

COLLEGE OF CHIROPRACTORS OF ONTARIO



**ELECTRONIC PUBLIC INFORMATION PACKAGE FOR
COUNCIL MEETING (IN-PERSON)
FRIDAY, SEPTEMBER 8, 2023 – 1 P.M.
WHITE OAKS RESORT AND SPA, NIAGARA-ON-THE-LAKE**

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

Friday, September 8, 2023 (1:00 p.m. – 4:30 p.m.) ²

In Person at White Oaks Resort and Spa ³

Attendees ⁴

Council members ⁵
Mr. Joel Friedman, Deputy Registrar
Ms Jo-Ann Willson, Registrar and General Counsel
Ms Beth Ann Kenny, Recording Secretary

Guests

Ms Sara Blake, Administrative Law Lawyer ⁶

AGENDA ⁷

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
	CALL TO ORDER AND LAND ACKNOWLEDGEMENT ^{9 10}	Welcome	Green/ Kariunas	<u>High</u>

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 CCO staff, Mr. Boyd Neil and Mr. Chris Winsor attending as observers.

⁵ Regrets from Mr. Markus de Domenico.

⁶ If required to address any questions re: draft by-laws.

⁷ 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).

⁸ Subject to Council's direction.

⁹ Council members to be familiar with and comply with the rules of order. If required, Dr. Green, President, to be parliamentarian.

¹⁰ **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

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
	1. Consent Agenda	Approve	Council	High
<i>10</i>	1.1 Discipline Committee Report			
<i>11</i>	1.2 Fitness to Practise Committee Report			
<i>12</i>	1.3 Inquiries, Complaints, and Reports Committee (ICRC) Report			
<i>13</i>	1.4 Patient Relations Committee Report			
<i>14</i>	1.5 Advertising Committee Report			
	2. Main Agenda	Adopt	Council	High
	2.1 Conflict of Interest	Review/ Declare any real or perceived conflicts of interest as agenda item reached ¹¹	Council	High
	3. Adoption of Minutes ¹²			
	4. Committee Reports			
<i>40</i>	4.1 Executive Committee Report	Report/ Approve Recom- menda- tions	Green/ Council	High

between Indigenous and non-Indigenous peoples and through this land acknowledgement, we are honoring the land, Indigenous peoples, and deepening our understanding of truth.

¹¹ Standing conflicts of interest do not need to be declared at every meeting. Richard Steinecke’s previous advice is that a Council member should leave the room if s/he is the subject of or may be affected by the discussion or decision by Council.

¹² Only members present at the meeting should approve the minutes. Once Council minutes are approved, they are posted on the CCO website.

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
	<i>Move in Camera</i> ¹³			
	<i>Move Out of Camera and Ratify Decisions made In Camera</i>			
	<i>Review of By-laws and Policies</i>	Review/ Approve Recommendations	Council	High
	<i>By-laws</i>			
364	4.1.16 Extract from <i>RHPA</i> re: by-laws requiring circulation ¹⁴	Back-ground/ Context		
369	4.1.17 By-law 13: Fees (draft)	Include in by-laws to be circulated	Council	High
482	4.1.20 Most recent undertaking from Candidate for CCO elections	FYI		
484	4.1.21 Competencies for Council and Committee Members	Back-ground/ Context		
504	4.1.23 Rules of Order	FYI		
	<i>Allowing Chair to Vote</i>			
519	4.1.27 By-law 7: Elections (Within Council) and By-law 8: Council Meetings	Back-ground/ Context		
	<i>Policies</i>			
545	4.1.30 P-019: Policy on Nomination and Election procedures for	FYI		

¹³ 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.

¹⁴ The *RHPA* does not require all by-law amendments to be circulated.

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
	Committee Positions (current) + committee selection template			
556	4.1.33 Inconsistency between I-012: Reimbursement and Ministry of Health and Long-Term Care Remuneration Framework	Review	Council	Medium
562	4.1.35 I-012: Reimbursement of Reasonable Expenses and Per Diems (current)	FYI		
566	4.1.36 Ministry Remuneration Framework	FYI		
	<i>Policies Approved by Council June 21, 2023</i>			
593	4.1.37 P-011: Conflict of Interest for Council, Non-Council Committee Members and Council Appointed Members (“Committee Members”)	FYI		
598	4.1.38 P-029: Chiropractic Specialties	FYI		
599	4.1.39 I-021: Procurement of Goods and/or Services	FYI		
602	4.1.40 CCO Code of Conduct for Current and Former Council Members and Council Appointed Members (“Committee Members”)	FYI		
604	4.1.41 Undertaking to Maintain Confidentiality for Council, Non-Council Committee Members and Council Appointed Members (“Committee Members”)	FYI		
608	4.1.42 Undertaking to access meetings/hearings	FYI		
	<i>Ministry of Health</i>			
	<i>Registration Regulation (Emergency Class)</i>			
609	4.1.43 Signed/Sealed Regulation	Review	Council	High

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
613	4.1.44 E-mail approval of regulation sent to Council July 31, 2023	Approve Regulation effective August 3, 2023	Council	High
	<i>Other Ministry Related Matters</i>			
627	4.1.45 Communication dated July 17, 2023 re: 2023/24 Seasonal Respiratory Pathogens Readiness and Response Planning Guide	FYI		
	<i>Immigration/Chiropractors</i>			
703	4.1.46 Correspondence dated June 27, 2023 from Ministers of Health and Immigration, Refugees and Citizenship	FYI		
707	4.1.47 Articles on Chiropractors/immigration	FYI		
	<i>Communications/Media</i>			
718	4.1.48 Communication exchange with [member] re: public register	Review	Council	Low
	<i>Other Chiropractic/Health Related Stakeholders</i>		Council	Medium
	<i>Federation of Canadian Chiropractic (FCC)</i>			
759	4.1.52 Registration Regulation under the Chiropractic Act, 1991	Back-ground/Context		

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
767	4.1.53 Communication exchange dated June 15, 2023 with Dr. Darrell Wade re: DYouville College	Verbal Report	Willson	Medium
781	4.1.54 CBC article dated July 18, 2023 entitled Regulated health professionals no longer required to disclose COVID-19 vaccination status in B.C.	FYI		
	<i>Canadian Chiropractic Examining Board (CCEB)</i>			
786	4.1.55 Communication dated June 28, 2023 and July 13, 2023 from Ms Gemma Beierback re: Examination Transition	Verbal Report	Friedman	Medium
	<i>Canadian Memorial Chiropractic College (CMCC)</i>			
792	4.1.56 Communication dated August 8, 2023 entitled “Beginning a New Chapter in CMCC’s History”	Verbal Report	Goldin	Medium
	<i>Ontario Chiropractic Association (OCA)</i>			
802	4.1.59 Bulletin dated July 13, 2023 entitled “Unlocking the science ...”	Back-ground/Context		
	<i>Canadian Chiropractic Association</i>			
815	4.1.60 Communication dated June 12, 2023 re: exchange between Dr. Azad and Ms Willson	Verbal Report	Willson	Low
	<i>Health Profession Regulators of Ontario (HPRO)</i>	Verbal Report	Willson/ Kenny	Medium
827	4.1.62 Memo dated June 1, 2023 to Registrars from Dr. Karima Velji re: Registration Requirements			
830	4.1.63 Memo dated Jun 21, 2023 to HPRO Colleagues re: Labour Mobility – Update from CNO			
833	4.1.64 Memo dated July 25, 2023 re: “As of Right” Rules for Certain Interjurisdictional Practitioners			
889	4.2 Quality Assurance Committee Report	Report/	Groulx	High

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
		Approve Recommendations		
901	4.2.2 S-003: Professional Portfolio (current)	FYI		
908	4.3 Registration Committee Report	Report/ Approve Recommendations	Viscomi/ Council	High
	<i>Ontario Fairness Commissioner</i>			
950	4.3.6 Communication dated August 17, 2023 re: Consultation on Risk-Informed Compliance Framework ¹⁵	FYI		
954	4.3.7 Summer 2023 Newsletter	Back-ground/ Context		
	4.4 Patient Relations Committee Report (if required) ¹⁶			
	5. New Business			
	<i>Regulators in the News</i>	Review for lessons learned	Council	Medium
963	5.1 <i>Peterson and College of Psychologists of Ontario</i> (Div Ct) August 8, 2023 ¹⁷			
981	5.2 Sample media	FYI		
	<i>Regulatory/Oversight Failures</i>			
	<i>Information re: Nurse Lucy Letby (UK)Conviction</i>	Preliminary Review pending	Council	Low

¹⁵ Mr. Friedman will be attending.

¹⁶ The Patient Relations Committee has a meeting scheduled for Tuesday, August 29, 2023. Any recommendations arising from the meeting for Council’s consideration will be included in a supplementary package.

¹⁷ Confirms authority of ICRC to order SCERPS re: social media training.

Page No.	ITEM	Action Required	Action By	Priority Level ⁸
		results of investigation		
988	5.3 Article dated August 20, 2023 entitled <i>Lessons the NHS needs to learn after Lucy Letby case</i>			
991	5.4 Article dated August 18, 2023 entitled <i>Could Lucy Letby have been stopped sooner?</i>			
994	5.5 BBC article dated August 18, 2023 entitled <i>Hospital bosses ignored months of doctors' warnings about Lucy Letby</i>			
	6. FYI	Back-ground/Context		
1010	6.1 Grey Areas (July 2023)	Review	Council	Medium
1013	6.2 Information from Richard Steinecke re: decision involving party behaving abusively to regulators and adjudicators (+ decision in <i>Laity v Financial Services Tribunal and Superintendent of Real Estate</i>)			
1033	6.3 Council Members Terms (dated June 13, 2023)			
	DATE AND TIME OF MEETINGS ¹⁸			
	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

¹⁸ Please mark your calendar and advise Rose Bustria ASAP if you are unable to attend any meetings.

Year	Date	Time	Event	Location
2023	Friday, October 27	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	Friday, September 8	1:00 p.m. – 4:30 p.m.	Meeting	White Oaks Resort and Spa ¹⁹
	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
	December 12, 2023	Noon – 2:00 p.m.	President/Staff Luncheon	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 ²⁰	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	The Royal Sonesta, Toronto, Yorkville ²¹

¹⁹ White Oaks Resort and Spa: 253 Taylor Rd, Niagara-on-the-Lake, Ontario
www.whiteoaksresort.com

²⁰ For current and former BDC and CCO Presidents.

²¹ 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?utm_source=GMB&utm_medium=Organic&utm_campaign=Organic_GMB&utm_id=GMB

Year	Date	Time	Event	Location
	Friday, September 13	1:00 p.m. – 4:30 p.m.	Meeting	Millcroft Inn and Spa ²²
	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
	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

²² 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 \(vintage-hotels.com\)](https://www.vintage-hotels.com/millcroft-inn-and-spa)

**College of Chiropractors of Ontario
Discipline Committee Report to Council
September 8, 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 matter as follows: August 14,15,16,17 and continuing on August 18, 21 & 22, 2023.

The Health Profession Regulators of Ontario (HPRO) is holding its Discipline Orientation on 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
September 8, 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
September 8, 2023**

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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

The Inquiries, Complaints and Reports Committee completed the following:

July 2023:

Reviewed 20 cases
Made decisions on 11 cases
Appointed 75(1)(a) investigator on 1 case
Appointed 75(1)(c) investigators on 5 cases

August 2023:

Reviewed 19 cases
Made decisions on 2 cases
Appointed 75(1)(c) investigators on 16 cases

The Committee continues to work diligently to meet timelines 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
September 8, 2023

13

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

There have been no committee meetings held since our last council meeting, however a meeting has been scheduled on August 29, 2023. Any recommendations will be brought forward to Council.

Acknowledgements

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

Respectfully submitted,

Ms Zoe Kariunas
Chair, Patient Relations Committee

ITEM 1.5

Submitted to CCO August 17, 2023

**College of Chiropractors of Ontario
Advertising Committee Report to Council
Consent Agenda
September 8, 2023**

14

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 July 14, 2023 since the last meeting of Council.

The Committee forwarded to the Executive Committee proposed amendments to the Advertising Committee terms of reference. These amendments would authorize the Advertising Committee to review material from members' advertising, websites and social media that is brought to CCO's attention for allegations of failure to comply with the advertising standard of practice, short of formal complaint. Following review, the Committee would then provide feedback to the member, if there are found to be potential breaches of the advertising standard of practice.

The Committee also had discussion on the evolving methods that members use to communicate to potential patients, primarily through social media. There was discussion that CCO should explore additional methods in regulating the use of social media by members, including establishing a social media presence and being "tagged" in posts that are alleged to be in breach of the advertising standard of practice.

The Committee reviewed the draft Advertising, Websites and Social Media handbook, first developed in 2020. The Committee forwarded this draft handbook to the Executive Committee for further review and direction.

Acknowledgements

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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

ITEM 4.1

Generated Internally

**College of Chiropractors of Ontario
Executive Committee Report to Council
September 8, 2023**

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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").
- Since the last report to Council, the full Committee has met on one occasion, namely August 11, 2023. The draft, confidential minutes for August 11, 2023 are included in the Council information package and are subject to approval at the next meeting, scheduled for October 27, 2023. Some members of the Committee met on June 30, 2023 but the items addressed are confidential pending the conclusion of a current discipline matter.

III Review of By-laws and Policies – Dr. Green (Item 4.1.15 and following, page 252, Main Agenda)

A. By-laws (Item 4.1.15 and following, page 252, Main Agenda)

- Included in the Council information package is information including legal advice about possible changes to CCO's by-laws. Although Council may go in camera to discuss legal advice, the Committee is recommending that the legal advice remain privileged and confidential, but that Council's discussion take place publicly for the benefit of our guests and stakeholders.
- CCO has received legal advice concerning proposed by-law amendments, but it is important to remember that the advice identifies recommendations and options for Council to consider. The policy decisions reflected in CCO's by-laws *are Council's decision to make*;
- All Council members were asked to provide feedback to the draft by-law amendments and supporting rationale identified by Ms Sara Blake in her advice dated included in the June 21, 2023 information package. Thank you to those who provided feedback which could be considered by the Executive at its meeting on August 11, 2023.
- At the August 11, 2023 meeting, the Committee had a lengthy, respectful discussion about the by-law amendments that should be recommended to Council as reflecting best practices and consistency with CCO's mandate to regulate chiropractic in the public interest. I trust and expect that all council members have carefully reviewed the extensive information concerning the proposed by-law amendments included in the Council information package.

Recommendation 1: (Item 4.1.15, page 252 Main Agenda)

That Council approve the draft by-law amendments to be circulated for feedback.

- If approved by Council, the proposed by-law amendments would be circulated shortly after the September 8, 2023 Council meeting to stakeholders including members, with a 60-day time frame for feedback. The Executive is scheduled to meet on October 27, 2023 and will review any preliminary feedback at that meeting. A further meeting of the Executive may be required after the 60-day timeline has expired so, if possible, recommendations can be made to Council at the November 23, 2023 Council meeting.

- The by-law amendments will be accompanied by a President’s message identifying the process, public interest rationale, and consistency with CCO’s CPMF Report and Core Competencies for Council, Committee Members and Peer Assessors.
- The *RHPA* identifies those items which must be circulated for feedback. It is a very short list and includes items such as a change to the fees by-law. Therefore, the amendments to By-law 13: Fees are included in the proposed by-law amendments to be approved for circulation. The amendments to By-law 13: Fees address the fees associated with any SCERPS ordered by the ICRC, and also address the costs associated with the new emergency class of registration amendments to the Registration Regulation. Although Council is not required to, the Committee is recommending that all changes be circulated, including those that may appear to be noncontroversial such as corrections to grammatical items, or changing all language to be gender neutral.
- In previous discussions at Council, questions have been raised about two aspects of the by-laws, namely, whether CCO should change its by-laws to have a 2/3 majority required to amend any by-law and whether the Chair should have a vote on matters before Council. Currently, the by-laws (subject to limited exceptions) may be amended by a simple majority and the Chair votes only to break a tie.
- The Committee has not had an opportunity to review the legal advice on these two matters. I suggest we have a brief discussion at Council to determine if there is any consensus in changing these aspects of the by-laws. If there is, the by-law amendments to be circulated can incorporate the changes. If there is no consensus, I recommend Council members’ feedback be provided to the Executive which will have a further review of the information and will make recommendations as part of a future consideration of by-laws. Please note that any changes to this aspect of the by-laws do not require circulation to stakeholders.

- There are some other aspects of the legal advice received that will require further review, including for example the nature of the Questionnaire for candidates to sign if they are interested in running for CCO Council. The current draft contains some duplication of the information contained in the candidate undertaking, so both documents will be reviewed with recommendations coming to Council at a future meeting.

B. Policies (Item 4.1.28 and following, page 529, Main Agenda)

- Another important discussion at the August 11, 2023 Committee meeting concerned the Nominations Working Group. The Committee had a healthy and respectful discussion about how to improve the role and functioning of nominations to committees, and how to carefully balance succession planning, and the expressed interests and competencies, skills and judgments of Council members. Council members will note the by-laws allow Council to approve any nonstatutory committee (By-law 11.9). The Committee's recommendation is that the by-laws include a reference to a Nominating Committee ("NC"). The details in terms of the composition and role of the NC would be included in a revised policy P-019: Policy on Nomination and Election procedures for Committee Positions. Some items to note:
 - There would be a call for volunteers for the NC in about February of each year (i.e., before the internal elections, traditionally held in April);
 - The NC would include the President and two public and two elected members and a potential external person if needed. If for example, it would be helpful to have an external person with relevant expertise and knowledge, that person could be appointed to the NC;
 - Council would elect the Executive Officers and Committee Chairs directly from a list of those Council members who have expressed interest in those positions;
 - The NC would do the important work of creating a slate of Committee members for Council's consideration with having already reviewed the slate for eligibility including potential conflicts (such as not being on both ICRC and Discipline) and time limit restrictions such as the prohibition of any chair serving for more than two consecutive years before having at least one year off as Chair. The NC would also need to bear in mind the Council member terms, with elected members coming up for election at different times, and the orders in council for public members expiring at various times.

Recommendation 2: (Item 4.1.29, page 543 Main Agenda)

That Council approve the amendments to P-019: Policy on Nomination and Election procedures for Committee Positions.

- I look forward to the discussion at Council concerning these recommended changes.

- As part of its ongoing review of governing documents, the Committee noted an inconsistency between I-012: Reimbursement and the Ministry of Health and Long-Term Care Remuneration Framework. The Ministry document must govern, and accordingly, the Committee has the following recommendation:

Recommendation 3: (Item 4.1.34, page 558 Main Agenda)

That Council approve the amendments to I-012: Reimbursement of Reasonable Expenses and Per Diems to be consistent with the Ministry Remuneration Framework.

- At the Council meeting on June 21, 2023, Council approved amendments to several policies, all of which are included in the September 8, 2023 Council information package, namely:
 - P-011: Conflict of Interest;
 - P-029: Chiropractic Specialties;
 - I-021: Procurement of Goods and/or Services;
 - CCO Code of Conduct;
 - Undertaking to Maintain Confidentiality and
 - Undertaking to access meetings/hearings.

- I thank all Committee and Council members for their ongoing review of CCO's governing documents to ensure we are reflecting best practices and that policy decisions have been carefully considered, debated, and decided with the benefit of stakeholder input as required.

IV Ministry of Health – Dr. Green (Item 4.1.43 and following, page 609, Main Agenda)

- Council members will recall the e-mail dated July 31, 2023 circulated to Council seeking approval of the Emergency Class of Registration amendments to the Registration Regulation under the *Chiropractic, 1991*. The information had been reviewed on several prior occasions. Ms Willson and I signed and returned the regulation on August 3, 2023, and the regulation will be passed into law shortly. The following recommendation is for Council's consideration:

Recommendation 4: (Item 4.1.43, page 609, Main Agenda)

That Council approve the amendments to the Registration Regulation relating to the Emergency Class of Registration effective August 3, 2023.

- Information concerning other Ministry and government related matters is included in the Council information package so Council members are aware of the broader health regulatory context. This includes information concerning the 2023/24 Seasonal Respiratory Pathogens Readiness and Response Planning Guide and information concerning the immigration of chiropractors into Canada. This information does not require specific action by Council at this time.

V Other Chiropractic/Health Related Stakeholders (Item 4.1.50 and following, page 748, 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:
 - A document entitled "Guiding Principles for Educational Bridging" was circulated by the FCC (Item 4.1.50, page 748, Main Agenda); Ms Willson and I will be attending FCC's fall meetings;
 - D'Youville College has submitted an application to provide chiropractic educational training in Toronto (Item 4.1.53, page 767, Main Agenda);
 - The CCEB has been transitioning its examination structure which will have implications for those applicants applying to be registered in Canada, and may also

affect the work of the Registration Committee (which historically has exempted applicants from Parts A, B or C of the examinations) (Item 4.1.55, page 786, Main Agenda);

- Dr. David Wickes, President, CMCC will be retiring, and a search is underway for a new President (Item 4.1.56, Page 792, Main Agenda); time permitting, I will ask Dr. Goldin if there is any further public information to report; and
- The OCA has embarked on several initiatives, some of which are being reviewed by the Quality Assurance Committee (Items 4.1.57 and following, page 796, Main Agenda); Ms Brereton, CEO, OCA, and Ms Willson have regular communications about each organization's initiatives and priorities.
- We are fortunate to have Ms Beth Ann Kenny of HPRO, attend CCO meetings, and I will call on her and Ms Willson to provide a verbal report of the important work being done by HPRO on behalf of its members, including CCO (Item 4.1.61 and following, page 821, Main Agenda). I commend the information in the council information package to all Council members as well as it contains relevant information about the work of other regulators with respect to "as of right" legislation, which may at a future time also impact chiropractors. In addition, HPRO circulates legislative updates to its members identifying legislation which directly or indirectly affects the regulation of health practitioners in Ontario.

VIII Conclusion

I recognize and appreciate this has been a challenging and busy time for many Council and committee members. I look forward to an engaging and constructive set of training sessions and meetings over the next couple of days which will help enforce CCO's foundation and commitment to continuing to regulate chiropractic in the public interest and to view all decisions through the lens of public interest protection. I would be pleased to answer any questions arising from this report.

Respectfully submitted by,

Dr. Sarah Green,
President

Extract from *RHPA*

**BY-LAWS REQUIRING CIRCULATION ARE
UNDERLINED**

By-laws

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

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- (a) adopting a seal for the College;
- (b) providing for the execution of documents by the College;
- (c) respecting banking and finance;
- (d) fixing the financial year of the College and providing for the audit of the accounts and transactions of the College;
- (d.1) respecting the election of Council members, including the requirements for members to be able to vote, electoral districts and election recounts;
- (d.2) respecting the qualification and terms of office of Council members who are elected;
- (d.3) prescribing conditions disqualifying elected members from sitting on the Council and governing the removal of disqualified Council members;
- (e) providing procedures for the election of the President and Vice-President of the College, the selection of the chairs of the committees, the filling of a vacancy in those offices, and setting out the duties and powers of the President, Vice-President and the chairs;
- (f) respecting the calling, holding and conducting of the Council meetings and respecting the duties of the Council's members;
- (g) respecting the calling, holding and conducting of meetings of the members;
- (g.1) providing that a meeting of the Council or of members or a meeting of a committee or of a panel that is held for any purpose other than for the conducting of a hearing may be held in any manner that allows all the persons participating to communicate with each other simultaneously and instantaneously;
- (g.2) prescribing what constitutes a conflict of interest for members of the Council or a committee and regulating or prohibiting the carrying out of the duties of those members in cases in which there is a conflict of interest;
- (h) providing for the remuneration of the members of the Council and committees other than persons appointed by the Lieutenant Governor in Council and for the payment of the expenses of the Council and committees in the conduct of their business;
- (h.1) respecting the filling of vacancies on the Council or on committees;

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 94 (1) (h.1) of Schedule 2 to the Act is repealed and the following substituted: (See: 2017, c. 11, Sched. 5, s. 30 (1))

- (h.1) subject to the regulations made under clauses 43 (1) (p) to (s) of the *Regulated Health Professions Act, 1991*,
 - (i) respecting the filling of vacancies on the Council or on committees,
 - (ii) providing for the composition of committees,
 - (iii) respecting the qualification, selection, appointment and terms of office of members of committees required by subsection 10 (1) who are not members of the Council,
 - (iv) prescribing conditions that disqualify committee members from sitting on committees required under subsection 10 (1) and governing the removal of disqualified committee members;
- (h.2) providing for the composition of committees;

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 94 (1) (h.2) of Schedule 2 to the Act is repealed. (See: 2017, c. 11, Sched. 5, s. 30 (1))

- (h.3) respecting the qualification, selection, appointment and terms of office of members of committees required by subsection 10 (1) who are not members of the Council;

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 94 (1) (h.3) of Schedule 2 to the Act is repealed. (See: 2017, c. 11, Sched. 5, s. 30 (1))

(h.4) prescribing conditions disqualifying committee members from sitting on committees required under subsection 10 (1) and governing the removal of disqualified committee members;

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 94 (1) (h.4) of Schedule 2 to the Act is repealed. (See: 2017, c. 11, Sched. 5, s. 30 (1))

(i) providing for the appointment, powers and duties of committees other than the committees required by subsection 10 (1);

(j) delegating to the Executive Committee powers and duties of the Council, other than the power to make, amend or revoke regulations and by-laws;

(k) providing for a code of ethics for the members;

(l) providing for the appointment of inspectors for the purposes of regulations made under clause 95 (1) (h);

(l.1) respecting the maintenance of the register kept by the Registrar and providing for the issuing of certificates when information contained in the register is made available to the public under section 23;

(l.2) specifying information as information to be kept in the register for the purposes of paragraph 20 of subsection 23 (2), designating information kept in the register as public for the purposes of subsection 23 (5), and designating information kept in the register as public for the purposes of subsection 23 (5) that may be withheld from the public for the purposes of subsection 23 (6);

(l.3) requiring members to give the College their home addresses and such other information as may be specified in the by-law about themselves and the places they practise the profession, the services they provide there, their participation in continuing education programs and the names, business addresses, telephone numbers and facsimile numbers of their associates, partners, employers and employees and prescribing the form and manner in which the information shall be given;

(l.4) respecting the duties and office of the Registrar;

(m) providing procedures for the making, amending and revoking of by-laws;

(n) prescribing forms and providing for their use;

(o) respecting the management of the property of the College;

(p) authorizing the College to make arrangements for the indemnity of members against professional liability and providing levies to be paid by members;

(q) respecting membership of the College in a national organization of bodies with similar functions, the payment of annual assessments and representation at meetings;

(r) authorizing the making of grants to advance scientific knowledge or the education of persons wishing to practise the profession, to maintain or improve the standards of practice of the profession or to provide public information about, and encourage interest in, the past and present role of the profession in society;

(s) requiring members to pay annual fees, fees upon application for a certificate and upon registration and fees for examinations, appeals from examinations, election recounts and continuing education programs and for anything the Registrar or a committee of the College is required or authorized to do and requiring members to pay penalties for the late payment of any fee;

(t) specifying the amount of any fee or penalty required under clause (s);

(t.1) prescribing the form and manner in which a health profession corporation shall notify the Registrar of a change in the shareholders of the corporation and the time period for doing so;

(t.2) requiring the payment of fees upon application for a certificate of authorization and for the issue or renewal of a certificate of authorization and specifying the amount of such fees;

(u) requiring persons to pay fees, set by the Registrar or by by-law, for anything the Registrar is required or authorized to do;

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(v) requiring members to pay specified amounts to pay for the program required under section 85.7, including amounts that are different for different members or classes of members and including amounts,

(i) that are specified in the by-law,

(ii) that are calculated according to a method set out in the by-law, or

(iii) that are determined by a person specified in the by-law;

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(w) requiring members to participate in an arrangement set up by the College in which members pay a person such amounts as may be determined by the person for the members or for classes of members and the person pays amounts to the College to pay for the program required under section 85.7;

(x) authorizing the Patient Relations Committee to require therapists and counsellors who are providing therapy or counselling that is funded through the program required under section 85.7 and persons who are receiving such therapy or counselling, to provide a written statement, signed in each case by the therapist or counsellor and by the person, containing details of the therapist's or counsellor's training and experience, and confirming that therapy or counselling is being provided and that the funds received are being devoted only to that purpose;

(y) requiring members to have professional liability insurance that satisfies the requirements specified in the by-laws or to belong to a specified association that provides protection against professional liability and requiring members to give proof of the insurance or membership to the Registrar in the manner set out in the by-laws;

(z) respecting the designation of life or honorary members of the College and prescribing their rights and privileges;

(z.1) exempting any member or class of member from a by-law made under this section;

(z.2) specifying or setting out anything that is required to be specified or set out under this subsection. 1991, c. 18, Sched. 2, s. 94 (1); 1998, c. 18, Sched. G, s. 22 (1-4); 2000, c. 42, Sched., s. 40; 2007, c. 10, Sched. M, s. 73 (1, 2); 2017, c. 11, Sched. 5, s. 30 (2).

