later date as the registrar permits, biographical information in a manner acceptable to the registrar including content that is suitable for CCO's public interest mandate, for the purpose of distribution to eligible members in accordance with the by-laws.
- 6.15 The candidate may withdraw his or her nomination for election to Council no later than 25 days before the date of the election.
- 6.16 If the number of candidates nominated for an electoral district is less than or equal to the number of members to be elected, the registrar shall declare the candidates to be elected by acclamation.
- 6.17 The registrar shall supervise and administer the election of candidates and, for the purpose of carrying out that duty, the registrar may, subject to the by-laws,
 - (a) appoint returning officers and scrutineers;
 - (b) establish a deadline for the receiving of electronic ballots;

- (c) provide for the notification of all candidates and members of the results of the election;
 - (d) if there has been a non-compliance with a nomination or election requirement, determine whether the non-compliance should be waived in circumstances where the fairness of the election will not be affected; and
 - (e) provide for the destruction of electronic ballots following an election.
- 6.18 No later than 10 days before the date of an election, the registrar shall send electronically, or any other medium as determined by Council, to every member eligible to vote in an electoral district in which an election is to take place, a list of the candidates, the candidates' biographical information if provided, an explanation of the voting procedure, and electronic access to a ballot for voting.
- 6.19 Voting for elections of member to Council shall be by electronic method or any other medium as determined by Council.
- 6.20 The instruction for voting shall contain the following:
- a) a member may cast as many votes on a ballot in an election of members to the Council as there are members to be elected to Council from the electoral district in which the member is eligible to vote;
 - b) a member shall not cast more than one vote for any one candidate;
 - c) a member shall clearly indicate the voter's choice in one of the appropriate places on the electronic ballot to indicate the voter's choice;
 - d) the electronic vote shall be received by 4 pm on the date indicated in the notice of election and voting guide; and
 - e) the electronic vote will not be counted in the election unless it has been received in accordance with the instructions for voting.
- 6.21 On the date of the election, the registrar or his/her agent shall tally the votes for each candidate in each electoral district with a contested election.
- 6.22 The counting of the electronic votes shall be conducted so that no person knows for whom any member voted.

- 6.23 Candidates or their representatives may be present when the electronic votes are counted.
- 6.24 If there is a tie in an election of members to the Council, the registrar shall break the tie by lot.
- 6.25 A candidate may require a recount by giving a written request and depositing the sum of \$150 with the registrar no more than 15 days after the date of an election.
- 6.26 The registrar shall hold the recount no more than 10 days after receiving the request.
- 6.27 If the recount changes the election result, the full amount of the deposit shall be refunded to the candidate. If the recount does not change the election result, CCO will keep the deposit to partially offset recount costs, including staff time.
- 6.28 When there is an interruption of communications during a nomination or election, the registrar shall extend the holding of nominations and election for such minimum period of time as the registrar considers necessary to compensate for the interruption.
- 6.29 The Council shall disqualify an elected member from sitting on Council if the elected member:
- (a) is subject of any disciplinary or incapacity proceeding;
 - (b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;
 - (c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;
 - (d) fails to attend two consecutive meetings of the Council or of a committee or of a subcommittee in which he/she is a member, without reasonable cause in the opinion of Council;
 - (e) fails to attend a hearing or review of a panel for which he/she has been selected, without reasonable cause in the opinion of Council;
 - (f) becomes 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 or the Accreditation Standards and Policies Committee or the CCEC of the FCC;

- (g) in the case of a Council member from District 7, ceases to be a member of the faculty of CMCC;
 - (h) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC and UQTR;
 - (i) becomes a member of the Council or a committee of the College of any other health profession;
 - (j) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;
 - (k) fails to discharge properly or honestly any office to which he/she has been elected or appointed or engages in conduct unbecoming of a Council member, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;
 - (l) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by a CCO committee or court of law;
 - (m) becomes in default of completing and returning any form required by CCO; or
 - (n) with the exception of District 7 (Academic), becomes a member of the faculty of an accredited educational institution.
- 6.30 A council member shall resign from Council prior to applying for any CCO staff position.
- 6.31 The seat of an elected Council member shall be deemed to be vacant upon the death, resignation or disqualification of the Council member.
- 6.32 If the seat of an elected council member becomes vacant in an electoral district no more than 12 months before the expiry of the member's term of office, the Council may,
- (a) leave a seat vacant;
 - (b) appoint as an elected member the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of council members for that electoral district; or

- (c) direct the registrar to hold an election in accordance with this by-law for that electoral district.
- 6.33 If the seat of an elected council member becomes vacant in an electoral district more than 12 months before the expiry of the member's term of office, the registrar shall hold an election in accordance with this by-law for that electoral district.
- 6.34 The term of a member appointed under By-law 6.32(b) or elected in an election under By-law 6.32(c) shall continue until the time the former council member's term would have expired.
- 6.35 Despite By-law 6.32, 6.33, and 6.34, where vacancy would result in the Council not being properly constituted, the Council (in anticipation of the event before it is not properly constituted) or the Executive Committee (after the Council is not properly constituted) may appoint as an elected member for that district an eligible member in that electoral district, where feasible. The appointed member shall serve until the vacancy can otherwise be filled for that district. When temporarily filling the vacancy in this way, the Council or the Executive Committee shall:
- (a) solicit interest from eligible members where feasible¹,
 - (b) take into account the criteria set out in By-law 12.5,
 - (c) require the prospective appointed member to sign an undertaking to not seek or accept a nomination in the next election for the electoral district before the appointment becomes final².
- 6.36 If, within 90 days from the date of the election, the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any member of Council, the Council shall hold an inquiry and decide whether the election of the member is valid and, if an election is found to be invalid, the Council shall direct another election to be held.
- 6.37 The election in District 1 in 2020 shall be for approximately a one-year term commencing with the first regular meeting of Council immediately following the election.

¹ There may not be sufficient time to solicit interest in every case and Council should be reconstituted as soon as possible.

² This is intended to preserve the neutrality of the process. Where a person intends to run in the next election, they would receive a distinct advantage in being appointed to fill the vacancy until the election is held.

- 6.38 Where insufficient candidates are nominated for a district by the close of nominations, the Council may nominate a member even though the member does not have his/her primary practice and is not engaged in the practice of chiropractic in the district, and for District 7, is not a member of the faculty of the CMCC.

BY-LAW 7: ELECTIONS (WITHIN COUNCIL)

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), November 25, 2021 (came into effect February 25, 2022)

- 7.1 An elected member of the Council is eligible:
- (a) to vote for elections within Council;
 - (b) for election to the position of president, vice-president or treasurer; and
 - (c) for election to the position of chair or member of a statutory or non-statutory committee;
- if the member is eligible for election to Council as of that date.
- 7.2 An appointed member of the Council is eligible:
- (a) to vote for elections within Council;
 - (b) for election to the position of president, vice-president or treasurer; and
 - (c) for election to the position of chair or member of a statutory or non-statutory committee.
- 7.3 The Council shall at the first meeting of Council following the general election, or as soon thereafter as practicable, elect a president, vice-president and treasurer to hold office until the first meeting of Council following the general election in the subsequent year, and if an election is not so held, the president, vice-president and treasurer for the preceding year shall continue in office until their successors are elected.
- 7.4 The election of the president, vice-president and treasurer shall be by secret ballot using generally accepted democratic procedures, and where more than two council members are nominated, the nominee who receives the lowest number of votes on each ballot shall be deleted from the nomination unless one nominee receives a majority of the votes cast on the ballot, and this procedure shall be followed until one nominee receives a majority of the votes cast.
- 7.5 Each member of Council has one vote with respect to each of the offices of president, vice-president and treasurer.

- 7.6 The president is the chief officer of CCO and the vice-president shall assist the president in the discharge of his/her duties.
- 7.7 The president, vice-president or treasurer, may be removed from office by a two-thirds vote of the Council at a special meeting called for that purpose, and the Council may elect a new president, vice-president or treasurer from its members to hold office for the remainder of the year.
- 7.8 The office of president, vice-president or treasurer becomes vacant if the holder of the office dies, resigns or stops being a council member.
- 7.9 If the office of the president becomes vacant, the vice-president shall become the president for the unexpired term of the office and the office of vice-president thereby becomes vacant.
- 7.10 The Council shall fill any vacancy in the office of vice-president or treasurer using the procedures in By-law 7.4 at a special meeting which the president shall call for that purpose as soon as practicable after the vacancy occurs.
- 7.11 The president of the Council shall be the chair of the Executive Committee.
- 7.12 The Council shall at the first meeting of Council following the general election, or as soon thereafter as is practicable, elect the chairs and members of all statutory and non-statutory committees of CCO. If such elections are not so held, the chairs and members of the committees for the preceding year shall continue until their successors are elected.
- 7.13 The election of chairs and members of statutory and non-statutory committees shall be by secret ballot using generally accepted democratic procedures, and where more individuals are nominated than available positions, the nominee who receives the lowest number of votes on each ballot shall be deleted from nomination and this procedure shall be repeated until each nominee receives a majority of the votes cast.
- 7.14 Following the election of a particular committee, a member of that committee shall be elected as chair. Each member of Council has one vote with respect to the position of chairs of all statutory and non-statutory committees.
- 7.15 The chair of any statutory or non-statutory committee may be filled by an elected or appointed member of Council but not by a non-council member of CCO.

- 7.16 A chair or committee member of a statutory or non-statutory committee may be removed from office by a two-thirds vote of the Council, with or without cause, at a special meeting called for that purpose, and the Council may elect a new chair to hold the position for the remainder of the year.
- 7.17 The position of chair of a statutory or non-statutory committee becomes vacant if the holder of the position dies, resigns or stops being a Council member.
- 7.18 If the position of chair or committee member of a statutory or non-statutory committee becomes vacant, the Executive Committee shall appoint a chair or committee member for the unexpired term of the position.
- 7.19 The duties and powers of the Council include:
- (a) administering the *RHPA, Chiropractic Act* and the regulations and by-laws under those acts;
 - (b) reviewing the activities of statutory and non-statutory committees of the Council and requiring committees to provide reports and information to the Council;
 - (c) requiring statutory and non-statutory committees of the Council to do anything that, in the opinion of the Council, is necessary or advisable to carry out the intent of the *RHPA, Chiropractic Act*, and the regulations under those acts;
 - (d) finalizing and proposing amendments to regulations and by-laws under the *RHPA* or the *Chiropractic Act*.
- 7.20 The duties and powers of the president of the Council include:
- (a) facilitating the activities of CCO;
 - (b) chairing meetings of Council;
 - (c) chairing meetings of the Executive Committee;
 - (d) participating in the preparation of agendas of the meetings of Council and meetings of the Executive Committee;
 - (e) supervising the arrangements for the annual meeting;
 - (f) taking all reasonable steps to ensure that directions of the Council and the Executive Committee are implemented;

- (g) ensuring CCO is represented at all appropriate meetings;
- (h) presenting an Executive report at each Council meeting;
- (i) acting as a liaison between CCO and other professional organizations as appropriate; and
- (j) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.

7.21 The president, while chairing a Council meeting or Executive Committee meeting, votes only to break a tie.

7.22 The president of Council shall be eligible for election to a maximum of two consecutive one-year terms in the presidency.

7.23 The duties and powers of the vice-president include:

- (a) assuming the role of president in the absence of the president or when appointed to do so by the president; and
- (b) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.

7.24 The vice-president shall be eligible for election to a maximum of two consecutive one-year terms in the vice-presidency.

7.25 The duties and powers of the treasurer of the Council include:

- (a) overseeing all matters relating to the financial affairs of CCO; and
- (b) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.

7.26 The treasurer shall be eligible for election to a maximum of two consecutive one-year terms in the office.

7.27 The duties and powers of the secretary of the Council include:

- (a) keeping a record of matters that the Council has referred to the committees;
- (b) having custody and care of the records and documents of the Council;

- (c) giving or causing to be given notice of all council meetings and statutory and non-statutory committees; and
 - (d) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.
- 7.28 The agendas for the meetings of Council shall be prepared by the Executive Committee in collaboration with the registrar and shall include a period during which council members may raise for discussion topics relevant to the affairs of CCO for possible inclusion in future agendas.
- 7.29 The registrar shall be the secretary of the Council.
- 7.30 The duties and powers of the chairs of each committee shall include:
- (a) facilitating the activities of the committee and reporting to Council;
 - (b) chairing meetings of the committee;
 - (c) participating in the preparation of agendas of the meetings of the committee;
 - (d) taking all reasonable steps to ensure that directions of the committee are implemented;
 - (e) acting as a liaison between the Council or Executive Committee and the committee;
 - (f) reporting to the Executive Committee upon reasonable request by the Executive;
 - (g) reporting in writing to the Council at the meetings of Council on the activities of the committee for the preceding year;
 - (h) preparing a work plan for the subsequent year, which includes all budgetary requirements for the committee, by November 1 of each and every year, or by such other time as directed by Council;
 - (i) ensuring the activities of the committee are conducted in a fiscally responsible manner within approved budgetary restraints; and
 - (j) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.

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- 7.31 The chair of every statutory and non-statutory committee shall be eligible for election to a maximum of two consecutive one-year terms.

BY-LAW 8: COUNCIL MEETINGS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020)

- 8.1 The Council shall hold,
- (a) an annual meeting which shall be called by the president between April 1 and June 30 of each year;
 - (b) regular meetings which shall be called by the president from time to time; and
 - (c) any special meetings which may be called by the president, or a majority of council members, who deposit with the registrar a written request for the meeting containing specifics of the matter or matters for decision at the meeting.
- 8.2 The registrar shall cause each council member to be notified in writing of the place, date and time of a council meeting by sending such notification by ordinary prepaid mail, facsimile, e-mail or similarly effective method at least,
- (a) 30 days before an annual meeting;
 - (b) 14 days before a regular meeting; and
 - (c) five days before a special meeting.
- 8.3 The registrar shall cause to be included in or with the notification of all meetings to council members, the agenda for the meeting.
- 8.4 The registrar shall cause to be included in or with the notification of a special meeting to council members sufficient information about the matter or matters for decision contained in the requisition of the meeting deposited with him/her to permit the member to form a reasonable judgment.
- 8.5 The registrar shall cause the public to be notified of council meetings in accordance with any provisions under the *RHPA* and, if there are not applicable regulations or not otherwise specified, in a generally accepted manner.

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- 8.6 No annual, regular or special meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any council member may waive the notice requirements and ratify, approve and confirm any proceedings taken at the meeting.
- 8.7 Meeting of the Council shall take place in Ontario at a place, date and time designated by the president or the majority of council members calling the meeting but, if a place, date or time is not designated or is incompatible with the by-laws, the registrar shall select a place, date and time compatible with the by-laws which is as close as he/she can reasonably select to the place, date and time designated by the person or people calling the meeting.
- 8.8 Unless otherwise required by law or by-law, every question which properly comes before the Council may be decided by a simple majority of the votes cast at the meeting by council members, and, if there is an equal number of votes on a question, the chair may cast a deciding vote.
- 8.9 Voting at a council meeting shall be by a show of hands, or if appropriate, by secret ballot.
- 8.10 Voting by proxy at council meetings shall not be permitted in any circumstances.
- 8.11 The Council shall consider or transact at the annual meeting:
- (a) the annual report for the preceding year;
 - (b) the reports of the committees established under the *RHPA*;
 - (c) the financial statement of CCO;
 - (d) the report of the auditor; and
 - (e) the appointment of the auditors for the ensuing year.
- 8.12 The Council may consider or transact at a regular meeting:
- (a) matters brought by the Executive Committee;
 - (b) reports by statutory committees;
 - (c) reports by non-statutory committees which have received prior review by the Executive Committee;

- (d) any motion notice of which has been delivered in writing to the Registrar at least 30 days before the Council meeting and which the majority of Council members present and voting at the meeting view as warranting Council discussion; and
 - (e) any other business that the majority of Council members present and voting at the meeting view as urgent and requiring Council's immediate attention.
- 8.13 The Council may only consider or transact at a special meeting, the matter or matters for decision at the meeting contained in the requisition deposited with the registrar.
- 8.14 The president shall cause a record of the proceedings of the council meeting including all motions and recommendations to be recorded, and the written record of the Council meeting, when signed by any two of the president, vice-president, treasurer or registrar, is prima facie proof of the accuracy of the contents of every such record.
- 8.15 The written record of the proceedings of a council meeting when accepted at a subsequent council meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.
- 8.16 Whether or not a quorum is present, the president may adjourn any council meeting and reconvene it at any time and from time to time and, if a quorum is present at any reconvened meeting, any matter may be considered and transacted which could have been transacted at the original meeting which was adjourned.
- 8.17 The rules of order for council meetings adopted from time to time by Council shall guide the conduct of its meetings.
- 8.18 Any meeting of the Council or of a committee or of a panel that is held for any purpose other than for the conducting of a hearing, except as permitted under the *Statutory Powers Procedure Act*, may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.
- 8.19 Persons participating in the meeting, as outlined in By-law 8.18, are deemed to be present at the meeting.
- 8.20 Notice of a meeting held under By-law 8.18 shall not specify a place for the meeting but rather the means by which the meeting will be conducted.
- 8.21 The chair of any committee conducting meetings by conference call shall:

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- (a) consult with CCO to staff in the calling of a meeting and the preparation of an agenda for the meeting;
- (b) ensure minutes are kept; and
- (c) record the time spent on the meetings.

BY-LAW 9: REMUNERATION

Approved by Council: February 24, 2001

Amended: September 24, 2009, June 24, 2011, September 17, 2015, September 4, 2020 (came into effect November 26, 2020), November 25, 2021 (came into effect February 25, 2022)

- 9.1 The per diems and reasonable expenses paid by CCO to committee members are intended to partially off-set the cost of a contribution to the profession of chiropractic rather than to pay for services rendered or to compensate for lost income or the opportunity to earn income. “Committee members” means elected council members and non-council members of statutory and non-statutory committees.
- 9.2 Subject to other direction by Council, the president of the Council will receive an annual honorarium of thirty-five thousand dollars (\$35,000) payable no later than one year after the date the president takes office. In the event the president’s tenure is less than one year, the president will receive a pro-rated amount determined by the length of the president’s tenure.
- 9.3 Committee members are entitled to the remuneration outlined in the chart below:

| Description | Allowable Claim effective September 24, 2009 |
|---|---|
| 1 Committee members; full-day meeting or hearing; meeting in excess of three hours | Attendance per diem: \$400 Preparation per diem: Chairs: \$350 Others: \$200 |
| 2 Committee members; meeting or hearing lasting less than three hours | One-half attendance per diem: \$200 One-half preparation per diem: Chairs: \$175 Others: \$100 |
| 3 Conference call meetings: applicable full or one-half day attendance and preparation per diem and reasonable expenses (e.g., long distance charges, as outlined in CCO Internal Policy I-012) | |

| Description | Allowable Claim effective September 24, 2009 |
|--|---|
| 4 Travel time of more than three hours (round trip) for all committee members | Travel per diem: \$300 |
| 5 Travel time of more than one hour and less than three hours (round trip) for all committee members | One-half travel per diem: \$150 |

- 9.4 By-law 9.3, as it relates to payment of per diems and reasonable expenses, applies to Discipline Committee and Fitness to Practise Committee members who perform duties, such as conducting pre-hearing conferences or hearing pre-hearing motions.
- 9.5 A member who is the principal author of a Discipline, Inquiries, Complaints and Reports or Fitness to Practise Committee decision may charge one attendance per diem for at least three accumulated hours of work to a maximum of three per diems, but no preparation per diem, travel per diem or meal expenses.
- 9.6 The following conditions apply to the remuneration entitlement of committee members:

Per Diems and Reasonable Expenses

Committee members may claim for a full day attendance per diem when a meeting or hearing is in excess of three hours.

Committee members may claim for a half day attendance per diem when a meeting or hearing is in excess of one hour but is not in excess of three hours.

In extenuating circumstances, and subject to the approval of the Executive Committee, two attendance per diems may be claimed for one calendar day. Extenuating circumstances include committee members being called to an emergency meeting with less than 48 hours notice which requires them to forfeit office time.

Attendance for Full Duration of Scheduled Meeting

In order to be eligible for the appropriate attendance per diem, a council or committee shall attend the full duration of the scheduled meeting. If extenuating circumstances apply which necessitate leaving a meeting earlier than the scheduled end time, the council or committee member shall communicate this in writing to the Chair of the meeting.

Reasonable expenses, as outlined in CCO Internal Policy I-012, and attendance per diems may be claimed to attend conferences, educational sessions, speaking engagements or other functions directly related to CCO business provided prior approval is obtained from the Executive Committee.

Cancellation of Meetings/Hearings

A one-half attendance per diem may be claimed in the event of the cancellation or adjournment of an official meeting without one week's advance notice being given, subject to the discretion of the Executive Committee:

- (a) A full attendance per diem but no travel per diem or meal expenses may be claimed in the event of the cancellation or adjournment of a Discipline or Fitness to Practise hearing, without four weeks advance notice being given, provided that the committee member was required, as a result of the scheduled hearing, to make alternate office arrangements in order to be available for the hearing. Unless the committee member ordinarily has office time on Saturdays or Sundays, no per diem will be permitted for the cancellation or adjournment of hearings scheduled on Saturdays or Sundays.
- (b) A full attendance per diem including a travel per diem and meal expenses may be claimed in the event a Discipline or Fitness to Practise Committee member attends what he/she anticipates to be a full day hearing even if the hearing is disposed of prior to the expiration of three hours, provided the committee member was required as a result of the scheduled hearing to make alternate office arrangements in order to be available for a full day hearing.

Conference Calls

Committees are encouraged to conduct meetings wherever possible and practicable by conference call; committee members will receive the appropriate attendance and preparation per diems and reasonable expenses for such meetings and payment of long-distance charges but will not receive a travel per diem.

Preparation Time

Preparation time may only be claimed if preparation is in fact required for the meeting/event/hearing being attended.

- 9.7 At the discretion of Council, this by-law 9 applies to Non-Chiropractic Committee Members with necessary modifications.

BY-LAW 10: INDEMNIFICATION

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020)

- 10.1 Every member of the Council, Committee member, officer, employee, agent and appointee of CCO, including assessors, investigators and inspectors, and each of his or her heirs, executors and administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of CCO from and against:
- (a) all costs, charges, expenses, awards and damages whatsoever that he or she sustains or incurs in any action, suit or proceeding that is brought, commenced or prosecuted against him or her, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by him or her, in the execution of the duties of his or her office; and
 - (b) all other other reasonable costs, charges, expenses, awards and damages that he or she sustains or incurs in or in relation to the affairs of CCO, except such costs, charges, expenses, awards or damages as are occasioned by their own willful neglect or default.
- 10.2 CCO will purchase and maintain insurance to protect itself and its members of Council, Committee members, officers, employees, agents or appointees and to provide coverage for the indemnity referred to in By-law 10.1

BY-LAW 11: COMMITTEE COMPOSITION

Approved by Council: February 24, 2001

Amended: September 24, 2009, November 30, 2012, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), August 14, 2020 (came into effect September 4, 2020), November 25, 2021 (came into effect February 25, 2022)

- 11.1 The Executive Committee, inclusive of the president, vice-president and treasurer, shall be composed of the following:
- (a) Four members of Council who are members of CCO;
 - (b) Three members of Council who are appointed by the Lieutenant Governor in Council;
- 11.2 The president of the Council shall be the chair of the Executive Committee.
- 11.3 The Registration Committee shall be composed of:
- (a) two members of Council who are members of CCO; and
 - (b) two members of Councils appointed to the Council by the Lieutenant Governor in Council.
- 11.4 The Inquiries, Complaints and Reports Committee shall be composed of:
- (a) two members of Council who are members of CCO;
 - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
 - (c) one member of CCO who is not a member of Council.
- 11.5 The Discipline Committee shall be composed of:
- (a) every member of Council; and
 - (b) up to three members of CCO who are not members of Council.
- 11.6 The Fitness to Practise Committee shall be composed of every member of Council.