Circulation of certain by-laws

(2) A by-law shall not be made under clause (1) (l.2), (l.3), (s), (t), (v), (w) or (y) unless the proposed by-law is circulated to every member at least 60 days before it is approved by the Council. 1998, c. 18, Sched. G, s. 22 (5).

Exception

(2.1) Despite subsection (2), the Council may, with the approval of the Minister, exempt a by-law from the requirement that it be circulated or abridge the 60-day period referred to in subsection (2) to such lesser period as the Minister may determine. 1998, c. 18, Sched. G, s. 22 (5).

Copies of by-laws, etc.

(3) A copy of the by-laws and standards of practice made by the Council, and any documents that are referred to in the by-laws and regulations made by the Council shall be given to the Minister and to each member and shall be made available to the public during normal business hours in the office of the College. 2007, c. 10, Sched. M, s. 73 (3).

Public copies

(3.1) Any person is entitled to a copy of any by-law, standard of practice or other document mentioned in subsection (3) on the payment of a reasonable fee, if required, to the Registrar. 2007, c. 10, Sched. M, s. 73 (3).

Unanimous by-laws, etc.

(4) A by-law or resolution signed by all the members of the Council is as valid and effective as if passed at a meeting of the Council called, constituted and held for the purpose. 1991, c. 18, Sched. 2, s. 94 (4).

Application

(5) Subsections (3) and (4) apply to by-laws made under this section or under a health profession Act. 1998, c. 18, Sched. G, s. 22 (6).

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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)

Proposed Amendments Reviewed by Executive Committee: August 11, 2023

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
- (e) Emergency certificate: \$52

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
- (f) For an emergency certificate of registration: \$340

13.3 A member registered in the emergency class of registration who is issued a general certificate of registration is exempt from paying the certificate fee and application fee for a general certificate of registration.

- 13.4 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.
- 13.5 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.
- 13.6 Every member except a member who holds a temporary certificate shall pay an annual fee.
- 13.7 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.
- 13.8 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).
- 13.9 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.
- 13.10 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.
- 13.11 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.
- 13.12 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.

- 13.13 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.
- 13.14 Where a member is required to complete a Specified Continuing Education or Remediation Program (SCERP), the member shall pay the prescribed fee or the fee set by the registrar.
- 13.15 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.
- 13.16 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.
- 13.17 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.
- 13.18 The amount payable by a member who applies for reinstatement of a retired certificate of registration is \$52.
- 13.19 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.

13.20 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.

13.21 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.

13.22 The fee for the issuance of a certificate of authorization is \$625.

13.23 The fee for the annual renewal of a certificate of authorization is \$210.

13.24 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.

13.25 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.

UNDERTAKING TO THE CCO REGISTRAR FROM CANDIDATE

College of Chiropractors of Ontario (CCO)

January 2023

Note to elected members of CCO Council: Initial the box/boxes that apply. Leave blank box/boxes that do not apply and provide an explanation on a separate page.

I, _____, candidate for CCO Council in District _____, undertake to the Registrar as follows:

1. Districts 5 and 6

- (a) I am not a member of faculty at an accredited educational institution
 - AND - AND
- (b) My **primary practice of chiropractic** is located in the electoral district for which I was nominated.
- OR - OR
- (c) I am not engaged in the practice of chiropractic and my **primary residence** is located in the electoral district for which I was nominated.

District 7

- (a) I am a member of faculty of an accredited educational institution (attach document to confirm).
 - AND- AND
- (b) I primarily practise in or live in Ontario.

2. I am not:

- in default of payments of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law.
- in default in completing and returning any form required by CCO.
- the subject of a disciplinary or incapacity proceeding.
- the subject of a finding of professional misconduct, incompetence or incapacity in the preceding six years.
- the subject of an outstanding code of conduct matter with the College.
- and have not been in the preceding three years, an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE, the Council on Chiropractic Education (Canada) of the FCC, CCRF or CNAC¹.
- and have not been in the preceding three years, an officer, director, or administrator of any chiropractic educational institution, including but not limited to, CMCC and UQTR, such that a real or apparent conflict of interest may arise.
- a member of the Council or of a committee of the college of any other health profession.
- a member of the faculty of an accredited educational institution (except for District 7) for any district other than District 7, eligible for election in District 7, and have not been eligible for election in District 7 in the preceding three years (three year cooling off period effective on a go forward basis November 25, 2021).

3. If applicable, I have attached to this undertaking a copy of all letters of resignation from my position as an employee, officer or director of any professional chiropractic association or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise.

4. If applicable, I have taken all reasonable and necessary steps to ensure I am not reflected in any documents or on any websites as an employee, officer or director of any professional chiropractic association or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise.

¹ The effective date on which the candidate must not be an employee, officer or director of any professional chiropractic association, or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise, is the closing date of nominations and any time up to and including the date of the election (i.e., before the election results are known). Copies of relevant letters of resignation must be filed with CCO, along with the candidate's nomination papers. The candidate should take all reasonable and necessary steps to ensure he/she is not reflected in any documents or on any websites as an employee, officer or director of any professional chiropractic association, or an officer, director or administrator of any chiropractic educational institution, such that a real or apparent conflict of interest may arise.

- 5. I undertake to maintain all confidentiality within the election process, including but not limited to, maintaining confidentiality with respect to which members voted or did not vote and/or submitted spoiled ballots.
- 6. I have not:
 - been disqualified from the Council or a committee of the Council in the previous six years.
 - resigned from a position on Council, before completing my term, within the last three years and four months.
 - served on Council for nine consecutive years without a full three-year term passing since I last served on Council.
 - been a member of the staff of the College at any time within the preceding three years.
- 7. A finding of professional misconduct, incompetence or incapacity has not been made against me in the preceding six years.
- 8. I confirm I have reviewed my active personal and business communications, including those on social media, and there is no current content that could embarrass or harm the reputation of CCO or give cause to consider that I am unable or unwilling to comply with CCO's mission, vision, values, strategic objectives and by-laws, and the duty to be fair and impartial in all considerations.
- 9. I acknowledge that as a member of Council, my primary duty is to serve and protect the public interest.
- 10. I undertake to:
 - review and comply with CCO's provisions, including the Code of Conduct, CCO Internal Policy I-015: Policy to Avoid Abuse, Neglect and Harassment, Policy P-011: Conflict of Interest for Council and Committee Members, and CCO's mission, vision, values and strategic objectives,
 - review CCO's orientation material and attend any relevant training workshop,
 - participate in CCO's Peer and Practice Assessment Program within six months of my election (if I have not already been peer assessed by that time), and
 - participate as a member of a discipline panel or fitness to practise panel if selected by the Chair of the Discipline or Fitness to Practise Committee, unless I have a conflict of interest.
- 11. I confirm that I have access to and agree to use the following confidential e-mail address for any and all CCO matters:
- 12. I recognize that, if I were to resign from Council, it will not be properly constituted. Therefore, if elected, I undertake not to resign from Council without first giving 60 days written notice to the President and Registrar so that the Council can take steps to ensure that Council can remain properly constituted at all times.
- 13. I confirm all the information in this undertaking is accurate, complete and true.
- 14. I further undertake to advise the Registrar forthwith of any change in the above-noted statements.
- 15. I understand it is an act of professional misconduct to fail to comply with an undertaking to the Registrar.

Candidate's Name	Candidate's Signature	Date
Witness' Name	Witness' Signature	Date

COMPETENCIES FOR COUNCIL AND COMMITTEE MEMBERS**Executive Committee****Approved by Council: November 25, 2021**

INTRODUCTION

Effective regulation is enhanced when Council and committee members possess specific competencies to act in accordance with the objects of health regulatory colleges under the *Regulated Health Professions Act, 1991 (RHPA)* and the mission, vision, values and strategic objectives of the College of Chiropractors of Ontario (CCO), and to regulate the full scope of practice of chiropractic. Many of these competencies may be acquired through ongoing orientation, continuing education and professional development once on CCO Council and committees.

The following document outlines the competencies expected of Council and Committee members, as they relate to the duties and objects of the college and the mission, vision, values and strategic objectives of CCO. Please note that it is not expected that candidates for Council and committees possess all of these competencies prior to being elected or appointed to CCO Council or committees. CCO provides ongoing training, orientation and education opportunities both through Council and committees and through the Health Profession Regulators of Ontario (HPRO).

OBJECTS OF THE COLLEGE

Section 3(1) of the Health Professions Procedural Code, under the *RHPA* identifies the following objects of the College:

The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
 5. To develop, establish and maintain standards of professional ethics for the members.
 6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the Regulated Health Professions Act, 1991.
 7. To administer the health profession Act, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
 8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
 9. To promote inter-professional collaboration with other health profession colleges.
 10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
 11. Any other objects relating to human health care that the Council considers desirable.
- (2) In carrying out its objects, the College has a duty to serve and protect the public interest.

CCO MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES

Mission

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

Vision

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

Values

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

Strategic Objectives

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

COMPETENCIES FOR COUNCIL MEMBERS

The following document outlines the competencies expected of Council and Committee members, as they relate to the duties and objects of the college and the mission, vision, values and strategic objectives of CCO.

Please note that it is not expected that candidates for Council and committees possess all of these competencies prior to being elected or appointed to CCO Council or committees. CCO provides ongoing training, orientation and education opportunities both through Council and committees and through the Health Profession Regulators of Ontario (HPRO). Council and committee members should be prepared to participate in ongoing orientation, continuing education and professional development, once elected or appointed to CCO.

Furthermore, it is not the expectation that all Council and committee members possess all of the following competencies. Rather the different competencies of Council and committee members should complement each other and be diverse to represent the public of Ontario.

Career Skills, Knowledge and Experience

Professional Chiropractic Experience

- Experience in providing chiropractic care to a diverse group of patients in various practice settings
- Experience with various aspects of chiropractic care, including, patient consultation, examination and care, informed consent, record keeping, business and billing practices, billing of insurance companies and third-party payors, advertising and other communications to the public (websites and social media). It is acknowledged that Council and committee members may not have experience in all of these aspects of chiropractic practice; however, the experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.
- Understanding of the importance of the protection of patient rights and patient safety, including the prevention of patient abuse and boundary violations

Regulatory, Administrative and Other Experience

- Experience in professional regulation, boards of directors or other administrative and member organizations
- Understand the role of self-regulation of health professions
- Experience with chairing and participating in meetings
- Understand rules of procedure (e.g., Roberts Rules of Order), codes of conduct, conflict of interest policies and confidentiality undertakings
- Experience in areas such as finance/accounting, education, information technology and governance
- Have a basic knowledge of technology and ability to use technology to perform the work of CCO (emails, Zoom meetings and webinars, PDFs, etc.)

Values, Skills, Behaviour and Character Attributes

Communication

- Communicate effectively, concisely, constructively, respectfully and accurately, verbally and in writing, with council and committee members, staff, members, the public, government, and other external stakeholders, in the context of regulating the profession in the public interest
- Listen in a respectful manner and ask for clarification and explanation
- Provide constructive and helpful contributions to discussion and debate with a view towards problem solving and making effective decisions

Working in a Team-Based, Diverse Environment

- Work cooperatively, collegially and respectfully in a team-based environment

- Demonstrate respectful behaviour to a variety of viewpoints and social and cultural differences
- Help in building consensus
- Support decisions and positions of CCO Council
- Demonstrate leadership skills and ability to lead others to solve problems, adapt and manage change and achieve results
- Demonstrate a commitment to diversity and inclusion

Availability

- Commitment to being available for regular meetings and hearings
- Commitment to being prepared for regular meetings and hearings, by reading committee packages and background material in advance
- Punctual attendance at meetings and hearings

Commitment to and Understanding of the role of the CCO

- Place the interests of the public and mandate of CCO above oneself or one's own interests
- Understand the specific role of the CCO to regulate chiropractic in the public interest and how it differs from roles of professional associations, advocacy groups, educational institutions, protective associations and other stakeholders
- Understand and respect the roles of council members, committee members and staff
- Ability to identify and declare real and perceived conflicts of interest and appearances of bias

Commitment to Learning

- Commitment to ongoing learning and education about professional regulation, CCO and other areas relevant to serving as a Council or committee member on CCO
- Ability to ask questions if knowledge is lacking

Critical Thinking and Problem Solving

- Use professional judgment and strategic thinking to solve problems and address issues
- Make decisions guided by qualitative and quantitative evidence and background material from government, other health professions, other jurisdictions and other sources
- Adapt and demonstrate flexibility based on changing environments
- Understand and manage risk to the public in decision-making

Professionalism

- Demonstrate professionalism and good character and act with honesty, integrity, transparency, credibility, collaboration, diplomacy and respectfulness

Knowledge of Professional Health Regulation and CCO

- Understand the role of the regulator and professional health regulation in Ontario
- Understand the difference in roles between a professional health regulator and other stakeholders, such as professional advocacy groups, protective associations and educational institutions
- Work within the wider context of the regulatory framework in Ontario and consistently with the goals and objectives of the Ontario Government and Ministry of Health
- Understand and work in accordance with the objects of the College and mission, vision, values and strategic objectives of CCO
- Understand and work within CCO's governance and organizational structure, governing legislation, and mission, vision, values and strategic objectives
- Understand the mandates and functions of CCO Council and committees
- Understand and apply CCO regulations, by-laws, internal policies, codes of conduct, standards of practice, policies and guidelines
- Apply legal authority (legislation, regulation, standards of practice, policies and guidelines) to regulatory issues
- Understand the role of a Council member, fiduciary duties and good governance principles, including the distinction and relationships in the roles of Council, the Registrar and staff
- Understand and appreciate finances and financial implications of decisions
- Understand and adhere to fiduciary and confidentiality duties

COMPETENCIES AND EXPECTATIONS FOR COMMITTEE MEMBERS

In addition to the competencies expected of Council members, the following mandates, meeting expectations and competencies are expected for committee members on CCO committees. CCO provides ongoing training, orientation and education opportunities both through Council and committees and through the Health Profession Regulators of Ontario (HPRO).

Executive Committee

Committee Mandate

- To exercise the powers of Council between meetings with respect to any matter requiring immediate attention other than the power to make, amend or revoke a regulation or by-law.

- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest.

Meeting Expectations

- Approximately five full day meetings per year (additional meetings on an as-needed basis)

Competencies for the Executive Committee

- Knowledge and understanding of the regulatory framework of CCO, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, CCO By-laws, internal policies, conflict of interest policies, code of conduct and rules of order
- Communicate with key stakeholders, including members, members of the public, government and other external stakeholders
- Contribute to the review and recommendation to Council of an annual budget, consistent with resources, priorities and strategic objectives
- Review and analyze extensive material, listen and contribute in a respectful manner to discussion and debate and reach a decision regarding regulatory decisions
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Understands issues from different perspectives

Inquiries, Complaints and Reports Committee

Committee Mandate

- To respond to inquiries, complaints and reports in a manner consistent with its legislative mandate under the *RHPA*.
- To review reports of investigations and make decisions concerning the possible referral of specified allegations or professional misconduct to the Discipline Committee and the imposition of interim terms, conditions and limitations on a member's certificate of registration.

Meetings Expectations

- Approximately 10-12 full day meetings per year

Competencies for the Inquiries, Complaints and Reports Committee

- Commitment to review extensive material related to inquiries, complaints and reports to CCO, including submissions by the complainant and member, clinical notes and records, materials from insurance companies, third-party payors and other third parties (e.g., employers), and expert and investigation reports
- Knowledge and understanding of the regulatory framework specific to the complaints process, including the *Regulated Health Professions Act, 1991* and the *Chiropractic Act, 1991*
- Knowledge and understanding of CCO regulations, standards of practice, policies and guidelines and able to apply them to specific complaints
- Knowledge and understanding of risk assessment tools used by the committee
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion and decision-making
- Use technology effectively and review digital material
- Experience in review of complaints and other forms of adjudication
- For chiropractors – broad knowledge base and experience in chiropractic care
- For public members – ability to listen, learn, discuss and ask questions of the professional members of the committee related to chiropractic practice
- Available and prepared for meetings
- Identify and declare any real or perceived conflicts of interest and/or appearances of bias
- Understand the fiduciary duty to act honestly, in good faith and in accordance with the duties and objects of the College
- Commitment to make informed, impartial and transparent decision
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Understands issues from different perspectives
- Understands regulatory outcomes of the inquiries, complaints and reports process
- Understands importance of well-supported reasons for decision and fairness, impartiality and transparency in decision-making
- Identify issues that require external expertise (legal advice or expert opinions)

Discipline Committee

Committee Mandate

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

Meetings Expectations

- Approximately 1-2 full day meetings per year
- Availability for hearings on an as-needed basis

Competencies for the Discipline Committee

- Commitment to review extensive material related to discipline hearings, including notices of hearings, submissions from CCO and the member, joint submissions and agreed statements of fact, evidence including, clinical notes and records, materials from insurance companies, third-party payors and other third parties, and expert and investigation reports
- Knowledge and understanding of the regulatory framework specific to the discipline process, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, and the *Statutory Powers Procedures Act*
- Complete the Discipline Orientation from the Health Profession Regulators of Ontario (HPRO)
- Knowledge and understanding of CCO regulations, standards of practice, policies and guidelines and application of them to specific disciplinary matters
- Experience in sitting on regulatory or administrative panels and other forms of adjudication
- Use technology effectively and review digital material
- Understand the role of independent legal counsel (ILC), and able to work with and ask questions of ILC
- Understand the roles of Counsel and witnesses in a discipline hearing
- Identify and declare any real or perceived conflicts of interest and/or appearances of bias in deliberating disciplinary matters
- Understand the fiduciary duty to act honestly, in good faith and in accordance with the duties and objects of the College
- Commitment to make informed, impartial and transparent decisions
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives
- Understand regulatory outcomes of discipline hearings and the importance of well-supported reasons for decisions
- Understand importance of fairness, impartiality and open-mindedness in decision making

Fitness to Practise Committee

Committee Mandate

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

Meetings Expectations

- Approximately 1 full day meeting per year
- Availability for hearings on an as-needed basis

Competencies for Fitness to Practise

(See competencies for Discipline Committee, as they related to Fitness to Practise Hearings)

Registration Committee

Committee Mandate

- To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
- To review applications for registration referred by the Registrar.
- To determine the terms, conditions or limitations, if any, for granting a certificate of registration to an applicant.

Meetings Expectations

- Approximately 1-2 full day meetings and 8-10 half day meetings per year

Competencies for Registration Committee

- Knowledge and understanding of the regulatory framework specific to the registration process, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, the registration regulation and registration policies and decision-making tools, and ability to apply them to registration applications with unique fact scenarios
- Understand the requirements for registration as a member of CCO in Ontario
- Possess strategies to build consensus
- Understand the importance of transparent, objective, impartial and fair decision-making
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff

- Understand the role of the Office of the Fairness Commissioner in overseeing the registration practices of Ontario health regulatory colleges

Quality Assurance Committee

Committee Mandate

- To develop, establish and maintain: programs and standards of practice to assure the quality of the profession, standards of knowledge and skill and programs to promote continuing competence among members and standards of professional ethics.
- To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members.

Meetings Expectations

- Approximately 6-8 full day meetings per year
- Availability for workshops on an as-needed basis

Competencies for the Quality Assurance Committee

- Knowledge and understanding of the regulatory framework specific to the Quality Assurance Committee, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, and CCO standards of practice, policies and guidelines
- Knowledge and understanding of CCO's Quality Assurance Committee including Peer and Practice Assessment, Self Assessment, Continuing Education and Professional Development, Record Keeping Workshops and CCO's mechanisms for monitoring compliance
- Review standards of practice, policies and guidelines from other jurisdictions and other Ontario health professions as they apply to review of CCO standards of practice, policies and guidelines
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives

Patient Relations Committee

Committee Mandate

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

Meetings Expectations

- Approximately 4-6 full day meetings per year

Competencies for the Patient Relations Committee

- Knowledge and understanding of the regulatory framework specific to the Patient Relations Committee, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, and CCO standards of practice, policies and guidelines
- Knowledge and understanding of legislation, regulations and policies related to funding for therapy and counselling for victims of sexual abuse
- Commitment to preventing and dealing with sexual abuse of patients through educational programs, guidelines for conduct, training for CCO staff and provision of information to the public
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives

Advertising Committee (non-statutory)

Committee Mandate

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

Meetings Expectations

- Approximately 1-2 half day meetings per year

- Availability to review and provide feedback on advertisements and website and social media material submitted by members

Competencies for the Advertising Committee

- Knowledge and understanding of CCO standards of practice and guidelines as they relate to advertising, websites and social media
- Apply CCO standards of practice and guidelines as they relate to advertising, websites and social media to the review and feedback provided on submitted advertisements, website and social media content submitted by members
- Review past feedback provided from the Advertising Committee and apply to the review of advertisements, website and social media content submitted by members
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives

COMPETENCIES FOR CHAIRS OF COUNCIL AND COMMITTEES

In addition to the competencies for Council and Committee members, the following competencies are expected of Council and committee chairs:

- Lead and guide Council/committee in achieving its goals and objectives
- Demonstrate effectiveness and skills in chairing, including, following rules and working through meeting agendas
- Promote a strong and positive Council/committee culture
- Build and maintain trusting relationships and good communication with council members, committee members and staff
- Demonstrate values of respect, honesty and integrity
- Understand and act in accordance with CCO by-laws, internal policies, codes of conduct and confidentiality and rules of order
- Understand the authority of Council and committees as a whole
- Promote respectful and efficient discussion and debate and helps to build consensus in decision-making

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.

ITEM 4.1.27

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 procedures 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.

- 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 the 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.

- 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 *RIIPA*;
 - (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.

**POLICY ON NOMINATION AND ELECTION PROCEDURES
FOR COMMITTEE POSITIONS**

**CCO Internal Policy: I-019
Executive Committee**

Approved by Council: November 25, 2021 (came into effect February 25, 2022)

INTENT

To outline the policies and procedures for the nomination and election procedures for committee positions

POLICIES AND PROCEDURES

1. The Executive Committee shall appoint a Nominating Working Group (NWG). The NWG should have, where feasible, an equal number of elected members and appointed members.
2. The NWG shall prepare and make available an application process to all members of Council who are interested in serving on committees. The application process shall:
 - a. Identify the positions available;
 - b. Identify the committee mandates, terms of reference, meeting expectations and competencies, experience and skills most closely associated with each committee;
 - c. Request a candidate to set out their own competencies, experience and skills and evidence as to how they were obtained or have been demonstrated; and
 - d. Request a candidate to set out their preferred positions of service.
3. The NWG shall prepare and make available an application process to members of CCO who have expressed interest in being nominated for a non-Council committee position. The application process shall:
 - a. Identify the positions available;
 - b. Identify the committee mandates, terms of reference, meeting expectations and competencies, experience and skills most closely associated with each committee;
 - c. Request a candidate to set out their own competencies, experience and skills and evidence as to how they were obtained or have been demonstrated; and
 - d. Request a candidate to set out their preferred positions of service.

4. The NWG shall prepare, to the extent feasible, a slate of candidates for each position taking into consideration the competencies, experience and skills of the applicants, with reference to the Competencies for Council and Committee Members document, the preferred positions of Council and committee members, the requirements for committee composition in CCO by-laws, succession planning for each committee, an equitable distribution of committee assignments for Council members, and diversity, equity and inclusion principles so as to maximize the ability of the College to serve and protect the public interest.
5. At any Council meeting at which committee positions, including that of chair, are filled, the NWG shall, to the extent feasible, present a comprehensive slate of candidates and such a presentation shall be deemed the nomination of those persons for those positions.
6. Unless the slate contemplates an election for a position or unless two members of the Council nominate more than the minimum number of eligible candidates to fill a position, those candidates shall be deemed elected by acclamation. Where more than the minimum number of eligible candidates are nominated for a position, the Council shall hold a contested election in accordance with the by-laws.

Committee Selection Template

Version Date: March 24, 2023

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*All Council members are asked to complete this template for all College Committees, even those that are not your first choice. The first column is pre-filled. Please do not add to it. Please complete the other columns. Most Council members serve on two or three committees. Please indicate a **maximum** of three committees of interest.*

Council member's name: _____

Committee	Would You Like to Serve on this Committee?	Would You Like to Serve as Chair on this Committee? Please Indicate if You Are Interested in Serving as President, Vice-President or Treasurer (Executive Only)	Describe your Relevant Skills, Training and Experience for this Committee	Are You Able to Communicate (Verbally and/or Written) in French or Any Other Languages? Please List and Provide Any Further Details	List any Affiliations that might Sometimes Create a Conflict of Interest for this Committee	Workload (scale of 1 - 5)
Executive						
Registration						
Inquiries Complaints Reports						
Discipline						
Fitness to Practise						
Patient Relations						
Quality Assurance						
Advertising						

Exceptional Circumstances

Appointees to Ontario's regulated Health Colleges must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Framework are expected to be infrequent. Deviation from the parameters of this Framework cannot be approved on a sustained/long-term basis.

Any request for remuneration which exceeds the parameters of this Framework must be accompanied with a written explanation of the exceptional circumstances involved from the Chair of the Committee to the Ministry (Manager, Health Boards Secretariat).

Unauthorized Payments

Public appointees to the Councils of the health professions regulatory bodies may not accept unauthorized remuneration from the College or from any health profession body in respect of her or his appointment.

Colleges may not supplement payments to public appointees to the Council of the College by making unauthorized payments or "topping-up" payments for honoraria or out-of-pocket expenses.

Eligible Payments

Eligible payments to OIC appointees to RHPA regulatory bodies are established by OIC # 451/94, dated March 9, 1994 (see **Appendix 2**) and this Framework. They include a per diem honorarium and reimbursement of necessary and reasonable expenses actually incurred in conducting the *business* of the College to which the individual is appointed, such as travel, accommodation and meals.

Government Taxes

Honoraria paid to appointees is taxable under the *Income Tax Act*. Thus, in order to receive remuneration (honoraria and/or expenses); appointees are required to provide their Social Insurance Number to the Ministry by completing a TD1/TD1ON form. Reimbursement for expenses incurred is not generally subject to taxation.

The CRA has determined that, for *tax purposes*, remuneration received by College appointees is considered income from employment. This means that:

- At the end of the calendar year, you will receive a T4 slip issued by the Province of Ontario.
- Remuneration is provided to the appointee only and not to an incorporated company or charity.
- You will be required to provide the Province of Ontario with your social insurance number.
- Effective May 2015, deductions at source on account of income tax are made on per diem remuneration. **All members are required to complete a TD1/TD1ON form for the purposes of withholding tax.**
- Your services are not considered to be taxable supplies and you should not charge Harmonized Sales Tax (HST) on your services.
- Effective December 2013, your remuneration is exempted from pensionable income for Canada Pension Plan (CPP) purposes. Therefore, the CRA will not permit contributions to the CPP by the payer or the part-time appointee.

For the purpose of this policy, “public members” means CCO council members who are appointed by the Lieutenant Governor in Council. Public Members may be reimbursed for reasonable expenses directly related to CCO business only if these expenses are not reimbursed by the Ministry of Health. Public members will be reimbursed for these reasonable expenses consistent with the policies and procedures of the Ministry of Health.

Public members shall seek documented approval with rationale from the Registrar or an Executive Officer for any reasonable expenses directly related to CCO business that are not reimbursed by the Ministry of Health.

General and Miscellaneous Expenses

Committee member shall be reimbursed for miscellaneous reasonable expenses relating to CCO business (e.g., communication, accommodation, travel and meal expenses), as directed by Council and as supported by receipts.

Committee members shall not be reimbursed for the cost of entertainment (e.g. videos or pay movies), personal services (e.g., dry cleaning, personal grooming) or other expenses unrelated to CCO business.

Receipts shall be attached to the expense claim form.

Communication Expenses

Committee members shall be reimbursed for reasonable communication expenses, as directed by Council (e.g. long-distance charges, email and internet use during travel for CCO business) directly related to CCO business, as supported by receipts and other documentation.

Accommodation Expenses

Committee members who travel a distance of more than 30 kilometres to a meeting/event/hearing directly related to CCO business shall be reimbursed for reasonable hotel accommodations.

Committee members who travel a distance of less than 30 kilometres to a meeting/event/hearing directly related to CCO business may be reimbursed for reasonable hotel accommodation(s) on a specific occasion, only in the case of extenuating circumstances, or only following documented approval with rationale.

All committee members are strongly encouraged to choose accommodation for which favourable rates may be obtained and with all reasonable means to keep expenditures reasonable.

REIMBURSEMENT OF REASONABLE EXPENSES AND PER DIEMS

CCO Internal Policy I-012

Executive Committee

Approved by Council: December 11, 2008

Amended: September 24, 2009, September 21, 2010, September 22, 2011, February 14, 2012, February 28, 2017, November 29, 2018, November 26, 2020 (came into effect February 26, 2021), September 10, 2021 (came into effect November 25, 2021), September 9, 2022 (came into effect November 24, 2022)

INTENT

To outline for CCO committee members CCO policies and procedures for the reimbursement of reasonable expenses directly relating to CCO business.

To clarify CCO's policies and procedures for submitting per diem and expense claims for committee members.

For the purpose of this policy:

- “committee members” means elected council members, non-council members of statutory and non-statutory committees, and peer assessors.
- “reasonable” includes the most economical means in terms of proximity and cost.

POLICY

Committee members are entitled to per diems and expenses in accordance with CCO By-law 9 and this policy. CCO expense reimbursement policies are consistent with current acceptable standards and will be reviewed and revised periodically.

CCO committee members may claim for reimbursement for reasonable expenses relating directly to CCO business. All claims for reimbursement for expenses shall be supported by receipts. Credit card vouchers will not be accepted as receipts for expenses without the backup description of items purchased.

Committee members are encouraged to seek documented approval from the Registrar or an Executive Officer, if they have any questions or concerns regarding reimbursement for reasonable expenses.

For the purpose of this policy, “public members” means CCO council members who are appointed by the Lieutenant Governor in Council. Public Members may be reimbursed for reasonable expenses directly related to CCO business only if these expenses are not reimbursed by the Ministry of Health. Public members will be reimbursed for these reasonable expenses consistent with the policies and procedures of the Ministry of Health.

Public members shall seek documented approval with rationale from the Registrar or an Executive Officer for any reasonable expenses directly related to CCO business that are not reimbursed by the Ministry of Health.

General and Miscellaneous Expenses

Committee member shall be reimbursed for miscellaneous reasonable expenses relating to CCO business (e.g., communication, accommodation, travel and meal expenses), as directed by Council and as supported by receipts.

Committee members shall not be reimbursed for the cost of entertainment (e.g. videos or pay movies), personal services (e.g., dry cleaning, personal grooming) or other expenses unrelated to CCO business.

Receipts shall be attached to the expense claim form.

Communication Expenses

Committee members shall be reimbursed for reasonable communication expenses, as directed by Council (e.g. long-distance charges, email and internet use during travel for CCO business) directly related to CCO business, as supported by receipts and other documentation.

Accommodation Expenses

Committee members who travel a distance of more than 30 kilometres to a meeting/event/hearing directly related to CCO business shall be reimbursed for reasonable hotel accommodations.

Committee members who travel a distance of less than 30 kilometres to a meeting/event/hearing directly related to CCO business may be reimbursed for reasonable hotel accommodation(s) on a specific occasion, only in the case of extenuating circumstances, or only following documented approval with rationale.

All committee members are strongly encouraged to choose accommodation for which favourable rates may be obtained and with all reasonable means to keep expenditures reasonable.

Travel Expenses

Committee members shall be reimbursed for reasonable expenses for transportation to and from meetings/events/hearings relating to CCO business.

When travelling in his/her own vehicle, committee members shall be reimbursed for mileage at a rate in accordance with the current [Canadian Revenue Agency rate](#).

All committee members are strongly encouraged to book travel arrangements as far in advance as possible to obtain the most economical fares.

Reimbursement for reasonable expenses related to automobile rentals for attendance at CCO meetings are subject to approval. Any unforeseen, extraordinary expenses are to be reimbursed at the discretion of two of the Registrar and General Counsel, the President, Vice-President or Treasurer.

Meal Expenses

Reasonable meal expenses:

- shall be supported by receipts;
- shall not include reimbursement for alcoholic beverages;
- shall only be claimed if the attendance of the member was required at a meeting/event/hearing at which meals were not provided;

The maximum amount that may be expensed for each meal is as follows:

Breakfast:	\$25
Lunch:	\$35
Dinner:	\$50

A maximum of three meals may be claimed in one calendar day.

Committee members may only claim for reasonable meal expenses when travelling to and from a meeting/event/hearing directly related to CCO business when a committee member is required to travel from a location which is outside the boundary of the municipality or metropolitan area in which the meeting/event/hearing is convened. In the event of a meeting/event/hearing at the CCO office, the municipality or metropolitan area is the Greater Toronto Area.

PROCEDURES

Committee members shall comply with the following procedures when making claims for per diems and expenses.

Committee Members shall submit per diem and expenses claim statements using the form approved by CCO entitled "Meeting Per Diem and Expenses Claim Statement".

Committee Members shall submit to CCO a completed Meeting Per Diem and Expenses Claim Statement no later than the earlier of 90 days after the meeting/event/hearing to which the claim is related, or 30 days following the year end of any given year. This includes claims for per diems associated with conference calls lasting less than one hour that are to be accumulated as outlined in By-law 9.

If a per diem and expenses claim statement is not received by CCO as described above, the committee member shall not be permitted to submit a claim and shall not receive a per diem and/or expenses for this particular meeting/event/hearing.

If there are extenuating circumstances related to a claim for reasonable expenses, committee members shall identify and provide an explanation for these extenuating circumstances on the "Meeting Per Diem and Expenses Claim Statement".

If a claim for per diem or expenses is denied, a committee member may make written submissions to the registrar, within 30 days of the denial of the claim, outlining the reasons why he/she is entitled to the claim for per diem or reasonable expenses. All written appeals for per diem or expense claim received by the registrar shall be referred to the Executive Committee for review and decision.



Ontario

Ministry of Health and Long-Term Care

Remuneration Framework

*for Public Appointees to the Health Professions Regulatory Bodies (Colleges)
established under the Regulated Health Professions Act, 1991*

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Introduction

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Application and Scope

This Remuneration Framework (“Framework”) is intended to apply to individuals who are appointed by Order-In-Council (OIC) to the Councils of the health professions regulatory bodies (Colleges) established under the *Regulated Health Professions Act, 1991* (RHPA) and its 26 associated profession-specific Acts. See **Appendix 1** for a list of the Regulatory Bodies Covered by this Framework.

This Framework is consistent with the Management Board of Cabinet’s *Agencies & Appointments Directive* (the Directive). In the event of a conflict or inconsistency between this document and the Directive, the Directive prevails.

Purpose

This Framework is intended for use by individual appointees, the Colleges and the Ministry to clarify the parameters for payment of per diem honoraria for appointees performing the business of the Council of the College.

Effective Date

This Framework is effective for work conducted as of **April 1, 2016** and replaces all previous Guidelines issued to appointees or Colleges, and is subject to change pursuant to Ministry of Health and Long-Term Care and/or Management Board of Cabinet policies and directives. As necessary, supplementary policy statements, guidelines or amendments may be issued.

Conditions of Appointment

Acceptance of the appointment indicates acceptance of the conditions of appointment. Conditions of appointment, including those relating to financial compensation, if any, are subject to change pursuant to Government and/or Ministry of Health and Long-Term Care policies.

All appointees to the Councils of the RHPA Colleges are part-time. Remuneration paid to part-time appointees are made on a per diem basis. The Minister of Health and Long-Term Care is responsible for paying honoraria and expenses for public appointees, pursuant to the applicable statutory provisions, the policies established by the Government and the Ministry, including those policies set out in this Framework.

Ethical Framework

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Government appointees are required to fulfill the duties of their appointment in a professional, ethical and competent manner and avoid any real or perceived conflict of interest. In particular, and without limiting the generality of the foregoing obligations, a government appointee shall:

1. not use or attempt to use his or her appointment to benefit himself or herself or any person or entity;
2. not participate in or attempt to influence decision making as an appointee if he or she could benefit from the decision;
3. not accept a gift that could influence, or that could be seen to influence, the appointee in carrying out the duties of the appointment;
4. not use or disclose any confidential information, either during or after the appointment, obtained as a result of his or her appointment for any purpose unrelated to the duties of the appointment, except if required to do so by law or authorized to do so by the responsible Minister;
5. not use government premises, equipment or supplies for purposes unrelated to his or her appointment; and
6. comply with such additional requirements, if any, established by the entity to which the person is appointed, and/or the responsible Minister.

For the purposes of the above, “confidential information” means information that is not available to the public.

Conflict of Interest

Appointees are expected and required to avoid activities which may place them in conflict of interest with their appointment. Although the Minister attempts to ensure that appointees are free of potential conflicts, conflict of interest is primarily a matter of personal responsibility and integrity.

Principles¹

1. A member of an agency, board or commission should not use information obtained as a result of his or her appointment for personal benefit.
2. A conflict-of-interest situation should be declared at the earliest opportunity.
3. No member should divulge confidential information obtained as a result of his or her appointment or election, unless legally required to do so.

Personal, Material or Financial Benefit

"Conflict of interest normally relates to a direct pecuniary interest of the appointee or elected member either personally or through the member's family.

Direct pecuniary interest should be interpreted as an individual interest rather than one that is common to a class of persons. However, there is conflict of interest if the member or his or her

¹ Management Board of Cabinet. Establishment and Administration of Agencies: A Manager's Guide (pages 6-1-23).

immediate family could benefit personally from a decision while a larger group of people could not.

Immediate family should be interpreted to include the spouse, parents or children of the appointed or elected member.”²

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More specifically, an appointee shall not seek nor accept a fee, gift or personal benefit, except compensation authorized by Order-In-Council that is connected, directly or indirectly, with the performance of his or her usual duties.

Declaring Conflict

Where there is a potential conflict of interest with the business of Council or a committee, appointees are **required** to inform the Chair or President of the Council and/or the Registrar/Executive Director at the earliest opportunity and, where a real or perceived conflict exists, to take all reasonable steps to avoid the conflict.

Appointees should also review and comply with any conflict of interest policies established by the College for Council members. The Ministry recommends that, upon declaration of a conflict, the appointee refrain from further participation in discussions relating to the matter.

Where declaration of conflict by an appointee affects the quorum required for the conduct of business, the matter should be deferred to a subsequent meeting when a sufficient number of members will be present. If, because of the specific composition of the committee, delay will not alleviate the lack of quorum and there is no option to reassign the duty to another public appointee, the President/Chairperson or Registrar/Executive Director should immediately contact the Ministry (Manager, Public Appointments Unit) for assistance.

Where there is a potential conflict of interest with the ongoing daily business of Council, the appointee is **required** to inform the Ministry of Health and Long-Term Care through the Manager, Public Appointments Unit and/or the Minister's Office. Members may be asked by the Minister to resign.

Consequences of Non-Compliance

If an appointee fails to declare a conflict of interest, or continues to participate while in conflict of interest, the Minister, with the approval of the Lieutenant-Governor, may revoke his or her appointment and appoint a new member to the agency in question, unless the failure to declare and/or avert the conflict of interest is a result of a *bona fide* error in judgement.

If the contravention has resulted in a personal gain, or in a financial loss to the agency, the government may disqualify the person from further government appointments and require restitution of the funds in question.

² Ibid.

Assignment of Honoraria

Honoraria is payable **only** to the individual appointee; it may not be directly "assigned" to a third party, that is, to another individual or a business or corporate entity. However, should an appointee wish to do so, they are at liberty to donate any honoraria payable or received to a charitable organization of their choice and receive a tax receipt, as applicable.

Appointees are also at liberty to waive receipt of honoraria associated with the appointment. A decision to waive payment of honoraria should be made in writing to the Health Boards Secretariat.

Special Assignments

In exceptional circumstances, because of her or his special knowledge or skills, it may be desirable and necessary for a public appointee to undertake an additional, special task, which:

- i. arises from and is directly related to his or her participation in or assignment to Council or a statutory or standing committee of Council, and
- ii. requires a significant additional time commitment which warrants specific remuneration.

Special assignments arise under exceptional circumstances and are interpreted by the Ministry of Health and Long-Term Care to mean activities:

- i. which are in addition to and over and above the usual activities or responsibilities of a general member of Council or the associated statutory or standing committee of Council;
- ii. which are appropriate to and do not conflict with the appointee's position as a governor of the College or an adjudicator⁴;
- iii. that, in other circumstances, might reasonably be assigned to a staff member or outside consultant;
- iv. which are delegated to the appointee because of his/her particular knowledge, skill or interest; and
- v. which require significant time and effort for which the appointee would require or, where the assignment involves the appointees professional qualifications, would usually expect to receive, specific remuneration.

Where, because of exceptional circumstances, a special assignment involving remuneration is proposed, the appointee and College must receive **prior approval** for payment of such remuneration from the Ministry of Health and Long-Term Care. Such approval is sought through written application to the Manager, Health Boards Secretariat, in advance of the assignment and the payment of any remuneration or expenses.

The application should outline:

- the specific purpose and scope of the assignment;
- the exceptional circumstances which give rise to the assignment;
- the proposed duration (begin and end dates) for the assignment;
- the proposed total cost (honoraria and expenses, if any) of the assignment, including the proportion of such costs to be paid by the Ministry and the College.

⁴ Members of Council are "governors" of the College, similar to members of a board of directors. Without limiting the generality of the terms, governors or directors perform primarily policy making and overall supervisory functions rather than day-to-day operational functions. Adjudicators arbitrate or determine issues which fall within the statutory jurisdiction of an administrative tribunal.

Exceptional Circumstances

Appointees to Ontario's regulated Health Colleges must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Framework are expected to be infrequent. Deviation from the parameters of this Framework cannot be approved on a sustained/long-term basis.

Any request for remuneration which exceeds the parameters of this Framework must be accompanied with a written explanation of the exceptional circumstances involved from the Chair of the Committee to the Ministry (Manager, Health Boards Secretariat).

Unauthorized Payments

Public appointees to the Councils of the health professions regulatory bodies may not accept unauthorized remuneration from the College or from any health profession body in respect of her or his appointment.

Colleges may not supplement payments to public appointees to the Council of the College by making unauthorized payments or "topping-up" payments for honoraria or out-of-pocket expenses.

Eligible Payments

Eligible payments to OIC appointees to RHPA regulatory bodies are established by OIC # 451/94, dated March 9, 1994 (see **Appendix 2**) and this Framework. They include a per diem honorarium and reimbursement of necessary and reasonable expenses actually incurred in conducting the *business* of the College to which the individual is appointed, such as travel, accommodation and meals.

Government Taxes

Honoraria paid to appointees is taxable under the *Income Tax Act*. Thus, in order to receive remuneration (honoraria and/or expenses); appointees are required to provide their Social Insurance Number to the Ministry by completing a TD1/TD1ON form. Reimbursement for expenses incurred is not generally subject to taxation.

The CRA has determined that, for *tax purposes*, remuneration received by College appointees is considered income from employment. This means that:

- At the end of the calendar year, you will receive a T4 slip issued by the Province of Ontario.
- Remuneration is provided to the appointee only and not to an incorporated company or charity.
- You will be required to provide the Province of Ontario with your social insurance number.
- Effective May 2015, deductions at source on account of income tax are made on per diem remuneration. **All members are required to complete a TD1/TD1ON form for the purposes of withholding tax.**
- Your services are not considered to be taxable supplies and you should not charge Harmonized Sales Tax (HST) on your services.
- Effective December 2013, your remuneration is exempted from pensionable income for Canada Pension Plan (CPP) purposes. Therefore, the CRA will not permit contributions to the CPP by the payer or the part-time appointee.

Remuneration Framework

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General

The basis of all appointments to Government of Ontario agencies, boards and commissions (ABCs) is public service. Therefore, any remuneration that may be paid is not expected to be competitive with the marketplace or the appointee's usual occupational compensation. There is no requirement that appointees be paid. In fact, in many cases appointees do not receive any payment for their services beyond reimbursement of out-of-pocket expenses. The level of remuneration payable, if any, is dependent upon the ABC to which the individual is appointed; the personal qualifications of the individual appointee are not usually a factor³.

The honorarium is a nominal fee paid to partially off-set the cost of a public service contribution rather than to pay the appointee for services rendered or compensate her/him for lost income or the opportunity to earn income.

The Ministry of Health and Long-Term Care acknowledges that there is usually a disparity in the amount of remuneration available to occupational members of Council compared to that available to public appointees. This disparity in no way implies that the participation and contribution of public appointees are any less valuable than that of the occupational members or that public members have less authority on Council.

Basis of Remuneration

Where applicable, payment may be made to individuals for carrying out the business of the ABC to which they are appointed, that is, performing functions and tasks inherent in, or assigned to her/him as a result of, the appointment and are appropriate to his or her position as a Council member (i.e., a governor or director of the College) or an adjudicator.

In general, such functions or tasks are those which are performed within the context of formal meetings of the Council or committees of Council, or a statutory hearing or review conducted by an adjudicative committee. The proceedings or outcome(s) of such meetings or hearings are usually recorded (e.g., in minutes) and/or published (e.g., a Discipline Committee decision). Where applicable, preparation time and the writing of decisions are included. However, depending on the mandate of the ABC, such "business" may also include attending or presenting to conferences or public forums which are directly related to the business of the ABC and the individual's assigned functions or tasks.

Appointees also have a responsibility to become familiar with and maintain their knowledge regarding the business of their ABC. The Ministry of Health and Long-Term Care encourages and supports continuing education for public appointees.

³ The exceptions are medical and legal personnel where the enabling statutes require that they be used in their professional capacity.

Ministry Contacts

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Appointees to regulatory bodies are reimbursed directly by the Ministry of Health and Long-Term Care. Completed and signed per diem and expenses claims, along with any required receipts, should be forwarded to the designated staff person within the College to secure verification of attendance and for submission to the **Health Boards Secretariat**.

Appointees are required to use the most current version of the electronic claim form, and, where payments are to be made, receive payment by electronic funds transfer.

Any questions regarding remuneration payment should be directed to the Health Boards Secretariat.

Contact:

Manager, Health Boards Secretariat
151 Bloor Street West, 9th floor
Toronto, Ontario M5S 1S4

hbs@ontario.ca

Tel: (416) 327-8512

Fax: (416) 327-8524

The appointee and the College should note that appointees may not enter into any relationship with the College which directly or indirectly imply or result in an employer-employee or client/contractor relationship. In addition, in considering acceptance of a special assignment, the appointee may wish to take into consideration the potential for "apprehension of bias" or conflict of interest with respect to his or her participation in statutory decision-making pertaining to or arising from any findings, conclusions or recommendations arising directly from the special assignment.

Finally, it is a conflict of interest for public appointees to College Councils to accept any remuneration or benefit from any person or body, except as authorized by her or his role, Management Board or the Ministry of Health and Long-Term Care, for engaging in activities directly related to, or arising from, her or his appointment.

Honoraria

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Remuneration for part-time appointees must be on a per diem basis. Per diems are generally based on 7.25 hours of work. A per diem is the amount that is payable for conducting the formal business of the College (e.g., attending a meeting or hearing).

A per diem is to be interpreted as the amount payable for work periods in excess of three hours; when less than three hours of work is involved, one-half of the established per diem rate will be paid. **Only one per diem payment can be made to an appointee for a calendar day.**

Where a single-day proceeding concludes earlier than its scheduled duration, appointees may be remunerated equal to the scheduled duration.

The applicable per diem rate and the activities for which honoraria may be claimed are determined by the following general factors:

- whether the appointee is attending a statutory or non-statutory meeting; and
- the appointee's assigned role in the meeting.

Honoraria may be claimed for attendance, preparation, decision-writing and/or deliberation time for meetings of the College Council and Statutory Committees. Specific conditions apply to remuneration for preparation⁵, decision-writing and deliberation time, which are outlined in subsequent sections. In general, honoraria may be claimed for the activities listed in **Chart 1**.

Chart 1: Claims for Honoraria				
Committee	Attendance	Preparation	Decision-Writing	Deliberation
Council	X	X		
Inquiries, Complaints and Reports Committee (ICRC)	X	X	X	
Executive Committee	X	X		
Fitness to Practice Committee	X	X	X	
Patients Relations Committee	X	X		
Quality Assurance Committee	X	X		
Registration Committee	X	X	X	
Discipline Committee <i>Meetings</i>	X	X		
Discipline Committee <i>Hearings</i>	X	X	X	X
Standing Committees of Council	X			
Ad-Hoc Committees and all other meetings	X			

⁵ Note that specific provisions apply to preparation claims for the Inquiries, Complaints and Reports Committee (ICRC) and Discipline Committee Hearings.

Attendance Honoraria Payable for Council, Statutory and Standing Committee Meetings

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The Ministry believes that public appointees should not be discouraged or prevented from assuming enhanced responsibilities within the Council for purely financial reasons. Thus, in establishing rates of remuneration, it has allowed for higher per diems to be paid to appointees who assume the responsibilities of the Chair or Vice-Chair of the College's Council, and the Chair or Vice-Chair of a statutory committee or a standing committee of Council, providing that the criteria outlined in **Chart 2** are met.

Because the rate of remuneration of an appointee will vary with her or his election as the Chair/President or Vice-Chair/Vice-President of Council, or designation as a Chair or Vice-Chair of a statutory or standing committee of Council, the College must inform the Ministry of such designation, in writing, to the Manager, Health Boards Secretariat, and copied to the Manager, Public Appointments Unit.

Remuneration for Council Chair/President

The term "Chair" and "Vice-Chair" are used in a generic manner and include the terms "President" and "Vice-President".

With her or his election to the position of Chair/President of a College Council, the appointee assumes a significant amount of additional responsibility and, of necessity, an enhanced work load.

Funding the administrative and operational activities of the Council President is the responsibility of the College and not the Ministry. However, the RHPA provides that the Minister shall reimburse public appointees. Moreover, it is a conflict of interest for a public appointee to accept remuneration or compensation not paid or authorized by the appointee's OIC or the Ministry.

Thus, of necessity, the Ministry is required to remunerate a public appointee for performing duties related to the administration and/or operation of the College, which are not the Ministry or the government's responsibility and, therefore, would not be compensable by the Ministry or government.

Where a public member has been elected Council Chair/President, the Ministry requires that:

- (1) the College inform the Health Boards Secretariat of the election results, specifying the public member's name and elected term;
- (2) the College prepare and negotiate an annual budget for the Council Chair/President with the Manager, Health Boards Secretariat. This annual budget should be based on an established job description for the Chair/President and estimate required honoraria and expenses. The agreed annual budget and accompanying financial arrangements will be documented in a letter of agreement between the College and the Ministry of Health and Long-Term Care.