- 11.7 The Quality Assurance Committee shall be composed of:
- (a) two members of Council who are member of CCO;
 - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
 - (c) one member of CCO who is not a member of Council.
- 11.8 The Patient Relations Committee shall be composed of:
- (a) one member of Council who is a members of CCO;
 - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
 - (c) two members of CCO who arc not members of Council.
- 11.9 Council may, by resolution, establish non-statutory committees. For each non-statutory committee, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.
- 11.10 A committee is still properly constituted if it has vacancies so long as a quorum remains. Unless otherwise specified by the Code, three members of a committee constitute quorum.
- 11.11 By-laws 8.18 to 8.21 (electronic meetings) applies to committee meetings.
- 11.12 In By-law 11, despite the use of a definite number of committee members in any category, Council may appoint additional committee members in any category, except for the Executive Committee or the Discipline Committee.
- 11.13 In By-law 11, despite the use of a definite number of committee members in any category, Council may appoint alterative committee members in any category. An alternative committee member may attend meetings and participate in discussions but shall not vote unless a full committee member in the same category as the alternative is unable to participate in the matter, including if he/she has a conflict of interest.
- 11.14 Despite any other provision of this By-Law 11, the Council may also appoint one or more Non-Chiropractic Committee Members to any committee other than the Executive Committee.

BY-LAW 12: APPOINTMENT OF NON-COUNCIL MEMBERS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, February 23, 2016, February 28, 2017, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), January 20, 2023 (came into effect January 20, 2023)

- 12.1 This by-law applies with respect to the appointment of members who are not members of the Council to a committee of CCO.
- 12.2 The Council shall appoint members to committees in the numbers prescribed by By-law 11.
- 12.3 The Council shall make the appointments at the first regular council meeting after each regular council election or as soon thereafter as is practicable.
- 12.4 The Council may make appointments from time to time to fill any vacancy created by the disqualification, death or resignation of a member appointed under this by-law.
- 12.5 In making the appointments, the Council shall take into account location and type of practice, experience, professional qualifications and skills, and other qualifications and characteristics of members to complement the attributes of members of the committees who are members of Council.
- 12.6 The term of office of a committee member who is not a member of the Council is approximately one year starting on the date the appointment is made, except where an appointment is made to fill a vacancy in which the person appointed shall complete the term of the previous appointee.
- 12.7 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.
- 12.8 A non-council member who has served on CCO committee (s) for nine consecutive years is not eligible to be re-appointed to any CCO committee until at least three years have passed since the member last served on a CCO Committee.
- 12.9 A member is eligible for appointment to a committee if, on the date of the appointment:

- (a) The member has his/her primary practice of chiropractic located in Ontario, or if the member is not engaged in the practice of chiropractic, has his/her primary residence located in Ontario;
- (b) the member is not in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law;
- (c) the member is not in default in completing and returning any form required by CCO;
- (d) the member is not subject of any disciplinary or incapacity proceeding;
- (e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years;
- (e.1) the member has not resigned from a position on Council, before completing their term, within the last three years and four months.
- (f) the member is not 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 or the Accreditation Standards and Policies Committee or the CCEC of the FCC.
- (g) the member is not an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;
- (h) the member has not been disqualified from the Council or a committee of the Council in the previous six years;
- (i) the member is not a member of Council or of a committee of the College of any other health profession; and
- (j) the member has not been a member of CCO's staff at any time within the preceding three years.

12.10 The Council shall disqualify a member appointed to a committee from sitting on the committee if the member:

- (a) is the subject of any disciplinary or incapacity proceeding;
- (b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;

- (c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;
- (d) fails to attend two consecutive meetings of the committee or of a subcommittee in which he/she is a member, without reasonable cause in the opinion of Council;
- (e) fails to attend a hearing or review of a panel for which he/she has been selected; without reasonable cause in the opinion of the Council;
- (f) becomes 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 or the Accreditation Standards and Policies Committee or the CCEC of the FCC;
- (g) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;
- (h) becomes a member of the Council of CCO or a committee of any other health profession;
- (i) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;
- (j) fails to discharge properly or honestly any office to which he/she has been appointed or engages in conduct unbecoming of a committee member, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern,;
- (k) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by the Discipline Committee;
- (l) becomes in default of completing and returning any form required by CCO; or

12.11 A non-council committee member shall resign from a committee prior to applying for any CCO staff position.

12.12 A member who is disqualified under this by-law from sitting on a committee ceases to be a member of the committee.

BY-LAW 13: FEES

Approved by Council: November 28, 2003

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), April 20, 2022 and September 9, 2022 (came into effect October 28, 2022)

- 13.1 The fee for applying for each class of certificate of registration is as follows:
- (a) General certificate: \$52
 - (b) Temporary certificate: \$52
 - (c) Retired certificate: NIL
 - (d) Inactive certificate: \$52, unless the applicant already has a general certificate, in which case the application is NIL
- The application fee is non-refundable.
- 13.2 In addition to the application fee and the annual fee, an applicant for registration must pay the following initial certificate fee.
- (a) For a general certificate of registration: \$340
 - (b) For a temporary certificate to actively practise chiropractic in Ontario of registration: \$155
 - (c) For a temporary certificate of registration to participate in a specific event in Ontario: NIL
 - (d) For an inactive certificate of registration: \$340
 - (e) For a retired certificate of registration: NIL
- 13.3 An applicant for a general certificate of registration who has completed the requirements for graduation from a chiropractic education program that is accredited or the subject of reciprocal recognition by the CCEC within the six months prior to his/her application is exempted from paying the prescribed annual fee for the year in which the certificate is issued.

- 13.4 A member who holds a general certificate of registration is exempted from paying the prescribed certificate and annual fees for an inactive certificate of registration for the year in which the inactive certificate is issued.
- 13.5 Every member except a member who holds a temporary certificate shall pay an annual fee.
- 13.6 The annual fee is \$1100 for a member who holds a general certificate of registration, \$550 for a member who holds a general certificate of registration who is renewing his/her license for the first time, \$495 for a member who holds an inactive certificate of registration and \$105 for a member who holds a retired certificate of registration.
- 13.7 Council may, without, amending these by-laws, adjust the amount of any fees or penalties in By-law 13 to reflect annual changes to the Cost of Living Adjustment (Ontario).
- 13.8 The annual fee for a member who holds a general certificate of registration may be paid in two instalments on January 1st and June 1st of each year in amounts to be set by the registrar.
- 13.9 No later than 60 days before the annual fee or the first instalment of the annual fee is due, the registrar shall notify the member of:
- (a) the amount of the annual fee or, if the member is paying by instalment, the amounts of the first and second instalments;
 - (b) the date on which the annual fee or each of the instalments is due; and
 - (c) the penalty for late payment.
- 13.10 If a member fails to pay the annual fee or an instalment on or before the day on which it is due, the member shall pay a penalty in addition to the annual fee.
- 13.11 The penalty referred to in By-law 13.10 is \$105 for a member who holds a general certificate of registration, \$20 for a member who holds an inactive certificate of registration, and \$20 for a member who holds a retired certificate of registration.
- 13.12 Where a person requests the registrar to do anything the registrar is required or authorized to do by statute or by regulation, the person shall pay the prescribed fee or the fee set by the registrar for doing so.

- 13.13 If the registrar suspends a member's certificate of registration for failure to pay a prescribed fee, the registrar may 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 if it is not the same fee as clause (a); and
 - (c) any applicable penalty.
- 13.14 A member whose certificate of registration was revoked for failure to pay a fee and who applies to be reinstated is required to pay:
- (a) an application fee of \$52;
 - (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.
- 13.15 The registrar may grant a partial exemption from the fees payable by a member pursuant to this by-law if the committee is satisfied that extraordinary circumstances exist which justify the exemption.
- 13.16 The amount payable by a member who applies for reinstatement of a retired certificate of registration is \$52.
- 13.17 The fee for follow-up letters, emails or other notifications to a member who has not complied with a request from CCO, such as a request:
- (a) to make available the members' professional portfolio to the Quality Assurance Committee,
 - (b) to participate in the peer and practice assessment component of the Quality Assurance Program,
 - (c) to explain an advertisement that does not appear to comply with CCO regulations or guidelines despite previous advice or caution to the member,
- is \$52 per letter.

- 13.18 Where CCO presents a continuing education or professional development program or course, CCO shall determine whether any fee shall be charged for that course and if so, what the fee shall be.
- 13.19 The fee for the application for a certificate of authorization, including on any reinstatement of a certificate of authorization, for a professional corporation is \$52.
- 13.20 The fee for the issuance of a certificate of authorization is \$625.
- 13.21 The fee for the annual renewal of a certificate of authorization is \$210.
- 13.22 A professional corporation or a member listed in CCO's records as a shareholder of a professional corporation shall pay an administrative fee of \$52 for each notice sent by the registrar to the corporation or member for failure of the corporation to renew its certificate of authorization on time. The fee is due within 30 days of the notice being sent.
- 13.23 The fee for the issuing of a document or certificate respecting a professional corporation, other than the first certificate of authorization or one annual renewal of a certificate of authorization, is \$52.

BY-LAW 14: PROFESSIONAL CORPORATIONS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 9, 2022 (came into effect October 28, 2022)

- 14.1 Every member of CCO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms for a certificate of authorization, upon the written request of the registrar within 30 days and upon any change in the information within 30 days of the change:
- (a) the name of the professional corporation as registered with the Ministry of Government Services;
 - (b) any business names used by the professional corporation;
 - (c) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
 - (d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
 - (e) the principal practice address, telephone number, facsimile number and e-mail address of the professional corporation;
 - (f) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and
 - (g) a brief description of the professional activities carried out by the professional corporation.

BY-LAW 15: THERAPY AND COUNSELING

Approved by Council: November 30, 2002

Amended: September 24, 2009, September 17, 2015

- 15.1 CCO shall require a therapist or counselor who is providing therapy or counseling that is funded through the program required under By-law 85.7 of the *Code* to provide a written statement signed by him/her containing details of his/her training and experience and confirming that the therapy or counseling is being provided and that the funds received are being devoted only to that purpose.

- 15.2 CCO shall require a person who is receiving therapy or counseling that is funded through the program required under By-law 85.7 of the *Code* to provide a written statement signed by him/her acknowledging that he/she is aware of the details of the training and experience of the therapist or counselor and confirming that the therapy or counseling is being provided and that the funds received are being devoted only to that purpose.

BY-LAW 16: PROFESSIONAL LIABILITY PROTECTION OR INSURANCE

Approved by Council: September 24, 2009

Amended: September 17, 2015, September 14, 2019 (came into effect October 30, 2020)

- 16.1 Each member holding a general or temporary certificate of registration must carry and provide evidence satisfactory to the registrar of carrying professional liability protection or insurance in the applicable minimum amount per occurrence and minimum aggregate amount per year, including coverage for claims after the member ceases to hold a certificate relating to occurrences while holding a certificate, or membership in a protective association that provides equivalent protection. A member who is or will be when registered, an employee of a member, a health facility or other body that has equivalent professional liability insurance coverage or membership in a protective association that provides equivalent protection is deemed to comply with this section.
- 16.2 The professional liability protection or insurance referred to in By-law 16.1 must have:
- (a) a minimum amount of \$5,000,000 per occurrence, and
 - (b) a minimum aggregate amount of \$5,000,000 per year.
- 16.3 When applying for a general or temporary certificate of registration or a renewal of a general or temporary certificate of registration, an applicant must sign a declaration that they comply with By-laws 16.1 and 16.2.
- 16.4 A member holding a general or temporary certificate of registration must have available in their office, in written or electronic form, evidence that they comply with By-laws 16.1 and 16.2, or may have the provider of the protection under By-law 16.1 provide regular updates to CCO confirming compliance with By-laws 16.1 and 16.2.

BY-LAW 17: PUBLIC REGISTER

Approved by Council: September 24, 2009

Amended: September 17, 2015, April 19, 2016, April 24, 2018

- 17.1 Subject to By-law 17.2, a member's name in the register shall be the full name indicated on the document used to support the member's initial registration with the College
- 17.2 The Registrar may enter a name other than the name referred to in By-law 17.1 in the register if the Registrar:
- (a) has received a written request from the member;
 - (b) is satisfied that the member has legally changed his or her name; and
 - (c) is satisfied that the name change is not for any improper purpose.
- 17.3 Subject to By-law 17.6(q)(i), a member's business address in the register shall be the address of the location in Ontario where the member is employed or self-employed as a chiropractor. In the event that the member is employed or self-employed as a chiropractor in more than one location in Ontario, the member's business address shall be then member's primary practice. In the event that the member is not employed or self-employed in Ontario as a chiropractor, the registrar shall enter as the member's business address the location designated by the member.
- 17.4 A member's business telephone number shall be the telephone number of the location in Ontario where the member is employed or self-employed as a chiropractor. In the event that the member is employed or self-employed as a chiropractor in more than one location in Ontario, the member's business telephone number shall be the telephone number of the member's primary practice. In the event that the member is not employed or self-employed in Ontario as a chiropractor, the register shall not contain a business telephone number for the member.
- 17.5 The Registrar shall maintain a register in accordance with section 23 of the *Code*.

- 17.6 In addition to the information set out in subsection 23(2)¹² of the Code, the register shall contain the following publically available information with respect to each member:
- (a) Where a decision of a panel of the Discipline Committee has been published by the College with the member's or former member's name included,
 - (i) a notation of that fact; and
 - (ii) identification of, a link to, or a copy of the specific publication containing that decision.
 - (b) For every caution required by a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and for any specified continuing education or remediation programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1),
 - i. the date of the panel's decision,
 - ii. a synopsis of its content, and
 - iii. if applicable, a notation that the panel's decision is subject to review and is not yet final, which notation shall be removed once the review and any reconsideration by the Inquiries, Complaints and Reports Committee is finally disposed of.
 - (c) For every acknowledgement and undertaking in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect, in addition to the synopsis,
 - i. the date of the panel's decision, and
 - ii. if applicable, a notation that the panel's decision is subject to review or appeal and is not yet final, which notation shall be removed once the review or appeal and any reconsideration by the panel is finally disposed of.
 - (d) A notation of any finding of guilt for a criminal offence or an offence under the *Health Insurance Act, 1990*, of which the College is aware, made by a court after July 1, 2016, against a member.

- (e) A notation of any finding of guilt for a criminal offence or an offence under the *Health Insurance Act, 1990*, of which the College is aware, made by a court after July 1, 2016, against a member.
- (f) A notation that a member is registered or licensed to practise a profession inside or outside of Ontario of which the College is aware.
- (g) For every term, condition and limitation that is in effect on each certificate of registration, information about the date it was imposed, the committee that imposed it and circumstances surrounding its imposition.
- (h) A notation of every bail condition or other restriction imposed on, or agreed to, by the member in connection with a charge for a criminal offence or an offence under the Health Insurance Act of which the College is aware.
- (i) the following practice information related to a member:
 - (i) The business address, business telephone number and business email of up to three practice locations;
 - (ii) The member's gender;
 - (ii) the name of the chiropractic education program graduated by the member and year of graduation from that program;
 - (iii) the year of initial registration with CCO; and
 - (iv) up to three languages in which the member offers professional services, as identified by the member.

17.7 If requested, the member shall immediately provide the College with the following information, in the form requested by the College:

- (a) information required to be maintained in the register in accordance with subsection 23(2) of the *Code* and By-law 17.6;
- (b) the address and telephone number of the member's primary residence in Ontario and, if the member does not reside in Ontario, the address and telephone number of the member's primary residence;

- (c) The member's email addresses;
- (d) Proof of professional liability insurance;
- (e) The member's areas of practice and categories of clients seen;
- (f) Information regarding the member's employment including:
 - (i) the member's title and position,
 - (ii) a description of the member's role, duties, and responsibilities, and
 - (iii) the member's employment category and status.
- (g) any nicknames or abbreviations that the member uses in any place of practice;
- (h) information about the member's registration with any other body that governs a profession, whether inside or outside of Ontario, including the name of the governing body, the member's registration or license number and the date the member first became registered;
- (i) information about any finding of professional misconduct or incompetence or similar finding that has been made against the member by a body that governs a profession, inside or outside of Ontario, where the finding has not been reversed on appeal, including:
 - (i) the finding,
 - (ii) the name of the governing body that made the finding,
 - (iii) a brief summary of the facts on which the finding was based,
 - (iv) the penalty and any other orders made relative to the finding,
 - (v) the date the finding was made, and
 - (vi) information regarding any appeals of the finding.
- (j) information about any finding of incapacity or similar finding that has been made against the member by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:

- (i) the finding
 - (ii) the name of the governing body that made the finding,
 - (iii) the date the finding was made,
 - (iv) a summary of any order made, and
 - (v) information regarding any appeals of the finding.
- (k) information about the member's participation in the Quality Assurance Program,
- (l) information for the purpose of compiling statistical data,
- 17.8 The member shall notify the College, in writing, of any changes to the following information within 30 days of the effective date of the change:
- (a) the member's name,
 - (b) the address and telephone number of the member's primary residence in Ontario and, if the member does not reside in Ontario, the address and telephone number of the member's primary residence,
 - (c) the member's business address or business telephone number.
- 17.9 All of the information in the register is designated, under subsection 23(6) of the *Code*, as information that may be withheld from the public if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual.

¹ Section 23(2) The register shall contain the following:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.
3. The name, business address and business telephone number of every health profession corporation.
4. The names of the shareholders of each health profession corporation who are members of the College.
5. Each member's class of registration and specialist status.
6. The terms, conditions and limitations that are in effect on each certificate of registration.
7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1).

-
8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
 9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved.
 10. Every result of a disciplinary or incapacity proceeding.
 11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.
 12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
 13. A notation of every revocation or suspension of a certificate of registration.
 14. A notation of every revocation or suspension of a certificate of authorization.
 15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
 16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
 17. Where, during or as a result of a proceeding under section 25, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
 18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1), the outcomes of inspections conducted by the college.
 19. Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991*.
 20. Information that is required to be kept in the register in accordance with the by-laws.

² Section 23(14) For the purpose of this section and section 56, "result",

(a) when used in reference to a disciplinary proceeding, means the panel's finding that the member committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made, and

(b) when used in reference to an incapacity proceeding, means the panel's finding that the member is incapacitated and the order made by the panel.

BY-LAW 18: APPOINTMENT OF NON-CHIROPRACTIC COMMITTEE MEMBERS

Approved by Council: November 25, 2021 (came into effect February 25, 2022)

- 18.1 An individual is eligible for appointment to a committee as a Non-Chiropractic Committee Member if, on the date of the appointment:
- (a) The individual resides in Ontario;
 - (b) The individual has not been disqualified from serving on Council or a committee within the six years immediately preceding the appointment;
 - (c) The individual has never been a Member;
 - (d) The individual does not have a conflict of interest in respect of the committee to which they are to be appointed; and
 - (e) The individual would not be disqualified from serving as a Non-Council Member if the individual were a Member.
- 18.2 The Council may remove or disqualify a Non-Chiropractic Committee Member from a committee with or without cause.

ADVERTISING



Standard of Practice S-016

Advertising Committee

Approved by Council: September 7, 1996

Amended and Approved by Council: September 21, 2002, June 22, 2007,
November 29, 2007, September 24, 2009, June 22, 2012, February 28, 2017,
April 30, 2019 (Came into Effect June 19, 2019)

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

INTENT

1. To uphold the public interest by ensuring that members' advertising is clear, appropriate and maintains a professional image in communicating the delivery of safe, ethical chiropractic care.
2. To ensure that advertising standards of practice and guidelines are consistently applied and enforced.
3. To ensure, as much as possible, that the public has the information to make rational choices for their care.
4. To assist the public in obtaining the services of members of their choice.

ADVERTISING DEFINITION FOR THE PURPOSE OF STANDARD S-016

Advertising is any message communicated through a public medium, promoting chiropractic services and/or products, including electronic media such as websites and social media, and materials and posters in a member's office, that can be seen or heard by the public, or any subset of the public.

This standard applies equally to members acting individually, as a group, such as a multi-disciplinary office, or as a professional health corporation. A member is responsible for any advertising that is produced on their behalf by an employee or third-party and must ensure that any such advertising is compliant with CCO standards of practice and guidelines.

DESCRIPTION OF STANDARD

1. An advertisement must:
 - (a) be accurate, factual and contain information that is verifiable;
 - (b) be readily comprehensible by the persons to whom it is directed.

- (c) clearly communicate that the member is a registered chiropractor in Ontario and a member of the College of Chiropractors of Ontario and have a link to the CCO website www.cco.on.ca, on a member's professional website and social media page.

2. An advertisement may:

- (a) name a specific diagnostic or therapeutic procedure or modality but cannot claim superiority or endorse the exclusive use of such procedures, services, techniques, modalities or products. References to specific diagnostic and therapeutic procedures must comply with the standard of practice (S-001: Chiropractic Scope of Practice);
- (b) make reference to the member being a specialist, provided the member is recognized pursuant to CCO's policy as a specialist, and the specialty is disclosed. Refer to Policy P-029: Chiropractic Specialties, for the list of specialties currently recognized by CCO;
- (c) make reference to the member being affiliated with any professional association, society or body, other than CCO, only on curriculum vitae, business stationery and recognized public displays;
- (d) allow an individual or organization to endorse a member, provided:
 - (i) the individual or organization proposing the endorsement has sufficient expertise, according to CCO, relevant to the subject matter being endorsed;
 - (ii) the member has been appropriately assessed as providing the subject matter being endorsed; and
 - (iii) the member has disclosed any financial or other benefit given or received for the endorsement, if such a benefit has been exchanged.
- (e) include testimonials¹, including self-testimonials or testimonials about the member's own experiences receiving chiropractic care, that refer only to the benefits of chiropractic and not to a particular member or office, or testimonials that refer to a particular member or office only in a member's website, provided the testimonials:
 - (i) are accurate, verifiable, and recorded in the patient health record;
 - (ii) are used only in accordance with the written consent of the patient;
 - (iii) are not obtained using any undue pressure, duress, coercion or incentives;

¹ *Canadian Code of Advertising Standards* from Advertising Standards Canada, section 7 states: "Testimonials, endorsements or representations of opinion or preference, must reflect the genuine, reasonably current opinion of the individual(s), group or organization making such representations, and must be based upon adequate information about or experience with the product or service being advertised, and must not otherwise be deceptive."

- (iv) include a disclaimer stating that the results of the testimonial may not be typical of all patients or that results of patients may vary,
 - (v) do not include any information, testimonial or narrative about the member providing care to their family members, and
 - (vi) are otherwise compliant and consistent with Standard of Practice S-016: Advertising, the chiropractic scope of practice, other CCO standards of practice, policies and guidelines, and privacy legislation.
3. Any advertisement with respect to a member's practice must not contain:
- (a) anything false or misleading²;
 - (b) an express or implied guaranteed success of care;
 - (c) any comparison to another member's or other health care provider's practice, qualifications or expertise;
 - (d) any expressed or implied endorsement or recommendation for the exclusive use of a product or brand of equipment used to provide services;
 - (e) material that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.
4. A member may advertise their fee(s) for chiropractic services provided:
- (a) the advertisement contains accurate, complete and clear disclosure of what is and what is not included in the fee;
 - (b) there are no hidden fees/costs;
 - (c) there is no obligation for any follow-up appointment, treatment or services;
 - (d) the member does not bill a third-party payor for the complimentary portion of the diagnostic or treatment service;
 - (e) the advertisement expressly states the timeframe to be honoured for any complimentary or discounted diagnostic or treatment service;

² *The Competition Act, 1985* states: "that a misleading "general impression" could be created if an advertisement claim is literally true but misleads by failing to disclose additional vital details needed to interpret claims and make informed purchase decisions. The Competition Bureau of Canada has interpreted "false or misleading" under the *Competition Act, 1985*, to mean that the representation leads a person to a course of conduct that, on the basis of the representation, he or she believes to be advantageous. "Material" does not refer to the value of the product to the purchaser but, rather, the degree to which the purchaser is affected by the representation in deciding whether to purchase the product." Please see a link to the Competition Bureau <https://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/01315.html> for further information.