Chart 2: Attendance Honoraria – Council, Statutory and Standing Committees			
Position	Criteria	Per Diem Rate	
Chair/President of Council	<ul style="list-style-type: none"> • Presiding at Council, Executive Committee or other committee meeting which the statutes or College by-laws specify be chaired by the Council Chair/President or representing Council at external meetings, and when carrying out College administration duties designated by statute or College by-laws as duties of the Chair. • The College is to notify the Health Boards Secretariat where a public member has been appointed as Council President, and an annual budget/Ministry authorization is required for compensation. • Not applicable unless performing specified duties of the position. If the Chair/President of the College Council is not acting as Chair of a Committee meeting, but as a general member, only the general member per diem rate is applicable. 	1 Day: 50% Day:	\$250 \$125
Vice-Chair/ Vice-President of Council	<ul style="list-style-type: none"> • The position has defined operational and/or policy duties enshrined in either the statute or the College's by-laws. • Not applicable when not performing specified duties of position. 	1 Day: 50% Day:	\$175 \$87.50
	<ul style="list-style-type: none"> • Where the Vice-Chair is acting in the absence of the Council Chair as delegated or pursuant to the applicable rules of College's by-laws respecting succession. 	1 Day: 50% Day:	\$250 \$125
Chair of Statutory or Standing Committee of Council	<ul style="list-style-type: none"> • Presiding at meeting/hearing of applicable committee. • Not applicable when participating in other committee meetings or general Council meetings. 	1 Day: 50% Day:	\$250 \$125
Vice-Chair of Statutory or Standing Committee of Council	<ul style="list-style-type: none"> • Where the Vice-Chair has defined operational or policy duties separate from the committee Chair AND the committee has a minimum of seven (7) members. • Not applicable when participating in other committee meetings or general Council meetings. 	1 Day: 50% Day:	\$175 \$87.50
	<ul style="list-style-type: none"> • Where the Vice-Chair is acting in the absence of the Chair as delegated or pursuant to the applicable rules of College's by-laws respecting succession, to manage the entire proceeding of the meeting or hearing. 	1 Day: 50% Day:	\$250 \$125
General members of Council or Committees	<ul style="list-style-type: none"> • Applicable when conducting the business of Council or Committees. 	1 Day: 50% Day:	\$150 \$75

Attendance Honoraria Rates Payable – Other Meetings and Activities

Participation in meetings of all other (established or ad hoc) committees or task-groups of Council, educational seminars, workshops and conferences is remunerated on the basis of the standard rate of **\$150.00 per diem**, regardless of the role of the member.

Electronic Meetings

From time to time, for reasons of economy and/or timeliness, Colleges may hold meetings via interactive electronic communication media (e.g., by telephone or videoconference). As long as such electronic meetings represent a duly constituted meeting of Council or a committee (i.e., booked and minuted by the College), the attending or participating appointee may request payment of attendance honorarium.

The amount payable for "attendance" at electronic meetings is based on the applicable per diem rate for the member and Committee. **No payment, other than the applicable honorarium may be claimed in respect of electronic meetings.** Where any expenses are incurred in respect of electronic meetings (such as personal long-distance telephone, facsimile or internet charges), such expenses are the responsibility of and reimbursable by the College upon presentation of the required documentation.

Preparation, Decision-Writing, Deliberation, Travel and Cancellation Honoraria

Preparation Time

Being fully prepared to conduct College business is a normal requirement and expectation of one's appointment and, thus, compensation for preparation time is not an entitlement of one's appointment. However, the Ministry recognizes that, in some instances (such as, multi-day meetings or when dealing with highly specialized, technical information), an appointee may be required to dedicate more time than usual to prepare properly to discharge her or his duty. To accommodate such instances, the Ministry, at its discretion, compensates appointees for preparation time.

In all cases, **preparation time is remunerated on the basis of the standard per diem rate (\$150.00 per diem)** regardless of the rate at which the member is compensated for attendance at the meeting.

Appointees may request honoraria for preparation time for meetings of the College's Council, and as assigned, to the meetings of a statutory committee. Such statutory committees that may claim preparation time are:

- Council
- Inquiries, Complaints, and Reports Committee
- Executive Committee
- Fitness to Practice Committee
- Patient Relations Committee
- Quality Assurance Committee
- Registration Committee
- Discipline Committee Meetings
- Discipline Committee *Hearings*, where applicable.

For budgetary reasons, honoraria is not available for preparation time for other committees or activities at this time. With the exception of preparation time for the Inquiries, Complaints and Reports Committee meetings and Discipline Committee *Hearings*, appointees may request honoraria for the amount of preparation time actually undertaken, as set out in **Chart 3**.

Chart 3: Preparation Honoraria		
Meeting of:	Meeting Duration	Remuneration Rate
Council and all statutory Committees EXCEPT the Inquiries, Complaints and Reports Committee and Discipline Committee <i>Hearings</i>	For each scheduled half-meeting day (up to 3 hours)	Up to one-half (50%) per diem
	For each scheduled full meeting day (greater than 3 hours)	Up to one (100%) per-diem

Inquiries, Complaints, and Reports Committee (ICRC)

Determination of the amount of preparation time claimable by ICRC members is based on Committee workload data, specifically, the number of matters considered. The College is required to confirm the number of inquiries, complaints and reports considered at each meeting with the Ministry. The remuneration rate is outlined in **Chart 4**.

Chart 4: Inquiries, Complaints and Reports Committee – Preparation Honoraria	
Inquiries, Complaints and Reports considered per meeting	Remuneration rate
25 or less	Up to 1 per diem
26 to 35	Up to 2 per diems
36 to 50	Up to 3 per diems
Greater than 50	Up to 4 per diems

Discipline Committee Hearings

Preparation is not generally required for Discipline Committee Hearings. The Ministry recognizes, however, that there are specific circumstances when members of a Discipline Committee panel are required to prepare for a hearing (i.e. in advance of motions, review of transcripts prior to a continuation, etc.). Where applicable, preparation for Discipline Committee Hearings may be payable up to a maximum of one per diem, per matter. In such cases, preparation is only payable where the College provides information to the Health Boards Secretariat to specify that such preparatory work was required.

Decision Writing

To facilitate effective decision-writing, the Ministry, at its discretion, compensates an appointee assigned to adjudicative committees or panels dealing with matters of professional misconduct, incompetence or incapacity, for decision-writing, and typically include the:

- Inquiries, Complaints, and Reports Committee
- Fitness to Practice Committee
- Registration Committee
- Discipline Committee *Hearings*

Remuneration for the time required to prepare, review and draft decisions is available only to appointees who are:

- assigned to committees which are statutorily mandated to adjudicate matters (complaints, allegations or charges) relating to the professional misconduct, incompetence or incapacity of College registrants/members; and
- assigned the responsibility of preparing and drafting the Committee's decision by the Committee chair. Remuneration is not available for time required to draft or type Committee reports or minutes, regardless of the nature of the committee, or for drafting or editing College newsletters, communiques or other publications.

Appointees may request honoraria for decision writing time actually undertaken, as applicable, **up to a maximum of one per diem per matter⁶**. Decision writing is compensated at the standard rate (\$150.00 per diem) regardless of the honoraria rate payable for attendance.

Deliberation

Compensation for time required to deliberate following completion of a statutory hearing of the Discipline Committee may be claimed only if the panel of the Committee conducting a statutory hearing is required (by the length of the hearing day or need to review complex and lengthy submissions) to schedule additional meeting time on a different day to complete the statutory hearing process. In claiming honoraria for deliberation time, the appointee must specify the hearing or hearings involved (such information is public information).

Deliberation time is compensated at the standard rate (\$150.00 per diem) regardless of the honoraria rate payable for attendance. Appointees may request honoraria for deliberation time actually undertaken, up to a maximum of one per diem per matter.

Travel Time

Travel time beyond that undertaken as part of a normal day's work may be remunerated, at an **average hourly rate not to exceed a total payment of 60 percent of the approved⁷ per diem rate**. A normal day's work is defined as 7.25 hours. The average hourly rate is to be calculated on the basis of a 7.25 hour work day.

Where travel to and from⁸ in-person College activities require a member to work in excess of 7.25 hours in a calendar day, members may claim necessary travel time to and from the College activity at a rate of \$20.69 per hour, up to a maximum of \$90 per day. Given that a member's claim for travel time is based on *time*, rather than distance, it is important that members keep a careful log of their time so as to ensure that accuracy is maintained where claims for travel time are submitted.

⁶ "Per matter" is interpreted as per *file* and not based on duration. i.e. a member participating on a three-day matter may only be eligible for up to one per diem for decision writing.

⁷ Standard member rate (\$150 per diem)

⁸ "To and from" is interpreted as the travel between the member's primary place of residence and the meeting location.

No remuneration for travel time is payable on the day prior, or after, the meeting day.

Example 1: Where an appointee is scheduled for a full-day's proceeding which takes 7.25 hours, and spends 2 hours travelling to and from the proceeding location, the appointee may be remunerated up to a total of one per diem for attendance plus two additional hours of travel time.

Example 2: Where an appointee is scheduled for a full-day's proceeding which concludes after five hours, and spends two hours travelling to and from the proceeding location, the appointee may be remunerated for one per diem, but will not be eligible for remuneration for travel time.

Example 3: Where travel to and from the College meeting necessitates travel on the day before or after the meeting, the member may claim related travel *expenses*, however the member is not eligible for remuneration for travel time.

Cancellation of Scheduled Hearings and Meetings

In general, payment of honoraria is contingent upon attendance for the purposes of College business. The Ministry recognises, however, that from time to time, appointees may suffer a loss of income or the opportunity to earn income, as well as an off-setting per diem, as a result of having made a commitment and arranged one's activities to attend a meeting or hearing which is subsequently cancelled at short notice or adjourned/terminated in process.

While attempting to mitigate such situations, the Ministry reminds appointees that they should not expect to be fully compensated for all loss of income and inconvenience arising from the cancellation of a scheduled meeting. It is expected that upon notification of a cancellation, all reasonable attempts will be made to mitigate against the loss of income and expenses for that period. Appointees are also encouraged to consider waiving the cancellation honoraria where there has been no actual loss of either income or opportunity to earn income.

Where the appointee is requested and makes arrangements to attend a meeting of the College Council or a meeting, review or hearing of a statutory committee for which an honorarium is normally payable, and such meeting, review or hearing is cancelled by the College, the appointee may request payment of honoraria on the basis outlined in **Chart 5**.

In all cases, cancellation payments will be made at the standard member rate (**\$150 per diem**).

If an appointee has received remuneration from some other source (e.g., salaried employment) during the period for which the cancellation honorarium would have been claimed, she/he shall neither request nor receive any payment for cancellation.

Appointees who have made unchangeable travel arrangements and, thereby, have incurred non-refundable travel costs, will be reimbursed for out-of-pocket expenses.

Preparation Time for Cancelled Meetings

In general, if an appointee has undertaken and would normally claim for preparation time with respect to a statutory meeting that is cancelled, she or he may request payment for such preparation time with respect to the original scheduled meeting date or with respect to the date of the rescheduled review/hearing, **but not both**, if the meeting is rescheduled for a date within 30 days of the original cancellation date. In cases where a hearing or review is adjourned to be continued at a later date for the purposes of securing more information and/or reviewing new information or submissions, it may be appropriate to request additional preparation time. However, such requests must be accompanied by a written explanation.

The College is required to confirm the reason for the cancellation and attach the accompanying cancellation notice.

Chart 5: Cancellation Honoraria		
Meeting	Condition of Cancellation	Allowable Claim
Council Meetings	<ul style="list-style-type: none"> • Notice of meeting published to public; and • Meeting cancelled three (3) or less business days prior to published start date. 	<ul style="list-style-type: none"> • Max of one (1) per diem.
Statutory adjudicative committees <u>except</u> Discipline Committee Hearings	<ul style="list-style-type: none"> • Formal notice of meeting issued by College; and • Meeting cancelled three (3) or less business days prior to scheduled start time. 	<ul style="list-style-type: none"> • Max of one (1) per diem.
Discipline Committee Hearings	<ul style="list-style-type: none"> • Formal notice of Hearing was issued to parties; and • Hearing cancelled/ adjourned three (3) or less business days prior to scheduled start time. 	<ul style="list-style-type: none"> • Max of one (1) per diem. Hearing must be identified on the claim (party names are public).
	<ul style="list-style-type: none"> • Hearing adjourned in-process and no other business can be substituted. 	<ul style="list-style-type: none"> • The per diem that would have been payable for the adjourned day. If multi-day hearing was scheduled, up to one (1) additional per diem.
Other Statutory and Standing Committees, excluding electronic meetings	<ul style="list-style-type: none"> • Formal notice of meeting was issued by the College; and • Meeting is cancelled three (3) or less business days prior to scheduled start time. 	<ul style="list-style-type: none"> • Max of one (1) per diem.
Electronic (such as teleconference) meetings or ad-hoc	<ul style="list-style-type: none"> • Not applicable. 	<ul style="list-style-type: none"> • No claim allowed.

Federation of Health Regulatory Colleges, Conferences and Educational Sessions

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Appointees are expected to develop a working knowledge regarding the *business* of the College, the Council and any committees to which they are appointed, and to maintain the currency of such knowledge. Periodic attendance of such educational events, as a participant or a presenter, is generally encouraged.

The Ministry is supportive of both the Federation of Health Regulatory Colleges (Federation) and public member participation in conferences/ongoing member education. However, the Ministry is not in a position to reimburse open-ended expenditures relating to Federation work/conference sessions that have the potential to consume funding intended by the Legislature to support the statutory functions of the College. Obviously, the College's statutory activities must remain the Ministry's priority when making funding decisions.

Colleges may support public member attendance at Federation activities/sessions, conferences or educational sessions in the same manner as other members of Council (e.g., by the payment of registration fees and/or expenses). **It is expected that provision to cover the expenses of conference attendance for all members will be included in the overall College budget and that public appointees will have equal access to such educational opportunities.**

Payment for conference/educational session participation by the Ministry of Health and Long-Term Care is contingent upon prior approval of the Manager, Health Boards Secretariat, and the availability of necessary funds within the Ministry's budget. Where approved, honoraria payment for attendance at such conferences or educational sessions will be paid by the Ministry at the standard member **(\$150 per diem)** rate, regardless of the role of the member or rate at which a member may be regularly be compensated for meeting attendance.

Claiming Honoraria and Expenses

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Claims for payment of honoraria and reimbursement of eligible expenses are administered by the Ministry of Health and Long-Term Care's Health Boards Secretariat.

Timing of Claims

Appointees may submit claims for honoraria and expenses following the meeting/event, once per month or quarterly, depending on their financial situation and the usual practice of the College regarding reimbursement. However, all claims relating to the period immediately before the end of the Province's fiscal year (**March 31st**) must be submitted within two weeks of that date so that they are eligible for payment out of that fiscal year's allocation.

In any case, the claim must be submitted for payment **no later than four (4) months after the meeting/hearing, etc. to be eligible for reimbursement**. This is especially important for appointees who are nearing the end of their term or whose term has expired. The Ministry will not consider claims received after this period for retroactive payment.

Claim Forms

Claims for honoraria and expenses must be submitted on the appropriate form (see **Appendix 3**) to the College directly. **Claim forms must be completed electronically**, printed, and signed by the appointee and must attach all required original receipts. Failure to use the required form, print it correctly, sign it, or attach required original receipts will delay processing.

Please note that the claim form is periodically updated. Please contact the Health Boards Secretariat for a copy of the latest claim form.

Receipts

Reimbursement will be made only for expenses actually incurred. Therefore, it is essential that original receipts are submitted along with your claim forms. Please note that the Ministry of Health and Long-Term Care requires that original receipts (rather than photocopies, facsimiles or credit card slips) be provided.

Claim Processing

Where Health Boards Secretariat staff have all necessary attendance registers and receipts, staff will process completed claims within 5 business days from the date they are received by the Secretariat. After verification by the Health Boards Secretariat, claims are then forwarded to the appropriate departments at Ontario Shared Services (OSS). OSS provides remuneration payments in accordance with the bi-weekly OPS pay schedule. Reimbursement is made via electronic funds transfer by OSS directly to the appointee.

Appointees are encouraged to claim regularly to ensure more frequent payments to them.

Electronic Funds Transfer (EFT)

Payment is made only by Electronic Funds Transfer (Direct Deposit). See **Appendix 4** for a copy of the required form. Please note that the application form is periodically updated. Please contact the Health Boards Secretariat for a copy of the latest version.

Appendix 1: Regulatory Bodies Covered by this Framework

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1. College of Audiologists and Speech-Language Pathologists of Ontario
2. College of Chiropractors of Ontario
3. College of Chiropractors of Ontario
4. College of Dental Hygienists of Ontario
5. College of Dental Technologists of Ontario
6. Royal College of Dental Surgeons of Ontario
7. College of Denturists of Ontario
8. College of Dietitians of Ontario
9. College of Homeopaths of Ontario
10. College of Kinesiologists of Ontario
11. College of Massage Therapists of Ontario
12. College of Medical Laboratory Technologists of Ontario
13. College of Medical Radiation Technologists of Ontario
14. College of Midwives of Ontario
15. College of Naturopaths of Ontario
16. College of Nurses of Ontario
17. College of Occupational Therapists of Ontario
18. College of Opticians of Ontario
19. College of Optometrists of Ontario
20. Ontario College of Pharmacists
21. College of Physicians and Surgeons of Ontario
22. College of Physiotherapists of Ontario
23. College of Psychologists of Ontario
24. College of Registered Psychotherapists of Ontario
25. College of Respiratory Therapists of Ontario
26. College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Appendix 2: Order-In-Council Prescribing Remuneration for Appointees

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Order in Council
Décret

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and concurrence of the Executive Council, orders that:

Sur la recommandation du soussigné, le lieutenant-gouverneur, sur l'avis et avec le consentement du Conseil des ministres, décrète ce qui suit :

pursuant to section 8 of the Regulated Health Professions Act (Code), 1991, S.O. 1991, Chapter 18:

- (a) Council members appointed by the Lieutenant Governor in Council be paid \$150.00 per day together with their travelling and other expenses actually incurred while engaged upon the work of the Council, effective March 1, 1994;
- (b) Council members designated, from time to time, as Vice Chair or Chair of a statutory or standing committee of Council, be paid \$175.00 or \$250.00, respectively, together with travelling and other expenses actually incurred while engaged upon the work of the committee, effective March 1, 1994.

Recommended

Ruth Squires
Minister of Health

Concurred

Francis B. ...
Chair of Cabinet

Approved and Ordered


MAR 9 - 1994

Date

[Signature]
Lieutenant Governor

Appendix 3: Sample Claim Form

Note: Claim forms must be completed electronically. The form contains drop-down fields and auto-populates/auto-calculates fields to assist you in completion. Below is an example of a completed form. Please contact the Health Boards Secretariat for a copy of the latest claim form.



Part-time Per Diem Appointee Travel Expenses


Ministry of Health and Long Term Care
Health Boards Secretariat

Page
1 of 3

Print Form
Clear Form
Instructions

Name of Board/College/Agency College of Audiologists and Speech Language Pathologists of Ontario						Date (DD-MMM-YY) 8-Apr-16		
Claimant Contact Information								
Last Name * Doe		First Name * Jane		MI	Telephone 416-555-5555		Ext.	Email Address * Jane.Doe@Example.ca
Unit/Apt.#	Street # * 100	Street Name * Main Street			City/Town * Ottawa		Province * ON	Postal Code * A1Z 2A3

Travel Expenses										Add/Remove rows:		
Date (DD-MMM-YY)	Particulars	Distance (KM)		Meals			Accom.	Travel	Receipt No.	Row Total	+	-
		S. Ont. 0.40	N. Ont. 0.41	B	L	D						
4-Apr-16	Air Travel (Ott-Tor, return)							\$320.00	1	\$320.00		
4-Apr-16	Subway (Airport-Hotel, return)							\$6.00		\$6.00		
4-Apr-16	Hotel (1 night)						\$215.00		2	\$215.00		
4-Apr-16	Dinner					\$20.00			3	\$20.00		
5-Apr-16	Breakfast			\$6.25					4	\$6.25		
5-Apr-16	Subway (Hotel-College, return)							\$6.00		\$6.00		
Sub-Total (HST Inclusive)				\$6.25		\$20.00	\$215.00	\$332.00		\$573.25		
Sub-Total (HST Exclusive)				\$5.53		\$17.70	\$190.27	\$293.61		\$507.30		
HST				\$0.72		\$2.30	\$24.73	\$38.19		\$65.95		

Claimant Name Jane Doe		Signature 	Date (DD-MMM-YY) 8-Apr-16
---------------------------	--	--	------------------------------

Authorized by (I authorize this claim, being satisfied as to	Approved by	(Health Boards Secretariat Use Only)
--	-------------	--------------------------------------

Page 1: Travel Expenses

Your personal information is required. Where expenses are being claimed, you must ensure original, itemized receipts are attached. Number your receipts and ensure the corresponding number is noted in the "Receipt No." column of the claim form.

TAKE NOTE: Where expenses are being claimed, you are required to sign page 1 (see red arrow in the screen-shot above).

Helpful tip: When your personal information has been entered on page 1, save the form. This saved copy can be used again for future claims, and will avoid typing in your basic information at each claim submission.



Ministry of Health and Long Term Care
Health Boards Secretariat

Part-time Per Diem Appointee Remuneration Detail

[Print Form](#) [Clear Form](#) [Instructions](#)

Honoraria							Add/Remove rows:			
Date <small>(DD-MM-YY)</small>	Meeting/Hearing Details	File Name/No. and/or Committee	Actual Meeting Time		No. of Days /No. Hours	Per diem Rate/ Hourly Rate	Amount	+	-	
			Begin	End						
1-Apr-18	Preparation	Executive	5 PM	7 PM	1/2	150.00	\$75.00			
5-Apr-18	Attendance	Executive	9 AM	1 PM	1	150.00	\$150.00			
							\$0.00			
							\$0.00			
							\$0.00			
Other (specify below)										
							\$0.00			
							\$0.00			
Total Honoraria (Pre-WHT)								\$225.00		

Honoraria Summary	
Per Diem Description	Amount (Pre-WHT)
Attendance	\$150.00
Preparation	\$75.00
Total Honoraria	\$225.00

v3.2

Page 2: Detail of Remuneration

Where remuneration is being claimed, you must select the appropriate drop-down fields for meeting details, Committee name, start/end times and the appropriate per diem rate.

TAKE NOTE: The total honoraria on page 2 is "Pre-WHT". In other words, the amount listed is subject to withholding tax prior to payment to you.



Part-time Per Diem Appointee Statement of Remuneration

Notes
 The personal information you provide on this form is collected by Ontario Shared Services (OSS), Ministry of Government and Consumer Services, for the purpose of administering remuneration payments to you, and to remit any taxes payable to the Canada Revenue Agency pursuant to section 153 of the Income Tax Act (R.S.C. 1985, c. 1). If you have questions about the collection and use of your personal information, please contact the OSS Contact Centre at:

	Telephone Number	Teletypewriter (TTY)
Within the Greater Toronto Area	416 212-2345	416 327-3851
Toll Free	1 866 320-1756	1 866 310-7259

Fields marked with an asterisk (*) are mandatory.

Claimant Information (To be completed by Part-time Per Diem Appointee)

Last Name *		First Name *		Middle Initial
Doe		Jane		
Mailing Address				
Unit/Apt. Number	Street Number *	Street Name *		
	100	Main Street		
City/Town *		Province *	Postal Code *	
Ottawa		ON	A1Z 2A3	
Ministry *		Agency *		
Ministry of Health and Long-Term Care		College of Audiologists and Speech Language Pathology		
Telephone Number		Email Address *		
416-555-5555 ext.		Jane.Doe@example.ca		

Part-time Per Diem Appointee Remuneration *

Date (dd/mm/yyyy)	Number of Hours or Days	Particulars (Details of service performed)	Hourly Rate or Per Diem Rate	Amount
08/Apr/2016	1.50	Various - See attached for particulars	150.00	\$225.00
Total Remuneration Amount ▶				\$225.00

Claimant Certification
 This is to certify that the above remunerations were incurred by me while on government business.

Signature of Claimant *	Date (dd/mm/yyyy) *	Please visit www.ontario.ca/directclaimant to download the application form to enrol for electronic payment.
	08/Apr/2016	

Ministry/Agency Use Only
 Ministry/Agency Contact

Page 3: Statement of Remuneration

This page summarizes the remuneration information you entered on page 2. In addition, it pulls your personal information from page 1 to automatically populate at the top of the page.


Where remuneration is being claimed, you are required to sign page 3 (see red arrow in the screen-shot above).

TAKE NOTE: The only action required on page 3 is to sign, once printed. All other fields auto-populate from the first two pages. Your personal information is pulled from page 1 and your remuneration is pulled from page 2. Your signature is required for page 3.

Appendix 4: EFT Sign-Up

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Payment is made only by Electronic Funds Transfer (EFT, or Direct Deposit). Below is an example of the application that must be submitted in order to have EFT initiated. This form is periodically updated; please contact the Health Boards Secretariat for a copy of the latest version.

		Ministry of Government Services		Application for Electronic Funds Transfer (Direct Deposit) and Remittance Advice Notification for Suppliers	
<p>The authority for the collection of this information as a lawfully authorized activity is the Ministry of Government Services Act, R.S.O. 1990, c.425, s.4 (2) (a-1), and will be used solely for the purposes of depositing your payments into your bank account, and providing payment notifications by e-mail. For information about collection, use and disclosure practices, write to the Senior Manager, Expenditure Management Branch, at the address listed below. For frequently asked questions please visit our web page www.ontario.ca/directpayment. For further assistance please call 416 212-2345 or toll free at 1 888 322-1788.</p>					
Instructions					
<ul style="list-style-type: none"> Select the type of Authorization and complete all requested information below. Attach an original void cheque displaying your name or an original signed and/or bank stamped letter from your financial institution. Supplier name must also match name on cheque. <i>Note: Bank courier cheques are not acceptable.</i> Enter the e-mail address you wish to receive Remittance Notification. <i>Note: it is advisable to use a secured generic e-mail address that will not be affected by the change of staff at your organization. Void cheque/bank letter is required for all banking and remittance e-mail changes.</i> Mail the SIGNED completed application to: Ministry of Government Services Ontario Shared Services Expenditure Management Branch Central Control Unit 77 Winkley St. West, Box 700 Toronto ON M7A 1N3 					
Type of Authorization (check <input checked="" type="checkbox"/> one only)					
<input type="checkbox"/> New Banking/E-mail Information			<input type="checkbox"/> Change Banking/E-mail Information		
Supplier Information					
Supplier Name (as printed on invoice)				Business/GST No.	
Supplier Address Street No.		Street Name		City/Town	
Province		Postal Code		Link/Site	
Remittance E-mail Address (You will receive a verification e-mail upon setup)			Supplier No. (optional)		Site No. (optional)
Financial institution information					
Name of Financial Institution					
Branch No.		Institution No.			
Account No.					
ATTACH ORIGINAL VOID CHEQUE ON BANK LETTER					
Authorization					
We authorize the Province of Ontario to make all payments by direct deposit into the above account (I/We have attached a void cheque/bank letter). I have the authority to provide the above information on behalf of the corporation/organization/agency.					
Name			Job Title		
Signature		Phone No. (incl. Area Code, Ext.)		Date (MM/DD/YY)	
For Expenditure Management Branch use only				ORG : <input type="checkbox"/> ODOE <input type="checkbox"/> TP <input type="checkbox"/> MAG	
Supplier No.		Site Name		Date	
				Rep Initials	
13-22847 (Rev. 200909) © Queen's Printer for Ontario, 2009 Version française disponible					

CONFLICT OF INTEREST FOR COUNCIL, NON-COUNCIL COMMITTEE MEMBERS AND COUNCIL APPOINTED MEMBERS ("COMMITTEE MEMBERS")

Policy P-011

Executive Committee

Approved by Council: February 18, 1995

**Amended: November 15, 1996, November 26, 2004, September 11, 2007,
June 16, 2016, November 29, 2018, June 21, 2023 (to come into effect September
8, 2023)**

INTENT

To determine and define circumstances in which a potential and/or appearance of conflict of interest or appearance of bias ("conflict of interest") may exist or arise for a CCO Council or committee member so the council or committee member may declare the conflict and Council or a CCO committee can take appropriate action.

DESCRIPTION OF POLICY

A conflict of interest arises when a relationship or activity is reasonably seen as influencing a council or committee member's ability to make a decision solely in the public interest and/or consistent with the objectives of CCO.

Reporting and Responding to a Potential Conflict of Interest

Where a Council member or committee member has a potential conflict of interest in a matter coming before Council or a committee, the member shall declare the conflict prior to the matter being considered by Council or the committee. Council or the committee will analyse the potential conflict of interest, without that member present.

If Council or a committee determines that the member has a conflict of interest or appearance of conflict of interest on the matter, the member shall not participate in activity, the discussion of the matter, nor vote on the matter, and if the particular meeting is not open to the public, the member with the conflict shall leave the room both during the discussion and vote on the matter.

A member of the Inquiries, Complaints and Reports, Registration, Discipline and/or Fitness to Practise Committees who finds himself/herself faced with a conflict of interest shall disclose the situation to the committee for decision and, in the case of the Discipline Committee, the disclosure will also be made to both counsel. The decision as to whether the member is in a conflict situation will be determined by the committee as a whole. An elected or appointed member of Council or committee member who becomes aware of any unreported potential conflict of interest shall immediately advise the President and

Registrar, or if the potential breach involves the President, advise the Vice President and Registrar

Reporting of Conflict in Minutes

The minutes of every meeting or hearing where a conflict of interest or a potential conflict of interest has been disclosed shall record the information.

Conflicts of Interest Arising from Position on Council or Committee(s)

It is considered a conflict of interest for a Council member or committee member to use their position on Council or a committee to:

- further or promote any activity, service or product in which the member of Council or a committee (or any member of their immediate family, employer or affiliated organization) has a financial interest;
- obtain, by virtue of their position on Council or a committee, any benefit, privilege, money, appointment, employment or any other personal 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 themselves:
 - o in any election to CCO Council; or
 - o in any other political election in Ontario.

(e.g., it would be inappropriate for a candidate to use election material which includes comments such as “endorsed by Dr. X, CCO Committee Chair,” etc.);

- be involved in discussions and/or decisions regarding elections to CCO Council for a particular district if the Council member is eligible for election in that particular year for that particular district.
- receive information as a Council member or committee member which is, in turn, used for a personal benefit;

¹ Excluding a CCO per diem and reimbursement of expenses.

- evaluate or take part in an evaluation of staff members when the Council member or committee member has a personal or professional relationship with the staff member outside the office; or
- makes threats or promises or agreements related to their position on Council.

Conflicts of Interest Arising from Affiliations with other Organizations

A conflict of interest may arise where a council or committee member, a close relative or friend or another close entity has a role or interest in an organization that may be in conflict with CCO's mandate, such as a chiropractic organization, society or specialty group, another health profession council or association, or government ("affiliated organization").

It is considered a potential conflict of interest for a council member or committee member to:

- be an employee, officer or director of any affiliated organization, as identified in By-law 6.9;
- have an interest in a specific issue before CCO that is related to an affiliated organization;
- receive or use confidential information relevant to CCO from their role at an affiliated organization; or
- receive or use confidential information relevant to an affiliated organization from their role at CCO;

Conflicts of Interest Arising from Other Activities

A conflict of interest may arise where a council member or committee member engages in an activity or is approached by an affiliated organization to engage in an activity that may be in conflict with CCO's mandate.

It is considered a potential conflict of interest for a council member or committee member to:

- give a presentation or participate in a working group or task force for an affiliated organization;
- communicate with an affiliated organization on matters related to CCO, without the authorization of CCO;

- communicate to the public, including on social media
 - on matters or opinions related to CCO without the authorization of CCO, or
 - messages inconsistent with CCO's mandate; or
- engage in legal proceedings against CCO.

Conflicts of Interest Involving Inquiries, Complaints and Reports Process

Where a Council member or committee member or anyone associated in an official capacity with CCO:

- has an official complaint registered against them,
- that complaint has been validated by the Inquiries, Complaints and Reports Committee as being within the jurisdiction of CCO, and
- the complaint has been referred by the Inquiries, Complaints and Reports Committee to either the Discipline or Fitness to Practise Committees,

that Council member or committee member shall be considered to be in a conflict of interest and shall not be active on Council or any committee until such time as the complaint has been disposed of. Should this occur, the Council member or committee member has the right to an expeditious process.

Conflicts of Interest Involving Investigations, Assessments or Hearings of Related Members

A Council member or committee member shall not participate in the investigation, assessment or hearing of a member to whom the member is related by blood, marriage, adoption, or who is a partner or associate of the member being investigated, or who is engaged in a relationship or strong friendship with the member being investigated, which might reasonably impair the member's objectivity.

If a Council member or committee member has a professional or personal connection to a member or issue under investigation or before a discipline or fitness to practise panel, including a connection on social media, the Council or committee member shall disclose this connection to the committee for a determination of a real or perceived conflict of interest and, in the case of the Discipline Committee, the disclosure will also be made to both counsel.

A connection on social media includes but is not limited to: being a friend, following or being followed by the member, and belonging to the same social media group as the member. The committee will then consider this conflict in accordance with the "Reporting and Responding to a Potential Conflict of Interest" section of this policy.

Conclusion

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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.

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

Amendments Approved by Council: June 21, 2023 (to come into effect September 8, 2023)



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

INTENT

To 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 Federation of Canadian Chiropractic.

PROCUREMENT OF GOODS AND/OR SERVICES**CCO Internal Policy I-021****Executive Committee****Approved in Principle: November 28, 2019****Approved by Executive Committee: June 17, 2020****Amendments Approved by Council: June 21, 2023 (to come into effect September 8, 2023)**

**INTENT**

This policy outlines the requirements and procedures for the procurement and purchasing of goods and/or services by the College of Chiropractors of Ontario (CCO) from a third-party vendor. CCO is committed to continuing to exercise fiscal responsibility.

OBJECTIVES

- Ensure that procurement of goods and/or services from a third-party meets CCO requirements related to its statutory mandate, mission, vision, values and strategic objectives.
- Outline CCO's procurement processes and procedures to ensure a fair, transparent, flexible and fiscally responsible process.
- Develop and maintain positive relationships with third-party suppliers of goods and/or services.

POLICIES AND PROCEDURES***Competitive Procurement Process***

CCO may identify a requirement to procure the goods and/or services of a third-party vendor in order to meet a requirement of CCO. This process may involve the following:

- Identification by Council of a requirement of CCO to meet its statutory mandate and/or fulfil its mission, vision and strategic objectives;
- Consideration of alternatives to meet that requirement;
- Ensuring that the costs are consistent with CCO's budget; and
- Selecting the best alternative to fulfil the requirement in an effective and efficient manner.

If the selected alternative involves the purchasing of goods and/services from a third party, CCO best practices are:

- For goods and/or services from a third-party in excess of \$25,000, a request for proposal (RFP) and selection approval;
- The content of an RFP should include, but is not limited to: a description of the requirements of CCO, the scope, specifications and criteria of the goods and/or

- services required to meet the requirements of CCO, instructions to vendors on how to submit a proposal, and a timeline of the RFP and selection process;
- Whenever possible, best efforts should be made to secure a minimum of 3 quotes for a purchasing contract in excess of \$25,000. Less than 3 quotes may be considered when the expertise required is specialized and not readily available or when there is a specific vendor with specialized knowledge and experience;
 - Considerations of proposals must include, but are not limited to:
 - meeting the requirements of the RFP in an effective, high quality, fiscally responsible and efficient manner,
 - prior successful experience of the vendor with projects of a similar manner,
 - checking references,
 - experience and knowledge of health regulatory colleges and/or businesses with similar requirements, and
 - trust and comfort in working with CCO Council and staff;
 - The cost of a vendor will be allocated to a specific line item of in CCO's annual or capital expense budget; and
 - The approval and payment for goods and/or services must be consistent with By-law 4: Banking and Finance.

Once selected, a contract between CCO and the vendor will be entered into, to include:

- Cost;
- Product and service specifications;
- Scope, specification and criteria for the goods or services, such as responsibilities, tangible deliverables, timing, progress reports, approvals and knowledge transfer requirements;
- Term and conditions such as contract dates, warranties and performance; and
- Requirements to maintain confidentiality and avoid any conflict of interest.

Non-Competitive Procurement Process

CCO should use competitive procurement processes for purchases of goods and/or services from third-parties whenever possible and practicable. There may be situations, however, when CCO is unable to conduct a competitive procurement or get maximum value under competitive procurement processes. This may include, but is not limited to:

- An unforeseen or urgent situation that requires the immediate attention of CCO;
- A pre-existing or past business relationship between a third-party vendor and CCO under existing agreement;
- Recognition of specialized expertise in health regulation;
- Disclosure of confidential or sensitive information that may involve reputational risk if broadly disseminated to potential vendors;
- The time and expense of the process is not proportionate to the value received for CCO.

Renewing Agreements with Outside Vendors

Consideration of the renewal of agreements with outside vendors includes:

- Appropriate allocation in the annual budget approved by Council;
- The quality of the current vendor’s fulfilment of the goods and/or services provided;
- The level of trust and comfort for CCO in working with the vendor; and
- If there are alternative vendors that may provide the goods and/or services at a higher level of quality and/or at a more efficient price.

Confidentiality

Information contained in vendor quotations and purchase contract must be treated as confidential information. Confidential materials are not to be disclosed in any way to other suppliers, outside organizations or to any unauthorized persons.

Conflict of Interest

Council, committee and staff members shall disclose and comply with CCO’s conflict of interest provisions, including Policy P-011: Conflict of Interest for Council and Committee Members.

Summary of Approval Requirements¹

Value	Approval Authority
Up to \$25,000	Registrar and General Counsel
\$25,000 - \$50,000	Registrar and General Counsel and one of the President/Vice-President/Treasurer
More than \$50,000	Registrar and General Counsel and two of the President/Vice-President/Treasurer

LEGISLATIVE CONTEXT

This policy should be read in conjunction with:

- CCO’s Mission, Vision, Values and Strategic Objectives
- By-law 4: Banking and Finance
- Policy P-011: Conflict of Interest for Council and Committee Members

¹ By-law 4: Banking and Finance

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



Executive Committee

Approved by Council: September 28, 2012

Amended: February 23, 2016, April 19, 2016, September 15, 2016

Re-Affirmed by Council: November 29, 2018

Amended: June 23, 2023 (to come into effect September 8, 2023)

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

1. be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991 (RHPA)*, its regulations and the *Health Professions Procedural Code*, the *Chiropractic Act 1991*, its regulations, and the by-laws and policies of the College;
2. diligently take part in committee work and actively serve on committees as elected and appointed by the Council;
3. regularly attend meetings on time and participate constructively in discussions;
4. offer opinions and express views on matters before the College, Council and committee, when appropriate;
5. participate in all deliberations and communications in a respectful, courteous and professional manner, recognizing the diverse background, skills and experience of members on Council and committees;
6. uphold the decisions made by Council and committees, regardless of the level of prior individual disagreement;
7. place the interests of the College, Council and committee above self-interests;
8. avoid and, where that is not possible, declare any appearance of or actual conflicts of 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.

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

Signature: _____ Witness: _____

Date: _____

² This section does not preclude the use of professional biographies for professional involvement.

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

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

COLLEGE OF CHIROPRACTORS OF ONTARIO

UNDERTAKING TO MAINTAIN CONFIDENTIALITY

FOR COUNCIL, NON COUNCIL COMMITTEE MEMBERS AND COUNCIL
APPOINTED MEMBERS (“COMMITTEE MEMBERS”)

(Amendments Approved by Council: June 21, 2023
(to come into effect September 8, 2023))

I, _____, committee 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 committee 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 committee 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 committee 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 or committee.

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 committee 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;

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 36 (1) of the Act is amended by adding the following clause: (See: 2021, c. 27, Sched. 2, s. 70 (1))

- (c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the *Health and Supportive Care Providers Oversight Authority Act, 2021*;
- (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 4.1.42

COLLEGE OF CHIROPRACTORS OF ONTARIO

Amendments Approved by Council: June 21, 2023
(to come into effect September 8, 2023)

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UNDERTAKING

Re: Accessing the public portion of meetings/hearings of CCO held via videoconferencing.

I agree to the following in order to be granted access to the public portion of meetings/hearings of CCO 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.

CONFIDENTIAL
Until filed with the
Registrar of Regulations

REG2023.0321.e
3-OLCB

ONTARIO REGULATION
made under the
CHIROPRACTIC ACT, 1991
Amending O. Reg. 137/11
(REGISTRATION)

1. Section 1 of Ontario Regulation 137/11 is amended by adding the following paragraph:

5. Emergency.

2. The Regulation is amended by adding the following section:

8.1 (1) The following rules apply where a member who holds an emergency 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 only be entitled to have a general certificate of registration issued if the member satisfies the Registration Committee that they are currently competent to practise.

(2) A member is exempt from the requirement to pay the application and initial certificate fee as set out in the College by-laws.

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

EMERGENCY CERTIFICATES

16.1 (1) The following are requirements for an emergency certificate of registration:

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
2. The applicant must have satisfied the registration requirements in sections 3 and 4 and paragraph 1, subparagraph 2 i and paragraphs 3 and 4 of section 6. The requirement in paragraph 1 of section 6 is non-exemptible.
3. The applicant must submit a police record check.

(2) Every emergency certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall at all times when providing chiropractic services identify themselves as a member registered in the emergency class of registration, only authorized to practise under supervision.
2. The member shall only use the title Chiropractor (Emergency Class).
3. The member shall only practise the profession while under the direct supervision of a member who holds a general certificate of registration, and who,
 - i. is currently providing direct patient care to patients,
 - ii. is not the subject of any disciplinary or incapacity proceeding and does not have an outstanding referral for a disciplinary or incapacity proceeding, and
 - iii. is authorized to practise in any area of the profession that requires specific additional education or certification, if the member in the emergency class of registration is authorized to practise in these areas of practice.

(3) An emergency certificate of registration expires as follows:

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 paragraphs 1 and 2, an emergency certificate expires on the earlier of the following:
 - i. Three months after the date the Council declares that the emergency circumstances referred to in paragraph 1 of subsection (1) have ended.
 - ii. The date the member is issued a general certificate of registration.

Commencement

4. This Regulation comes into force on the later of the day subsection 3 (3) of Schedule 6 to the *Pandemic and Emergency Preparedness Act, 2022* comes into force and the day this Regulation is filed.

Made by:

COUNCIL OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO:

Sarah Green
.....
Signature

Sarah Green
.....
Name (in print)

President
.....
Full Title (in print)

JoAnn Willson
.....
Signature

Jo-Ann Willson
.....
Name (in print)

Registrar and General Coun:
.....
Full Title (in print)

Date made: *August 3, 2023*

Ministry of Health

Office of Chief Medical Officer
of Health, Public Health

Box 12,
Toronto, ON M7A 1N3

Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Télec. :416 325-8412

July 17, 2023

MEMORANDUM

TO: Health System Agencies and Organizations, Healthcare Providers

FROM: Dr. Kieran Moore, Chief Medical Officer of Health, Public Health

RE: Seasonal Respiratory Pathogens Readiness and Response Planning Guide

Dear Health System and Public Health Partners,

In Ontario, seasonal respiratory pathogens, such as influenza, respiratory syncytial virus (RSV) and COVID-19, historically circulate in highest numbers between November and April. As a result, the provincial health system experiences increased demand for patient care during this time.

For the 2023-2024 fall and winter seasons, the risk from influenza, respiratory syncytial virus (RSV) and other respiratory pathogens is again expected to be atypical compared to pre-pandemic years, resulting in circulation of these pathogens early in the fall and increased impact on paediatric populations. While the risk of COVID-19 has been diminished through factors such as increased immunity and high vaccination rates, combined with other seasonal respiratory pathogens, COVID-19 continues to be

a threat to the health and wellbeing of Ontarians and will contribute to seasonal surge pressures on the health system.

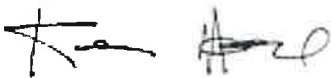
To support health system readiness, the Ministry of Health developed the Seasonal Respiratory Pathogens Readiness and Response Planning Guide (attached). This planning guide sets expectations for health system partners (i.e., agencies, organizations, employers and health care workers). It also includes the current respiratory pathogens risk outlook and planning scenarios to inform readiness efforts. The planning guide will be available on the [ministry website](#) in the coming days.

Leveraging key learnings from the COVID-19 emergency and in alignment with my 2022 Annual Report, *Being Ready* this planning guide establishes a new, strengthened approach to readiness for the annual surge in respiratory pathogens and builds ongoing resilience in the health system.

The ministry will continue to closely monitor key respiratory pathogen activity indicators, including international surveillance, to inform ongoing risk assessment for seasonal and surge respiratory pathogen activity. Information from these risk assessments will be regularly communicated to inform readiness and response efforts across the system.

I encourage you to share this memo and the planning guide within your organizations and with your system partners. Thank you for your excellent, continued efforts to ensure Ontarians are protected from seasonal respiratory pathogens.

Sincerely,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

- c: Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Peter Kaftarian, Associate Deputy Minister, Clinical Care and Delivery
Alison Blair, Associate Deputy Minister, Health Integration and Partnerships
Bernie Derible, Deputy Minister and Commissioner of Emergency Management,
Treasury Board Secretariat
Angie Wong, Assistant Deputy Minister, Executive Officer & General Manager,
Health Programs and Delivery

Greg Hein, Assistant Deputy Minister, Strategic Policy, Planning and French Language Services

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

Patrick Dicerni, Assistant Deputy Minister, Hospitals and Capital

Rhonda McMichael, Assistant Deputy Minister, Strategic Partnerships

Susan Picarello, Assistant Deputy Minister, Emergency Health Services

Teresa Buchanan, Assistant Deputy Minister, Physician and Provider Services

Heather Levecque, Assistant Deputy Minister, Emergency Management Strategy, Monitoring, & Intelligence

Jackie Korecki, Assistant Deputy Minister, Supply Chain Ontario

Michael Sherar, President and Chief Executive Officer, Public Health Ontario

Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario

Matthew Anderson, Chief Executive Officer, Ontario Health

Jamie Wallace, Chief Executive Officer, Supply Ontario

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Seasonal Respiratory Pathogens Readiness and Response Planning Guide

Version 1.0

Health System Emergency Management Branch,
Ministry of Health

July 2023

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Seasonal Respiratory Pathogens 636

Readiness and Response Planning Guide

Background

In Ontario, seasonal respiratory pathogens, such as influenza and respiratory syncytial virus (RSV), historically circulate in highest numbers between November and April. As a result, the provincial health system¹ experiences increased demand for patient care during this time. Since the COVID-19 pandemic, seasonal respiratory pathogens, which include COVID-19, have followed atypical patterns, with higher rates of infection starting earlier in the fall, more severe infections presenting in certain populations, and pathogens circulating longer into the winter and spring.

The *Seasonal Respiratory Pathogens Readiness and Response Planning Guide* (the planning guide) is the Ministry of Health's plan to support health system readiness to respond to respiratory pathogens outbreaks and surges. The planning guide aligns with the [Chief Medical Officer of Health's 2022 Annual Report, Being Ready](#) to build on key lessons from the pandemic to ensure readiness for future outbreaks and pandemics, and integrate a health equity lens into readiness activities. The planning guide does this by building on previous respiratory season planning and leveraging key learnings from the COVID-19 emergency to establish a new, strengthened approach to readiness for the annual surge in respiratory pathogens and build ongoing resilience in the health system.

About the Planning Guide

The *Seasonal Respiratory Pathogens Readiness and Response Planning Guide* sets expectations and accountabilities of health system partners to support readiness and response to seasonal respiratory pathogens. Expectations in the planning guide are part of an annual planning cycle, the goals of which are to build overall system readiness and resilience for seasonal surges of respiratory pathogens, and to reduce

¹ In this plan, the term "system" refers to all the organizations, agencies, employers, and providers (e.g., public health units, hospitals, etc.) that deliver health services in Ontario.

morbidity, mortality and social and health system disruptions. If required, activities identified in the planning guide can be escalated to respond to public health emergencies or pandemics.

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The planning guide supports preparedness for human seasonal respiratory pathogens as a whole and recognizes that the same systems, capacities, resources, and response structures can be used to respond to a variety of human respiratory pathogens. This approach is in alignment with the World Health Organization's (WHO) [Preparedness and Resilience for Emergency Threats Initiative](#).

Information in the planning guide includes:

- an overview of the annual planning cycle
- expectations of all health partners for readiness and response activities in key functional areas of outbreak and surge response
- coordination with non-health sector partners to ensure a community approach to seasonal respiratory pathogen readiness
- an overview of the response structures to support the management of critical surges throughout the season
- the risk outlook for respiratory pathogen activity during the 2023/24 fall and winter seasons
- resources to support readiness and response efforts of all health system partners

The planning guide is intended for health system agencies, organizations, employers and health care workers, such as Ontario Health (OH), public health units (PHUs), Public Health Ontario (PHO), hospitals, congregate care settings (e.g. Long-term Care Homes (LTCHs), supportive living settings), home care agencies, Ontario Health Teams, primary health care settings, midwife practices, pharmacies, paramedic services, health organizations in First Nation communities, Indigenous health service providers, and other health service providers. These health sector partners should identify opportunities to work closely with organizations responsible for health, including Indigenous health authorities and leaders, congregate living settings (e.g., LTCHs, retirement homes, correctional facilities, agricultural worker house, shelters, etc.), as well as communities, schools, workplaces, families, and individuals.

The planning guide will be reviewed annually and updated for the upcoming fall and winter seasons based on lessons learned from previous years.

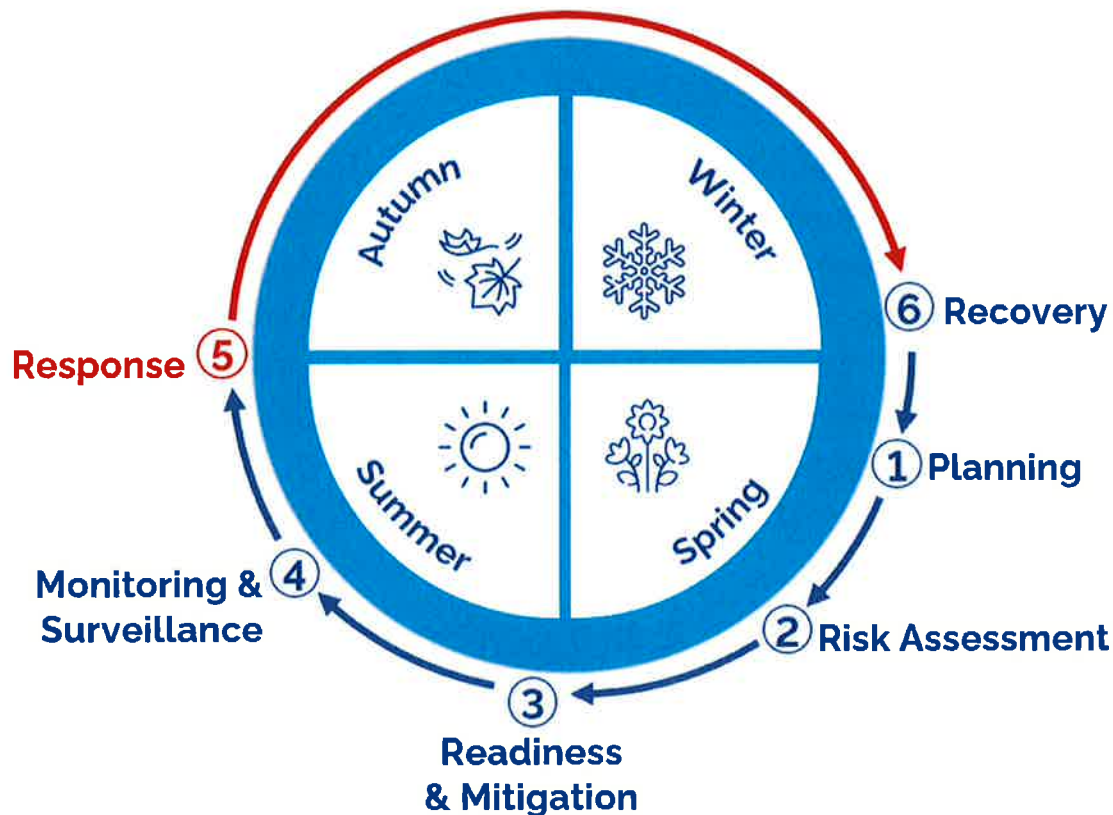
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Chapter 1: Annual Planning Cycle

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The health system's readiness and response planning for respiratory pathogen season is part of an annual cycle (see Image 1). Each phase of planning includes activities for the ministry and health system organizations to effectively prepare for, and respond to, respiratory pathogens and critical respiratory pathogen surges.

Image 1: Annual Planning Cycle for Seasonal Respiratory Pathogens



Phase 1: Planning

- The Ministry of Health (the ministry) updates the *Seasonal Respiratory Pathogens Readiness and Response Planning Guide* and other planning tools to support the readiness and response planning of health system partners.
- The ministry establishes coordination structures to support provincial health system planning efforts.

- Regional and local health system organizations are expected to understand their roles and responsibilities for respiratory pathogen season planning (as indicated in this planning guide) and establish local/regional planning structures.
- All parties ensure the structure of their programs, plans and technical advisory groups meet the expectations as laid out in this planning guide and in consideration of local and regional needs.
- When planning, all organizations should take into consideration the unique needs of underserved populations and communities they serve.

Phase 2: Risk Assessment

- The ministry, in partnership with health system partners, identifies and communicates anticipated and potential risks, including predicted risk scenarios, to inform planning efforts for the upcoming respiratory season.
- Regional and local organizations conduct their own risk assessments based on regional and local considerations in their areas of responsibility.
- Risk assessments take into consideration the unique vulnerabilities of the communities served.
- Continuous process for all partners to monitor and identify known and emerging risks.