- (f) the advertisement does not limit the offer to a certain number of participants;
 - (g) no obligation is placed on the patient for follow-up appointments as a result of the complimentary or discounted diagnostic or treatment service;
 - (h) the advertisement is presented in a professional manner that maintains the dignity of the profession.
5. A member advertising the exchange of products/services for proceeds/donations to a charity may do so as follows:
- (a) the proceeds/donations are being collected for a registered charity, school or other organization that, in the opinion of the Advertising Committee, serves the public's interest ("charity");
 - (b) the charity is disclosed in the advertisement;
 - (c) the member discloses the part of the proceeds/donations to be given to the designated charity and if he/she is taking any proceeds/donations to cover their expenses;
 - (d) the member may not bill any third-party payor for the diagnostic or treatment services provided in exchange for the charitable proceeds/donation;
 - (e) the member providing diagnostic or treatment services in exchange for the charitable proceeds/donation must comply with all CCO standards of practice.
6. Public presentations or displays³ are permissible provided:
- (a) member(s) adhere(s) to CCO's regulations and standards of practice (e.g., consent, record keeping);
 - (b) professional conduct is maintained at all times;
 - (c) material distributed complies with the advertising standard⁴;
 - (d) no coercion or pressure tactics are used⁵.
7. A communication by a member to a patient or prospective patient for the purposes of soliciting business must be appropriate to the standards of the profession, must be respectful of patient choice, and must not involve undue pressure, including pressuring a patient to

³ "Displays" include presentations or other visual material to members of the public, in a place normally frequented by the public, by a person or persons who are physically present when such material is distributed or presented.

⁴ It is strongly recommended that material to be distributed be pre-approved by the Advertising Committee.

⁵ Voluntary appointments are permitted i.e., if potential patients ask for the member's business card or request an appointment.

bring a family member or guest to a subsequent treatment or appointment, and not promote unnecessary products or services. A member must not contact or communicate with or allow any person to contact or communicate with potential patients via telemarketing or electronic methods.

8. A member must not advertise or permit advertising with respect to their practice in contravention of the regulations or standards of practice.

LEGISLATIVE CONTEXT

For additional information regarding billing procedures, please refer to Regulation R-008: Professional Misconduct (Business Practices section) and Guideline G-008: Business Practices.

ITEM 5.6

COOPERATION AND COMMUNICATION WITH CCO



Standard of Practice S-020
Executive Committee
Approved by Council: December 1, 2011
Amended: February 11, 2014

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

INTENT

To communicate the importance of members' cooperation and timely communication with CCO.

DESCRIPTION OF STANDARD

CCO's ability to fulfil its mandate is dependent upon the cooperation and timely communication with all members.

Members are required under the *Regulated Health Professions Act, 1991 (RHPA)*, regulations made under the *Chiropractic Act, 1991* and CCO by-laws to cooperate with CCO and its statutory committees. It is the professional responsibility of a member to cooperate in a timely manner when CCO makes reasonable requests for information, when CCO requires a specific action from a member or CCO requests attendance at a meeting or hearing to address an area of concern.

Such requests for information, cooperation and/or attendance from CCO include, but are not limited to, the following:

- a request for written submissions in response to an inquiry, complaint or report to the Inquiries, Complaints and Reports Committee;
- a request to appear before a panel of the Inquiries, Complaints and Reports Committee for an oral caution or other disposition;
- a request for disclosure regarding participation in initiatives of the Quality Assurance Committee, such as participation in peer and practice assessment, attendance at a record keeping workshop, and participation in continuing education, professional development and self assessment;
- timely communication and cooperation with peer assessors;
- complying with a signed undertaking or other agreement with CCO;

- responding to allegations regarding improper advertising; and
- requests for information on registration and renewal forms.

It may be considered an act of professional misconduct for a member to refuse to reasonably cooperate with CCO and could lead to a referral to the Discipline Committee.

LEGISLATIVE CONTEXT

Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*

Section 25.2(1): A member who is the subject of a complaint or report may make written submissions to the Inquiries, Complaints and Reports Committee within 30 days of receiving notice under subsection 25(6).

Section 81: The Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

Section 82(1): Every member shall co-operate with the Quality Assurance Committee and with any assessor it appoints and in particular every member shall,

- (a) permit the assessor to enter and inspect the premises where the member practises;
- (b) permit the assessor to inspect the member's records of the care of patients;
- (c) give the Committee or the assessor the information in respect of the care of patients or in respect of the member's records of the care of patients the Committee or assessor requests in the form the Committee or assessor specifies;
- (d) confer with the Committee or the assessor if requested to do so by either of them; and
- (e) participate in a program designed to evaluate the knowledge, skill and judgment of the member, if requested to do so by the Committee.

Section 82(2): Every person who controls premises where a member practises, other than a private dwelling, shall allow an assessor to enter and inspect the premises.

Section 82(3): Every person who controls records relating to a member's care of patients shall allow an assessor to inspect the records.

Section 82(4): Subsection (3) does not require a patient or his or her representative to allow an assessor to inspect records relating to the patient's care.

Section 82(5): This section applies despite any provision in any Act relating to the confidentiality of health records.

Ontario Regulation 204/94 made under the *Chiropractic Act, 1991*

Section 13(1): Each year, the College shall select at random the names of members required to undergo a peer and practice assessment.

Section 13(2): A member shall undergo a peer and practice assessment if selected at random under subsection (1).

Ontario Regulation 852/93 made under the *Chiropractic Act, 1991*

28. Contravening the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
31. Failing to comply with an order of, or breaching an undertaking given to, the Complaints, Discipline or Fitness to Practise Committees or to the Registrar of the College.
32. Failing to carry out an agreement entered into with the College.
33. Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

By-law 13: Fees

By-law 13.16:

A member who has not complied with a request from the College shall pay a fee, set by the registrar, for any follow-up letters from the College. Such requests include, but are not limited to, requests:

- (a) to make available the members' professional portfolio to the Quality Assurance Committee,
- (b) to participate in the peer and practice assessment component of the Quality Assurance Program,
- (c) to explain an advertisement that does not appear to comply with the College regulations, or guidelines, despite previous advice or caution to the member,
- (d) to respond to a letter from the College about a complaint, report or other inquiry.

ADVERTISING COMMITTEE PROTOCOL**Policy P-004****Advertising Committee****Approved by Council: November 25, 1994****Amended by Council: April 20, 2002, September 24, 2009, April 24, 2012**

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 CCO members of the Advertising Committee's procedure to determine if an advertisement falls within Standard of Practice S-016: Advertising.

The advertisement is a proposed advertisement by a member sent to the Committee for preapproval prior to publication.

PROTOCOL

1. Members considering advertising are encouraged to forward their advertisements to CCO for review.
2. CCO forwards the advertisement to the Advertising Committee for review (preferably via e-mail).
3. The members of the Advertising Committee review the advertisement and provide feedback to CCO (preferably via e-mail).
4. CCO aggregates the feedback and, on behalf of the chair, advises the member in writing (letter, facsimile and/or e-mail) if the advertisement complies with the advertising standard of practice CCO provides a response within approximately 10 business days.
5. If the member disagrees with the Committee's decision, the Committee will consider the member's comments, provided in writing, and take the following actions:
 - advise the member that the Committee stands by its original decision;
 - advise the member that the Committee will revise its original decision; or
 - advise the member that the Committee will forward the member's letter to the Executive Committee for additional review and consideration.

DR. HAROLD BEASLEY MEMORIAL AWARD

Policy P-009

Executive Committee and Registration Committee

Approved by Council: September 17, 1994

Amended: November 30, 2002, September 20, 2013, November 29, 2018

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

INTENT

CCO will present an annual award to a graduating student of an accredited chiropractic program, who intends to practise in Ontario, for demonstrating excellence in Ontario jurisprudence. The award is named the Dr. Harold Beasley Memorial Award.

DESCRIPTION OF POLICY

A graduate of an accredited chiropractic program may apply for the Dr. Harold Beasley Award, as follows:

- The candidate shall be registered or have successfully completed CCO's Legislation and Ethics Examination;
- The candidate shall submit an essay to CCO, no longer than 1000 words, on a subject related to the regulation of health care in Ontario;
- CCO will specify the criteria, details and timing of submission of the essay as part of the communication materials to candidates for CCO's Legislation and Ethics Examination;
- The Executive Committee, as delegated to staff, will review the submitted essays and select the winner of the Dr. Harold Beasley Memorial Award in or around November 1st every year; and
- The winner of the Dr. Harold Beasley Memorial Award will be notified, have their fees for first year registration renewal with CCO waived, recognized at the CCO's Annual General.

USE OF PROFESSIONAL TITLES, DESIGNATIONS AND CREDENTIALS

Policy P-010

Executive Committee

Approved by Council: April 30, 2019

Amended: September 10, 2021 (came into effect November 25, 2021)

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

INTENT

To summarize and describe the legislative and regulatory requirements for CCO members' uses of professional titles, designations and credentials.

DESCRIPTION OF POLICY

One of the objectives of the *Regulated Health Professions Act, 1991 (RHPA)* is that the public of Ontario is able to make an informed decision about their health care choices. It is essential that members of regulated health professions in Ontario clearly and accurately communicate to the public their professional titles, designations and credentials, so the public knows which regulated health professional they are seeking care from.

The *RHPA*, profession specific legislation (such as the *Chiropractic Act, 1991*), and CCO regulations, standards of practice, policies and guidelines outline certain requirements for the use of professional titles, designations and credentials. The following policy summarizes and describes several of those requirements that apply to members of CCO.

Use of the Title "Doctor"

Legislative and Regulatory Context

Section 33 of the *RHPA* authorizes members of the College of Chiropractors of Ontario to use the title "doctor", a variation or abbreviation or an equivalent in another language in the course of providing or offering to provide, in Ontario, health care to individual. No person shall use the title "doctor" in this context, except for those regulated health professionals listed in section 33 of the *RHPA*.

Application to CCO Members

Members of CCO may use the title "doctor" in the course of providing or offering to provide, in Ontario health care to individuals. A member shall ensure that their professional representation to the public is clear and unambiguous that they are a member of CCO and does not misrepresent to the public that they are a member of another regulated health profession.

Chiropractic Specialties

Legislative and Regulatory Context

It is an act of professional misconduct for a member of CCO to “use(ing) a term, title or designation indicating a specialization in the profession contrary to the policies of the College”.

Policy P-029: Chiropractic Specialties <https://www.cco.on.ca/wp-content/uploads/2017/11/P-029.pdf> indicates the following as approved specialties:

- FCCS(C) - Fellow of the College of Chiropractic Sciences (Canada)
- FCCR(C) - Fellow of the Chiropractic College of Radiologists (Canada)
- FRCCSS(C) - Fellow of the Royal College of Chiropractic Sports Sciences (Canada)
- FCCOS(C) - Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)
- FCCPOR(C) - Fellow of the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (Canada)

Application to Members

Members of CCO may not indicate a specialization in the profession of chiropractic, except for those members who belong to the specialty colleges listed above.

This policy does not restrict a member from indicating educational degrees and professional credentials that are accurate, verifiable and not misleading to the public.

Restricted Titles of Other Regulated Health Professions Acts

Legislative and Regulatory Context

Regulated health professions in Ontario each have specific acts governing their professions, which restrict titles to members of that regulated health profession. For example, under the *Chiropractic Act, 1991*, only members of CCO may use the title of “chiropractor” or hold themselves out as a person who is qualified to practise in Ontario as a chiropractor or in a specialty of chiropractic.

The following are examples from selected Ontario Regulated Health Professions Act, restricting the use of certain professional titles and representations to the public.

Medicine Act, 1991

9 (1) No person other than a member shall use the titles “osteopath”, “physician” or “surgeon”, a variation or abbreviation or an equivalent in another language.

Dentists excepted

(2) Subsection (1) does not apply to the use of the title “surgeon”, a variation or abbreviation or an equivalent in another language by a member of the Royal College of Dental Surgeons of Ontario.

Representations of qualification, etc.

(3) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as an osteopath, physician or surgeon or in a specialty of medicine.

Definition

(4) In this section,
“abbreviation” includes an abbreviation of a variation.

Physiotherapy Act, 1991

8 (1) No person other than a member shall use the title “physiotherapist” or “physical therapist”, a variation or abbreviation or an equivalent in another language.

Representations of qualification, etc.

(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 physiotherapist or in a specialty of physiotherapy.

Definition

(3) In this section,
“abbreviation” includes an abbreviation of a variation.

Traditional Chinese Medicine Act, 2006¹

8. (1) No person other than a member shall use the titles “traditional Chinese medicine practitioner” or “acupuncturist”, a variation or abbreviation or an equivalent in another language.

Representations of qualification, etc.

(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 traditional Chinese medicine practitioner or acupuncturist or in a specialty of traditional Chinese medicine.

Definition

(3) In this section,
“abbreviation” includes an abbreviation of a variation.

Naturopathy Act, 2006

8. (1) No person other than a member shall use the title “naturopath”, a variation or abbreviation or an equivalent in another language.

Representations of qualification, etc.

(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 naturopath or in a specialty of naturopathy.

Definition

(3) In this section,
“abbreviation” includes an abbreviation of a variation.

¹ Please see Standard of Practice S-017: Acupuncture <https://www.cco.on.ca/wp-content/uploads/2017/10/S-017.pdf> for further details about use of titles related to the use of acupuncture.

Massage Therapy Act, 1991

7 (1) No person other than a member shall use the title “massage therapist” or “registered massage therapist”, a variation or abbreviation or an equivalent in another language. 2009, c. 26, s. 13 (2).

Representations of qualifications, etc.

(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 massage therapist or registered massage therapist or in a specialty of massage therapy.

Definition

(3) In this section, “abbreviation” includes an abbreviation of a variation.

Veterinary Act, 1990

40. (2) Every person who is not a holder of a licence and who,
(a) uses the title “veterinarian”, “vétérinaire”, or “veterinary surgeon”, “chirurgien vétérinaire” or an abbreviation or variation thereof as an occupational or business designation; or
(b) uses a term, title or description that will lead to the belief that the person may engage in the practice of veterinary medicine,
is guilty of an offence and on conviction is liable for the first offence to a fine of not more than \$5,000 and for each subsequent offence to a fine of not more than \$15,000.

Application to CCO Members

Please note: This section does not apply to members who are also members of more than one regulated health profession in Ontario. For more information on practising as a member of more than one regulated health professional in Ontario, please see Standard of Practice S-011: Members of More Than One Health Profession <https://www.cco.on.ca/wp-content/uploads/2017/10/S-011.pdf>.

Members of CCO must clearly, accurately and unambiguously communicate to the public, including in their patient care and communication, record keeping, financial and billing practices, and advertising, websites and social media, that they are members of CCO and must not hold themselves out or misrepresent to the public that they are members of another regulated health profession.

CCO considers the use of titles and professional representations, including but not limited to “chiropractic physician”, “medicine”, “orthopractic”, “functional neurologist”, functional medicine” and “osteopath”, and other abbreviations or variations of any of the legislatively restricted titles or specialties, as misleading to the public and must not be used.

A member may communicate modalities that the member uses in practice, consistent with CCO standards of practice, such as physical therapy, acupuncture as an adjunctive treatment² and chiropractic care of animals. These modalities must be communicated as services rather than titles. It must always be clear and unambiguous to the public that the member is using these modalities as a member of CCO, practising within the chiropractic scope of practice.

A member who holds themselves out falsely or inaccurately as practising a profession or using a title that is not authorized to them is risking being prosecuted for practising without a certificate of registration by the appropriate college.

LEGISLATIVE CONTEXT

Ontario Regulation 852/93: Professional Misconduct

The following are acts of professional misconduct for the purposes of clause 51.1 (c) of the Health Professionals Procedural Code.

16. Using a term, title or designation in respect of a member's practice contrary to the policies of the College.
17. Using a term, title or designation indicating a specialization in the profession contrary to the policies of the College.
18. Using a name, other than the member's name as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession.

This policy should be read in conjunction with:

- Standard of Practice S-011: Members of More Than One Health Profession
- Standard of Practice S-016: Advertising
- Standard of Practice S-017: Acupuncture
- Policy P-029: Chiropractic Specialties
- Guideline G-016: Advertising

² Please see Standard of Practice S-017: Acupuncture <https://www.cco.on.ca/wp-content/uploads/2017/10/S-017.pdf> for further details about use of titles related to the use of acupuncture.

CONFLICT OF INTEREST FOR COUNCIL AND NON-COUNCIL COMMITTEE MEMBERS

Policy P-011

Executive Committee

Approved by Council: February 18, 1995

**Amended: November 15, 1996, November 26, 2004, September 11, 2007,
June 16, 2016, November 29, 2018**

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

INTENT

To determine and define circumstances in which a potential and/or appearance of conflict of interest or appearance of bias (“conflict of interest”) may exist or arise for a CCO Council or a CCO non-council committee member so the council or non-council committee member may declare the conflict and Council or a CCO committee can take appropriate action.

DESCRIPTION OF POLICY

A conflict of interest arises when a relationship or activity is reasonably seen as influencing a council or non-council committee member’s ability to make a decision solely in the public interest and/or consistent with the objectives of CCO.

Reporting and Responding to a Potential Conflict of Interest

Where a Council member or non-council committee member has a potential conflict of interest in a matter coming before Council or a committee, the member shall declare the conflict prior to the matter being considered by Council or the committee. Council or the committee will analyse the potential conflict of interest, without that member present.

If Council or a committee determines that the member has a conflict of interest or appearance of conflict of interest on the matter, the member shall not participate in activity, the discussion of the matter, nor vote on the matter, and if the particular meeting is not open to the public, the member with the conflict shall leave the room both during the discussion and vote on the matter.

A member of the Inquiries, Complaints and Reports, Registration, Discipline and/or Fitness to Practise Committees who finds himself/herself faced with a conflict of interest shall disclose the situation to the committee for decision and, in the case of the Discipline Committee, the disclosure will also be made to both counsel. The decision as to whether the member is in a conflict situation will be determined by the committee as a whole. An elected or appointed member of Council or non-Council committee member who becomes aware of any unreported potential conflict of interest shall immediately advise the President and Registrar, or if the potential breach involves the President, advise the Vice President and Registrar

Reporting of Conflict in Minutes

The minutes of every meeting or hearing where a conflict of interest or a potential conflict of interest has been disclosed shall record the information.

Conflicts of Interest Arising from Position on Council or Committee(s)

It is considered a conflict of interest for a Council member or non-Council Committee member to use his/her position on Council or a committee to:

- further or promote any activity, service or product in which the member of Council or a committee (or any member of his/her immediate family, employer or affiliated organization) has a financial interest;
- obtain, by virtue of his/her position on Council or a committee, any benefit, privilege, money, appointment, employment or any other personal gain¹;
- be employed (either full-time or part-time) by any chiropractic association/society, other health profession council or association, or other organization that may be in conflict with the mandate of CCO (this excludes a teaching position at any chiropractic educational institution or the facilitation/presentation of a seminar, conference or workshop for which a per diem and/or expenses will be paid);
- campaign publicly for or on behalf of any person, other than himself/herself:
 - o in any election to CCO Council; or
 - o in any other political election in Ontario.

(e.g., it would be inappropriate for a candidate to use election material which includes comments such as “endorsed by Dr. X, CCO Committee Chair,” etc.);

- receive information as a Council member or non-council committee member which is, in turn, used for a personal benefit;
- evaluate or take part in an evaluation of staff members when the Council member or non-council committee member has a personal or professional relationship with the staff member outside the office; or
- makes threats or promises or agreements related to his/her position on Council.

Conflicts of Interest Arising from Affiliations with other Organizations

A conflict of interest may arise where a council or non-council committee member, a close relative or friend or another close entity has a role or interest in an organization that may be in

¹ Excluding a CCO per diem and reimbursement of expenses.

conflict with CCO's mandate, such as a chiropractic organization, society or specialty group, another health profession council or association, or government ("affiliated organization").

It is considered a potential conflict of interest for a council member or non-council committee member to:

- be an employee, officer or director of any affiliated organization, as identified in By-law 6.9;
- have an interest in a specific issue before CCO that is related to an affiliated organization;
- receive or use confidential information relevant to CCO from his/her role at an affiliated organization; or
- receive or use confidential information relevant to an affiliated organization from his/her role at CCO;

Conflicts of Interest Arising from Other Activities

A conflict of interest may arise where a council member or non-council committee member engages in an activity or is approached by an affiliated organization to engage in an activity that may be in conflict with CCO's mandate.

It is considered a potential conflict of interest for a council member or non-council committee member to:

- give a presentation or participate in a working group or task force for an affiliated organization;
- communicate with an affiliated organization on matters related to CCO, without the authorization of CCO;
- communicate to the public, including on social media
 - on matters or opinions related to CCO without the authorization of CCO, or
 - messages inconsistent with CCO's mandate; or
- engage in legal proceedings against CCO.

Conflicts of Interest Involving Inquiries, Complaints and Reports Process

Where a Council member or non-council committee member or anyone associated in an official capacity with CCO:

- has an official complaint registered against him/her,

- that complaint has been validated by the Inquiries, Complaints and Reports Committee as being within the jurisdiction of CCO, and
- the complaint has been referred by the Inquiries, Complaints and Reports Committee to either the Discipline or Fitness to Practise Committees,

that Council member or non-council committee member shall be considered to be in a conflict of interest and shall not be active on Council or any committee until such time as the complaint has been disposed of. Should this occur, the Council member or non-council committee member has the right to an expeditious process.

Conflicts of Interest Involving Investigations, Assessments or Hearings of Related Members

A Council member or non-council committee member shall not participate in the investigation, assessment or hearing of a member to whom the member is related by blood, marriage, adoption, or who is a partner or associate of the member being investigated, or who is engaged in a relationship or strong friendship with the member being investigated, which might reasonably impair the member's objectivity.

If a Council member or non-council committee member has a professional or personal connection to a member or issue under investigation or before a discipline or fitness to practise panel, including a connection on social media, the Council or non-council committee member shall disclose this connection to the committee for a determination of a real or perceived conflict of interest and, in the case of the Discipline Committee, the disclosure will also be made to both counsel.

A connection on social media includes but is not limited to: being a friend, following or being followed by the member, and belonging to the same social media group as the member. The committee will then consider this conflict in accordance with the "Reporting and Responding to a Potential Conflict of Interest" section of this policy.

Conclusion

The reputation and high standards of the Council must be protected. Therefore, members of Council will avoid and/or report to Council any situation that could lead to a real or apparent conflict of interest which exists or may arise.

PUBLIC DISPLAY PROTOCOL



Policy P-016

Advertising Committee

Approved by Council: June 22, 2007

Amended: September 13, 2008, September 24, 2009, December 1, 2011, June 19, 2019 (came into effect September 13, 2019)

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

INTENT

The College of Chiropractors of Ontario (CCO) developed the Public Display Protocol to ensure that chiropractic is consistently promoted in a professional manner with personal accountability. This protocol provides members with practical approaches to community event planning and implementation.

Public outreach can be of value to the public because it can educate the public about chiropractic, build a stronger chiropractic presence in the professional and public communities, and promote chiropractic as a safe and effective health care choice.

Members are reminded that in conducting any public outreach, they are representing the chiropractic profession, and are expected to conduct themselves in a professional manner, maintain the dignity and integrity of the profession, and adhere to CCO regulations, standards of practice, policies and guidelines.

DESCRIPTION OF POLICY

Definitions

A "public display" is a type of public event that is a presentation of printed or other visual/audio material and/or educational sessions to the public, in a place normally frequented by the public, by a person or persons who are physically present when such material is distributed or presented. It does not include signage, billboards, or other forms of visual advertising that do not ordinarily require that the person advertising be physically present.

A "health fair" is a community event focused on the promotion of health.

A "trade show" is an exhibition for people or companies to demonstrate products and services.

Procedures

A member is required to comply with the following procedures in conducting a public display or outreach.

Purpose

The primary purpose of a public display is to educate the public and not to solicit patients. Therefore, a member may not subject a member of the public to any undue pressure or duress to participate in public outreach or follow up with chiropractic care. It is always the choice of a member of the public whether to participate in a public display presentation or to follow up with chiropractic care.

Location

A member may only conduct a public display at an appropriate and suitable public location, such as a health fair or trade show, and must ensure that they have the necessary permission and/or permits from the owners or authority in charge.

Chiropractic Representation

CCO requires at least one registered member of the CCO to be present at a public display at all times.

Public Display Set-up/Presentation

All aspects of a public display, including signs, pamphlets, posters, handouts, video/audio materials, marketing and presentation materials, and professional appearance will be evaluated by the participating public and other professions and therefore shall remain professional, maintain the dignity and integrity of the profession and comply with CCO regulations, standards of practice, policies and guidelines, and specifically Standard of Practice S-016: Advertising.

Signs should state the purpose and intent of the public display. A member may have signage listing his/her affiliation with groups, societies or associations, provided that the affiliated group officially recognizes the event.

A member shall prominently display as part of his/her setup/presentation the "CCO Public Display Statement", which communicates that he/she is a licensed chiropractor and a member of CCO and includes a link to CCO's website for information (www.cco.on.ca).

Follow-up

The primary purpose of a public display is to educate the public and not to solicit business.

If a member of the public wishes to follow up with further chiropractic care, a member may recommend that the participant or member of the public visit a chiropractor of his/her choice. A member may not subject a member of the public to any undue pressure or duress to follow up with chiropractic care. It remains a participant's choice to follow up with a more complete evaluation at a chiropractic office.

Any collection of contact information from the public or communication of the member's contact information shall be voluntary without any undue pressure or duress applied by the member. A

member shall disclose to a participant the purpose of collecting their contact information, including if it includes the distribution of communication materials, such as mass emails and/or newsletters, and ensure the participant consents to receiving such communications. Any mass communications shall comply with Canada's Anti-Spam Legislation <http://fightspam.gc.ca/eic/site/030.nsf/eng/home>.

Any personal or contact information from a participant or member of the public shall be maintained in a private and confidential manner, in accordance with the *Personal Health Information Protection Act, 2004*.

A member shall consider that some of the participants at the public display will be under the active care of another chiropractor. In compliance with Guideline G-001: Code of Ethics, a member may not attempt to take over the care of a participant who is under active chiropractic care.

Notification to CCO

CCO requires notification, in writing, informing of a public display at least ten business days prior to the event. The notification shall include the names of participating member(s), a description of the event, and the date, time and location of the event. CCO recommends that any materials be forwarded to CCO for pre-approval. Turnaround time for approval is approximately ten business days.



CCO PUBLIC DISPLAY STATEMENT

- ✓ The College of Chiropractors of Ontario (CCO) is the self-governing body of the chiropractic profession, established by the provincial government
- ✓ CCO is committed to improving the health and well-being of Ontarians by informing the public and assuring them of competent and ethical chiropractic care
- ✓ CCO's mandate is to regulate chiropractors in Ontario and protect the public interest
- ✓ Every chiropractor practising in Ontario must be a member of CCO and is listed on the public register of CCO's website
- ✓ Chiropractors are accountable to the public

For more information about the regulation of chiropractors in Ontario, please visit www.cco.on.ca.

CHIROPRACTIC SPECIALTIES

Policy P-029

Executive Committee

Approved by Council: September 7, 1996

Amended: November 1, 1997, April 20, 2002, June 22, 2012, April 22, 2015



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

INTENT

To delineate which specialty designations are recognized by CCO for the purpose of the professional misconduct regulation and the advertising regulation.

DESCRIPTION OF POLICY

CCO recognizes the following as approved specialties:

FCCS(C) - Fellow of the College of Chiropractic Sciences (Canada)

FCCR(C) - Fellow of the Chiropractic College of Radiologists (Canada)

FRCCSS(C) - Fellow of the Royal College of Chiropractic Sports Sciences (Canada)

FCCOS(C) - Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)

FCCPOR(C) - Fellow of the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (Canada)

Procedure for Review

This policy will be reviewed annually by CCO's Executive Committee taking into account the recommendations of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards.

ADVERTISING



Guideline G-016

Advertising Committee

Approved by Council: January 13, 1996

Amended: September 21, 2002, June 22, 2007, November 29, 2007, September 24, 2009, September 22, 2011, June 22 2012, February 28, 2017, April 30, 2019

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

INTENT

The advertising guideline is designed to detail Standard of Practice S-016: Advertising, and to give members guidance when educating members of the public. Advertisements should help the public make informed choices regarding their health care. To assist members of the public in making knowledgeable choices, advertisements must be informative and maintain a professional image.

DESCRIPTION OF GUIDELINE

Explanation

1. An advertisement must:

- (a) be accurate, factual and contain information that is verifiable;

Providing the public with accurate, factual, objective and verifiable information to make an informed choice in health care is in the public's best interest. Subjective opinions may cause confusion and lack of trust.

- (b) be readily comprehensible by the persons to whom it is directed.

Advertisements should be readily understandable so the general public is not confused by the message.

- (c) clearly communicate that the member is a registered chiropractor in Ontario and a member of the College of Chiropractors of Ontario, and have a link to the CCO website www.cco.on.ca, on a member's professional website and social media page.

It is important that the public be made aware that the member is a regulated health professional, a member of CCO and of CCO's role in regulating chiropractic in Ontario.

Advertisements must not mislead the public that the member belongs to another regulated health profession, such as the College of Physicians and Surgeons of Ontario or the College of Traditional Chinese Medicine and Acupuncturists of Ontario. Using titles or representations which include but are not limited to the terms "medicine", "physician", "osteopath" or "neurologist" are misleading to the public. A member may list adjunctive therapies and modalities offered, such as acupuncture and nutritional or exercise counselling; however, it must be clear that they are offering these services as a chiropractor.

2. An advertisement may:

- (a) name a specific diagnostic or therapeutic procedure or modality but cannot claim superiority or endorse the exclusive use of such procedures, services, techniques, modalities or products. References to specific diagnostic or therapeutic procedures must comply with the standard of practice (S-001: Chiropractic Scope of Practice);

Such references assist the public in finding a particular type of chiropractic care and allow an informed choice

Members may advertise services (e.g., acupuncture, ultrasound, radiography), adjunctive techniques, and other procedures within the public domain (e.g. orthotics, nutritional products). Members should understand exhaustive lists of everything possible may confuse the public and are not advised.

- (b) make reference to the member being a specialist, provided the member is recognized pursuant to CCO's policy as a specialist, and the specialty is disclosed. Refer to Policy P-029: Chiropractic Specialties, for the list of specialties currently recognized by CCO;
- Members may only use terms such as "specialist" and "specializing in" in reference to the specialties recognized by CCO. Use of terms such as "Paediatric Chiropractor", "Obstetric Chiropractor", or "Chiropractic Neurologists" will be perceived as a representation of a speciality. A member cannot advertise a specialty in area(s) not recognized by CCO. A member may express an "interest in" or "focus on" an area of practice.*
- (c) make reference to the member being affiliated with any professional association, society or body, other than CCO, only on curriculum vitae, business stationery and recognized public displays;
- Advertising a member's affiliations in any other medium may confuse the public and may cause comparisons to other members, which is not permitted. In electronic media, a member may include professional associations other than CCO, only in the curriculum vitae/biography section of a website or social media home page.*
- (d) allow an individual or organization to endorse a member, provided:
- An unqualified endorsement from a source with little or no expertise is not in the public's best interest and undermines the public's trust. The public has a right to know if there was any exchange in benefit for an endorsement.*
- (i) the individual or organization proposing the endorsement has sufficient expertise, according to CCO, relevant to the subject matter being endorsed;
- (ii) the member has been appropriately assessed as providing the subject matter being endorsed;
- (iii) the member has disclosed any financial or other benefit given or received for the endorsement, if such a benefit has been exchanged;

- (e) include testimonials¹, including self-testimonials or testimonials about the member's own experiences receiving chiropractic care, that refer only to the benefits of chiropractic and not to a particular member or office, with the exception of a member's website which may include testimonials that refer to a particular member or office, provided the testimonials:
- Testimonials that refer to the benefits of chiropractic and not to a particular member or office are permissible; however, members may continue to use specific testimonials on their websites.*
- (i) are accurate, verifiable, and recorded in the patient health record;
- Testimonials must be truthful and verifiable, and evidenced in the patient health record.*
- (ii) are used only in accordance with the written consent of the patient, which may be withdrawn at any time;
- There must be documented patient consent related to a particular testimonial, documented in the patient health record.*
- (iii) are not obtained using any undue pressure, duress, coercion or incentives;
- Patients may only offer a testimonial under their own free will and not due to any coercion or compensation.*
- (iv) include a disclaimer stating that the results of the testimonial may not be typical of all patients or that results of patients may vary;
- Testimonials may not be indicative of results for all patients and often describe a particularly favourable individual patient outcome. A disclaimer communicates to the public to not necessarily expect such an outcome in their case.*
- (v) do not include any information about the member providing care to family members, and
- Testimonials and narratives about providing care to family members may be unreliable and present a conflict of interest.*

¹ *Canadian Code of Advertising Standards* from Advertising Standards Canada, section 7 states: "Testimonials, endorsements or representations of opinion or preference, must reflect the genuine, reasonably current opinion of the individual(s), group or organization making such representations, and must be based upon adequate information about or experience with the product or service being advertised, and must not otherwise be deceptive."

- (vi) otherwise compliant and consistent with Standard of Practice S-016: Advertising, the chiropractic scope of practice, other CCO standards of practice, policies and guidelines and privacy legislation. *As with all advertising, use of testimonials must be consistent with the chiropractic scope of practice, as defined in the Chiropractic Act, 1991, and relevant legislation, standards of practice, policies and guidelines.*
3. Any advertisement with respect to a member's practice must not contain:
- (a) anything false or misleading²; *False or misleading statements, which include lying, leading one to wrong conclusions, creating a false impression, leaving out and/or making false or inaccurate claims, undermine public trust in the profession and may result in a complaint to CCO by a colleague or a member of the public.*
- It is advisable to include a reference in an advertisement that indicates the clinic being advertised offers chiropractic care.*
- (b) an express or implied guaranteed success of care; *Claims and guarantees of success are often not verifiable and may appear unprofessional. Members should not use expressions such as "will help" and "does relieve" which imply a guarantee. Members may use expressions such as "may be able to help" or "has been shown to relieve."*
- (c) any comparison to another member's or other health care provider's practice, qualifications or expertise; *Comparison to any facet of another member's practice is unprofessional. The public and the profession are better served by positive and generic chiropractic facts.*

² *The Competition Act, 1985* states that a misleading "general impression" could be created if an advertisement claim is literally true but misleads by failing to disclose additional vital details needed to interpret claims and make informed purchase decisions. The Competition Bureau of Canada has interpreted "false or misleading" under the *Competition Act, 1985*, to mean that the representation leads a person to a course of conduct that, on the basis of the representation, he or she believes to be advantageous. "Material" does not refer to the value of the product to the purchaser but, rather, the degree to which the purchaser is affected by the representation in deciding whether to purchase the product. Please see a link to the Competition Bureau <https://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/01315.html> for further information.

Members should not use adjectives with superlatives (e.g., more or better) in their advertising because they imply a comparison. Members may use words such as "safe" and "effective" to describe the chiropractic profession in general.

- (d) any expressed or implied endorsement or recommendation for the exclusive use of a product or brand of equipment used to provide services;

Exclusive endorsements of products suggest superiority and imply a comparison, which is not permitted.

- (e) material that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.

All advertisements must maintain professional integrity and serve the public's best interest.

It is an act of professional misconduct to engage in conduct or perform an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

4. A member may advertise their fee(s) for chiropractic services provided:

- (a) the advertisement contains accurate, complete and clear disclosure of what is and what is not included in the fee;

The public is entitled to full disclosure of what is and what is not included in the advertised fee. This includes any promotions that are offered by gyms, health clubs and other businesses where members are employed.

- (b) there are no hidden fees/costs;

The public is entitled to full disclosure of what is and what is not included in the advertised fee.

- (c) there is no obligation for any follow-up appointment, treatment or services;

A member may not use an advertisement for complimentary or discounted diagnostic or treatment services to pressure or coerce a member of the public to return for follow-up appointments.

- (d) the member does not bill a third-party payor for the complimentary portion of the diagnostic or treatment service;
A member is not permitted to bill any third-party payor or ask for the patient's health insurance information for complimentary diagnostic or treatment services as this practice is unethical and may be professional misconduct.
- (e) the advertisement expressly states the timeframe to be honoured for any complimentary or discounted diagnostic or treatment service;
To ensure there is no confusion or misunderstanding, the advertisement must indicate the exact timeframe in which the complimentary or discounted diagnostic or treatment services apply.
- (f) the advertisement does not limit the offer to a certain number of participants;
Members of the public must all be given an equal opportunity to obtain the advertised complimentary or discounted diagnostic or treatment services. An advertisement that limits an offer to a certain number of participants may be misleading.
- (g) no obligation is placed on the patient for follow-up appointments as a result of the complimentary or discounted diagnostic or treatment service;
A member may not use an advertisement for complimentary or discounted diagnostic or treatment services to pressure or coerce a member of the public to return for follow-up appointments.
- (h) the advertisement is presented in a professional manner that maintains the dignity of the profession.
All advertisements must be presented in a professional manner, maintain professional integrity, and serve the public's best interest. Although discounted fees may be offered, online coupons, contests and giveaways are inappropriate.
5. A member advertising the exchange of products/services for proceeds/donations to a charity may do so as follows:
An advertisement that encourages philanthropy, if done professionally and ethically, serves the public's interest.
- (a) the proceeds/donations are being collected for a registered charity, school or other organization that, in the opinion of the Advertising Committee, serves the public's interest ("charity");
The charity or organization must serve the public interest.

- (b) the charity is disclosed in the advertisement; *The public is entitled to full disclosure regarding the charity or organization for which proceeds are being collected.*
 - (c) the member discloses the part of the proceeds/donations to be given to the designated charity and if he/she is taking any proceeds/donations to cover their expenses; *The public is entitled to full disclosure regarding how the proceeds will be divided.*
 - (d) the member may not bill any third-party payor for the diagnostic or treatment services provided in exchange for the charitable proceeds/donation; *A member is not permitted to bill any third-party payor for complimentary diagnostic or treatment services as this practice is unethical and may constitute an act of fraud.*
 - (e) the member providing diagnostic or treatment services in exchange for the charitable proceeds/donation must comply with all CCO standards of practice. *Members must comply with all CCO standards of practice. If the member is uncertain if the proposed advertisement is appropriate, he/she is encouraged to submit it to the Advertising Committee for review prior to publication. Turnaround time for a response is approximately 10 business days.*
6. Public presentations or displays³ are permissible provided:
- The advertising standard permits public presentations for educational or informational purposes. Being intrusive to the public within a public place, harassing the public or using pressure tactics are unprofessional and undermines the public's trust.*
 - (a) member(s) adhere(s) to CCO's regulations and standards of practice (e.g., consent, record keeping);
 - (b) professional conduct is maintained at all times;

³ "Displays" include presentations or other visual material to members of the public, in a place normally frequented by the public, by a person or persons who are physically present when such material is distributed or presented.

- (c) material distributed complies with the advertising standard⁴;
- (d) no coercion or pressure tactics are used⁵.
7. A communication by a member to a patient or prospective patient for the purposes of soliciting business shall be appropriate to the standards of the profession and shall be respectful of patient choice, and not involve undue pressure including pressuring a patient to bring a family member or guest to a subsequent treatment or appointment, and not promote unnecessary products or services. A member must not contact or communicate with or allow any person to contact or communicate with potential patients via telemarketing or electronic methods.
- Any communication to patients or prospective patients must be consistent with the advertising standard of practice, within the chiropractic scope of practice, professional and respectful of the public interest, and compliant with Canadian anti-spam legislation, no matter what the medium. Requiring a patient to bring another individual to any future appointment is a breach of privacy and is inappropriate.*
8. A member must not advertise or permit advertising with respect to their practice only in compliance with the regulations or standards of practice.
- A member is responsible for all advertising that is directly or indirectly controlled by that member.*

LEGISLATIVE CONTEXT

For additional information regarding billing procedures, please refer to Regulation R-008: Professional Misconduct (Business Practices section) and Guideline G-008: Business Practices.

⁴ It is strongly recommended that material to be distributed be pre-approved by the Advertising Committee.

⁵ Voluntary appointments are permitted – i.e., potential patients ask for the member's business card or request an appointment.

ZERO TOLERANCE OF ABUSE, NEGLECT AND HARASSMENT

**CCO Internal Policy I-015
Patient Relations Committee
Approved by Council: February 14, 2012
Amended: September 15, 2018**

Intent

To intent of this policy is to:

- promote a positive work environment
- maintain an environment that is free from harassment, neglect and abuse
- to identify the behaviours that are unacceptable
- to establish a mechanism for receiving complaints concerning harassment, neglect and abuse
- to establish a procedure to address such complaints

Policy

The College of Chiropractors of Ontario (CCO) will not tolerate any form of physical, sexual, verbal, emotional, or psychological abuse or any form of neglect or harassment, whether communicated directly or indirectly to or about the affected person(s) – this includes all forms of communication or interaction including, but not limited to, in-person interaction and communication by phone, fax, email, internet or any social media.

This policy applies to, but is not limited to, all employees, council members, non-council committee members, independent contractors, volunteer and visitors of CCO. Every employee, council member, non-council committee member, independent contractor, volunteer and visitor of CCO has a right to freedom from harassment, neglect and/or abuse in the workplace by an employer or agent of the employer or by another employee, council member, non-council committee member, independent contractor, volunteer or visitor of CCO because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability or the receipt of public assistance.

The Registrar and General Counsel shall be responsible for implementing this policy and responding to all enquiries from staff, council members, non-council committee members, independent contractors, volunteer and visitors of CCO, stakeholders and the media concerning this policy.

Definitions

Physical Abuse is defined as but not limited to the use of intentional force that can result in physical harm or injury to an individual. It can take the form of slapping, hitting, punching, shaking, pulling, throwing, kicking, biting, choking, strangling or the abusive use of restraints.

Sexual Abuse is defined as but not limited to any unwanted or inappropriate touching, fondling, observations for sexual gratification, any physical contact, any such penetration or attempted penetration with a penis, digital or object of the vagina or anus, verbal or written propositions or innuendos, exhibitionism or exploitation for profit including pornography.

Verbal/Emotional Abuse is defined as but not limited to a chronic attack on an individual. It can take the form of name calling, threatening, ridiculing, berating, intimidating, isolating, hazing, habitual scapegoating or blaming.

Psychological Abuse is defined as but not limited to communication of an abusive nature, sarcasm, exploitive behaviour, intimidation, manipulation, and insensitivity to race, sexual preference or family dynamics.

Neglect is defined as but not limited to any behaviour that leads to a failure to provide services which are necessary such as withdrawing basic necessities as forms of punishment, failing to assess and respond to changes in health status and refusing or withdrawing physical or emotional support.

Harassment is defined as but not limited to any unwanted physical or verbal conduct that offends or humiliates, including gender-based harassment. It can be a single incident or several incidents over time. It includes threats, intimidation, display of racism, sexism unnecessary physical contact, suggestive remarks or gestures, offensive pictures or jokes. Harassment will be considered to have taken place if a reasonable person ought to have known that the behaviour was unwelcome.

Procedures

A person who experiences, witnesses or reasonably believes that abuse, neglect or harassment has occurred shall report the incident to the Registrar and General Counsel, or designate. The Registrar and General Counsel or designate will conduct a fair and timely investigation into the reported incident, while respecting the privacy of the affected individuals as much as possible.

Resolution of an incident may include, but is not limited to, conflict resolution and alternative dispute resolution, counselling, suspension or dismissal.

All elements of the incident, including but not limited to the complaint or report of abuse, neglect or harassment, the investigation and the resolution shall be documented and stored in a secure and confidential manner.

Legislative Context

All incidences relating to abuse, neglect and harassment shall be addressed in accordance with the applicable Canadian and/or Ontario legislation, including but not limited to:

- *Regulated Health Professions Act, 1991*
- *Criminal Code of Canada, 1995*
- *Human Rights Code, 1990*
- *Employment Standards Act, 2000*
- *Occupational Health and Safety Act, 1990*
- *the laws relating to libel, slander and defamation*

Declaration

I acknowledge that I have received and read the abuse policy and/or have had it explained to me. I understand that it is my responsibility to abide by all the rules contained in this policy and to report any incidents of abuse as set forth in this policy.

Signature:

Witness:

Date:

GUIDELINES FOR OBSERVERS AT COUNCIL MEETINGS**CCO Internal Policy I-016****Executive Committee****Approved by Council: September 15, 2016****Amended: April 26, 2017****Re-affirmed: September 15, 2018**

INTENT

To provide guidelines for observers and guests at CCO Council meetings.

POLICY

1. Meetings of the Council of the College of Chiropractors of Ontario are open to the public for purposes of to ensure transparency and openness regarding the decision-making process regarding the governance of the profession of chiropractic in the interests of the public. This is subject to the capacity limits of the meeting space. Members and the public may observe all proceedings except those noted under the *Regulated Health Professions Act, 1991 (RHPA)* as being more suitably held in-camera (members of the public and often staff are excluded). Observers are not permitted to participate in meeting procedures or to lobby Council members or staff during breaks.
2. Any member of the public wishing to attend a Council meeting may do so provided his/her attendance is in accord with the following. Public observers are expected to:
 - Sit or stand in an area designated by the Council for public observers;
 - Not take part in any issue under debate by the Council;
 - Not speak to any member of Council while an issue is being debated or is slated to be debated;
 - Exit the council meeting during any *in-camera* sessions; and
 - Maintain dignity and decorum during the Council meeting; any disruptions caused by a public observer can result in removal.
3. Public observers are requested to ensure they arrive on time for the commencement of the Council meeting and any other recommencements thereafter. If the meeting is at capacity, the individual will be denied entry or re-entry into the meeting.
4. To guarantee admittance, an individual can email the College and reserve a spot up to one week prior to the commencement of the meeting. If your reservation is unable to be secured because capacity has been filled, you will be notified by the College. If you are unable to attend a meeting, we ask that you notify our office to cancel your reservation.

5. If you are not able to secure a reservation, you are welcome to come to the meeting location in the event that there are last minute cancellations. However, we cannot guarantee that seating will be available.

6. Individuals attending as observers are requested to:
 - Turn off any electronic device ringers;
 - Refrain from recording proceedings by any means, including taking of photographs, video recordings, voice recordings or any other means;
 - Be quiet during the meeting and not engage in conversation, discussion or any disruptive behavior;
 - Refrain from addressing Council, speaking to, or giving or passing notes, documents or information to Council members while the meeting is in process;
 - Refrain from lobbying Council members during the meeting and/or during breaks;
 - Understand and respect that observers are not allowed to participate in debate of any matter before the Council;
 - Respect the authority of the presiding officer; and
 - Take their seats in the area designated to observers.

**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.

ITEM 5.37

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COLLEGE OF CHIROPRACTORS OF ONTARIO

UNDERTAKING TO MAINTAIN CONFIDENTIALITY

FOR COUNCIL AND NON COUNCIL COMMITTEE MEMBERS

(Version Date: April 14, 2023)

I, _____, Council member of the College of Chiropractors of Ontario (“CCO”), undertake to preserve secrecy with respect to all matters that come to my knowledge in the course of my duties as a Council member of the CCO and further undertake not to communicate any information concerning such matters to any person except as required by law.

I acknowledge and agree that all records, material and information (including but not limited to all minutes of meetings) and copies thereof obtained by me in the course of my duties on behalf of CCO are confidential and shall remain the exclusive property of CCO and I undertake to take all reasonable steps to protect the confidentiality of such records, material and information.

I understand and agree that this duty of confidentiality applies to internal confidentiality (i.e. discussions and communication with other Council members which must be on a need to know basis). I will contact the Registrar and General Counsel and/or President if I have any questions or concerns regarding internal confidentiality, and will ask other Council members to contact CCO concerning any information or meeting material.

I understand that a breach of my duty of confidentiality will result in my removal from council.