Phase 3: Readiness & Mitigation

- All organizations test their plans against risk scenarios to identify gaps in planning efforts and mitigate risks identified.
- Readiness activities are undertaken to support expected response needs within the health system. This includes participating in provincial, regional or local exercises where available, and leading exercises within the organization's sphere of responsibility.
- In line with a continuous risk assessment process, readiness and mitigation activities are continuous and responsive to ongoing risk assessment.
- Readiness exercises and mitigation planning should consider impacts that could potentially widen disparities in health outcomes or disproportionately affect certain populations.

- As applicable, health system partners report to the Ministry of Health on the outcomes of their local and regional exercises.

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Phase 4: Monitoring and Surveillance

- The ministry continuously monitors overall health system impacts of respiratory pathogens.
- All partners undertake monitoring, surveillance and reporting of impacts based on organization responsibilities.
- The ministry communicates to health system partners key information and evolving risks throughout the season to support timely access to risk assessments and associated recommendations, and information on provincial response strategies.
- Regional and local organizations, in turn, share information with the ministry on local and regional risk monitoring and surveillance, associated response activities, and emerging issues regarding respiratory pathogen surges at the local level to inform provincial response strategies.

Phase 5: Response

- The ministry coordinates information sharing across partners to support the identification of emerging issues and inform local and regional response efforts.
- Regional and local health system organizations maintain situational awareness of respiratory season impacts, undertake response activities to mitigate impacts to the delivery of health services, and participate in response coordination efforts led by Ontario Health, public health units and/or the ministry.
- In a critical surge situation, the ministry provides provincial coordination of response efforts to mitigate surge impacts to the delivery of health services in Ontario.

Phase 6: Recovery

- All organizations conduct debriefs on the readiness and response efforts of the season and capture lessons learned to inform planning for the next season's respiratory pathogen surges.
- Recovery should include an assessment of the impact on underserved populations and strategies to mitigate similar impacts in future years.

Chapter 2: Readiness and Response Expectations

This chapter identifies the preparedness and response expectations and accountabilities of health system partners within the following key functional areas:

- [surveillance, modelling & evidence](#)
- [risk communications and public health advice](#)
- [vaccines](#)
- [testing](#)
- [outpatient care and therapeutics](#)
- [acute care](#)
- [infection, prevention & control and outbreak management](#)
- [supplies and equipment](#)

Readiness and response to seasonal respiratory pathogens utilizes and builds on resources within the existing health care system. All health system partners should review the expectations for readiness and response activities associated with these functional areas and integrate them into their planning for seasonal surges of respiratory pathogens. This includes ensuring that their continuity of operations plans allow them to increase their surge capacity when required and consider health human resources (HHR) for supporting surge capacity.

Health system partners are expected to participate in provincial, regional and/or local exercises, as applicable, and lead exercises within their organizations' sphere of responsibility. These exercises should practice plans against risk scenarios and identify where plans should be adjusted accordingly. Additionally, in line with a continuous risk assessment process, readiness and mitigation activities should be responsive to ongoing risk assessment and plans adjusted throughout the season.

A key part of seasonal respiratory pathogen readiness also includes mitigating health inequities. Health organizations should collaborate with their local health system partners to coordinate planning and readiness activities for respiratory pathogens. This may include [Ontario Health Teams](#) (where available), given that

they are uniquely positioned to support strategies to integrate preparedness in the local health system and improve health equity for underserved populations.

Additionally, all health partners should develop ongoing collaborative partnerships with other organizations within their communities that support the needs of equity-seeking or underserved populations. By working with these organizations throughout the year to address ongoing health inequities, communities can be healthier and more resilient during respiratory pathogen season. As part of their readiness activities, all health system partners should identify opportunities to work with organizations that serve members of society that are at high-risk of respiratory pathogen infection. This includes Indigenous health authorities, community organizations and leaders representing underserved populations, congregate care settings, as well as other high-risk congregate settings such as schools, shelters, and assisted living settings. This also includes support for High Priority Communities and similar initiatives for equity-deserving populations.

Surveillance, Modelling and Evidence

Surveillance is the systematic ongoing collection, collation, analysis, and interpretation of data with timely dissemination of information to those who require it in order to take action.² Surveillance and monitoring is key to prevention, detection and monitoring; it is also key to identify those most at risk of infection and of suffering poor health outcomes, with particular consideration of health impacts on Indigenous, Black, and other racialized, low-income, and newcomer populations.

Effective surveillance supports a shared risk awareness across the system. It enables health system partners to implement appropriate interventions to reduce morbidity and mortality based on modelling and evidence generated from the surveillance data. The objective of respiratory pathogen surveillance is to provide decision-makers with the necessary information to determine when and how to respond, and to evaluate the effectiveness of the response. Specifically, surveillance

² Last, J.M. (Ed). A dictionary of Epidemiology, Fourth Edition. Oxford University Press, United States, 2001.

helps inform decisions related to ramping up and adjusting the health sector's respiratory pathogen response functions.

All health system partners are expected to maintain and review their surveillance resources and monitor and assess the progression and magnitude of the respiratory pathogen season. Partners should adjust their readiness and response activities based on the data and models generated from local, regional and/or provincial surveillance.

Provincial data on respiratory pathogen surveillance can be found via the [Ontario Respiratory Pathogen Bulletin](#) and the [Ontario COVID-19 Data Tool](#). Health system partners may connect with their public health unit (PHU) and/or Ontario Health (OH) region to learn more about available surveillance data sources and information specific to their jurisdiction.

Expectations

Table 1: Surveillance, Modelling and Evidence Roles & Responsibilities

Lead Organization	Expectations
Ministry Of Health (Ministry)	<ul style="list-style-type: none"> • Develop and support the provincial surveillance approach • Communicate expected impacts to provincial partners to facilitate their preparedness and response efforts
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Provide scientific and technical advice on the approach to provincial surveillance • Monitor and analyze the spread, severity and intensity of respiratory pathogen activity internationally, nationally and provincially • Support local surveillance in collaboration with Public Health Units, Infection Prevention and Control (IPAC), Ontario Public Health Emergency Science Advisory Committee (OPHESAC), Ontario Immunization Advisory Committee (OIAC) • Report publicly on provincial seasonal respiratory pathogen activity

Lead Organization	Expectations
	<ul style="list-style-type: none"> • Share surveillance information with the Public Health Agency of Canada and National Microbiology Laboratory as required and to support national surveillance efforts
Ontario Health	<ul style="list-style-type: none"> • Supports the ministry with modeling and forecasting health system pressures • Conduct hospital bed capacity surveillance at a provincial level • Provide PHO and local PHUs with modeling, forecasting and surveillance information from the hospitals and health system as needed to inform their surveillance activities at provincial and local levels
Public Health Units (PHU)	<ul style="list-style-type: none"> • Monitor and interpret local, provincial, national and international data for local relevance with a health equity lens to inform and support the Chief Medical Officer of Health's (CMOH) ongoing surveillance • Communicate expected impacts to local partners to facilitate their preparedness and response efforts • Conduct surveillance on seasonal respiratory pathogens and outbreaks designated as Diseases of Public Health Significance
Long-term care homes and other congregate care settings	<ul style="list-style-type: none"> • Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i> • Monitor residents and staff for symptoms of seasonal respiratory pathogens and initiate assessment and testing when appropriate
Hospitals	<ul style="list-style-type: none"> • Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i> • Report data on critical care clients through the Critical Care Information System (CCIS), as applicable • Support provincial acute care bed capacity surveillance

Lead Organization	Expectations
All health care providers	<ul style="list-style-type: none"> Report cases and unusual clusters of influenza like illness activity to the local Medical Officer of Health, as required under the <i>Health Protection and Promotion Act</i>

Risk Communications and Public Health Advice

The timely sharing of risk analysis based on data collected from surveillance and monitoring activities is required to support effective readiness and response strategies and minimize the impact of respiratory pathogens on the broader health system. The ministry communicates with health system partners throughout the season to promote shared situational awareness of the risk and expected impact of circulating respiratory pathogens to support regional and local decision making.

In parallel, the ministry requires information from local and regional health system partners to understand the effectiveness or challenges of readiness and response activities in relation to the circulating respiratory pathogens. This helps the ministry understand the impact of the respiratory season on Ontario, the progress of response strategies, and identify when escalation of response coordination efforts may be required.

All health system partners should be aware of the risk analysis communication strategies in place at local, regional and provincial levels to support situational awareness and decision making. Throughout respiratory pathogen season, health system partners should adjust their readiness and response strategies based on information shared between partners, and coordinate changes to strategies with partners as necessary.

Of particular importance is the communication between the ministry and public health units (PHUs) given the role that PHUs play in communicating risk and coordinating local response activities, including public health measures, during respiratory pathogen season.

Expectations

Table 2: Risk Communications and Public Health Advice Roles & Responsibilities

Lead Organization	Expectations
Ministry Of Health (the ministry)	<ul style="list-style-type: none"> • Communicate provincial risk analysis, expected severity and expected impacts regarding circulating respiratory pathogens to health system and non-health system partners at regular intervals via situation reports, health partner teleconferences, the ministry website and other methods, as relevant • Develop and communicate provincial response strategies and recommendations for health partner activities to minimize the impact of respiratory pathogens on the health system, as necessary • Collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Develop regular risk assessments for the ministry on respiratory pathogen activity, including severity and impacts on specific populations • As relevant, communicate risk analysis to public health and health system
Ontario Health (OH)	<ul style="list-style-type: none"> • Contribute to the ministry's risk communication and response strategies by sharing information on provincial and regional health system challenges and strategies • Contribute to and communicate provincial recommendations and response strategies; provide additional interpretation and guidance as required • Coordinate with local and regional health partners, including public health, on the development of guidance resources • Liaise between the ministry and OH health system partners for information and communicating needs and concerns to the ministry • Support and share sector-specific best practices

Lead Organization	Expectations
Public Health Units (PHU)	<ul style="list-style-type: none"> • Communicate with local health system partners regarding the risk analysis for circulating respiratory pathogens and coordinate local response accordingly • Contribute to the ministry's risk communication and response strategies by sharing information on local risk analysis • Communicate and reinforce local, regional and provincial recommendations and response strategies • Communicate with the public on risk and appropriate public health measures • Issue local public communications to mitigate hesitancy and misinformation and promote evidence-informed public trust and confidence in vaccines
All health system partners	<ul style="list-style-type: none"> • Follow public health and ministry recommendations • Communicate and reinforce public health recommendations and other response strategies with clients, patients and residents

Public Communications

Public information will be posted by the ministry on [ontario.ca](https://www.ontario.ca), the Ministry of Health's social media channels and through other public methods of communication as required. Public information may include information on seasonal respiratory pathogens, conditions and risks, how to access vaccines for respiratory pathogens and public guidance to help prevent the spread of respiratory pathogens.

The ministry works with health sector agencies and organizations, such as Ontario Health, and public health units to support alignment of public communications, where relevant and appropriate.

Local and regional health system agencies and organizations may issue public communications on conditions in their communities on their websites, through social media channels and in partnership with other community groups and organizations.

In planning public communications, all partners should plan and implement strategies and approaches to effectively and meaningfully communicate with underserved communities. For example, partners could work with First Nation community health centres and Indigenous Services Canada to develop harmonized, culturally appropriate messaging for health promotional materials for Indigenous communities.

Vaccines

The objective of Ontario's vaccine response for respiratory pathogens is to minimize the spread of disease and reduce morbidity and mortality through the implementation of safe and effective vaccine programs. Vaccines are an essential component of the readiness for and response to respiratory pathogens. The National Advisory Committee on Immunization (NACI) and the Ontario Immunization Advisory Committee (OIAC) make recommendations on the use of vaccines, informing Ontario's publicly funded vaccine programs.

Ontario's publicly funded vaccine programs are a key component of disease prevention for seasonal respiratory pathogens such as influenza and COVID-19. The table below identifies the expectations of health system partners for Ontario vaccine programs. Specific responsibilities may vary based on the program. Partners should familiarize themselves with their role in specific vaccine programs.

In the context of limited vaccine supply, both short and longer-term prioritization will be required to protect the highest risk and targeted settings to meet the goals of reduced transmission, morbidity and mortality as well as reduced impacts on the health and critical sectors. The ministry will apply consistent methodologies and principles, supported by scientific data and recommendations of committees like NACI and OIAC as well as other experts as required, to distribute limited supply in a fair and equitable manner. Decisions on prioritization will be publicly available.

The ministry is committed to reviewing vaccination strategies for seasonal respiratory pathogens regularly and updating programs on a timely basis in response to new evidence and expert advice.

In addition to English and French, communications regarding any provincial mass vaccination programs will accommodate other languages to support access for all Ontarians.

All health partners should work to increase health worker and the general public's acceptance of vaccines and refine approaches to ensure vaccination of different segments of the population, such as high-risk groups and equity-seeking populations.

Expectations

Table 3: Vaccines Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	<ul style="list-style-type: none"> • Lead the provincial vaccine strategy, including Ontario's Universal Influenza Immunization Program (UIIP) and COVID-19 vaccine program • Lead the annual Health Care Worker Influenza Immunization Initiative • Integrate emergent vaccines (e.g., RSV) into provincial strategies, in partnership with PHO, OIAC, and NACI • Determine eligibility for vaccines and communicate and work with partners to apply it consistently for fair and equitable access • During times of limited vaccine supply, prioritize vaccine distribution in a fair and equitable manner based on evidence and expert recommendations; make decisions and associated rationale on prioritization publicly available • Provide vaccine guidance to regional and local partners on priority populations • Monitor provincial vaccination coverage, effectiveness and safety; review vaccination strategies on a regular basis, updating based on new evidence and expert recommendations

Lead Organization	Expectations
	<ul style="list-style-type: none"> • As relevant to the vaccination program, manage the procurement, allocation and distribution of vaccine products to vaccine providers (e.g., public health units, pharmacies, primary care providers, hospitals, long-term care homes), including inventory monitoring and wastage control • Engage and collaborate with partners, including the federal government, other provinces and territories, public health units, Indigenous health partners, pharmacies and health care providers on vaccine programs • Collaborate with federal, provincial and territorial partners to share and coordinate response across activities, as required • Maintain a vaccination program communication strategy that includes communications to different segments of the population (e.g., high-risk groups and equity seeking populations) and accommodation for other languages in addition to English and French
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Provide evidence-based advice on vaccine program implementation in Ontario, priority populations and clinical guidance • Report coverage and safety data to federal stakeholders • Provide secretariat support to the OIAC • Analyze vaccination data to assess vaccine coverage rates • Support investigations and analyze data to assess vaccine safety (i.e., adverse events following immunization) • Support assessment of vaccine effectiveness and program impact

Lead Organization	Expectations
	<ul style="list-style-type: none"> • Provide information on vaccines, and the importance of vaccinations and being "up to date" with all vaccinations (including respiratory pathogen vaccinations) to support health system communications with the public and patients • Support vaccine acceptance communication by providing scientific advice and vaccine safety information to stakeholders
<p>Public Health Units (PHU)</p>	<ul style="list-style-type: none"> • Communicate with the public on the importance of vaccinations and being "up to date" with all vaccinations (including respiratory pathogen vaccinations) • Undertake preparedness planning and coordinate local vaccination programs to administer vaccines, including providing leadership for hard-to-reach populations • Support access to on-site vaccinations in congregate care settings (e.g., long-term care homes) • Receive, investigate and conduct local surveillance on reports of adverse events following immunization • Manage inventory and distribution of vaccine to local immunization providers, including wastage monitoring and controls • Conduct annual cold chain inspections and monitor compliance for UIIP, COVID-19 and other vaccine storage and handling (VSH) sites, including excursion investigation and management as required • Maintain plans to support rapid initiation of mass immunization clinics in the event they are required
<p>Community Immunization Providers (e.g.,</p>	<ul style="list-style-type: none"> • Communicate with clients, patients, residents, and health care workers on the importance of vaccinations and

Lead Organization	Expectations
pharmacies, primary care providers, hospitals)	<p>being "up to date" with all vaccinations (including respiratory pathogen vaccinations)</p> <ul style="list-style-type: none"> • Administer vaccine to eligible Ontarians as per ministry guidance and recommendations <ul style="list-style-type: none"> ○ For primary care providers that do not administer vaccine, counsel patients on vaccinations and advise where patients can get vaccinated • Conduct timely reporting of patient vaccination data per established processes, including COVID-19 vaccination data in CoVAXon • Conduct timely reporting of any adverse events following immunization to the local public health unit • Manage inventory and cold chain of vaccine supply, including wastage controls • Collaborate with public health units on local vaccine programming • Collect and report data on influenza immunization coverage for hospitals and long-term care
All health care providers	<ul style="list-style-type: none"> • Review vaccine policies and promote vaccination amongst clients, patients, residents and health care workers • Conduct timely reporting of any adverse events following immunization to local public health unit

Testing

Testing facilitates the timely detection of respiratory viruses to support early clinical and public health intervention, treatment and infection prevention and control measures. Additionally, testing supports the collection and analysis of surveillance

data about respiratory pathogen activity (e.g., viral strains, prevalence, and geographical distribution) to inform response strategies.

All health sector partners involved in testing must understand eligibility guidelines for respiratory pathogen testing, including:

- [COVID-19 Provincial Testing Guidance | Ministry of Health](#)
- [Respiratory Viruses \(including influenza\) | Public Health Ontario](#)
- [Coronavirus Disease 2019 \(COVID-19\) – PCR | Public Health Ontario](#)

As exceptional testing infrastructure is wound down (e.g., Clinical Assessment Centres/ Assessment Centres), foundational roles for molecular testing (clinical assessment, specimen collection, processing, testing, and reporting of results) will return to established pathways. As part of a shift to a sustainable Rapid Antigen Test (RAT) strategy, access to RATs in 2023/24 will be targeted to those at highest risk of severe outcomes from COVID-19 to support treatment and will be re-positioned within healthcare infrastructure.

Expectations

Table 4: Testing Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	<ul style="list-style-type: none"> • Set eligibility for publicly funded tests in consultation with partners, work with experts on testing, and issue testing guidance • Communicate information to laboratory and health sector partners on testing strategies • Provide strategic oversight of the COVID-19 testing program, working in partnership with PHO and OH • For 2023/24, engage health system partners to develop a steady state testing model for COVID-19
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Provide diagnostic and genomic testing for respiratory pathogens

Lead Organization	Expectations
Public Health Ontario Lab (PHOL)	<ul style="list-style-type: none"> • Collect, analyze, report, and communicate laboratory surveillance information • Provide leadership on public health testing, including the Ontario COVID-19 Genomic Network and surveillance for emerging variants • Assist hospital and community laboratories with implementation of respiratory pathogen molecular testing, upon request, including support for verification and validation of testing • Issue recommendations for testing algorithms to be used across the laboratory network • Point of care tests evaluation role (for tests approved/licensed by Health Canada)
Ontario Health	<ul style="list-style-type: none"> • Coordinate the Provincial Diagnostic Network, including operational coordination of the Ontario Respiratory Pathogens Genomics Program
Supply Ontario	<ul style="list-style-type: none"> • Deploy molecular point of care testing supplies to partners and stakeholders in accordance with eligibility criteria developed in partnership with the Ministry of Health and Ontario Health
Laboratory System Partners (e.g., hospital and community laboratories)	<ul style="list-style-type: none"> • Conduct respiratory pathogen testing, or transfer eligible samples to a lab that provides respiratory pathogen testing • Support whole genome sequencing initiatives for surveillance and outbreak support and report results • As applicable, work in coordination with OH and PHO as part of the Long-term care/ retirement home respiratory testing initiative

Lead Organization	Expectations
	<ul style="list-style-type: none"> As applicable, work in coordination with OH and PHO as part of the COVID-19 diagnostic network
Health Care Providers and specimen collection locations	<ul style="list-style-type: none"> Provide testing to patients in alignment with eligibility and clinical decision making Refer to health care provider for prescription/or prescribe treatments based on testing results, as clinically appropriate Adhere to guidance related to specimen collection and guidelines for safe transport If applicable, distribute RATs in preparation for the fall respiratory season to provide free, low-barrier access to COVID-19 testing within existing patient pathways
Public Health Units (PHU)	<ul style="list-style-type: none"> Make recommendations on testing during outbreaks
All health care providers	<ul style="list-style-type: none"> Share information with patients and clients on when and how to access testing for clinical care and treatment Test patients according to provincial guidance

Outpatient Care and Therapeutics

Ontario's approach to outpatient care and treatment services during seasonal respiratory pathogen surges is to utilize and build on the existing health care system. During seasonal respiratory pathogen surges, outpatient settings may implement surge strategies to meet the increased demand for outpatient care and treatment. These settings may also be called upon to implement additional temporary services to support the response to seasonal respiratory pathogen surges in the broader community. Health organizations should collaborate with their local health system partners to coordinate the planning and response to address outpatient supports during surges.

Access to treatment may first require testing. All health care providers should be ready to share information on testing access to support access to treatments. Refer to the testing section for additional information on readiness and response expectations related to testing.

Health organizations provide various care and treatment services for respiratory pathogens including telephone assessments through [Health811](#), virtual and face-to-face assessment and treatment in primary care settings, emergency departments, and home and community care settings. Individuals living in First Nations communities may access primary health care through either community-based programs, which vary by First Nation community, or through external providers.

Expectations

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Table 5: Outpatient Care and Therapeutics Roles & Responsibilities

Lead Organization	Expectations
<p>Ministry of Health (Ministry)</p>	<ul style="list-style-type: none"> • Develop recommendations for provincial health system outpatient care, testing, and treatment strategies, including therapeutics distribution strategies • Develop eligibility for respiratory pathogen treatment for health system partners • Monitor provincial supply and usage of antivirals to support sufficient supply and distribution to target populations • Maintain influenza antiviral stockpile and facilitate pre-positioning of influenza antivirals in public health units in the late summer to support outbreaks management when regular supply channels are limited • When local supplies are insufficient, deploy supplies and equipment from the provincial influenza antiviral stockpile to support outpatient care and treatment • Facilitate access to publicly-funded COVID-19 therapeutics via health services providers, primary care, and community pharmacies • Fund and support use of RSV prophylaxis for high-risk infants • Facilitate access to national antiviral stockpiles (where available) when provincial supplies are depleted • In collaboration with the federal government, monitor supplies for auxiliary treatments (e.g., common antibiotics, anti-fever medications) to identify and address potential shortages

Lead Organization	Expectations
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Provide scientific and technical advice on the effectiveness and use of antivirals and participate in relevant committees • Monitor antiviral resistance in collaboration with the National Microbiology Laboratory
Ontario Health	<ul style="list-style-type: none"> • Operate the Ontario Health Infectious Diseases Advisory Committee and provide clinical guidance on therapeutics • Work with the ministry, local health care providers and organizations to ensure the needs of underserved populations are met • Coordinate with local and provincial partners to ensure expanded access to services in response to a system wide surge
Public Health Units (PHU)	<ul style="list-style-type: none"> • Participate in pre-positioning option for influenza antivirals based on local risk assessments • Support local communications on access to outpatient care and treatment, as required
Hospital and Community Pharmacies	<ul style="list-style-type: none"> • Procure influenza antivirals through normal supply chains • Dispense antivirals to eligible clients and patients • Provide timely access to prescribing and/or dispensing services for publicly funded COVID-19 antiviral treatments (e.g., Paxlovid [nirmatrelvir/ritonavir]) to eligible clients/patients

Lead Organization	Expectations
<p>Home and Community Care</p>	<ul style="list-style-type: none"> • Provide care and treatment services for clients and patients in home and community care settings • Support delivery of antivirals dispensed from community-based pharmacy to clients and patients in home and community care settings • Administer outpatient COVID-19 treatments (e.g., intravenous remdesivir) to eligible patients
<p>Long Term Care Homes</p>	<ul style="list-style-type: none"> • Discuss potential treatment options (e.g., Paxlovid, Remdesivir, oseltamivir) with residents and caregivers in advance of potential infection • Prioritize assessments for residents who may be eligible for antivirals, including pre-assessing residents for eligibility for antivirals in advance of a positive test or symptoms • Develop plans for accessing treatment (for example with LTCHs' primary pharmacy provider) to ensure rapid access • For further information on expectations around the role of Long-term care in COVID-19 therapeutic access, please refer to the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units
<p>All health care providers</p>	<ul style="list-style-type: none"> • Continue to provide health care services for affiliated clients/patients, with enhanced access during peak respiratory activity • Pre-assess high-risk patients for COVID-19 and influenza treatments to ensure timely treatment in case of infection • As applicable, administer RSV prophylaxis for high-risk infants

Lead Organization	Expectations
	<ul style="list-style-type: none"> Implement continuity of operations plans to expand surge capacity to provide care and treatment services for affiliated and potentially non-affiliated clients

Acute Care

Acute care services (i.e., paramedic services and hospitals) provide the urgent, necessary services required to treat illness that can lead to death or disability without rapid intervention. Seasonal respiratory pathogens can result in increased demands for these services.

Given the expected increase in demand for acute care services during seasonal respiratory pathogen surges, acute care service organizations should work with Ontario Health and regional health system partners to maintain strategies to optimize the delivery of health services and ensure continuity of services during surges in respiratory pathogen infections.

Expectations

Table 6: Acute Care Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health (Ministry)	<ul style="list-style-type: none"> Provide provincial policy decisions that support acute care surge capacity, including pediatrics
Ontario Health	<ul style="list-style-type: none"> Support surge management planning and readiness with hospitals, including pediatrics As needed, develop guidance and/or direction for hospitals to support surge management planning and optimization of health service delivery, including pediatrics

Lead Organization	Expectations
	<ul style="list-style-type: none"> • Collaborate with the ministry and hospitals on health human resource strategies • As needed, convene regional and/or provincial response tables to support optimization of health service capacity
Hospitals	<ul style="list-style-type: none"> • Maintain and implement surge capacity management plans (e.g., alternative patient care and staffing models) to support and equitable response to increased demands while maintaining other services and ensuring patient safety and care • Monitor seasonal respiratory pathogen risks and associated surge impacts • Coordinate with other acute care and non-acute care partners on care optimization and surge response strategies, as necessary • Work with Ontario Health Regional Tables to collaborate, plan and implement surge strategies
Paramedic Services	<ul style="list-style-type: none"> • Maintain and implement surge strategies to support capacity across the province • Monitor seasonal respiratory pathogen risk and associated surge impacts; coordinate with ministry, acute care and other health partners on surge response strategies, as necessary

Infection Prevention & Control and Outbreak Management

Infection prevention and control (IPAC) measures and outbreak management processes are key to mitigating and managing respiratory pathogen surge. Implementation of IPAC and outbreak management practices are crucial for the protection of patients, residents, clients, health sector employers, health care workers and visitors. IPAC Hubs were established across the province to strengthen

IPAC practices in congregate living settings (CLSs). Through the provincewide network of local IPAC Hubs, CLSs have a formal and coordinated pathway to access IPAC expertise and support.