I understand that CCO’s Privacy Code approved by Council on June 18, 2014 imposes strict requirements on the retention, disclosure and use of any information in my possession or control, and I agree to comply with these obligations.

I further acknowledge and agree that my obligations regarding confidentiality continue beyond the expiration of my term as a Council member of CCO.

I have read and understood sections 36 and 40 of the *Regulated Health Professions Act, 1991* copies of which are annexed hereto, which outline my duty of confidentiality and the consequences for a breach of confidentiality under the legislation.

Signature

Witness

Date:

Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Long-Term Care Homes Act, 2007*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 36 (1) (d) of the Act is amended by striking out “the *Healing Arts Radiation Protection Act*”. (See: 2017, c. 25, Sched. 9, s. 115 (1))

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 36 (1) (d) of the Act is amended by striking out “the *Independent Health Facilities Act*”. (See: 2017, c. 25, Sched. 9, s. 115 (2))

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 36 (1) (d) of the Act is amended by adding “the *Oversight of Health Facilities and Devices Act, 2017*” after “the *Long-Term Care Homes Act, 2007*”. (See: 2017, c. 25, Sched. 9, s. 115 (3))

- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

Definition

(1.2) In clause (1) (e),
“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

Confirmation of investigation

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Restriction

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose. 2017, c. 11, Sched. 5, s. 2 (3).

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

Offences

40. (1) Every person who contravenes subsection 27 (1) or 30 (1) is guilty of an offence and on conviction is liable,

(a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and

(b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both. 2007, c. 10, Sched. M, s. 12.

Same

(2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Same

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

ITEM 5.38

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

Approved by Council: September 20, 2014

Amended: June 17, 2020

1147

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.

UNDERTAKING TO THE CCO REGISTRAR FROM ELECTED MEMBERS OF CCO COUNCIL

College of Chiropractors of Ontario (CCO)

Version Date: May 1, 2019
Amended: February 27, 2019

*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, _____, elected member of CCO Council in District _____, undertake to the Registrar as follows:

1. (a) My **primary practice of chiropractic** is located in the electoral district for which I was nominated.
- OR –
- (b) I am not engaged in the practice of chiropractic and my **primary residence** is located in the electoral district for which I was nominated.
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.
 - 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 AFC, OCA, CCA, CCPA, CCEB, CSCE or the Council on Chiropractic Education (Canada) of the FCC¹.
 - 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.
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.

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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 which members may have submitted spoiled ballots.

6. I have **not**:

- been disqualified from the Council or a committee of the Council in the previous three years.
- 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 three 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 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 undertake to:

- review and comply with CCO's Code of Conduct, CCO Internal Policy I-015: Policy to Avoid Abuse, Neglect and Harassment, CCO's mission, vision, values and strategic objectives, and standards of practice, policies and guidelines,
- 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 practice panel if selected by the Chair of the Discipline or Fitness to Practise Committee.

10. I confirm that I have access to and agree to use the following confidential e-mail address for any and all CCO matters:

11. I **confirm** all the information in this undertaking is accurate, complete and true.

12. I further undertake to advise the Registrar forthwith of any change in the above-noted statements.

13. I understand it is an act of professional misconduct to fail to comply with an undertaking to the Registrar.

Elected Member's Name

Elected Member's Signature

Date

Witness' Name

Witness' Signature

Date

**HEALTH AND SAFETY PROTOCOLS FOR HYBRID
(IN-PERSON/VIRTUAL) COUNCIL AND COMMITTEE
MEETINGS**

Approved by Council: June 22, 2022

Amended: September 9, 2022, November 24, 2022, April 19, 2023

PROTOCOLS

CCO will follow health and safety protocols to reduce risks for Council and committee members and staff, in accordance with regulations, directives and guidance from the Ontario Government, Ministry of Health and Chief Medical Officer

These protocols will continue to be reviewed as regulations, directives and guidance 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 symptoms of infectious, respiratory diseases <https://www.ontario.ca/self-assessment/> and not attend if they screen positive for symptoms consistent with COVID-19.
- Council or committee members shall be respectful of individuals' comfort levels, 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 that can be placed in a manner to separate in-person participants, HEPA filters running, and hand sanitizer readily available.

Legislation or statutes set overall guiding principles that reflect the government's policy decisions.

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ITEM 5.41

Becoming Law

The ordinary course for a statute to become law is as follows:

- a bill, the proposed statute, is introduced into the legislature for discussion by all political parties, a process known as first reading;
- the bill is referred to the appropriate committee (e.g., Social Development) responsible for consulting with members of the public between second and third readings;
- the bill receives third reading;
- the bill receives royal assent; and
- the bill is proclaimed as law.

Once a bill becomes law (on proclamation as published in the Ontario Gazette), it is referred to by its "short title" and is no longer a bill.

- Statutes provide the overall framework within which bodies, such as regulatory bodies, exist. For example, the *Regulated Health Professions Act, 1991 (RHPA)* defines the objects of regulatory colleges, their overall structure and purpose;
- CCO has an enforcement mechanism to enforce both statutes and regulations because the following are acts of professional misconduct:
 - Contravening the *Chiropractic Act*, the *RHPA*, or the regulations under either of those Acts;
 - Contravening a federal, provincial or territorial by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act*, if the contravention is relevant to the member's suitability to practise;
- In theory, because of widespread public consultation, the statute reflects the "will" of the citizens of the province;
- There is increased public accountability because of the public process involved in passing statutes;

Relevant Legislation ("Statutes") for Ontario Chiropractors

- [Regulated Health Professions Act, 1991](#)
- [Health Insurance Act](#)
- [Healing Arts Radiation Protection Act, 1993](#)
- [Child and Family Services Act, 1990](#) (sections 82 and 73: Duty to Report)
- [Chiropractic Act, 1991](#)
- [Laboratory and Specimen Collection Centre Licensing Act, 1990](#)

Introduction

Regulations are the details that support the guiding principles of legislation. Regulations may only exist pursuant to legislation.

A certain number of topics may be the subject of regulations pursuant to the *Regulated Health Professions Act, 1991 (RHPA)*. Section 95 (1) of the *RHPA* provides:

Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council of the College of Chiropractors of Ontario may make regulations. CCO may enforce regulations through the professional misconduct regulation.

There is significant public accountability because of the requirement for consultation and various levels of review at the Ministry of Health and Long-Term Care.

Current Regulations

| Ont. Reg. | Title | Effective Date |
|-----------|---|----------------|
| 137/11 | Registration | May 6/11 |
| 952/93 | Professional Misconduct | Dec. 31/93 |
| 059/94 | Funding for Therapy Counselling for Patients Sexually Abused by Members | Dec. 31/93 |
| 107/96 | Controlled Acts (Forms of Energy/Exemptions) | Mar. 29/96 |
| 233/05 | Quality Assurance | May 18/05 |

Introduction

Standards of practice are reflected in legislation. Covering a variety of subjects, standards of practice guide members of the profession in the delivery of health care services and ensure the quality of the profession. They also promote continuing competence among members.

Advantages

Easier to implement and quicker to change than statutes or regulations because standards of practice only require approval by Council.

CCO has a mechanism for enforcing standards of practice because contravening or failing to maintain a standard is an act of professional misconduct.

Current Standards of Practice

S-001: Chiropractic Scope of Practice

S-002: Record Keeping

S-003: Professional Portfolio

S-004: Reporting of Diseases

S-005: Chiropractic Adjustment or Manipulation

S-006: Ordering, Taking and Interpreting Radiographs

S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone

S-008: Communicating a Diagnosis

S-009: Chiropractic Care of Animals

S-011: Members of More Than One Health Profession

S-012: Orthotics

S-013: Consent

S-014: Prohibition Against a Sexual Relationship with a Patient

S-016: Advertising

S-017: Acupuncture

S-018: Third Party Independent Chiropractic Evaluations

S-019: Conflict of Interest in Commercial Ventures

S-020: Cooperation and Communication with CCO

S-021: Assistive Devices

S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information

Introduction

Policies aim to help members understand their professional responsibilities, clarify and interpret regulations, and state the position of CCO on a variety of topics.

Current Policies

Advertising

P-004: Advertising Committee Protocol

P-016: Public Display Protocol

Discipline

P-020: Adjournment of Discipline Hearings

P-046: Core Discipline Committee

Executive

P-009: Dr. Harold Beasley Memorial Award

P-010: Use of Professional Titles, Designations and Credentials

P-011: Conflict of Interest for Council and Committee Members

P-029: Chiropractic Specialties

P-045: CCO's Legislation and Ethics Examination

Fitness to Practise

P-035: Publication of Fitness to Practise Decisions

Inquiries, Complaints & Reports

P-015: Consideration of Prior Decisions Involving a Member

Patient Relations

P-003: Principle of Zero Tolerance

P-018: Funding for Therapy and Counselling for
Patients Sexually Abused by Members

Quality Assurance

P-017: Public Screenings

P-023: Participation in X-ray Peer Review Program

P-051: Peer Assessors

P-055: Non-compliance with Continuing Education Requirements

Registration

P-050: Supervision and Direction of Chiropractors in Training

P-053: Returning to the General Class of Certificate of Registration

P-054: Determination of Good Character of an Applicant or Member

P-056: Requirement to Disclose Police Criminal Record Checks

P-057: Accessibility Policy

Introduction

Guidelines provide advice or recommendations intended to guide members of the profession.

Advantages

Guidelines are flexible, informal and “user-friendly” for members. Guidelines are easy to implement and change because they only require approval by Council.

Current Guidelines

| CCO # | Title | First Approved | Last Amended |
|--------------|--|-----------------------|---------------------|
| G-001 | Communication with Patients | Feb 23/16 | Feb. 6/18 |
| G-005 | Guidelines for Members Concerning Office Staff | July 6/96 | Sept. 28/12 |
| G-008 | Business Practices | Nov. 29/07 | April 26/17 |
| G-009 | Code of Ethics | Feb. 28/98 | Feb. 14/12 |
| G-010: | Mandatory and Permissive Reporting | Feb. 11/04 | |
| G-011: | Accommodation of Human Rights and Disabilities | Sept. 15/16 | |
| G-012: | Use of Social Media | Apr. 26/17 | |
| G-013: | Chiropractic Assessments | Apr. 24/18 | |
| G-014: | Delegation, Assignment and Referral of Care | Apr. 24/18 | |
| G-016 | Advertising | Jan. 13/96 | Sept. 24/09 |
| G-023 | Health Care claims in Advertising, Websites and Social Media | Nov. 25/21 | |

COLLEGE OF CHIROPRACTORS OF ONTARIO

Version Date: September 1, 2020

UNDERTAKING

Re: Accessing the public portion of meetings of Council held via videoconferencing during the COVID-19 crisis

I agree to the following in order to be granted access to the public portion of hearings of the Council held via videoconferencing:

1. I understand that I will not be admitted into the videoconference without signing in with my real name.
2. I will ensure my microphone is muted at all times and that I will join and observe the meeting without my video image being displayed (unless otherwise directed by the Chair).
3. I will not:
 - share or distribute the videoconferencing links that will be provided to me.
 - not use the chat, reaction or any other communication or other functions.
 - not record or capture from the videoconference, by any photographic, video or audio recording or other such methods, nor distribute, any visual images of the meeting.
 - announce the results of any elections or decisions by Council until after CCO has formally communicated with stakeholders, including members.

Please confirm your agreement by returning this form to Ms Rose Bustria (rbustria@cco.on.ca) no later than 2 days before the start time of the meeting with your name as it will be reflected when you join the meeting.

Thank you.

COLLEGE OF CHIROPRACTORS OF ONTARIO

Approved by Council: June 17, 2020

UNDERTAKING

Re: Accessing the public portion of meetings of Discipline Committee hearings held via videoconferencing during the COVID-19 crisis

I agree to the following in order to be granted access to the public portion of hearings of the Discipline Committee held via videoconferencing:

- I will not share or distribute the videoconferencing links that will be provided to me.
- I will ensure my microphone is muted at all times and that I will join and observe the meeting without my video image being displayed.
- I will not use the chat, reaction or any other communication or other functions.
- I agree not to make audio recordings of the meetings.
- I will not record or capture from the videoconference, by any photographic, video-recording or other such methods, nor distribute, any visual images of the hearings.

By typing your full name in the signature field below you are signing this Undertaking electronically and are thereby agreeing to be bound by its terms and conditions.

Signature: _____

Date: _____



The College of Dietitians of Ontario is Committed to
Serve and Protect the Public Interest

Definition of Public Interest

In carrying out its regulatory objects, The College of Dietitians of Ontario commits its resources to serve and protect the public interest. The public interest is defined by the public protection outcomes it strives to achieve, by the College processes and decisions that respect the values generally held by people in Ontario. More specifically,

- **Public Protection Outcomes** mean that the people who receive or benefit from the dietetic services from Registered Dietitians are not harmed or abused physically, emotionally, mentally, financially or sexually. Public protection also means that people are informed of their rights and have the benefit of dietetic services that are based on competent, ethical and safe dietetic practice.
- **Public Values** will be central in all College decisions that are relevant to standards of dietetic practice or to the governance and management of the College. The public values that the College will respect are evident in Canadian and Ontario laws. Public values are also derived from input from members of the public and their representatives. These values include the following:
 - Access to professionals of choice
 - Self-determination
 - Right to give informed consent for treatment
 - Client interest paramount over professional self-interest
 - Right to be treated with sensitivity and respect
 - Privacy of personal information
 - Access to health information
 - Free of discrimination (Human Rights Codes)
 - Fairness, Objectivity, Impartiality and Transparency of registration and other college decisions
 - Reasonable costs to individuals and society
 - Integrity
 - Collaboration
 - Transparency and Accountability
 - Trust
- **Public Processes** mean processes that are timely, open and transparent and support participation from the public into key College decisions. Public processes such as public education, consultations, surveys and participation in public forums will be employed to help the College determine the specific opinions and interests of the people affected by College decisions. Decision making processes will bring forward these opinions through public representation on its governing Council and through disciplined consideration of what is in the public interest.

GREY AREAS

Steinecke Maciura LeBlanc

July 2003

No. 65

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

[This article is a summary of one of our more requested presentations for regulators.]

Will the Real Public Interest Please Stand Up?

It is a motherhood statement that regulators protect the public interest. A typical mandate for a professional regulator is that it regulates the quality and ethical aspects of the practice of the profession so that the public interest is served and protected. The difficulty is in applying that general concept to the everyday decisions of the organization.

There are many reasons why there is often a lack of consensus in applying this general mandate statement to specific situations, including the following:

- The public interest **mandate statement** of regulators is often, as described above, set out in **very broad terms**. Usually these mandate statements are based on the “objects clause” in the regulator’s enabling statute or articles of incorporation. Little guidance is offered on how to balance the competing factors that form part of most decisions.
- Some of the confusion is caused by the **election process** for members of governing Councils or Boards of regulators. The election process may, incorrectly, suggest the Parliamentary model where representatives are elected to act on behalf of their “constituents”. Re-election can become a concern for some Council or Board members if a controversial regulatory issue arises during their term.
- The “public interest” is a **subjective concept**. There is no absolutely right response in any situation (although there may be some “wrong” reactions). There will always be room for debate even among thoughtful, right-thinking individuals.
- **Perspective is everything**. In the same situation a client can be significantly harmed, the practitioner may have responded to competing pressures and the media may be looking for a “hook” for a story. Each might legitimately take a different view of the matter.
- **Human nature** has an infinite capacity to delude oneself. One can honestly believe that what is good for oneself is also good for everyone else even when most objective observers would disagree.

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:

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Grey Areas is also available on our website: www.sml-law.com. Some back issues are also available.

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.

Faced with these considerations, regulators must search carefully for the true public interest. In doing so, most regulators consider carefully the following:

- **Start with one's enabling legislation or articles of incorporation.** In addition to setting out the mandate statement for the organization, this document will also describe the regulator's expected activities and programs (e.g., entry to practice standards, complaints and discipline procedures, quality assurance initiatives, a Code of Ethics, and public education obligations). These topics should be the focus of debate in your organization.
- **Contrast what is not generally in the public interest.** Sometimes one can understand a concept better by appreciating what it is not. Advancing the profession's self-interest, through promotion of higher fees and restricting competition, for example, is generally not in the public interest. Similarly, advancing the personal interests of a Council or staff member are not in the public interest.
- **Recognize there is an overlap between the public interest and enlightened self-interest.** Most members of a profession would agree that preserving the reputation of the profession, encouraging easy access to services and disciplining bad members are a good thing. So would members of the public. Simply because the profession supports a proposition does not mean that it is not in the public interest. However, if a regulator and a professional self-interest association always agree, that may be a concern.
- **Fairness to members is equally important as protecting the public.** The Ontario Court of Appeal has said

that there is no value in a regulator viewing the protection of the public as being more important than fairness to its members. Both duties are important and undermining one does not, in the long run, advance the other.

- **Distinguish between goals and methods.** The goal of a regulator is to serve the public, not advance the interests of its members. However, a regulator can only be effective if it has the general support of the profession. Thus, sensitive communication and consultation with the profession are required by a regulator. Occasionally a regulator might better take a less direct or more gradual approach to achieving its regulatory goals than it might otherwise prefer.

Even with these principles in mind, it is rare that a regulator can identify one course of action as being absolutely in the public interest. Usually there are degrees of reasonableness in a debate. Even if one could identify the correct decision, who has the authority to tell a Council or Board member or a committee what to do? At best, a pattern of behaviour emerges. Rather than trying to identify the public interest for individual issues, leaders of a regulator might better expend their energy in fostering a public interest culture in their organization. Such a culture can pervade the organization in a way that advances the public interest for years to come.

Leaders can foster a public interest culture in their organization in the following ways:

- **Structural considerations.** The structure of an organization can have a significant impact on its culture. Ensuring that there are an adequate number of public appointees can assist a

self-governing profession to consider perspectives other than that of the profession itself. Rotating terms for Council or Board members can avoid precipitous changes in composition and ensure the socialization of new persons to the public interest mandate of the organization. Longer terms for Council or Board members can also assist them in seeing the longer term implications of their decisions. Built in scrutiny and accountability, particularly to external bodies, can balance self-regulation with service to the public interest.

- **Orientation processes.** Council, Board and staff members should receive intense and formal orientation as to their mandate. That orientation should include an explicit discussion of the public interest. Using a number of respected internal and external presenters can help get the message across. Written materials should provide a permanent resource on the topic.
- **Model the “public interest” everywhere.** Policy documents should explain how each option will advance the public interest. During debates and consultation processes, the discussion should mention the public interest constantly. When a position appears to reflect a self-interested perspective, ask how it supports the public interest mandate of the regulator.
- **Educate the profession constantly as to the regulator’s role.** The regulator should ensure that there is an ethics and jurisprudence component to all professional training and continuing education programs. The regulator’s newsletter needs to be persistent on this point. The mandate of the regulator should be emphasized on its website. The regulator should actively seek speaking invitations so that it can discuss

the “social contract” that it represents between the profession and the public with the profession and others. Organizational slogans can promote this world view as well.

- **Attempt to regain control over the election process.** While it may be too late for some professions, the election process should be consistent with the public interest mandate of the organization. Expressly set out the regulator’s mandate and role in election notices. Regulators should have election rules about campaigning and, if possible, campaign literature so that it is clear that elected Council or Board members do not “represent” those who elected them. Rather, the election process is a means of selecting respected members of the profession to regulate that profession in the public interest.
- **Obtain external input regularly.** In that way, the regulator can obtain fresh perspectives about its role and the impact of its activities. External input can be obtained through in-house education sessions, surveys of how other regulators approach similar policy issues, consultation with interest groups and analysis by consultants of the competing public interest considerations of an upcoming major decision.

The public interest is a process, a product of educational experiences, a systemic issue, in short a matter of corporate culture, rather than simply confronting a misguided individual.

ELECTIONS QUESTIONS & ANSWERS**Q. What is the purpose of the election of professional members to the Council?**

- A.** The *RHPA* and the *Chiropractic Act, 1991* provide for the election of the majority of the Council from among the membership of the profession. Since chiropractic is a self-regulating profession, it is important that the majority of the Council be members of the profession. While there could be a number of ways for the professional members to be chosen, the legislation requires an election system to ensure that Council members have the confidence and respect of those whom they regulate.

Q. Is the election of Council members similar to the election of MPPs or municipal councillors?

- A.** While the form of election is somewhat similar (i.e., voting for candidates by secret ballot), the purpose is actually quite different. Your MPP represents the interests of those who elected him/her. A Council member does not represent the specific interests of chiropractors, but rather the broader public interest as described in the *RHPA*.

CCO, unlike the legislature, is a corporation. The Council, as the Board of Directors of the corporation, has a fiduciary (trust) duty to fulfill the public interest mandate of the corporation/CCO and not the specific interests of the professional electorate.

Q. Does a Council member represent his/her constituents?

- A.** No, a Council member does not have constituents. A Council member is somewhat like the trustee of an estate: he/she acts in the best interest of the beneficiary, not the persons who selected him/her as Trustee. The beneficiary under the *RHPA*

and the *Chiropractic Act, 1991* is the public interest. If a chiropractor from a Council member's district has a problem with CCO, it would be inappropriate for the Council member to intervene on the chiropractor's behalf with the pertinent committee or CCO staff person.

Q. How does this affect a candidate's 'campaign' materials?

- A.** While people sometimes do refer to the election process as a 'campaign', this, too, is a bit of a misnomer. Candidates for election can and should provide information about themselves and their philosophy to the other chiropractors in their district to assist them in making an informed choice. However, there is not really a role for campaign 'promises' or statements about how a candidate, if elected, will decide specific matters that might arise in the future. In addition, candidates are strongly urged to forward their campaign material to CCO before distribution to ensure the elections are conducted in a fair manner.

The Election Review Sub-Committee will review all material for compliance with CCO standards and policies and consistency with the requirement for professional, respectful communication.

Q. Why, then, are Council members elected from districts?

- A.** Perspective. Having Council members elected from various districts ensures that the perspective of all chiropractors, not just those from one region (e.g., the Greater Toronto Area), is reflected on Council. Some issues might have a different impact on the public from rural or northern areas, small towns, medium-sized cities and Toronto. It is important that all perspectives are heard.

This notice explains the election rules established under the *Chiropractic Act, 1991*. To the extent of any inconsistency, the legislation and the by-laws govern. If you have any questions, please contact CCO at (416) 922-6355.



College of
Chiropractors
of Ontario

L'Ordre des
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de l'Ontario

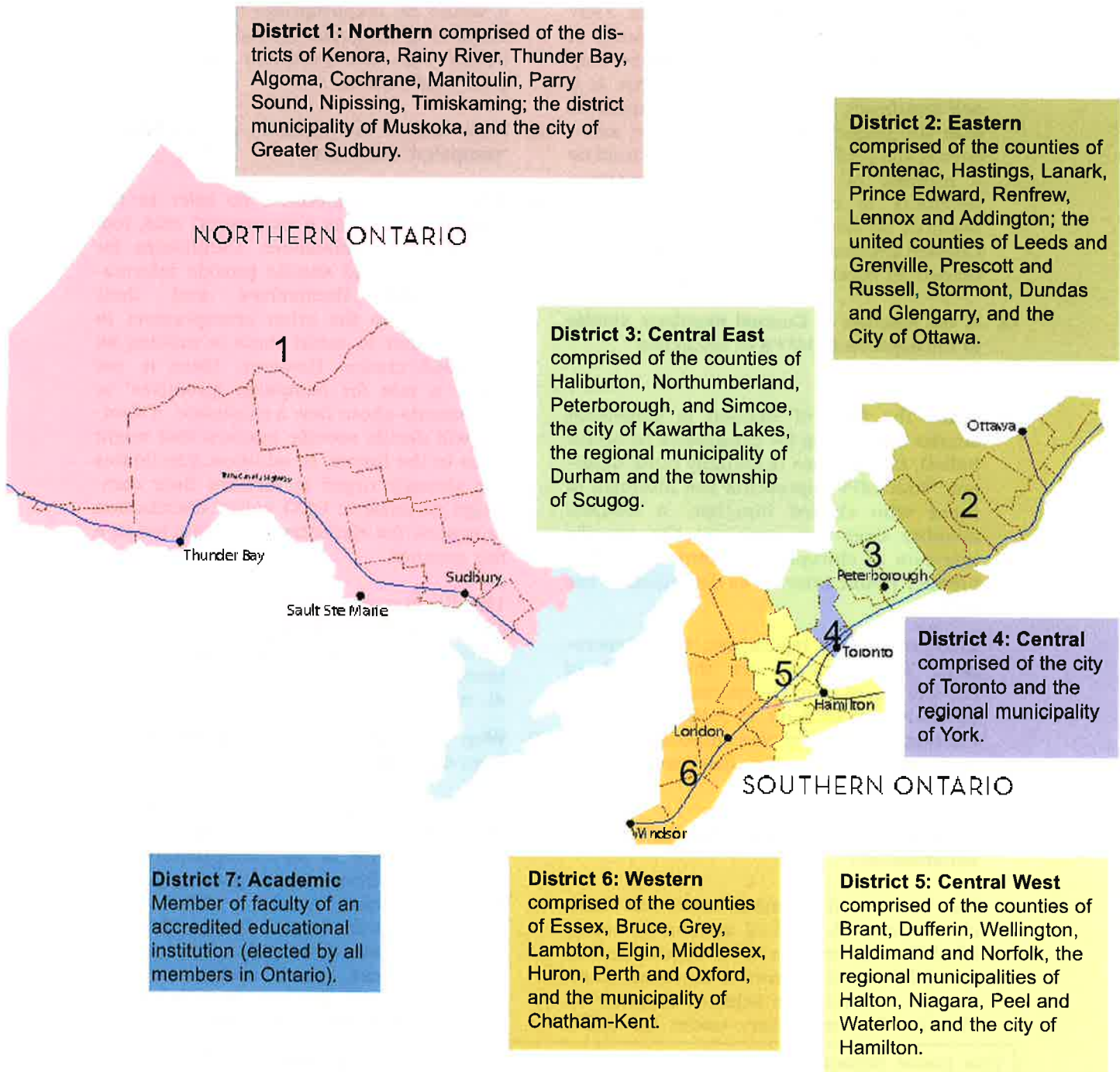
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CCO ELECTORAL DISTRICTS

[map not to scale, illustrative of districts only]

1168



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Third Session, Forty-second Parliament
1 Charles III, 2022
Legislative Assembly of British Columbia

BILL 36

**HEALTH PROFESSIONS AND
OCCUPATIONS ACT**

Honourable Adrian Dix
Minister of Health

Explanatory Note

This Bill replaces the *Health Professions Act*. The primary objectives of the Bill are to prioritize protection of the public and to facilitate good governance by regulators.

The Bill expands the regulation of health service providers. While the practice of health professions continues under this Bill to be fully regulated through self-regulating bodies, more flexible models of regulation are available under this Bill for the practice of health occupations that present a lower risk of harm to the public.

The Bill streamlines the process for designating new health professions and occupations. It also clarifies processes for creating and combining regulatory bodies and transferring the governance of health professions and occupations between regulators.

The Bill establishes the Office of the Superintendent of Health Profession and Occupation Oversight. The superintendent is responsible for preparing performance standards for regulators and guidelines with respect to regulatory best practices. The superintendent will review governance practices, including by responding to complaints and conducting audits, investigations and system-wide reviews.

Finally, the Bill establishes, within the superintendent's office, an independent discipline tribunal. This enables investigatory and disciplinary processes conducted with respect to licensees to be separated, ensuring that the determination of discipline matters is independent of regulatory colleges and licensees and focused on protecting the public.

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HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:

PART 1 – INTERPRETATION AND GUIDING PRINCIPLES

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General definitions

1 In this Act:

“**accreditation standards**” means accreditation standards as defined in section 7 (2) [*types of standards*];

“**actionable conduct**” has the meaning given to it in section 11 (1) [*misconduct and actionable conduct*];

Professional Regulation

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✦ Last Updated on April 11, 2023

More topics

In British Columbia, there are 26 regulated health professions, of which 25 are governed by 15 regulatory colleges under the [Health Professions Act](#). The act provides a common regulatory framework for health professions in British Columbia.

One profession (emergency medical assisting) is regulated by a government-appointed licensing board under a separate statute.


- [Colleges, Boards and Commissions](#)

Many social workers also practice within the health system. Social workers are a self-regulating profession governed by a regulatory college under the [Social Workers Act](#).

- [BC College of Social Workers](#)

A health regulator's (college's) legal obligation is to protect the public through the regulation of their registrants. They do this by:

- determining registration requirements
- setting standards of practice
- recognizing education programs
- maintaining a register that everyone can search, and
- addressing complaints about their registrants

Colleges are required to review all c [Back to original site](#) alth professionals they regula*
including both current and former r [Give feedback](#) y conduct an investigation in 

complaint, and in serious matters may refer the complaint for disciplinary action. **1186**

If you have a concern or complaint about a health professional you can visit the college's website to learn about their complaints process. Complaints should be in writing and describe a specific concern about the conduct, competence, or physical or mental impairment of an individual health professional. Links to each regulatory college website can be found on the profession specific pages to the left.

The Ministry of Health cannot investigate specific complaints about health professionals, as colleges are independent organizations that have been given legal authority to do so.

Health Professions and Occupations Act

The Health Professions and Occupations Act passed Royal Assent in the BC Legislative Assembly on November 24, 2022. While the legislation has passed, the Act is not in force. The Health Professions and Occupations Act will come into force at a future date through regulation of the Lieutenant Governor in Council. At this time, the [Health Professions Act](#) continues to be the legislation which governs health professionals and regulatory colleges.

For further information on the *Health Professions and Occupations Act* please refer to the [Health Professions and Occupations Act Q&A](#) document or the drop down menu below.

Expand All

Collapse All

What is the Health Professions and Occupations Act (Bill 36), and why does it matter?

- The Health Professions and Occupations Act (previously called Bill 36; also referred to as the HPOA) is the first reform of the *Health Professions Act (HPA)* in 30 years.
- The *HPA*, first established 30 years ago, provides a common regulatory framework for health professions in British Columbia.
- Considering the changes in health care over the last 30 years, the HPOA is a timely and important reform.

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- The HPOA came out of a ver
of health profession regulat

ducted by an expert in the field

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- The HPOA does important things:
 - It takes a proactive approach to eliminating discrimination in B.C.'s health care system.
 - It improves governance of regulatory colleges by moving to a merit and competency-based appointment process. These processes will be posted publicly to maximize transparency.
 - It also creates a superintendent's office to oversee the regulatory colleges. This will ensure colleges are laser-focused on patient safety and the public interest.
 - It allows for more transparency and accountability to the public.
 - It is focused on keeping people safe.
- The HPOA received Royal Assent on November 24, 2022.

What is the Cayton Report, and who is Harry Cayton? Why is he important/mentioned when talking about Bill 36?

- Harry Cayton led the United Kingdom's Professional Standards Authority for Health and Social Care but has since retired. The U.K. is one of the leading jurisdictions on professional regulation with a track record of focusing on patient safety. By taking the recommendations laid out in the Cayton Report, B.C. will become the strongest jurisdictions on patient safety in health professional regulation in the country.
- In 2018, Mr. Cayton was commissioned by Health Minister, Adrian Dix, to conduct an inquiry into the College of Dental Surgeons of British Columbia and suggest possible approaches to modernize B.C.'s overall health regulatory framework.
 - This was done in response to concerns from the public. Numerous complaints from patients and the public indicated that the college was not always acting in the best interests of patients.
- Colleges are legally required to act in the public interest. Professional Associations, such as Doctors of BC, are [Back to original site](#) profession, not the regulatory college.

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- Government made public Mr. Cayton's report on his findings in April 2019.
- The report can be viewed here:
<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

1188

What happened after the Cayton Report was released?



- In response to the recommendations outlined in the Mr. Cayton's report, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (referred to as the Cayton report), which called for stronger and more consistent practices across regulatory colleges in the interest of the safety of patients and the public, Health Minister Adrian Dix established and chaired the all-party Steering Committee on Modernization of Health Professional Regulation.
- Committee members included Norm Letnick, then-health critic for the official Opposition, and Sonia Furstenau, then-health critic and house leader for the B.C. Green Party.
- The Cayton report, along with feedback from public consultation on the report, led the Steering Committee to develop a consultation paper with proposed changes to health profession regulation.
- The consultation paper was open to public feedback from November 27, 2019 to January 10, 2020. Feedback from the consultation informed the Steering Committee's final recommendations in an August 2020 report for improving the model of health profession regulation.
<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/modernizing-health-profession-regulatory-framework-consultation-paper.pdf>
- It is these recommendations, along with thorough engagement with stakeholders and partners, that shaped the foundation of the HPOA.

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What does this legislation do for the public?

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- The new legislation will improve access to safer health care by taking a proactive approach to eliminating discrimination in our health care system, strengthening the response to discrimination when it occurs, and promoting anti-discrimination measures for safer health care.
- It does this through an enhanced complaints system that offers anonymity to people who have experienced discrimination, sexual abuse, or sexual misconduct by a health professional throughout the complaints process when requested. Such individuals will also have to the ability to request support services, like counselling.
- Health professionals are also expected to foster culturally safe practices, and adopt anti-discrimination practices.
- In addition, it will create a better complaints system that encourages people who have been hurt or wronged by a health professional to come forward by:
 - Offering identity protection measures,
 - Providing access to support workers and access to support services such as counselling, for people who have experienced sexual abuse, sexual misconduct or discrimination while receiving health care from a regulated health care provider.
- Furthermore, disciplinary actions taken against health professionals will be published on a public, online record to ensure members of the public can make informed decisions when selecting health care providers. Complaints will **NOT** be published, unless disciplinary action is taken as a result of a complaint.

Is it true that this legislation will regulate and restrict what physicians or health practitioners can say?



- No. This is **NOT** true.

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- Under the existing *HPA*, regulatory colleges **already** have the ability to restrict the license of a health professional who poses a significant risk to the public or a patient, who has committed an act of misconduct, or who is not competent to practice safely. 1190
- When misinformation leads to harm of patients or the public, colleges are expected under this new legislation to act quickly to prevent any further harm.
- This legislation will not limit physician's or health practitioner's critical or free speech. However, the Act does have provisions that can be enabled to protect the public by requiring regulatory colleges to take action against health professionals who are spreading misinformation that could bring harm to patients or the public.
- This will not have an impact on the day-to-day experience of healthcare professionals providing patient care.
- The goal of this legislation is to ensure that B.C.'s healthcare system continues to provide the best possible care to the people and families that live in this province, and it does that by strengthening protections for patients.

Does Bill 36 allow government to access medical records? ^

- No. The HPOA does not allow government to copy or seize clinical records.
- Only an independent Investigator, who is appointed by the regulatory college, at the request of an investigation committee can access private medical records.
 - This authority **already** exists under the current governing legislation, the *HPA*.
 - When a health care professional has had a complaint against them **and an investigation needs to happen**, an investigator requires the ability to search records to confirm whether the complaint has validity and to acquire proof of the professional's misconduct. The Investigator is subject to restraints in this process – including that the records must be in relation to the investigation. The Investigator is subject to the bylaws of the college and the directions of the investigation committee. [Back to original site](#) recognize that this process is not

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different from the current Act and that it is for the protection of patients to ensure that people in B.C. receive the highest quality of care.

1191

What type of consultation occurred ahead of these changes?

- The consultation process that occurred for the HPOA was one of the most thorough consultation and engagement processes that the government has ever offered.
- There were three areas of consultation on the HPOA spanning three years. These areas included: 1) public engagement, 2) stakeholder engagement including regulatory colleges and associations, and 3) Indigenous partners.

- **Public Consultation:**

- The first consultation was held from **May 9, 2019 to June 14, 2019**, and received over 300 written submissions.
 - This was the initial consultation held in response to the Cayton report to understand the perspectives of the key stakeholders, partners, and the public on the issue of modernizing health regulation.
 - The written submissions called for greater transparency and accountability in the complaints and discipline process, consistent approaches to regulation, and greater role clarity in the mandate of regulatory colleges to protect the public.
 - It was this consultation that resulted in the Minister of Health appointing the all-party Steering Committee.
 - A summary of the engagement can be found online, here: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/regulating-health-professions-what-we-heard.pdf>
- The second consultation was held from **November 27, 2019 to January 10, 2020**, which consisted of a public survey and the opportunity to submit a written submission.

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- The survey received responses, where 71% of respondents identified as health professionals of the public were the second

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- BC College of Social Workers (not regulated under the HPA)
- Ambulance Paramedics of BC (not regulated under the HPA)
- Union groups, including Health Services Association of BC and Hospital Employee's Union

1193

- **Indigenous Partners:**

- Extensive engagements were held with Indigenous partners and groups. The subject of these conversations included: hardwiring cultural safety and humility into college processes, culturally safer complaints process, improving transparency in the complaints process, embedding Indigenous and other diverse/equity-oriented perspectives into college governance, monitoring performance through an oversight body.

- Below is a summary of the engagement process:

- MoH met with Indigenous partners **between June 2019 and August 11, 2022.**

- There were 27 distinct meetings with Indigenous groups, persons, and bodies representing Indigenous peoples during this time.

- These groups included:

- In Plain Sight Legislation Working Group, including representatives from both First Nations and Métis Nation
- First Nations Leadership Council,
- Métis Nation BC
- First Nations Health Authority
- BC Assembly of First Nations

- Broader engagement on the draft legislation occurred with:

- First Nations Back to original site includes the majority of First Nations National Councils in B.C.

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- Engagement with VPs of Indigenous Health from all Regional Health Authorities and the Provincial Health Services Authority (PHSA)
- Three open house sessions with an open invitation to Indigenous Peoples broadly, with participation and perspective brought from:
 - Adams Lake Indian Band (Secwepemc peoples)
 - Tla'amin Nation (Coast Salish peoples)
 - Lax Kw'alaams (Tsimshian peoples)
 - Anishinaabe peoples
 - Treaty 7 Nation
 - Métis Nation BC
 - First Nations Health Authority
 - Aboriginal Health/Patient Navigator leads from Central Okanagan
 - Regional Health Authorities (Northern, Interior, Fraser) and PHSA

1194

How will the new process work for College boards?



- The new process will see a pool of candidates identified through a merit and competency-based process, run by an independent office led by a Superintendent. This merit and competency-based process will be made public, to maximize transparency and fairness.
- The Superintendent will put forward a group of board members from this pool, for the Minister to appoint. This process will ensure that the board has the appropriate balance of experience, professional skills, and diverse perspectives.

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- Historically 50-66% of board members were health professionals elected by their peers, with the remaining seats being public members appointed directly by the Health Minister.
- Under the HPOA, the new appointments will be made up of 50% health professionals and 50% public. This process will be made public by the Superintendent and will create more accountability, independence, and transparency.
 - This process will ensure that half of the board members are public representatives and half are health professionals of the regulatory college with profession-specific knowledge and insight.
- This is in line with the Cayton report and the public consultation.

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Is it true that health professionals will no longer be represented in their regulatory boards?

- This is **NOT** accurate.
- As mentioned above, the appointment of board members will be conducted through a merit and competency-based process and 50% of boards will be made up of health professionals. This is run by an independent office of the Superintendent.
- Currently, board members are elected by their profession. That is not in the best interest of patients as it creates a misunderstanding that elected members are beholden to those who elect them, even in partial.
- Additionally, under the office of the Superintendent, a qualified individual will be appointed to the role of Director of Discipline.
- The Director of Discipline creates independent panels to pursue, where necessary, disciplinary action against health professionals who have been found to committed misconduct, and in many cases, caused harm to patients.
 - The discipline panel consists of the same profession that is being disciplined, a member of the same profession that is a specialist in the area of

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concern (for example in the case of sexual assault, someone who is an expert in this area of trauma).

- This ensures that i) discipline is handled independent of the college who does the investigations and ii) the body that investigates and the body that determines discipline are separate.

1196

When will the HPOA come into force?



- HPOA received Royal Assent on November 24, 2022, but is not yet in force.
- Government will be working with professional organizations, health care practitioners, and other stakeholders to implement this legislation. The implementation of this legislation will be done in a way that is fair and recognizes the excellent work health-care professionals engage in every day caring for British Columbians and Indigenous peoples.
- The government will work with professional organizations, healthcare practitioners, and other stakeholders to implement this legislation that prioritizes public safety and recognizes the important work of healthcare professionals.
- Until the HPOA is brought into effect by regulation of the Lieutenant Governor in Council, the Health Professions Act (HPA) will remain the governing legislation for health professionals and regulatory colleges.
- The legal mandate to protect the public has not changed. The HPOA seeks to strengthen public protections, support patients, and acknowledge the outstanding work of healthcare professionals in caring for the people of British Columbia and Indigenous peoples.
- We look forward to working with professional organizations to implement this regulation that is fair and recognizes the excellent work health-care professionals engage in every day caring for British Columbians and Indigenous peoples.

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From Nov. 27, 2019 to Jan. 10, 2020 members of the public, community groups and health-sector stakeholders were invited to submit feedback on the proposals in the consultation paper titled [Modernizing the provincial health profession regulatory framework: A paper for consultation \(PDF, 1.0MB\)](#). Feedback was accepted via an online survey and written submissions. Read the [What We Heard report \(PDF, 489KB\)](#) for a summary of engagement results.

1197

On August 27, 2020, the Steering Committee on Modernization of Health Professional Regulation released its [Recommendations to modernize the provincial health profession regulatory framework \(PDF, 669KB\)](#). Feedback from the consultation assisted the steering committee to finalize these recommendations for improving the model of health profession regulation in B.C. [View a diagram \(PDF, 44KB\)](#) of how the recommendations would change current health professions regulation.

The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions, following an inquiry into the operations of B.C.'s College of Dental Surgeons, and the *Health Professions Act*.

Inquiry into the College of Dental Surgeons of British Columbia

In April 2019, the Honourable Adrian Dix, Minister of Health, released the report, An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act. The report is authored by Mr. Harry Cayton of the United Kingdom's Professional Standards Authority. The report contains two parts:

- Part 1 makes recommendations to College of Dental Surgeons of British Columbia; and,
- Part 2 suggests possible approaches to modernization of BC's overall health regulatory framework.

[Media Briefing \(PPTX, 715KB\)](#)

[Signed Directive from the Minister of Health \(PDF, 570KB\)](#)

Harry Cayton's report can be viewed [here \(PDF, 1.0MB\)](#).

For the Terms of Reference for the I [Back to original site](#)

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In response to the suggestions outlined in Part Two of the Cayton report, Minister Dix established and chairs the Steering Committee on Modernization of Health Professional Regulation.

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During an initial phase of public consultation, members of the public and health sector stakeholders were invited to provide written feedback on Part Two of the Cayton report.

A summary of themes from the initial public engagement which closed June 14, 2019 can be viewed [here \(PDF, 116KB\)](#).

Contact Us

Comments on proposed changes to professional regulations or regulatory college bylaws may be submitted by email or ordinary mail. All submissions will be reviewed and given full consideration. However, due to the volume of submissions we receive, we may not respond to all submissions individually.

Executive Director, Professional Regulation and Oversight

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Email: PROREGADMIN@gov.bc.ca

BC Health Regulators

Get more information about the roles and responsibilities of B.C's regulatory colleges and learn how to make a complaint.

- [BC Health Regulators](#)

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king for?

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The B.C. Public Service acknowledges the territories of First Nations around B.C. and is grateful to carry out our work on these lands. We acknowledge the rights, interests, priorities, and concerns of all Indigenous Peoples - First Nations, Métis, and Inuit - respecting and acknowledging their distinct cultures, histories, rights, laws, and governments.

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Now is not the time': B.C. faces growing backlash from health-care professionals over Bill 36



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Updated Jan. 3, 2023 9:31 p.m. EST
Published Dec. 28, 2022 3:49 p.m. EST
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As British Columbia's health-care system verges on collapse, provincial lawmakers have enacted sweeping changes to the oversight of medical professionals in a surprise move workers are denouncing as an unnecessary, years-long transition ripe for potential political interference.

When hospitals and doctors' offices began seeing an onslaught of sick patients [this fall](#), politicians were busy passing Bill 36, new legislation merging colleges but also fundamentally changing how those colleges will function going forward.

Regulatory colleges oversee whether technical standards and professional guidelines are followed for health-care personnel including nurses, doctors, psychologists and pharmacists.

Complaints ranging from improper treatment or dispensation of medication to bodily harm or sexual assault are overseen by those bodies.

B.C. currently has 15 colleges, which the new Health Professions and Occupations Act will streamline down to six. In addition, the colleges' oversight system will be expanded to include more professions.

Merging and adding is not controversial, but what's rankling many healthcare professionals is the changes to the administration of those colleges.

Going forward, the board members who hear and make decisions on issues of professional misconduct will be appointed by the province, as will the superintendent who oversees the colleges and has the ability to change or overrule board decisions.

BACKLASH OVER LITTLE FEEDBACK ON MASSIVE BILL

Bill 36 was introduced by a multi-party committee and passed into full law this fall without much fanfare. Multiple health-care professionals have since contacted CTV News, and say the massive [278-page document](#) sailed through the legislature with minimal efforts made to consult the people who will be most impacted.

"This is not the time to implement and make these kinds of sweeping changes without deep consultation that could actually impact our profession and our patients," Dr. Ramneek Dosanjh, the president of Doctors of BC, told CTV News.

[Postponed surgeries, 12-hour waits, 60% more inpatients in B.C. pediatric wards amid viral surges](#)

Her association had already been busy incorporating physician feedback into a new compensation system for family doctors, while compiling more feedback from physicians and surgeons alarmed at the soaring backlog of surgical and imaging patients. Her biggest concern, echoed by dozens of her peers on social media and in messages to CTV News, is the removal of doctor-elected members to the college boards.

[Specialist doctors report 1 million B.C. patients on waitlists](#)

"Why are we going to have political influence in bodies and jurisdictions and regulatory authorities where there was none before?" Dosanjh asked.

The BC Nurses Union, which represents the majority of the members in the province's largest college, raised similar concerns about potential political interference, as well as the erosion of due process.

Until now, only allegations substantiated by investigations and board deliberations have been made public, but it appears all allegations will now be published under the new act.

“We need to ensure that they are allowed due process and that their privacy is protected, balancing protection of our communities and the public, but also the privacy of our members,” said BCNU president, Aman Grewal. “We also need nurses to be on that body to be able to direct and provide guidance to any body that does not have experience as to what is the proper standard of care.”

The consensus from other health-care professionals can be summarized as a system that’s not broken and doesn’t need fixing, with workers subjected to discipline already publicly identified.

[2 B.C. nurses punished for 'diverting narcotics'](#)

MINISTER ON THE DEFENSIVE

When the government [announced](#) they’d be introducing new legislation under the health professionals act, they characterized it as a necessary move to streamline the colleges.

The minister kept returning to that point when pressed by CTV News about concerns the government could potentially appoint insiders party loyalists or others without any medical background to make decisions about the conduct of health-care professionals.

“This is designed to improve the efficiency of the health-care system,” said Adrian Dix. “Yes, there’s a superintendent to protect the public interest and ensure the colleges are acting fairly and responsibly and efficiently -- that’s the purpose of it.”

He also claimed that part of the impetus for the new bill was complaints from members of both the media and public that the colleges were opaque and unresponsive to requests about disciplinary proceedings and other actions.

['Crawl back to Surrey': Vancouver surgeon's comments under scrutiny](#)

Dix did not explain how a superintendent and government appointees will lead to more transparency. B.C.’s government has been repeatedly criticized for concealing and obfuscating basic information about the COVID-19 pandemic and other public health issues in recent years.

NEW ADDITIONS AND COMBINATIONS

In recent years, several nursing colleges and midwives were merged into the BC College of Nurses and Midwives, while podiatrists were added to the College of Physicians and Surgeons of BC.

Data by the health ministry show 129,313 health-care workers were governed by colleges in the province of British Columbia at the time of the bill's passage.

A total of 25 professions will be governed under the college system through Bill 36, and those about to be welcomed into the fold are enthusiastic.