Foundational IPAC practices are implemented by health system partners throughout the year, at all times. Health partners should have foundational IPAC practices in place with supporting policies for these practices. Supporting policies may include a system for auditing and providing feedback on IPAC practices. Health sector employers are also required to have effective [Occupational Health and Safety](#) (OHS) programs and practices in place. Health sector employers should ensure that health workers have a solid understanding of OHS and IPAC practices.

Continuous IPAC and OHS practices in addition to effective outbreak management practices are particularly important in the early phase of a respiratory pathogen outbreak when there are only a small number of cases and there may be an opportunity to contain the virus and slow spread.

To support outbreak management, the ministry provides guidance as part of the [Ontario Public Health Standards](#) on outbreak management in community, health care, and congregate care settings in addition to case and contact management guidance for all Diseases of Public Health Significance. Setting specific outbreak protocols should also be available to support Outbreak Management Teams should an outbreak be detected. Public Health Ontario also provides [additional outbreak management resources](#).

To mitigate the impact of community outbreaks, community-level public health infection prevention measures may be used. These measures are non-pharmaceutical interventions that slow the spread of a communicable disease in the community. Routine local public health measures are recommended by PHUs throughout the year. Examples of routine public health measures include recommendations for hand hygiene, respiratory etiquette, and environmental cleaning, and indoor air quality. Additional public health measures to address seasonal respiratory pathogen outbreaks may be implemented, as required, to further mitigate impacts (e.g., restricting access to locations with active outbreaks). Public health measures implementation is supported by the guidance provided in the [Ontario Public Health Standards](#).

Expectations

Table 7: Infection Prevention & Control and Outbreak Management Roles & Responsibilities

Lead Organization	Expectations
Ministry Of Health	<ul style="list-style-type: none"> • Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations • Support the use of case and contact management guidance and outbreak management guidance by public health units for specific settings to support outbreak response, as outlined under the Ontario Public Health Standards • Support PHUs during large scale (e.g., multi-jurisdictional) investigations with respect to coordination, policy interpretation, and communications • If required to manage significant and overwhelming respiratory pathogen community spread, develop a provincial public health measures strategy based on national recommendations and in consultation with provincial and local partners; support PHUs and provincial ministries to implement public health measures in a wide range of settings
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Develop foundational and respiratory pathogen-specific IPAC guidance and recommendations • Provide secretariat support for the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC-IPC) • Provide scientific and technical expertise to PHUs to support case and contact management, outbreak investigations, and data entry

Lead Organization	Expectations
	<ul style="list-style-type: none"> • Advise on and support laboratory testing for outbreaks, in coordination with the provincial testing network partners • Collaborate with ministry and health system partners on a coordinated approach to strengthening IPAC programs and outbreak management in all health care settings • As required, provide scientific and technical advice on local and/or provincial public health measures strategies; provide advice to PHUs to support the implementation of public health measures
Public Health Units (PHU)	<ul style="list-style-type: none"> • Proactively promote and reinforce ministry IPAC and outbreak management guidance locally, and in accordance with the Infectious Diseases Protocol and the Institutional/Facility Outbreak Management Protocol • In collaboration with the congregate living setting (CLS), investigate, support and respond to an outbreak, including declaring the outbreak and declaring it over, as applicable • Make collaborative decisions about the management of outbreaks • As required, direct local public health measures to mitigate spread of respiratory pathogens during an outbreak
All health care provider organizations (e.g., hospitals, long-term care homes, other congregate care settings,	<ul style="list-style-type: none"> • Review and implement an IPAC and OHS program in accordance with associated ministry and PHO guidance • Review setting-specific outbreak readiness plans and ensure staff are aware and trained, as applicable • Ensure the required Personal Protective Equipment (PPE) is available and properly used, including training on its

Lead Organization	Expectations
community care settings)	<p>use for staff and that PPE is available for visitors, as needed</p> <ul style="list-style-type: none"> • Report suspected outbreaks or unusual respiratory events to the local public health unit, as applicable • Follow any sector-specific guidance on IPAC
IPAC Hubs (support CLSs)	<ul style="list-style-type: none"> • Provide IPAC expertise and support to CLSs • Deliver IPAC education and training • Host communities of practice and networking opportunities for CLSs • Support the development of IPAC programs, policies and procedures within sites and organizations • Support assessments, audits and provide recommendations to strengthen IPAC programs and practice • Mentor those with responsibilities for IPAC within CLSs • Support the development and implementation of outbreak management plans, in conjunction with public health partners and CLSs • Support CLSs to implement IPAC recommendations • CLSs that IPAC Hubs support include: long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing

Supplies and Equipment

Reliable access to supply chains for critical supplies and equipment (CSE) is an important part of emergency readiness. Health care providers may access the provincial stockpile of available products to ensure appropriate stock rotation of inventory. Where products are not available in the provincial stockpile, providers are

to communicate requirements to Supply Ontario for consideration for adding to the stockpile. For products not available in the provincial stockpile, health care providers are reminded to leverage their regular supply chains and incorporate general supply chain best practices and risk management strategies into their planning, such as:

- including supply chain management in broader organizational planning related to fall respiratory season, particularly for Personal Protective Equipment (PPE)
- monitoring product demand, managing inventory and planning for vendor engagement at an organizational level or through Shared Service Organizations (SSOs) and Group Purchasing Organizations (GPOs)
- planning for potential disruptions in access to supplies and mitigating any impacts to patient care
- working with local health care and supply chain partners to share information and incorporate supply chain best practices

Conservation and appropriate use of PPE are important. A range of conservation strategies and hazard controls (e.g., engineering controls, administrative controls) should be implemented, where possible. Organizational planning for inventory management should involve discussions with infection control leads, occupational health leads, and joint health and safety committees, where applicable.

Maintaining a dependable stockpile of personal protective equipment (PPE) and critical supplies and equipment (CSE) is key to being ready to respond to increased demand for supplies during respiratory pathogen surges.

Accessing Provincial PPE and CSE Resources

Provincial supply chain support is available to address systemic supply chain risks as global supply chain disruptions continue to impact Ontario's health system. Current supports include ongoing access to the provincial emergency stockpile for PPE and CSE, including the provincial ventilator pool.

Healthcare organizations that require support to continue to provide services during respiratory virus outbreaks and critical surges can access provincial PPE and CSE

stockpiles. To enquire about or order supplies from the provincial PPE and CSE stockpiles, health care providers should use the [PPE Supply Portal](#).

To respond to increases in critical care activity due to seasonal surges, the ministry maintains a provincial ventilator stockpile as a health system resource. Hospitals can request access to the Provincial Ventilator Stockpile following the instructions provided in the [Ontario's Ventilator Stockpile Guidance Document](#).

Expectations

Table 8: Supplies and Equipment Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	<ul style="list-style-type: none"> • Provide recommendations on the stockpiling of PPE and CSE within the health system • Manage, in coordination with Critical Case Services Ontario, the provincial ventilator stockpile • Alert the Public Health Agency of Canada of critical supplies and equipment shortages • Facilitate access to the National Emergency Strategic Stockpile (NESS) when required
Supply Ontario	<ul style="list-style-type: none"> • Working closely with the Ministry of Health and other government partners, operate and manage Ontario's personal protective equipment (PPE) and other critical supplies and equipment (CSE) stockpiles and supply chain • Maintain ordering and distribution channels for health care entities to access provincial PPE and CSE stockpiles • Alert the ministry to critical supplies and equipment shortages • Facilitate access to the NESS when provincial PPE and CSE supplies are depleted

Lead Organization	Expectations
Ontario Health	<ul style="list-style-type: none"> • In coordination with provincial ministries and Supply Ontario, support the planning and provide clinical guidance • Work closely with the ministry on responding to health supply shortages, leveraging OH's regional coordination role
All health care provider organizations (e.g., hospitals, long-term care homes, other congregate care settings, community care settings)	<ul style="list-style-type: none"> • Maintain a supply of PPE and CSE • Provide health care workers with training and information on the appropriate selection, conservation and safe utilization of all PPE • Incorporate organizational supply chain best practices and risk management strategies for fall respiratory season to mitigate any impacts to patient care

Chapter 3: Coordination with Non-Health Sector Partners

Effective readiness and response for respiratory pathogens also requires coordination with non-health sector partners (e.g., municipalities, educational institutions, congregate living settings, workplaces). While non-health sectors are responsible for developing and communicating guidance to their own sectors, health system partners should collaborate with their community partners purposefully to practice and sustain preparedness for respiratory pathogens.

Collaborative networks should be part of ongoing preparedness efforts to ensure that all partners have a clear understanding of their roles and work together to improve readiness. As part of their readiness activities, all health sector partners should identify opportunities to work closely with organizations responsible for

health, including Indigenous health authorities and leaders, congregate living settings (e.g., retirement homes, correctional facilities, agricultural worker house, shelters, etc.), as well as communities, schools, children camps, workplaces, families, and individuals. As noted in the [Chief Medical Officer of Health 2022 Annual Report, Being Ready](#), "collaborative partnerships respect and build on community strengths, including trusted community leaders who have an in-depth understanding of how their communities work, and the barriers they face".

The Ministry of Health (the ministry) and public health units have important roles to undertake in this regard. Key responsibilities of their coordination role with non-health sector partners are indicated in the chart below and should be part of respiratory pathogen readiness and response planning.

Table 9: Coordination with Non-Health Sector Partners

Lead Organization	Expectations
Ministry of Health (the ministry)	<ul style="list-style-type: none"> • Share planning, risk and response information related to seasonal respiratory pathogens with Emergency Management Ontario (EMO) • Liaise with key ministry partners to support health system readiness and response including the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) on Occupational Health and Safety advice • Collaborate with other ministry partners regarding seasonal respiratory pathogens
Emergency Management Ontario	<ul style="list-style-type: none"> • Coordinate with provincial ministries to support readiness in non-health sectors
Other Provincial Ministries	<ul style="list-style-type: none"> • Develop organizational/sector-specific plans, or frameworks, where relevant informed by the ministry's Seasonal Respiratory Pathogens Readiness and Response Planning Guide and other MOH resources, where relevant

Lead Organization	Expectations
Supply Ontario	<ul style="list-style-type: none"> • Working closely with key partners, operate and manage Ontario's personal protective equipment (PPE) and other critical supplies and equipment (CSE) stockpile and supply chain • Maintain ordering and distribution channels for non-health sector entities to access provincial PPE and CSE stockpile
Public Health Units	<ul style="list-style-type: none"> • Establish local networks with key community partners to support readiness and response for seasonal respiratory pathogens in highest risk settings • Issue guidance and public health messaging to support readiness and response of non-health sector entities • Liaise with non-health sector municipal and regional partners to advise and respond to questions on seasonal respiratory pathogen readiness and response activities • Coordinate with partners to respond to institutional or community outbreaks • Receive reports on respiratory illness (e.g., outbreak reports, positive tests in congregate care settings) to inform local level response measures • Lead local implementation of public health measures; liaise with non-health sector partners regarding public health measures, as required
IPAC Hubs (support some CLSs)	<ul style="list-style-type: none"> • Support non-health sector congregate living settings according to IPAC Hub roles and responsibilities – see Chapter 2: Readiness and Response Expectations, Infection Prevention & Control and Outbreak Management, IPAC Hubs roles and responsibilities

Chapter 4: Response and Recovery 673

Response

The objectives of response activities throughout respiratory pathogen season are to:

1. Minimize serious illness and overall deaths
2. Minimize disruption of health services in Ontario as a result of respiratory pathogen season

To support response efforts throughout the respiratory pathogen season, health system partners are expected to have strong regional and local coordination strategies in place.

The Ministry of Health (the ministry) will support regional and local response efforts through risk analysis communications as applicable (see Chapter 2 section: [Risk Analysis Communications](#) for additional details).

In addition to the above, the ministry will establish coordination points as required to monitor the impacts of respiratory season on the health system and associated mitigation via regional and local response activities.

All decision makers at the provincial, regional and local level are responsible for ensuring that the processes they use and decisions that they make are based on evidence, legislation, the precautionary principle, and health equity. Partners can refer to the [Ministry Emergency Response Plan](#) (MERP) for more information on the principles that guide the ministry's decision making during an emergency.

Critical Respiratory Pathogen Surge

In the event of a critical surge, the ministry will support provincial coordination of response activities as outlined by the MERP. This includes supporting collaboration, sharing of critical risk information and situational awareness, policy direction and decision making on health system mitigation activities to maintain health services, and directing the acquisition and deployment of resources. To facilitate these activities, the ministry may activate its Ministry Emergency Operation Centre (MEOC).

The following are considered in determining the need for provincially-led response coordination:

- number of affected jurisdictions within Ontario
- coordination with other provincial or federal jurisdictions
- impact on continuity of operations of the health system
- morbidity/ mortality implications of the threat
- public attitudes and behaviors

Multiple areas of the ministry are involved in responding to respiratory season surges. The Health System Emergency Management Branch will lead the coordination of ministry activities (as required, via the MEOC) in collaboration with the ministry's Executive Lead for the response and other ministry program areas.

Recovery

Following respiratory pathogen season, all partners should undertake an evaluation or debrief process to document lessons learned and incorporate these findings into the planning for the next respiratory pathogen season.

Appendix A: 2023-2024 Respiratory Pathogens Risk outlook **675**

For 2023-2024, the risk from influenza, respiratory syncytial virus (RSV) and other respiratory pathogens is expected to be atypical compared to pre-pandemic years, resulting in atypical timing and increased impact on pediatric populations. The overall risk to Ontarians of COVID-19 has been diminished through factors such as increased immunity, high vaccination rates and the availability of tools such as antivirals to manage the impacts of the virus. However, COVID-19 is a continuously evolving virus which, combined with other seasonal respiratory pathogens, continues to be a threat to the health and wellbeing of Ontarians. Additionally, COVID-19 is anticipated to contribute to seasonal surge pressures on health system resources annually.

Since spring 2022, the response to COVID-19 in Ontario has shifted away from emergency response structures to a response that reflects a longer-term approach to managing and living with COVID-19. This includes incorporating COVID-19 and potential surges due to new variants-of-concern with increased severity into the planning considerations for seasonal respiratory pathogen readiness and response.

The ministry will continue to closely monitor key respiratory pathogen activity indicators, including international surveillance, to inform ongoing risk assessment for seasonal and surge respiratory pathogen activity. Information from these risk assessments will be regularly communicated to inform readiness and response efforts across the system.

2023-2024 Planning Scenarios

To support health system partner planning activities, the following scenarios have been developed. All health system partners should review their program specific planning assumptions and activities against each scenario to ensure their readiness activities and response plans can address each of the following scenarios. Additionally, partners should be prepared to support the response to other infectious diseases managed throughout the year which may also coincide with

increased respiratory pathogen activity (e.g., pertussis, measles, etc.). Partners should review their continuity of operations plans to support surge response planning.

Baseline scenario

- Seasonal peak(s) of influenza with the potential for atypical (early) timing compared to pre-pandemic seasons based on the early start of influenza activity in the southern hemisphere
- Seasonal peaks of RSV and other respiratory pathogens with the potential for atypical timing and increased burden of illness due to low exposure during 2020-2022
- Ongoing, similar COVID-19 activity and burden with less variability in mortality, morbidity, and infectiousness from Omicron strain replacement

Respiratory surge scenario

- Overlapping peaks of respiratory pathogen activity with increased burden on pediatric populations, and possible increased burden on elderly, long-term care home, and retirement home populations
- Similar to the 'triple threat' of 2022-23, there are pressures on the health system and surge response mitigation activities (e.g., high resource demands)

Appendix B: General Roles and Responsibilities

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All health system partners have general roles and responsibilities that they undertake to support Ontario's health system readiness for respiratory pathogen season and associated surges. This includes health system partners from the local, regional, provincial, national, and international level. Health system partners should have a clear understanding of their roles and responsibilities and be ready to act on these before a respiratory outbreak occurs. Throughout the year, partners should work together to continually improve readiness.

Below is summary of general roles and responsibilities for key health system partners.

International

The World Health Organization (WHO) conducts global surveillance and provides timely guidance to the Public Health Agency of Canada (PHAC) and international organizations on infectious diseases including seasonal respiratory pathogens with the potential to cause outbreaks. The WHO is also responsible for recommending the virus strains that should be included in respiratory pathogen vaccines.

National

The Public Health Agency of Canada (PHAC) works to protect the health and safety of Canadians. Its activities focus on preventing chronic diseases, preventing injuries and responding to public health emergencies and infectious disease outbreaks. In collaboration with provinces and territories, PHAC facilitates Canada's national response to respiratory pathogens. PHAC is responsible for tracking the spread of pathogens (surveillance), supporting research, and plays a lead role in vaccine and anti-viral procurement, allocation and distribution to provinces and territories. The organization is the primary liaison with international organizations such as the Centres for Disease Control and Prevention (CDC) in the United States and the WHO.

PHAC develops national plans (in conjunction with provinces) on health system emergency preparedness.

National Advisory Committee on Immunization (NACI) is a committee of experts in the fields of pediatrics, infectious diseases, immunology, pharmacy, nursing, epidemiology, pharmacoeconomics, social science and public health that makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada.

Health Canada is the federal department responsible for helping Canadians maintain and improve their health. Health Canada is the federal regulator responsible for ensuring access to safe and effective drugs and health products. It regulates and licenses vaccines and therapeutics.

Indigenous Services Canada (ISC) funds or directly provides services for First Nations and Inuit that supplement those provided by provinces and territories, including primary health care, health promotion and supplementary benefits.

Provincial

Ministry of Health (the ministry) is the steward of the provincial health system. The many programs within the ministry play critical roles in planning, funding, and coordination of health services to ensure that all Ontarians have timely access to the right care at the right time, and that the system is well equipped to respond to and manage disruptions and emergency events.

Ontario Health (OH) is an agency of the ministry responsible for coordinating and connecting Ontario's health care system, to make it more efficient and support the delivery of the best possible patient-centered care.

Public Health Ontario (PHO) is an agency of the ministry which provides expert scientific and technical advice on health protection, infection prevention and control, health promotion, and public health emergency preparedness. PHO leads the provincial disease surveillance strategy and operates the province's public health laboratories. PHO also supports the development of knowledge translation tools and offers training opportunities to supplement ministry recommendations and response strategies.

Supply Ontario operates and manages the provincial stockpile of personal protective equipment and critical supplies and equipment. This includes maintaining access to ordering and distribution channels to ensure provision of supplies when supply chains are disrupted.

Local

Public Health Units (PHUs) deliver health promotion, health protection, and disease prevention public health programs. PHUs undertake a variety of activities per the Ontario Public Health Standards to prevent, eliminate and decrease the effects of health hazards in their communities. They ensure a consistent and effective response to public health emergencies and emergencies with public health impacts within their jurisdictions and collaborate with other PHUs. This includes roles in surveillance, coordination of local care and treatment, implementation of public health measures and provision of public health services. They work closely with community partners to support readiness and response to health hazards at the community level.

Primary Care is the first point of contact between a patient and the health care system and includes illness prevention, health promotion, diagnosis, treatment, and rehabilitation and counselling.

Home and community care supports in-home and community-based care for Ontarians. This includes services such as care coordination, nursing, occupational therapy, personal support, medical supplies and equipment and more that contribute to supporting the overall health and well-being of their clients.

Hospitals work with other parts of the health care system to provide 24-hour care to patients, including emergency, acute, surgical, specialized chronic care, and rehabilitation.

Paramedic Services provide 24-hour pre-hospital emergency and non-emergency care and transportation to and between hospitals for ill or injured individuals, and offers public education programs to promote rapid and appropriate use of emergency medical resources in time of need.

Pharmacies provide drug prescription services, as well as medication checks and guidance. Pharmacies also support vaccine administration and support non-prescription healthcare services.

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Ontario Health Teams are a model of integrated, population health-based care delivery, where health and community care providers work together as one team for their population, even if they are not in the same organization or physical location. As of June 2023, there are [54 approved Ontario Health Teams](#) across the province.

Infection Prevention and Control (IPAC) Hubs provide IPAC expertise and support to congregate living settings. They deliver IPAC education and training, host communities of practice and networking opportunities to CLSs, support the development of IPAC program, policy and procedures, support assessments, audits and provide recommendations to strengthen IPAC program and practices, mentor those with responsibility for IPAC, support the development and implementation of outbreak management plans, and support CLSs in implementing IPAC recommendations.

Health Liaison Organizations (provincial associations, unions and regulatory bodies) are key liaisons between their members and the Ministry of Health and help ensure information dissemination on provincial readiness and response strategies.

Health Sector Workers and Employers are responsible for delivering a range of health programs, complying with the Occupational Health and Safety Act, and activating continuity of operations plans and strategies to maintain services during health emergencies.

Appendix C: Resources

The following sections contains resources that may be helpful to health system organizations as part of their readiness and response activities. This list of resources is not inclusive. Health system partners should consider additional resources that may assist with their readiness and response activities.

Recognizing that links may be updated by the organizations that develop these resources, health system partners are encouraged to link directly with the organization indicated if they are having difficulty accessing a resource.

Surveillance, Monitoring and Evidence

Provincial Resources:

- [Influenza and Respiratory Infection Surveillance Package 2023/24 | Public Health Ontario](#) is a resource for public health units to help with their local surveillance activities. It identifies the responsibilities of public health units and is intended to support PHU entry of high-quality data into the integrated Public Health Information System (iPHIS).
- [Ontario Respiratory Pathogen Bulletin](#) and the [Ontario COVID-19 Data Tool](#) provide provincial surveillance data on respiratory pathogens.
- [Acute Care Enhanced Surveillance \(ACES\) System | KFL&A Public Health](#) provides real-time syndromic surveillance for the Province of Ontario. ACES monitors triage (emergency department visits) and inpatient (admissions to hospital) records from over 95% of Ontario's acute care hospitals.

Federal Resources:

- [FluWatch | Public Health Agency of Canada](#) is Canada's national surveillance system that monitors the spread of the flu and other flu-like illnesses on an ongoing basis. Physicians, nurse practitioners and registered nurses who are involved in primary care can also contribute to FluWatch by becoming FluWatch sentinel practitioners.
- [Weekly Influenza Reports | Public Health Agency of Canada](#) contain information on influenza activity in Canada posted every Friday.

Public Communications

- Information will be posted on [ontario.ca](https://www.ontario.ca), the Ministry of Health's social media channels and through other public methods of communication as required.

Vaccines

- [The National Advisory Committee on Immunization \(NACI\)](#) makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable diseases for whom vaccination should be targeted. It also provides ongoing and timely medical, scientific, and public health advice for programs relating to immunization. Its recommendations are used to inform Ontario's vaccination programs.
- [The Ontario Immunization Advisory Committee \(OIAC\)](#) provides evidence-based advice to Public Health Ontario on vaccines and immunization matters including vaccine program implementation in Ontario, priority populations and clinical guidance.
- [Universal Influenza Immunization Program \(UIIP\) | Ministry of Health](#) provides publicly funded influenza vaccine for individuals aged 6 months or older who live, work or attend school in Ontario.
- [Immunization \(Vaccines\) | Public Health Ontario](#) provides expertise in immunization and vaccine-preventable disease control.
- [COVID-19 Vaccine-Relevant Information and Planning Resources | Ministry of Health](#) provides resources for health system partners on COVID-19 vaccination.
- [COVID-19 Vaccines | Public Health Ontario](#) provides scientific expertise, data and resources for the successful implementation of COVID-19 vaccine programs.

Testing

- [COVID-19 Provincial Testing Guidance | Ministry of Health](#) provides provincial guidance on testing eligibility and processes.

- [Respiratory Viruses \(including influenza\) | Public Health Ontario](#) provides testing information related to respiratory viruses; the testing indications include an eligibility breakdown for persons requiring testing for respiratory viruses.
- [Coronavirus Disease 2019 \(COVID-19\) – PCR | Public Health Ontario](#) provides testing information related to COVID-19.
- [Ontario COVID-19 Testing Locations | Ontario.ca](#) provides users with a tool to identify their closest testing and assessment centre.

Outpatient Care and Therapeutics

- [Health811](#) connects Ontarians with a registered nurse day or night for free, to receive secure and confidential health advice and get connected to the care required.
- [COVID-19 Treatment | Ontario Health](#) provides health care provider resources on COVID-19 treatments.
- [COVID-19 Antiviral Treatments | Ontario.ca](#) provides the public with information on COVID-19 antiviral treatments and how to access them.
- [Respiratory Syncytial Virus \(RSV\) | Ministry of Health](#) provides an overview of RSV and treatment options.

Infection Prevention & Control and Outbreak Management

- [Ontario Public Health Standards | Ministry of Health](#) provide public health protocols for infectious diseases and institution/facility outbreaks.
- [Infection Prevention and Control \(IPAC\) | Public Health Ontario](#) provides a number of resources for health system partners to support the implementation of IPAC practices.
- [Respiratory Diseases | Public Health Ontario](#) provides resources to support public health prevention and control on a variety of respiratory pathogens.
- [COVID-19 Guidance for the Health Sector | Ministry of Health](#) provides resources to support the prevention and control of COVID-19.

- [IPAC Guidance for Community Practices | Ontario College of Family Physicians](#) provides IPAC guidance, including screening, masking, PPE, physical distancing, cleaning, and ventilation for community practices

Supplies and Equipment

- [PPE Supply Portal](#) should be used by health system partners to request PPE and CSE from provincial stockpiles. A Frequently Asked Questions document is available on the supply portal web page to address any questions regarding PPE or CSE access.
- [Ontario's Critical Care Ventilator Stockpile | Critical Care Ontario](#) is a provincial ventilator stockpile which is intended to help hospitals manage unexpected increases in demand for critical care ventilation resources, ensuring that all patients receive appropriate treatment in a timely manner. It is a component of the Ontario Surge Capacity Management Plan.

Appendix D: Summary of Chapter 2

Organizational Expectations

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The following sections provides each organization a summary of expectations as outlined in Chapter 2 above. Health partners should refer to the relevant section of Chapter 2 for additional context and details.