"We are excited," said Michael Radano, CEO of the BC Association of Clinical Counsellors, in an interview with CTV News. "P.E.I., New Brunswick, Quebec and Ontario already regulate clinical counsellors and psychotherapists so we are catching up."

Until now, the association has set standards and expectations of members, but Radano acknowledges there are inconsistencies across the province. He believes having more clarity around credentials and the complaint process will strengthen the profession while making mental health services more accessible.

"The BC Government has not yet released an implementation schedule and in force date for the Health Professions and Occupations Act," the College of Physical Therapists wrote in a memo to its members after the bill passed.

"One amalgamation will combine the colleges for dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals into one regulator," the health ministry noted in its October announcement. "The other amalgamation will combine the colleges for chiropractors, massage therapists, naturopathic physicians, traditional Chinese medicine and acupuncturists."

Multiple sources tell CTV News the process will be complex and that the changes will likely take years to implement due to all the moving parts.

"It's going to take up a lot of time and effort at a time our members are already busy and exhausted doing their jobs," said Dosanjh, who worries the changes will be one more stressor pushing doctors out of the health-care field altogether. "Why are we doing this now?"

RELATED IMAGES



B.C. Health Minister Adrian Dix, front right, is flanked by his provincial counterparts as he listens to a question during a news conference after the first of two days of meetings, in Vancouver, on Monday, November 7, 2022. THE CANADIAN PRESS/Darryl Dyck

1205

PETITION OPPOSING BILL 36

More than 10,000 people sign petition opposing B.C.'s Bill 36

Nicholas Johansen - Feb 8, 2023 / 5:49 pm | Story: 416507



Photo: Kristen Holliday

Protesters opposing Bill 36 in Kamloops last month.

More than 10,000 people have signed a petition asking the B.C. government to pause its overhaul of the province's healthcare colleges.

In November, the B.C. government passed Bill 36, the Health Professions and Occupations Act, which will consolidate the number of B.C.'s health colleges from 15 down to six. The boards of these colleges will also now be wholly appointed by the government, rather than the current system where boards are partially elected by those in the profession.

Some healthcare workers across the province have pushed back against the new legislation, which has yet to take effect.

In a petition presented to the B.C. legislature by Independent MLA for Nechako Lakes, John Rustad, the signees have asked the government to reconsider the new legislation.

"What I'm hearing from Doctors and nurses, in particular, is that they aren't comfortable losing the ability to govern their own professions. Amongst other changes, Bill 36 removes independent, elected positions and shifts oversight of health professions to government appointees," Rustad continues.

"Bill 36 was written with little consultation from healthcare workers, and completely behind closed doors. Healthcare workers were kept out of the loop and BC's healthcare profession colleges (the current governing bodies) were asked to sign NDA's."

Rustad is a former BC Liberal MLA, but he was removed from the party last summer after tweeting about his skepticism of carbon dioxide's role in climate change.

Kelowna physician Dr. Joshua Nordine and dentist Trevor Morhaliek [spoke with Castanet last month](#) about their concerns with giving up control of these regulatory bodies to government-appointed officials.

"The government now determines what the conditions are and what is best and not best, and these are not doctors, these are not chiropractors, these are not dentists, these are bureaucrats," Morhaliek said.

"It can politicize healthcare, and that's really worrying, because that is going to affect patient care."

In [defending the bill](#), Health Minister Adrian Dix said the colleges are meant to represent the public interest, not those in the profession. He said appointing college board members will help in regulating the profession impartially.

[More BC News](#)

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Health Professions and Occupations Act (formerly Bill 36)

On November 24, 2022, the BC government completed third reading of the new Health Professions and Occupations Act (formerly known as Bill 36), which will bring sweeping changes to how health professions are governed and regulated. In May 2023, our president, board chair and CEO met with the Ministry of Health deputy minister to voice concerns expressed by members, which focus on the shift to appointment of college boards and changes related to investigation and discipline.

The Ministry will now move toward developing regulations before the Act takes effective, a process which could take a year or more. It is extremely unlikely that government will repeal legislation that has received royal assent. At this time, we will focus its efforts on this 'window of time' while regulations are being developed to advocate on behalf of our members so that your views are reflected in the implementation. We are in discussions with other organizations representing health professionals so that our responses are aligned and coordinated.

It should be noted that the Act also contains important improvements in supporting cultural safety and humility, regulating additional professional occupations, and consolidating smaller regulatory colleges to improve their capacity to regulate effectively.

Doctors of BC is moving forward with three streams of work:

- As requested by members, we will be providing information for greater understanding and clarity about the Act. In May 2023, we conducted an online webinar Town Hall that included representatives from the Ministry of Health. We also sought feedback from members to help guide our advocacy approach. A summary of the Town Hall will be shared soon.
- We are doing research both nationally and internationally so that we better understand the implications of the legislation.
- We are continuing our engagement with members and the Ministry to advance our advocacy moving forward.

Resources

- We held a town hall webinar on April 25, 2023 in which government public servants outline the reasons for the Health Professions and Occupations Act and explain what this means for doctors; followed by a discussion with Doctors of BC leaders on the next steps to effectively advocate on behalf of the profession. This is a written summary of that webinar.

- [Health Professions and Occupations Act webinar summary](#)
- Doctors of BC previously raised concerns about the proposed changes through two submissions following the release of the [Cayton Report](#) ➔.
 - [Submission of June 14, 2019](#)
 - [Submission of January 24, 2020](#)
- Doctors of BC's position on the Health Professions and Occupations Act can be found in a [president's letter](#) sent to members in January 2023.
- Doctors of BC Past President Dr Ramneek Dosanjh spoke to [CTV News](#) ➔, "This is not the time to implement and make these kinds of sweeping changes without deep consultation that could actually impact our profession and our patients."
- Doctors of BC President Dr Joshua Greggain spoke with [Vancouver Sun](#) ➔ noting that "Doctors of BC supports efforts to hold our health-care providers, including physicians, accountable to a high standard for both public confidence and health issues." However, he said the "process matters as much as outcome and many physicians have been blindsided by a process they weren't fully informed about."

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You can find [more information and FAQs](#) ➔ on HPOA on the BC government website.

Questions or concerns? Tell us what you think - e-mail us at [View Email Address](#)



1208

Chiropractic

The [College of Chiropractors of British Columbia](#) is the regulatory body established for the health profession of chiropractic.

Chiropractic has been a [designated health profession](#) under the [Health Professions Act](#) since March 1, 2009, and is regulated by the College in accordance with the Act, the [Chiropractors Regulation](#) and the [bylaws of the College](#) (PDF, 1.3MB).

Chiropractic has been a regulated profession under British Columbia legislation since 1934. Before designation under the [Health Professions Act](#), the profession was regulated under the former [Chiropractors Act](#) and the College was known as the British Columbia College of Chiropractors.

Transition of Chiropractic to the Health Professions Act

Repeal of the Chiropractors Act was provided for in the [Health Professions Amendment Act 2003](#).

As required by the [Health Professions Act](#), the Ministry gave initial notice of the proposed Chiropractors Regulation on November 21, 2006. The Ministry gave notice of the final draft of the proposed [Chiropractors Regulation](#) on October 24, 2008.

On December 12, 2008, the government [announced](#) that, effective March 1, 2009, the repeal of the [Chiropractors Act](#) would be brought into force and the profession of chiropractic would be designated under the [Health Professions Act](#).

On February 3, 2009, the College gave notice of proposed bylaws under the [Health Professions Act](#). Comments were requested to be submitted to the College and the Ministry by February 20, 2009.

On February 9, 2009, the Minister appointed the first board of the College under the [Health Professions Act](#), and ordered that the first election of professional members to the board must be held by June 1, 2010.

On March 1, 2009, the government [announced](#) completion of the transition.

The first election of professional members to the board was completed on September 16, 2009.

Amendments to the Chiropractors Regulation

Amendments to the [Chiropractors Regulation](#) and to most College bylaws are subject to a three-month notice period, unless the Minister specifies a shorter period.

The College is responsible for giving notice of proposed bylaw amendments, including posting them on the College website, and all bylaw amendments must be filed with the Minister to be effective. Filed bylaws come into force 60 days after the date of filing, unless the Minister either disallows the change or specifies an earlier date, or the College withdraws the change.

The full text of the current bylaws and information about any proposed bylaw amendments may be obtained by contacting the College. Comments on proposed bylaw amendments should be submitted to both the College and the Ministry.

Expand All | Collapse All

[Proposed Regulation Amendments](#)

[Approved Regulation Amendments](#)

[Filed Bylaw Amendments](#)

[Check out our new site](#)

Other

Contact Information

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College of Chiropractors of British Columbia

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ITEM 6.1

1210

ONTARIO REGULATION 93/23

made under the

CHIROPODY ACT, 1991

Made: April 12, 2023

Approved: May 11, 2023

Filed: May 15, 2023

Published on e-Laws: May 15, 2023

Published in *The Ontario Gazette*: June 3, 2023

Amending O. Reg. 203/94

(GENERAL)

1. Subsections 1 (2) and (3) of Ontario Regulation 203/94 are revoked and the following substituted:

(2) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5 (2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 2 to this Regulation, if the member complies with the standards of practice set out in sections 3 and 4.2.

(3) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5 (2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 3 to this Regulation, if the member complies with the standards of practice set out in sections 4 and 4.2.

(4) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5 (2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 4 to this Regulation, if the member complies with the standards of practice set out in sections 4.1 and 4.2.

2. Subsections 2 (1) and (2) of the Regulation are revoked and the following substituted:

(1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who administers a substance by injection into the foot shall first have either,

(a) satisfied the Registrar or the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently administer by injection into the foot the substances set out in Schedule 1; or

(b) successfully completed a course approved by the Council on administering substances by injection into the foot.

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was authorized immediately before May 15, 2023, to administer by injection into the foot a substance set out in Schedule 1 as that Schedule existed immediately before that date.

3. Sections 3 and 4 of the Regulation are revoked and the following substituted:

3. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 2 shall first have either,

(a) satisfied the Registrar or the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 2; or

(b) successfully completed a course approved by the Council on prescribing the drugs set out in Schedule 2.

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was authorized immediately before May 15, 2023, to prescribe drugs set out in either Schedule 2 or Schedule 3 as those Schedules existed immediately before that date.

4. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 3 shall first have either,

(a) satisfied the Registrar or the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 3; or

(b) successfully completed a course approved by the Council on prescribing the drugs set out in Schedule 3.

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was authorized immediately before May 15, 2023, to prescribe drugs set out in Schedule 3 as that Schedule existed immediately before that date.

4.1 It is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 4 shall first have either,

- (a) satisfied the Registrar or the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 4; or
- (b) successfully completed a course approved by the Council on prescribing the drugs set out in Schedule 4.

4.2 (1) It is a standard of practice of the profession that a member who may prescribe a drug set out in Schedule 2, 3 or 4 shall do so only in accordance with the parameters, if any, set out in the Schedule, except that a member may prescribe in excess of a parameter exceeding maximum duration or maximum daily dosage if the standard of practice set out in subsection (2) is complied with.

(2) It is a standard of practice of the profession that a member who prescribes a drug in a prescription that exceeds the maximum duration or the maximum daily dosage set out in Schedule 2, 3 or 4 shall first consult with the patient's regulated primary healthcare practitioner.

(3) Where subsection (2) applies, it is a standard of practice of the profession that the member shall record in the patient health record the fact of the consultation with the patient's regulated primary healthcare practitioner.

4. (1) Subsection 18 (2) of the Regulation is revoked and the following substituted:

(2) A member shall, within a reasonable time, provide access to a patient health record and a copy of a patient health record to the patient or the patient's authorized representative upon their request.

(2) Subsection 18 (3) of the Regulation is amended by striking out "paragraph 2 of".

5. Schedule 1 to the Regulation is amended by striking out "Sterile saline solution".

6. Schedules 2, 3 and 4 to the Regulation are revoked and the following substituted:

SCHEDULE 2
DRUGS THAT MAY BE PRESCRIBED BY A MEMBER (TOPICAL AND ORAL)

Drugs for Topical Use

Topical Antibacterial Agents — for the purpose of managing superficial bacterial infections of the foot:

Bacitracin
Framycetin sulfate
Fusidic acid
Gentamicin sulfate
Mupirocin
Silver sulfadiazine
Erythromycin
Bacitracin/neomycin sulphate
Neomycin sulphate/polymyxin B sulphate/bacitracin
Neomycin sulphate/polymyxin B sulphate/gramicidin

Topical Antifungal Agents — for the purpose of managing fungal and/or yeast infections of the skin and nails of the foot:

Ciclopirox olamine
Clotrimazole
Ketoconazole
Miconazole nitrate
Nystatin
Terbinafine HCl
Tolnaftate cream
Undecylenic acid
Efinaconazole
Clioquinol

Topical Antipruritic and Local Anesthetic Agents — for the purpose of decreasing or eliminating sensation in an area of skin of the foot to relieve inflammatory skin symptoms or prior to injection or superficial procedures:

Benzocaine

Lidocaine

Prilocaine

Topical Nonsteroidal Anti-inflammatory Agents — for the purpose of relieving inflammation and pain in structures of the foot:

Diclofenac

Ketoprofen

Piroxicam

Sulindac

Topical Corticosteroid Agents — for the purpose of treating inflammatory manifestations of corticosteroid responsive dermatoses in structures of the foot:

Amcinonide

Betamethasone dipropionate

Betamethasone valerate

Desoximetasone

Flumethasone/clioquinol

Fluocinonide

Halcinonide

Hydrocortisone

Hydrocortisone 17 valerate

Mometasone furoate

Triamcinolone acetonide

Topical Emollients, Keratolytic, and Miscellaneous Skin Agents — for the management of hyperkeratotic, inflammatory, and/or infectious skin conditions of the foot, adjunct treatment of fungal nails, and/or chemical destruction of miscellaneous skin and nail lesions:

Salicylic Acid (70% or less)

Urea (50% or less)

Ammonium lactate (12% or less)

Cantharidin (1% or less)

Silver Nitrate (95% or less)

5-Fluorouracil (5% or less)

Podophyllin (2% or less)

Lactic acid (16.7% or less)

Imiquimod (3.75% w/w)

Pimecrolimus (1% w/w)

Calcipotriol (50 mcg/g)

Collagenase

Drugs for Oral Use

Oral Penicillin Antibacterial Agents — for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

Amoxicillin

Amoxicillin/Clavulanic acid

Cloxacillin

Oral First-Generation Cephalosporin Agents — for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

Cefadroxil

Cephalexin

Oral Erythromycin and Macrolide Agents — for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

Erythromycin

Azithromycin

Clarithromycin

Oral Quinolone Agents — for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

Ciprofloxacin

Levofloxacin

Moxifloxacin

Oral Sulfonamide Agents — for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

Sulfamethoxazole/trimethoprim

Oral Tetracycline Agents — for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

Tetracycline

Doxycycline

Oral Lincomycins — for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

Clindamycin

Oral Metronidazole — for the purpose of managing susceptible anaerobic bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, and abscesses:

Metronidazole

Oral Nonsteroidal Anti-Inflammatory Agents — for the purpose of relieving inflammatory conditions or pain of the foot:

Diclofenac potassium

Diclofenac sodium

Diflunisal

Ibuprofen

Indomethacin

Meloxicam

Ketorolac tromethamine (maximum daily dosage of 10 mg every 4-6 hours, as needed for pain, with the total dosage not to exceed 4 doses per day, or 40 mg in total per day, for a maximum duration of 5 days)

Naproxen

Naproxen sodium

Tiaprofenic acid

Celecoxib

Ketoprofen

Piroxicam

Sulindac

Oral Misoprostol — to be prescribed only in conjunction with Nonsteroidal Anti-inflammatory Agents for the purpose of preventing gastric bleeding, in the course of engaging in the practice of chiropody:

Misoprostol

Oral Azole Agents — for the purpose of managing fungal and/or yeast infections of the skin and nails of the foot:

Itraconazole

Fluconazole

Oral Allylamine Agents — for the purpose of managing fungal and/or yeast infections of the skin and nails of the foot:

Terbinafine

Oral First-Generation Antihistamines — for use in the management of nausea/vomiting, pruritis, urticaria, and/or allergic symptomatology, in the course of engaging in the practice of chiropody:

Diphenhydramine

Promethazine

Hydroxyzine

Oral Second-Generation Antihistamines — for use in the management of pruritis, urticaria, and/or allergic symptomatology, in the course of engaging in the practice of chiropody:

Cetirizine

Oral Histamine H₂-Antagonists — to be prescribed only in conjunction with Nonsteroidal Anti-inflammatory Agents for the purpose of preventing gastric bleeding, in the course of engaging in the practice of chiropody:

Cimetidine

Nizatidine

SCHEDULE 3

DRUGS THAT MAY BE PRESCRIBED BY A MEMBER (ANTI-ANXIETY)

Benzodiazepines for Oral Use: for the purpose of treatment of anxiety before and during surgical procedures and to provide minimal sedation during surgical procedures:

Diazepam — individual dosing range of 2.5-10 mg, with 10 mg being the maximum individual dose, every 6-12 hours. Maximum total dosage not to exceed 40 mg within 24 hours. Maximum total duration not to exceed 24 hours

Lorazepam — individual dosing range of 0.5-1 mg, with 1 mg being the maximum individual dose, every 12 hours. Maximum total dosage not to exceed 2 mg within 24 hours. Maximum total duration not to exceed 24 hours

Triazolam — individual dosing range of 0.125 to 0.25 mg, with 0.25 mg being the maximum individual dose, limited to a single dose, with the total dosage not to exceed 0.25 mg per day, for a maximum duration of 1 day

Alprazolam — individual dosing range of 0.25 to 0.5 mg, with 0.5 mg being the maximum individual dose, limited to a single dose, with the total dosage not to exceed 0.5 mg per day, for a maximum duration of 1 day

SCHEDULE 4

DRUGS THAT MAY BE PRESCRIBED BY A MEMBER (NARCOTICS)

Narcotics for Oral Use: for the purpose of treatment of acute moderate to severe pain related to surgical procedures and trauma as an adjunct to appropriate non-pharmacological pain management options:

Tramadol — individual dosing range of 50-100 mg, with 100 mg being the maximum individual dose, 3-4 times a day, with the total dosage not to exceed 400 mg per day, for a maximum duration of 3 days

Oxycodone (5 mg) with Acetaminophen (325 mg) — individual dosing range of 1-2 tablets, with 2 tablets being the maximum individual dose, every 4-6 hours as needed, with the total dosage not to exceed 6 tablets per day, for a maximum duration of 3 days

Codeine (15 mg) with Acetaminophen (300 mg) and Caffeine (15 mg) — individual dosing range of 1-2 tablets, with 2 tablets being the maximum individual dose, every 4-6 hours as needed, with the total dosage not to exceed 12 tablets per day, for a maximum duration of 3 days

Codeine (30 mg) with Acetaminophen (300 mg) and Caffeine (15 mg) — individual dosing range of 1-2 tablets, with 2 tablets being the maximum individual dose, every 4-6 hours as needed, with the total dosage not to exceed 12 tablets per day, for a maximum duration of 3 days

7. The Regulation is amended by adding the following French version:

DISPOSITIONS GÉNÉRALES

PARTIE I

INJECTIONS, ORDONNANCES ET NORMES D'EXERCICE

1. (1) Pour l'application de la disposition 2 du paragraphe 5 (1) et de la disposition 3 du paragraphe 5 (2) de la Loi, le membre qui se conforme aux normes d'exercice énoncées à l'article 2 peut administrer, par voie d'injection dans le pied, une substance indiquée à l'annexe 1 du présent règlement.

(2) Pour l'application de la disposition 3 du paragraphe 5 (1) et de la disposition 4 du paragraphe 5 (2) de la Loi, le membre qui est titulaire d'un certificat d'inscription de la catégorie générale ou d'un certificat d'inscription autorisant l'exercice de la profession en milieu universitaire et qui se conforme aux normes d'exercice énoncées aux articles 3 et 4.2 peut prescrire un médicament indiqué à l'annexe 2 du présent règlement.

(3) Pour l'application de la disposition 3 du paragraphe 5 (1) et de la disposition 4 du paragraphe 5 (2) de la Loi, le membre qui est titulaire d'un certificat d'inscription de la catégorie générale ou d'un certificat d'inscription autorisant l'exercice de la profession en milieu universitaire et qui se conforme aux normes d'exercice énoncées aux articles 4 et 4.2 peut prescrire un médicament indiqué à l'annexe 3 du présent règlement.

(4) Pour l'application de la disposition 3 du paragraphe 5 (1) et de la disposition 4 du paragraphe 5 (2) de la Loi, le membre qui est titulaire d'un certificat d'inscription de la catégorie générale ou d'un certificat d'inscription autorisant l'exercice de la profession en milieu universitaire et qui se conforme aux normes d'exercice énoncées aux articles 4.1 et 4.2 peut prescrire un médicament indiqué à l'annexe 4 du présent règlement.

2. (1) Sous réserve des autres dispositions du présent article, l'exercice de la profession est assujéti à la norme selon laquelle le membre qui administre une substance par voie d'injection dans le pied doit au préalable :

- a) soit avoir convaincu le registrateur ou le comité d'inscription qu'il a des connaissances, des compétences et un jugement suffisants, compte tenu de sa scolarité et de sa formation, pour administrer, en toute sécurité et avec compétence, par voie d'injection dans le pied, les substances indiquées à l'annexe 1;
- b) soit avoir réussi un cours, approuvé par le conseil, sur l'administration de substances par voie d'injection dans le pied.

(2) Le membre est réputé avoir satisfait à la norme d'exercice de la profession visée au paragraphe (1) s'il était autorisé, immédiatement avant le 15 mai 2023, à administrer, par voie d'injection dans le pied, une substance indiquée à l'annexe 1, telle que cette annexe existait immédiatement avant cette date.

(3) Malgré le paragraphe (1), le membre qui est titulaire d'un certificat d'inscription de la catégorie d'enseignement peut administrer, par voie d'injection dans le pied, une substance indiquée à l'annexe 1 si les conditions suivantes sont réunies :

- a) la substance est administrée dans le cadre d'un programme d'enseignement qui constitue une exigence particulière applicable à la délivrance d'un certificat d'inscription de cette catégorie;
- b) la substance est administrée sous la supervision directe d'un membre qui est autorisé, en vertu du paragraphe 1 (1), à l'administrer.

(4) Malgré le paragraphe (1), le membre qui est titulaire d'un certificat d'inscription de la catégorie générale ou d'un certificat d'inscription autorisant l'exercice de la profession en milieu universitaire peut administrer, par voie d'injection dans le pied, une substance indiquée à l'annexe 1 si les conditions suivantes sont remplies :

- a) la substance est administrée dans le cadre d'un cours, d'un programme ou d'une formation qu'a approuvé le conseil;
- b) la substance est administrée sous la supervision directe d'un membre qui est autorisé, en vertu du paragraphe 1 (1), à l'administrer.

3. (1) Sous réserve des autres dispositions du présent article, l'exercice de la profession est assujéti à la norme selon laquelle le membre qui prescrit un médicament indiqué à l'annexe 2 doit au préalable :

- a) soit avoir convaincu le registrateur ou le comité d'inscription qu'il a des connaissances, des compétences et un jugement suffisants, compte tenu de sa scolarité et de sa formation, pour administrer, en toute sécurité et avec compétence, les médicaments indiqués à l'annexe 2;
- b) soit avoir réussi un cours, approuvé par le conseil, sur la prescription des médicaments indiqués à l'annexe 2.

(2) Le membre est réputé avoir satisfait à la norme d'exercice de la profession visée au paragraphe (1) s'il était autorisé, immédiatement avant le 15 mai 2023, à prescrire les médicaments indiqués soit à l'annexe 2 ou à l'annexe 3, telles que ces annexes existaient immédiatement avant cette date.

ITEM 6.2

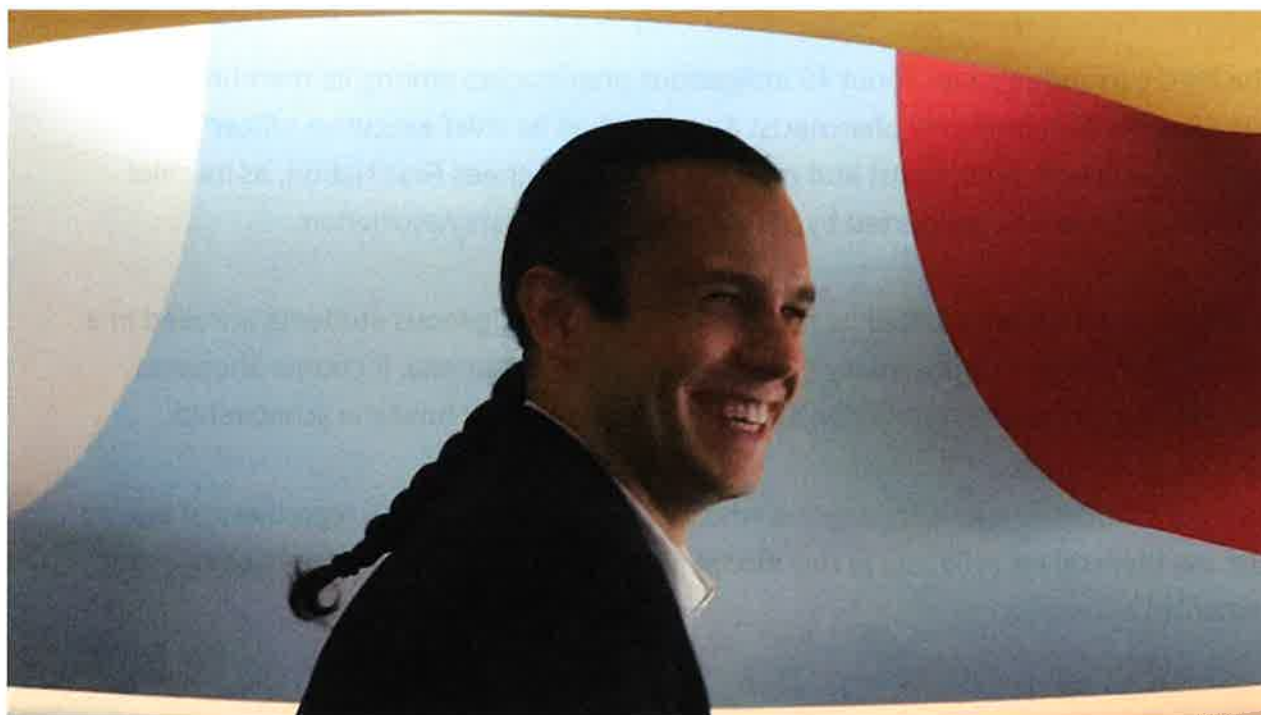
1216

Unreserved

How these Indigenous pharmacists are building trust and confronting health care's legacy of systemic racism

Efforts are underway to build communities, resources for pharmacists and patients

[Jonathan Ore](#) · CBC Radio · Posted: Jun 03, 2023 4:00 AM EDT | Last Updated: June 3



Jaris Swidrovich is the founder and chair of the Indigenous Pharmacy Professionals of Canada. (Submitted by Jaris Swidrovich)



Unreserved 49:29

Good medicine from two top Indigenous medical professionals

When Jaris Swidrovich entered pharmacy school in 2006, he couldn't find another Indigenous person in the program — even the entire field.

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"I didn't see myself represented in the profession anywhere. I don't recall ever seeing a — visibly identifiable anyway — Indigenous pharmacist going into a pharmacy. No other pharmacy professors," he told *Unreserved* host Rosanna Deerchild.

"I can't think of a single ... textbook or learning material for pharmacy students that was written by Indigenous people."

At the time, there weren't any Indigenous pharmacy-related associations in Canada. So last year, the now full-fledged pharmacist and an assistant professor at the University of Toronto started his own.

Swidrovich, a member of the Yellow Quill First Nation, is founder and chair of Indigenous Pharmacy Professionals of Canada (IPPC). It was established to help connect Indigenous pharmacy professionals and provide support and information for Indigenous people for pharmacy-related health care in Canada.

The IPPC currently counts about 40 Indigenous pharmacists among its membership including Métis community pharmacist Amy Lamb as its chief executive officer and Gezina Baehr, pharmacist and member of the Songhees First Nation, as its chief operating officer. It's supported by the Canada Pharmacists Association.

In March, the IPPC announced its first scholarship for Indigenous students enrolled in a doctor of pharmacy or pharmacy technician program in Canada. It counts Shoppers Drug Mart and Johnson & Johnson among sponsors helping fund the scholarship.

"We want students and folks, anyone who's considering pharmacy, regardless of age, to just see themselves reflected in this discipline," said Swidrovich, who is of Salteaux and Ukrainian ancestry.



1218

Dr. Alika Lafontaine is the president of the Canadian Medical Association. (Submitted by the Canadian Medical Association)

More Indigenous people are making their place in Canada's health-care system from the top down to the grassroots. In the process, they hope to navigate and confront a legacy of systemic racism that exists within the field.

"We are starting to take our place — not only within our communities, but also in institutions that have to work with our communities, that our communities need to lean on," said Dr. Alika Lafontaine, outgoing president of the Canadian Medical Association (CMA) and the association's first Indigenous leader.

Lafontaine is an anesthesiologist in Grande Prairie, Alta. He is from Treaty 4 territory in southern Saskatchewan, and is of Cree, Anishinaabe, Métis and Pacific Islander ancestry.

"Because that's part of the infrastructure, the fabric of this country we're in."

- [**Q&A He was told he'd never graduate. Now this doctor is the CMA's 1st Indigenous president**](#)
- [**'I wanted to do something to make a difference,' says Canadian Medical Association's 1st Indigenous president**](#)

Isolation in the field

Swidrovich spoke to Indigenous pharmacy students and graduates for his PhD dissertation. While they all had unique stories, "one of the biggest themes" connecting them all was isolation and a lack of community, he said.

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"Wherever we existed in the pharmacy profession across the country, we were always the only one," he said.

"Nearly every participant in my study, the first time they ever spoke to another Indigenous pharmacist was during the study."

Sometimes, he said, an Indigenous student may not feel comfortable disclosing their background, especially if they're white-passing enough for no one else to ask about it.



A pharmacist draws up a dose of COVID-19 vaccine on the counter, in Toronto, Friday, June 18, 2021. (Nathan Denette/The Canadian Press)

"I didn't want to make it widely known as a student, because it invites racism at times, of [for example], 'Oh, right, we have education equity spots in the college. That's probably how you got in,'" he said of his own experience.

Lafontaine knows all too well how a network connecting Indigenous people in the field can be a critical advantage.

He credits many Indigenous educators, experts and mentors for helping him through his career leading up to his position leading the CMA; without them, he said he may have considered quitting along the way.

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"It's almost permission that you give other folks that you talk to, to realize that there's something special about what you're able to achieve with the support of all the people in your life," he said.

WATCH | CMA president says changes can start now.



CMA president says changes can start now, even as feds and provinces spar over health funding

6 months ago | 7:36

'We have solutions and there are things that can be done,' CMA President Dr. Alika Lafontaine told Power & Politics Tuesday.

Decolonizing pharmacy and medicine

Swidrovich says much of the IPPC's work involves advocating for wider recognition of Indigenous medicine, which may have existed for thousands of years, but are often dismissed by Western experts.

"Something that I've looked at frequently is what evidence is, well, first considered evidence. And then once it's considered evidence, which of that evidence gets put into something like clinical practice guidelines," he said.

Critically, that recognition decides whether a given treatment is paid for by health-care coverage or not.

"We see coverage for things like dentistry, prescription medications, over-the-counter medications, even things like massage and acupuncture. But I have yet to see any [public or private] insurance plans ... that will cover an offering to take to a sweat lodge or to pay an elder to come into your home," he said.

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Jaris Swidrovich uses his position as chair of the Indigenous Pharmacy Professionals of Canada to make room for Indigenous ways of teaching and healing. (Submitted by Jaris Swidrovich)

Sometimes, Swidrovich said, pharmacists can blend conventional and Indigenous practices — such as practising smudging for your medication.

"You might want to open up all of your prescription pill vials or your blister pack of medications, for example, and smudge over those and ... pray for your health and wellness, and for these medicines and medications to not have harmful interactions with other substances like food or other medication," he said.

He pointed to the All Nations' Healing Hospital in Fort Qu'Appelle, Sask., for offering traditional Indigenous and Western prescription medicine, in addition to other health-care services.

But he also noted other clinics that while not offering specific Indigenous services, are Indigenous-owned or have staff that have "a very excellent understanding of the Indigenous community" they serve.

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- **[Anti-racism policies in health care should be led by Indigenous staff: report](#)**
- **[Q&A How 'scary' ER visit led to an app that allows Indigenous patients to share stories of racism in health care](#)**

The IPPC's progress is just part of the incremental changes Indigenous people in the health-care system are seeing — and making. But Lafontaine says the change he's been a part of doesn't mean it's "mission accomplished," even as he nears the end of his term as CMA president.

"Things are changing, probably not fast enough for folks who can't get access to care. Not fast enough for people who have been harmed or continue to be racialized. But change is moving forward. That I do know."

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Bill 15 on Health Quebec | Chiropractors want to take part in consultations

By News Editor - 15 April 2023

ITEM 6.3

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The Association des chiropraticiens du Québec is directly challenged by the tabling of Bill 15, An Act to make the health and social services system more efficient, and we wish to make our contribution to this fundamental debate for the future of health and social services network by participating in public consultations and hearings as part of the upcoming parliamentary committee.

Holders of an undergraduate university doctorate, chiropractors are competent and efficient health professionals and wish to be better integrated into the trajectory of care for users. It is important to remember that neuromusculoskeletal problems concern a large number of consultations in emergency departments. However, thanks to their expertise in neuromusculoskeletal health, chiropractors can help relieve congestion in the health network and improve services to the population.

Indeed, our contribution would be useful to improve the care trajectories of patients suffering from neuromusculoskeletal disorders, by promoting appropriate and rapid access to adequate health services. Chiropractors can effectively participate in the triage, evaluation and treatment of patients for better monitoring of neuromusculoskeletal conditions that affect Quebecers. This could result in faster consultations and fewer unnecessary referrals to specialists.

We are inspired by the Musculoskeletal Clinic (MSK) pilot projects in Ontario, among other things: these rapid access clinics help people who suffer from neuromusculoskeletal disorders to quickly access chiropractic care. For example, it may be direct access to chiropractic care for victims of work accidents.

Also, the consultation delay increases the risk of delaying the return to work and normal life, not to mention the economic impact that the status quo would imply.

We are pleased to see a potential opening of the State to a better recognition of the contribution of chiropractic care in the network. We emphasize the importance of the planned decentralization of health and social services responsibilities, which will certainly allow greater autonomy for the various professionals.

We welcome interdisciplinarity and the decompartmentalization of health professions – two concepts dear to the Minister of Health, Mr. Christian Dubé. Indeed, the solutions we are proposing are in perfect harmony with the objectives of the Plan to implement the necessary changes in health, the first anniversary of which we recently celebrated. For all these reasons, chiropractors are seeking a place on Minister Dubé’s guest list in the parliamentary committee. Chiropractors want to help relieve the health and social services network, in a spirit of interprofessional collaboration and in the interest of all users.

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News Editor

Bill 15 on Health Quebec | Chiropractors want to take part in consultations

By News Editor - 15 April 2023

1225



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News Editor

Analysis of Complaints Reviews for the Health Professions in Ontario

by Rebecca Durcan
May 2023 - No. 278

Canada has a wide variety of approaches to external reviews for parties to a complaints screening decision.

Some courts have suggested that, in the absence of a statutorily created right, a complainant can only challenge the procedural fairness (not the merits) of the screening committee's decision: *Makis v College of Physicians and Surgeons of Alberta (Complaint Review Committee)*, 2020 ABCA 451 (CanLII); *Cameron v The Association of Professional Engineers and Geoscientists of Saskatchewan*, 2022 SKCA 118 (CanLII).

Some statutes provide for a complaints review officer whose jurisdiction is often limited to reviewing the process followed by the screening committee and who can only make recommendations. See, for example, s. 26 of the *Professional Engineers Act* of Ontario.

The Health Professions Appeal and Review Board (HPARB) of Ontario, established under the *Regulated Health Professions Act*, provides a fairly extensive external review for both complainants and registrants. Even there, however, the review is confined to whether the investigation was adequate and whether the screening committee's decision was reasonable.

In 2016 the Honourable Stephen Goudge, QC, formerly of the Ontario Court of Appeal, issued a report for the Ministry of Health on *Streamlining the Physician Complaints Process of Ontario*. He noted that only a small proportion of complaints screening committee decisions (18%) resulted in a request for a review. Of those decisions reviewed, only 11.5% were not confirmed by HPARB.

To assess the current state of HPARB complaints reviews, we have scrutinized the first 100 of their decisions released in 2023 as posted on [CanLII](#). HPARB often conducts more than 500 complaints reviews each year.

We noted that HPARB confirmed the screening committee's decision in 95% of complaints reviews. This seems high given that the confirmation rate was noted as 88.5% in the Goudge report (which had a much higher sample size). As a result, we also reviewed the last 100 decisions in 2022. The confirmation rate then was 96%.

There are a number of possible explanations for the high confirmation rate by HPARB. There were several examples where complainants made multiple complaints against various registrants, many of whom had only limited involvement in the complainant's care. Those reviews were conducted separately for each registrant increasing the chances of confirming the decision.

Further, HPARB has been fairly consistent in determining that where there are disputed facts between complainants and registrants, at least in matters that are not extremely serious, the contemporaneous chart notes of the registrant should be accepted unless there are exceptional circumstances to doubt their accuracy. HPARB is also consistent in upholding that it is not the screening committee's role to make credibility findings of disputed facts.

Another contributing factor is that HPARB defers to the expertise of the screening committees (HPARB has no health practitioners on it) when it comes to standards of practice issues unless there are exceptional circumstances (e.g., the reasoning of the screening committee seems inconsistent with the regulator's own published policies). Over half of the complaints could be characterized as primarily dealing with

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standard of practice issues. Another one fifth of complaints dealt with communications issues.

Of the cases that were returned, about half were sent back for additional investigation and about half were sent back because the screening committee's decision was viewed as unreasonable. It will be interesting to see if the recent decision of the Divisional Court released in the middle of our review period, will result in closer scrutiny of the adequacy of investigations: *Kastner v. Health Professions Appeal and Review Board*, 2023 ONSC 629 (CanLII).

Goudge noted that 60-70% of the reviews by HPARB originated from the College of Physicians and Surgeons of Ontario. That percentage is close to that figure, in our review (49% for the 2023 sampling, 62% from the 2022 sampling).

In just over half of the reviews the screening committee took no action. In the other reviews the actions varied from comments or advice, remedial agreements, cautions and remedial directions. Having said that, the reviews initiated by registrants (13% in the 2023 sampling, 10% from the 2022 sampling) almost always arose when the screening committee directed an outcome that would appear on the public register (e.g., caution in person, undertaking, remedial direction). This is an increase from the Goudge report (5% of reviews were initiated by registrants) which was written before such outcomes were generally posted on the public register.

The Goudge report noted the extensive backlog before HPARB. At that time, the average time from the commencement of the review to the rendering of the decision was 547 days. It is impossible from the HPARB decisions themselves to ascertain when the review was commenced. However, the average time for HPARB to render a decision once its review has been held is three months. Only a very few took longer than four months. Several decisions are rendered within one month of the review. The most recent

annual report for HPARB, available on its website, for 2019-2020, states that the average complaints review is completed within eleven months of initiation. This suggests that HPARB has significantly improved its timelines.

A few, more qualitative, observations from the recent HPARB cases are as follows:

- HPARB does not appear to expect that the complainant will receive disclosure of the entire regulator's file. In fact, HPARB has indicated that it is not even necessary for the complainant to always be given the opportunity to reply to the registrant's response to the complaint. The latter is a best practice.
- HPARB does, however, expect that if the complaint is expanded by additional submissions from the complainant, the registrant be informed and given an opportunity to respond. HPARB appears content to this being done within the original complaint process, at least where the new concerns are related to the original concerns, rather than by opening a new complaints file.
- HPARB allows some degree of flexibility in the regulator addressing concerns that are not part of the formal complaint. For example, comments and advice about gaps in the registrant's record keeping is often tolerated. Sometimes remedial measures can even address some of the additional concerns.
- HPARB recognizes that where action is taken on a concern (e.g., through a Registrar's investigation), additional measures may well not be necessary pursuant to a parallel or subsequent complaint.
- HPARB appears to support explicit risk-based approaches by the screening committee in determining the level of intervention. For example, conduct that is characterized as having a "low risk of harm" justifies a less

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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- significant regulatory response by the screening committee.
- Where a regulator encourages individuals to first discuss concerns with registrants before making a formal complaint, complainants are still free to make complaints as their first action.
- HPARB makes extensive use of template reasons for decision. Recurring issues (e.g., the expertise of the screening committee in standards of practice matters, general acceptance of contemporaneous notes by registrants) often receive very similar treatment from case to case. In one decision HPARB even employed the wrong name of the screening committee for a veterinary screening review through its use of a human health review template.

- The reasonableness standard of review by HPARB should be altered to enable HPARB to substitute its own views more frequently.

Whatever one's views, it is clear that HPARB is a very busy tribunal.

Goudge's report states:

Nonetheless, I do not think that HPARB reviews should be eliminated, even from the perspective of efficiency alone. Because ICRC decisions constitute a statutory power of decision, there must be some mechanism to review them. In the absence of a statutory alternative, a dissatisfied party could seek to invoke the supervisory jurisdiction of the superior courts, which could be even more costly and time consuming. So the wisdom of having a specialized, expert review body does not appear open to serious question.

It is interesting, however, that one of the more extensive Canadian models for reviewing the screening of complaints confirms most of their decisions. Different people will draw different conclusions from this data. Some possible interpretations include:

- The system works.
- Regulators have learned from HPARB's guidance.

Conflict of Interest Registers

by Erica Richler
June 2023 - No. 279

Identifying, preventing, and addressing conflicts of interest is a recurring and challenging issue for regulators. A board or committee member who acts in a conflict of interest can create reputational harm and even liability for both the regulator and the individual. The resulting decision can be set aside. Public confidence, including from the relevant government Minister, can be compromised.

Part of the difficulty is that conflicts of interest can take many forms. Obviously, where the board or committee member, or a member of their family, has a financial interest in the decision, a conflict can arise. They can also arise where the board or committee member has a dual allegiance, such as a fiduciary duty to another organization with a different mandate than the regulator (such as a professional self-interest association). Not all conflicts of interest are based on relationships or affiliations. For example, being the subject of a complaint or investigation can create a conflict for participating in any related policy issues.

Another complicating factor is that many conflicts of interest depend on the degree of the conflict. For example, how close must the family member be before the financial interest becomes a concern? How about casual friends? Most would agree that simple membership in a professional self-interest organization does not create a conflict. But what degree of involvement does? Serving on the planning committee for a local charity event for a professional association? Contributing to the background information for their legislative affairs committee?

As a result, regulators usually adopt multiple strategies to address conflicts of interest including:

- Written guidelines.

- Educational sessions.
- Mentoring, especially of newer board and committee members.
- Encouraging informal clearing of relationships, connections, or other circumstances, through a confidential process.
- Formal requests for declarations of conflicts at each meeting.
- After the fact inquiries or formal investigations that can result in sanctions ranging from informal additional education measures to removal.

In recent years, some regulators have created a conflict of interest register. Each board and committee members lists all of their affiliations and connections, and that of their immediate family or close associates. The list is then posted on the regulator's website.

An interesting example is found on the [website of the medical regulator in the UK](#), the General Medical Council (GMC). For each board member there are a list of affiliations and organizations. Notable is the breadth of the affiliations declared. For example, one board member listed themselves as a Patron of the National Water Fluoridation Alliance. Some of the affiliations listed relate to family members. For example:

- Brother-in-law owns Happy Computers, which also trades as Happy Ltd, and has undertaken training for some GMC staff up to 2015.
- Step daughter-in-law undertakes market research/business intelligence for market research agencies on behalf of pharmaceutical companies.

As can be seen, the declaration includes past affiliations.

In Ontario, the government mandated College Performance Measurement Framework (CPMF) anticipates that health regulators will develop a

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questionnaire for board members that is attached to the Council meeting materials as an appendix. See, for example, [page 20 of the College of Optometrists of Ontario report](#). While some of the health regulators modify that expectation somewhat (e.g., by simply listing declared conflicts of interest in their minutes), some have attached the forms. For example, for the [Royal College of Dental Surgeons of Ontario](#), the forms consumed 44 pages of their meeting materials in a recent package. One could argue that the CPMF expectation makes the information less accessible than placing conflicts registers explicitly and separately on the regulator's website.

There are obvious benefits to conflicts registers. It compels board and committee members to put their minds to the kinds of affiliations that might be relevant to their regulatory role. The register enables others within and outside of the organization to point out potential conflicts of interest that may be unrecognized by the individual (a recurring issue). It provides a level of public transparency and accountability. However, there are several drawbacks to this approach as well.

Complacency. A board or committee member may be less inclined to critically assess whether they have a conflict of interest on a particular matter because "someone" will point it out. This places an undesirable burden on other board and committee members, and particularly regulatory staff, to raise the issue. It is assumed that the organization has full knowledge of the declared affiliations, so "someone" is obligated to keep the register at hand at all times.

Constriction. The register only captures conflicts of interest related to affiliations. Many conflicts of interest do not relate to relationships. For example, a strong expression of opinion can also disqualify a board or committee member. So can certain actions such as meeting privately with interested parties, suing the regulator, running for political office, being the subject of a complaint or investigation, or even engaging in the conduct that is the subject of the debate. A board or

committee member may assume that the conflicts register is all that matters and may fail to recognize other categories of conflicts.

Confusion. Some board or council members may not fully understand the purpose and scope of the questions posed for the declaration. Or the affiliation may not come to mind. They may also forget to update the declaration when circumstances change. This may be the case especially where the questionnaire is worded in such a way as to require the exercise of discretion (e.g., "do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment or decision-making independently and objectively"). As recent events south of the border illustrate, very senior people can assert that they did not understand the question when completing the form.

Confidentiality. The UK GMC example would be viewed by many board and committee members as intrusive. The form reveals private information about third parties, such as family members. Some highly qualified individuals may choose not to accept a position with regulators that require that level of public disclosure. Interestingly, the [UK Nursing and Midwifery](#) regulator in the UK requires disclosure of affiliations of close family members and associates, but states that those answers will not be posted on the regulator's website.

While Conflict of Interest Registers appear to be a coming trend for regulators, they do have some drawbacks. Even if adopted, they should only be seen as a small part of the regulator's efforts to prevent conflict of interest concerns arising for board and committee members.

Council Member Terms as of June 13, 2023 ¹

ITEM 6.5

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| Name | District | Date First Elected/Appointed | Date Re-elected/ Reappointed | Date of Expiry of Current Term |
|---------------------------------------|------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <u>Elected Members</u> | | | | |
| Dr. Michael Gautier | 3 (Central East) | April 2022 | NA | April 2025 |
| Dr. Kyle Grice | 4 (Central) | April 2021 | April 2022 | April 2025 |
| Dr. Jarrod Goldin | 7 (Academic) | April 2021 | 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 |
| <u>Appointed Members ²</u> | | | | |
| Ms Anuli Ausbeth-Ajagu | Mississauga | December 10, 2020 | December 10, 2021 | December 10, 2024 |
| Mr. Markus de Domenico | Toronto | December 10, 2020 | December 10, 2021 | December 10, 2024 |
| Mr. Gagandeep Dhanda | Mississauga | April 9, 2020 | April 9, 2021 | April 9, 2024 |
| Ms 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 |
| Vacant | | | | |

¹ Please advise Ms Rose Bustria a.s.a.p. if you aware of aware of any discrepancies.

² CCO requires at least 6 public members to be properly constituted.