All Health System Partners and Health Care Providers

Expectations	
Surveillance, Modelling and Evidence	<p>As applicable:</p> <ul style="list-style-type: none"> • Maintain and review surveillance resources and monitor and assess the progression and magnitude of the respiratory pathogen season • Adjust readiness and response activities based on the data and models generated from local, regional and provincial surveillance • Report cases and unusual clusters of influenza like illness activity to the local Medical Officer of Health, as required under the <i>Health Protection and Promotion Act</i>
Risk Communications and Public Health Advice	<p>As applicable:</p> <ul style="list-style-type: none"> • Be aware of the risk analysis communication strategies in place at local, regional and provincial levels to support situational awareness and decision making • Adjust readiness and response strategies based on information shared between partners and coordinate changes to strategies as necessary • Follow public health and ministry recommendations • Communicate and reinforce public health recommendations and other response strategies with clients, patients and residents
Vaccine	As applicable:

Expectations	
	<ul style="list-style-type: none"> • Review vaccine policies and promote vaccination amongst clients, patients, residents and health care workers • Conduct timely reporting of any adverse events following immunization to local public health unit
Testing	<p>As applicable:</p> <ul style="list-style-type: none"> • Understand testing eligibility guidelines • Share information with patients and clients on when and how to access testing for clinical care and treatment • Test patients according to provincial guidance • Provide testing to patients in alignment with eligibility and clinical decision making • Refer to health care provider for prescription/or prescribe treatments based on testing results, as clinically appropriate • Adhere to guidance related to specimen collection and guidelines for safe transport • If applicable, distribute RATs in preparation for the fall respiratory season to provide free, low-barrier access to COVID-19 testing within existing patient pathways
Outpatient Care and Therapeutics	<p>As applicable:</p> <ul style="list-style-type: none"> • Be ready to share information on testing access to support access to respiratory pathogen treatments, as required • Continue to provide health care services for affiliated clients/patients, with enhanced access during peak respiratory activity • Pre-assess high-risk patients for COVID-19 and influenza treatments to ensure timely treatment in case of infection • As applicable, administer RSV prophylaxis for high-risk infants • Implement continuity of operations plans to expand surge capacity to provide care and treatment services for affiliated and potentially non-affiliated clients

Expectations	
Infection Prevention & Control (IPAC) and Outbreak Management	<p>As applicable:</p> <ul style="list-style-type: none"> • Review and implement an IPAC and OHS program in accordance with associated ministry and PHO guidance • Review setting-specific outbreak readiness plans and ensure staff are aware and trained, as applicable • Ensure the required Personal Protective Equipment (PPE) is available and properly used, including training on its use for staff and that PPE is available for visitors, as needed • Report suspected outbreaks or unusual respiratory events to the local public health unit, as applicable • Follow any sector-specific guidance on IPAC
Supplies and Equipment	<p>As applicable:</p> <ul style="list-style-type: none"> • Maintain a supply of PPE and CSE • Provide health care workers with training and information on the appropriate selection, conservation and safe utilization of all PPE • Incorporate organizational supply chain best practices and risk management strategies for fall respiratory season to mitigate any impacts to patient care

Ministry of Health

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Develop and support the provincial surveillance approach • Communicate expected impacts to provincial partners to facilitate their preparedness and response efforts
Risk Communications and Public Health Advice	<ul style="list-style-type: none"> • Communicate provincial risk analysis, expected severity and expected impacts regarding circulating respiratory pathogens to health system and non-health system partners at regular intervals via situation reports, health

Expectations	
	<p>partner teleconferences, the ministry website and other methods, as relevant</p> <ul style="list-style-type: none"> • Develop and communicate provincial response strategies and recommendations for health partner activities to minimize the impact of respiratory pathogens on the health system, as necessary • Collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations.
Vaccines	<ul style="list-style-type: none"> • Lead the provincial vaccine strategy (including Ontario's Universal Influenza Immunization Program (UIIP) and COVID-19 vaccine program) • Lead the annual Health Care Worker Influenza Immunization Initiative • Integrate emergent vaccines (e.g., RSV) into provincial strategies, in partnership with PHO, OIAC, and NACI • Determine eligibility for vaccines and communicate and work with partners to apply it consistently for fair and equitable access • During times of limited vaccine supply, prioritize vaccine distribution in a fair and equitable manner based on evidence and expert recommendations; make decisions and associated rationale on prioritization publicly available • Provide vaccine guidance to regional and local partners on priority populations • Monitor provincial vaccination coverage, effectiveness and safety; review vaccination strategies on a regular basis, updating based on new evidence and expert recommendations • As relevant to the vaccination program, manage the procurement, allocation and distribution of vaccine products to vaccine providers (e.g., public health units, pharmacies, primary care providers, hospitals, long-term care homes), including inventory monitoring and wastage control

Expectations	
	<ul style="list-style-type: none"> • Engage and collaborate with partners, including the federal government, other provinces and territories, public health units, Indigenous health partners, pharmacies and health care providers on vaccine programs • Collaborate with federal, provincial and territorial partners to share and coordinate response across activities, as required • Maintain a vaccination program communication strategy that includes communications to different segments of the population (e.g., high-risk groups and equity seeking populations) and accommodation for other languages in addition to English and French
Testing	<ul style="list-style-type: none"> • Set eligibility for publicly funded tests in consultation with partners, work with experts on testing, and issue testing guidance • Communicate information to laboratory and health sector partners on testing strategies • Provide strategic oversight of the COVID-19 testing program, working in partnership with PHO and OH • For 2023/24, engage health system partners to develop a steady state testing model for COVID-19
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Develop recommendations for provincial health system outpatient care, testing, and treatment strategies, including therapeutics distribution strategies • Develop eligibility for respiratory pathogen treatment for health system partners • Monitor provincial supply and usage of antivirals to support sufficient supply and distribution to target populations • Maintain influenza antiviral stockpile and facilitate pre-positioning of influenza antivirals in public health units in the late summer to support outbreak management when regular supply channels are limited

Expectations	
	<ul style="list-style-type: none"> • When local supplies are insufficient, deploy supplies and equipment from the provincial influenza antiviral stockpile to support outpatient care and treatment • Facilitate access to publicly-funded COVID-19 therapeutics via health services providers, primary care, and community pharmacies • Fund and support use of RSV prophylaxis for high-risk infants • Facilitate access to national antiviral stockpiles (where available) when provincial supplies are depleted • In collaboration with the federal government, monitor supplies for auxiliary treatments (e.g., common antibiotics, anti-fever medications) to identify and address potential shortages
Acute Care	<ul style="list-style-type: none"> • Provide provincial policy decisions that support acute care surge capacity, including pediatrics
IPAC and Outbreak Management	<ul style="list-style-type: none"> • Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations • Support the use of case and contact management guidance and outbreak management guidance by public health units for specific settings to support outbreak response, as outlined under the Ontario Public Health Standards • Support PHUs during large scale (e.g. multi-jurisdictional) investigations with respect to coordination, policy interpretation, and communications • If required to manage significant and overwhelming respiratory pathogen community spread, develop a provincial public health measures strategy based on national recommendations and in consultation with provincial and local partners; support PHUs and provincial ministries to implement public health measures in a wide range of settings

Expectations	
Supplies and Equipment	<ul style="list-style-type: none"> • Provide recommendations on the stockpiling of PPE and CSE within the health system • Manage, in coordination with Critical Case Services Ontario, the provincial ventilator stockpile • Alert the Public Health Agency of Canada of critical supplies and equipment shortages • Facilitate access to the National Emergency Strategic Stockpile (NESS) when required

Public Health Ontario

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Provide scientific and technical advice on the approach to provincial surveillance • Monitor and analyze the spread, severity and intensity of respiratory pathogen activity internationally, nationally and provincially • Support local surveillance in collaboration with Public Health Units, Infection Prevention and Control (IPAC), Ontario Public Health Emergency Science Advisory Committee (OPHESAC), Ontario Immunization Advisory Committee (OIAC) • Report publicly on provincial seasonal respiratory pathogen activity • Share surveillance information with the Public Health Agency of Canada and National Microbiology Laboratory as required and to support national surveillance efforts
Risk Communication and Public Health Advice	<ul style="list-style-type: none"> • Develop regular risk assessments for the ministry on respiratory pathogen activity, including severity and impacts on specific populations • As relevant, communicate risk analysis to public health and health system

Expectations	
Vaccines	<ul style="list-style-type: none"> • Provide evidence-based advice on vaccine program implementation in Ontario, priority populations and clinical guidance • Report coverage and safety data to federal stakeholders • Provide secretariat support to the OIAC • Analyze vaccination data to assess vaccine coverage rates • Support investigations and analyze data to assess vaccine safety (i.e., adverse events following immunization) • Support assessment of vaccine effectiveness and program impact • Provide information on vaccines, and the importance of vaccinations and being "up to date" with all vaccinations (including respiratory pathogen vaccinations) to support health system communications with the public and patients • Support vaccine acceptance communication by providing scientific advice and vaccine safety information to stakeholders
Testing (includes Public Health Ontario Lab)	<ul style="list-style-type: none"> • Provide diagnostic and genomic testing for respiratory pathogens • Collect, analyze, report, and communicate laboratory surveillance information • Provide leadership on public health testing, including the Ontario COVID-19 Genomic Network and surveillance for emerging variants • Assist hospital and community laboratories with implementation of respiratory pathogen molecular testing, upon request, including support for verification and validation of testing • Issue recommendations for testing algorithms to be used across the laboratory network • Point of care tests evaluation role (for tests approved/licensed by Health Canada)

Expectations	
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Provide scientific and technical advice on the effectiveness and use of antivirals and participate in relevant committees • Monitor antiviral resistance in collaboration with the National Microbiology Laboratory
IPAC and Outbreak Management	<ul style="list-style-type: none"> • Develop foundational and respiratory pathogen-specific IPAC guidance and recommendations • Provide secretariat support for the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC-IPC) • Provide scientific and technical expertise to PHUs to support case and contact management, outbreak investigations, and data entry • Advise on and support laboratory testing for outbreaks, in coordination with the provincial testing network partners • Collaborate with ministry and health system partners on a coordinated approach to strengthening IPAC programs and outbreak management in all health care settings • As required, provide scientific and technical advice on local and/or provincial public health measures strategies; provide advice to PHUs to support the implementation of public health measures

Ontario Health

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Supports the ministry with modeling and forecasting health system pressures • Conduct hospital bed capacity surveillance at a provincial level • Provide PHO and local PHUs with modeling, forecasting and surveillance information from the hospitals and health system as needed to inform their surveillance activities at provincial and local levels

Expectations	
Risk Communications and Public Health Advice	<ul style="list-style-type: none"> • Contribute to the ministry's risk communication and response strategies by sharing information on provincial and regional health system challenges and strategies • Contribute to and communicate provincial recommendations and response strategies; provide additional interpretation, and guidance as required • Coordinate with local and regional health partners, including public health, on the development of guidance resources • Liaise between the ministry and OH health system partners, for information and communicating needs and concerns to the ministry • Support and share sector-specific best practices
Testing	<ul style="list-style-type: none"> • Coordinate the Provincial Diagnostic Network, including operational coordination of the Ontario Respiratory Pathogens Genomics Program
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Operate the Ontario Health Infectious Diseases Advisory Committee and provide clinical guidance on therapeutics • Work with the ministry, local health care providers and organizations to ensure the needs of underserved populations are met • Coordinate with local and provincial partners to ensure expanded access to services in response to a system wide surge
Acute Care	<ul style="list-style-type: none"> • Support surge management planning and readiness with hospitals, including pediatrics • As needed, develop guidance and/or direction for hospitals to support surge management planning and optimization of health service delivery, including pediatrics • Collaborate with the ministry and hospitals on health human resource strategies • As needed, convene regional and/or provincial response tables to support optimization of health service capacity

Expectations	
Supplies and Equipment	<ul style="list-style-type: none">• In coordination with provincial ministries and Supply Ontario, support the planning and provide clinical guidance• Work closely with the ministry on responding to health supply shortages, leveraging OH's regional coordination role

Supply Ontario

Expectations	
Testing	<ul style="list-style-type: none"> Deploy molecular point of care testing supplies to partners and stakeholders in accordance with eligibility criteria developed in partnership with the Ministry of Health and Ontario Health
Supplies and Equipment	<ul style="list-style-type: none"> Working closely with the Ministry of Health and other government partners, operate and manage Ontario's personal protective equipment (PPE) and other critical supplies and equipment (CSE) stockpiles and supply chain Maintain ordering and distribution channels for health care entities to access provincial PPE and CSE stockpiles Alert the ministry of critical supplies and equipment shortages Facilitate access to the NESS when provincial PPE and CSE supplies are depleted

Public Health Units

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> Monitor and interpret local, provincial, national and international data for local relevance with a health equity lens to inform and support the Chief Medical Officer of Health's (CMOH) ongoing surveillance Communicate expected impacts to local partners to facilitate their preparedness and response efforts Conduct surveillance on seasonal respiratory pathogens and outbreaks designated as Diseases of Public Health Significance
Risk Communications	<ul style="list-style-type: none"> Communicate with local health system partners regarding the risk analysis for circulating respiratory pathogens and coordinate local response accordingly

Expectations	
and Public Health Advice	<ul style="list-style-type: none"> • Contribute to the ministry's risk communication and response strategies by sharing information on local risk analysis • Communicate and reinforce local, regional and provincial recommendations and response strategies • Communicate with the public on risk and appropriate public health measures • Issue local public communications to mitigate hesitancy and misinformation and promote evidence-informed public trust and confidence in vaccines
Vaccines	<ul style="list-style-type: none"> • Communicate with the public on the importance of vaccinations and being "up to date" with all vaccinations (including respiratory pathogen vaccinations) • Undertake preparedness planning and coordinate local vaccination programs to administer vaccines, including providing leadership for hard-to-reach populations • Support access to on-site vaccinations in congregate care settings (e.g., long-term care homes) • Receive, investigate and conduct local surveillance on reports of adverse events following immunization • Manage inventory and distribution of vaccine to local immunization providers, including wastage monitoring and controls • Conduct annual cold chain inspections and monitor compliance for UIIP, COVID-19 and other vaccine storage and handling (VSH) sites, including excursion investigation and management as required • Maintain plans to support rapid initiation of mass immunization clinics in the event they are required
Testing	<ul style="list-style-type: none"> • Make recommendations on testing during outbreaks
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Participate in pre-positioning option for influenza antivirals based on local risk assessments • Support local communications on access to outpatient care and treatment, as required

Expectations	
IPAC and Outbreak Management	<ul style="list-style-type: none"> Proactively promote and reinforce ministry IPAC and outbreak management guidance locally, and in accordance with the Infectious Diseases Protocol and the Institutional/Facility Outbreak Management Protocol In collaboration with the congregate care setting, investigate, support and respond to an outbreak, including declaring the outbreak and declaring it over, as applicable Make collaborative decisions about the management of outbreaks As required, direct local public health measures to mitigate spread of respiratory pathogens during an outbreak

Long-term Care Homes and Congregate Care Settings (CCSs)

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i> Monitor residents and staff for symptoms of seasonal respiratory pathogens and initiate assessment and testing when appropriate
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> Discuss potential treatment options (e.g., Paxlovid, Remdesivir, oseltamivir) with residents and caregivers in advance of potential infection Prioritize assessments for residents who may be eligible for antivirals, including pre-assessing residents for eligibility for antivirals in advance of a positive test or symptoms

Expectations	
	<ul style="list-style-type: none"> • Develop plans for accessing treatment (for example with LTC homes' primary pharmacy provider) to ensure rapid access • For further information on expectations around the role of LTC in COVID-19 therapeutic access, please refer to the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units

Hospitals

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i> • Report data on critical care clients through the Critical Care Information System (CCIS), as applicable • Support provincial acute care bed capacity surveillance
Acute Care	<ul style="list-style-type: none"> • Maintain and implement surge capacity management plans (e.g., alternative patient care and staffing models) to support and equitable response to increased demands while maintaining other services and ensuring patient safety and care • Monitor seasonal respiratory pathogen risks and associated surge impacts • Coordinate with other acute care and non-acute care partners on care optimization and surge response strategies, as necessary • Work with Ontario Health Regional Tables to collaborate, plan and implement surge strategies

Paramedic Services

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Expectations	
Acute Care	<ul style="list-style-type: none"> • Maintain and implement surge strategies to support capacity across the province • Monitor seasonal respiratory pathogen risk and associated surge impacts; coordinate with ministry, acute care and other health partners on surge response strategies, as necessary

Home and Community Care

Expectations	
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Provide care and treatment services for clients and patients in home and community care settings • Support delivery of antivirals dispensed from community-based pharmacy to clients and patients in home and community care settings • Administer outpatient COVID-19 treatments (e.g., intravenous remdesivir) to eligible patients

Community Immunization Providers

Expectations	
Vaccines	<ul style="list-style-type: none"> • Communicate with clients, patients, residents, and health care workers on the importance of vaccinations and being "up to date" with all vaccinations (including respiratory pathogen vaccinations) • Administer vaccine to eligible Ontarians as per ministry guidance and recommendations <ul style="list-style-type: none"> ○ For primary care providers that do not administer vaccine, counsel patients on vaccinations and advise where patients can get vaccinated

Expectations	
	<ul style="list-style-type: none"> • Conduct timely reporting of patient vaccination data per established processes, including COVID-19 vaccination data in CoVAXon • Conduct timely reporting of any adverse events following immunization to the local public health unit • Manage inventory and cold chain of vaccine supply, including wastage controls • Collaborate with public health units on local vaccine programming • Collect and report data on influenza immunization coverage for hospitals and long-term care

Laboratory System Partners (e.g., hospital and community laboratories)

Expectations	
Testing	<ul style="list-style-type: none"> • Conduct respiratory pathogen testing, or transfer eligible samples to a lab that provides respiratory pathogen testing • Support whole genome sequencing initiatives for surveillance and outbreak support and report results • As applicable, work in coordination with OH and PHO as part of the Long-term care/ retirement home respiratory testing initiative • As applicable, work in coordination with OH and PHO as part of the COVID-19 diagnostic network

Hospital and Community Pharmacies

Expectations	
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Procure influenza antivirals through normal supply chains • Dispense antivirals to eligible clients and patients

Expectations	
	<ul style="list-style-type: none"> • Provide timely access to prescribing and/or dispensing services for publicly funded COVID-19 antiviral treatments (e.g., Paxlovid [nirmatrelvir/ritonavir]) to eligible clients/patients

IPAC Hubs

Expectations	
<p>IPAC and Outbreak Management</p>	<ul style="list-style-type: none"> • Provide IPAC expertise and support to CLSs • Deliver IPAC education and training • Host communities of practice and networking opportunities for CLSs • Support the development of IPAC programs, policies and procedures within sites and organizations • Support assessments, audits and provide recommendations to strengthen IPAC programs and practice • Mentor those with responsibilities for IPAC within CLSs • Support the development and implementation of outbreak management plans, in conjunction with public health partners and CLSs • Support CLSs to implement IPAC recommendations • CLSs that IPAC Hubs support include: long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing



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Dear Regulator:

We write to provide an update on immigration measures that the Canadian government is advancing, which will make the immigration system more responsive to economic and labour needs. Notably, these measures will help to increase the number of health workers in Canada.

The pandemic exacerbated many of the challenges in our health care system, in particular increasing the strain on health workers in Canada. You have taken many measures to help streamline and improve the regulatory process for individuals under your purview within your own jurisdictions, both for those educated domestically and internationally, playing an important role in helping address these workforce concerns.

The Government of Canada has and will continue to support this work, while respecting jurisdictional decision-making and identifying areas where its contributions would be most impactful. We are therefore pleased to provide you with an update on Immigration, Refugees and Citizenship Canada's (IRCC) new **category-based selection feature of Canada's Express Entry system**, which is used to manage permanent resident immigration applications from skilled workers.

In the coming days, IRCC will issue the first set of invitations to apply for permanent residency using category-based selection. Category-based selection allows for more targeted selection of top-ranking candidates from the Express Entry pool. This year, it will be used to help address structural labour shortages by sending invitations to candidates with work experience in the following occupations: health care; science; technology, engineering and mathematics; trades; transport; and agriculture. It will also be used to select Francophone and bilingual workers to support economic growth through increased Francophone immigration outside of Quebec.

We anticipate that these invitations will be sent to a historic number of health workers and will support a sustained supply over the medium and longer-term. Issuing invitations to health workers as a priority will mean that there are likely to be new foreign-trained health workers in your province or territory seeking to begin or accelerate licensing processes, as many of the health care occupations are regulated.

We cannot allow their professional education, skills and experience to go untapped. Pathways to credential recognition and licensing for regulated health professions are still too complex, lengthy and costly.

We know many of you are taking concrete steps to address this issue and help internationally educated health professions integrate into the workforce more quickly. We encourage you to work together with your respective provincial and territorial

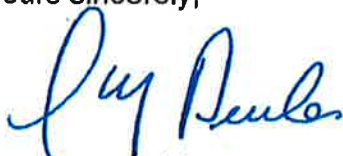
.../2

governments and other key partners to ensure a more consistent approach across the country that reduces complexity for internationally educated health professionals, and that there is enough capacity in the system to integrate newcomers and allow them to work in our health systems without undue delay.

We look forward to continuing to work with you to sustainably address Canada's health workforce crisis so that all Canadians can get access to the health care they need, no matter where they live. Let us continue our historic levels of collaboration.

Please accept our best wishes.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "J. Y. Duclos".

The Honourable Jean-Yves Duclos, P.C., M.P.
Minister of Health

A handwritten signature in black ink, appearing to read "S. Fraser".

The Honourable Sean Fraser, P.C., M.P.
Minister of Immigration, Refugees and Citizenship



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Madame, Monsieur,

Nous vous écrivons pour fournir une mise à jour sur les mesures d'immigration mises en place par le gouvernement canadien afin que le système d'immigration soit mieux adapté aux besoins économiques et de main-d'œuvre. Notamment, ces mesures contribueront à accroître le nombre de travailleurs de la santé au Canada.

La pandémie a exacerbé bon nombre des défis de notre système de soins de santé, en particulier en augmentant la pression sur les travailleurs de la santé au Canada. Vous avez pris de nombreuses mesures pour aider à simplifier et à améliorer le processus de réglementation pour les personnes dont vous avez la responsabilité au sein de vos propres administrations, tant pour les personnes formées au pays que pour celles formées à l'étranger, jouant ainsi un rôle important pour aider à répondre à ces préoccupations en matière de main-d'œuvre.

Le gouvernement du Canada appuie et continuera d'appuyer ce travail tout en respectant le processus décisionnel en fonction des compétences et en identifiant les domaines où ses contributions auraient le plus d'impact. Nous sommes donc heureux de vous fournir une mise à jour sur la **nouvelle fonction de sélection par catégorie du système d'Entrée express au Canada** qu'Immigration, Réfugiés et Citoyenneté Canada (IRCC) utilise pour gérer les demandes d'immigration pour la résidence permanente faites par des travailleurs qualifiés.

Dans les prochains jours, IRCC lancera la première série d'invitations à présenter une demande de résidence permanente en utilisant la sélection par catégorie. La sélection par catégorie permet une sélection plus ciblée des candidats les mieux classés dans le bassin d'Entrée express. Cette année, il servira à répondre aux pénuries structurelles de main-d'œuvre en envoyant des invitations aux candidats ayant une expérience de travail dans les professions suivantes : soins de santé; sciences, technologies, ingénierie et mathématiques (STIM); métiers; transport; et agriculture et agroalimentaire. Il servira également à sélectionner des travailleurs francophones et bilingues pour soutenir la croissance économique grâce à une immigration francophone accrue à l'extérieur du Québec.

Nous prévoyons que ces invitations seront envoyées à un nombre sans précédent de travailleurs de la santé et assureront une offre de main d'œuvre soutenue à moyen et à long terme. L'envoi prioritaire d'invitations à ces travailleurs signifiera qu'il y aura probablement de nouveaux travailleurs de la santé formés à l'étranger dans votre province ou territoire qui chercheront à amorcer ou à accélérer les processus d'octroi de permis de pratique, puisque bon nombre de professions de la santé sont réglementées.

.../2

Nous ne pouvons accepter que leur éducation professionnelle, leurs compétences et leur expérience soient ignorées. Les voies menant à la reconnaissance des compétences et à l'octroi de permis de pratique pour les professions de la santé réglementées demeurent encore trop complexes, longues et coûteuses.

Nous savons que bon nombre d'entre vous prennent des mesures concrètes pour régler ce problème et aider les travailleurs de la santé formés à l'étranger à s'intégrer plus rapidement à la main d'œuvre. Nous vous encourageons à collaborer avec votre gouvernement provincial ou territorial respectif et d'autres partenaires clés en vue d'assurer une approche plus cohérente à travers le pays pour réduire la complexité pour les travailleurs de la santé formés à l'étranger. Nous vous invitons également à vous assurer de disposer de suffisamment de capacité dans le système pour intégrer les nouveaux arrivants et leur permettre de travailler dans nos systèmes de santé sans retard indu.

Nous avons hâte de continuer à travailler avec vous pour résoudre de façon durable la crise de main-d'œuvre en santé du Canada afin que toutes les Canadiennes et tous les Canadiens puissent avoir accès aux soins de santé dont ils ont besoin, peu importe où ils vivent. Continuons notre collaboration historique.

Je vous prie d'agréer, Madame, Monsieur, l'expression de mes sentiments les meilleurs.



L'honorable Jean-Yves Duclos, C.P., député
Ministre de la Santé



L'honorable Sean Fraser, C.P., député
Ministre de l'Immigration, des Réfugiés et de la Citoyenneté



Colin R. Singer July 14, 2023

How To Immigrate To Canada As A Chiropractors



Internationally-trained chiropractors hoping to get their [permanent residence](#) in Canada through [Express Entry](#) are now the focus of occupation-targeted draws.

Under the changes announced by Immigration, Refugees and Citizenship Canada (IRCC) at the end of May, Express Entry will now be more responsive to labour market needs through occupation-targeted draws.

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Express Entry streams include the [Federal Skilled Worker \(FSW\)](#) program, [Federal Skilled Trades \(FST\)](#) program and [Canadian Experience Class \(CEC\)](#), as well as parts of the [Provincial Nominee Programs \(PNP\)](#)

Chiropractor, categorized under the [National Occupational Classification \(NOC\) 2021](#) system with the code 31201, is one of the 82 [Canada jobs](#) that will now be targeted under these new Express Entry draws.



**APARTMENT HUNTING
IN TORONTO?**



“Everywhere I go, I’ve heard loud and clear from employers across the country who are experiencing chronic labour shortages,” said Immigration Minister Sean Fraser.

Read More

[British Columbia PNP Draws: Province Issues At Least 158 Canada Immigration Invitations](#)

[Canada Opens Up Visa-Free Travel To Eligible Travellers From 13 New Countries](#)

[Ontario French Speaking Skilled Worker Draw: Province Issues 417 NOIs Targeting 98 Jobs](#)

“These changes to the Express Entry system will ensure that they have the skilled workers they need to grow and succeed. We can also grow our economy and help businesses with labour shortages while also increasing the number of French-proficient candidates to help ensure the vitality of French-speaking communities.”

The true extent of the shortage of chiropractors in Canada is difficult to pin down.

The Job Bank job-hunting and career-planning website operated by the federal government has data about chiropractors' job prospects for only half the country.

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Are you an employer looking to hire foreign workers in Canada? [Immigration.ca](https://www.immigration.ca) can help through its sister company, [skilledworker.com](https://www.skilledworker.com). We provide a comprehensive recruitment package to help you identify and hire the best individuals from abroad.

[Contact us now.](#)

There is a paucity of data for chiropractors' prospects throughout Atlantic Canada, the francophone province of Quebec and all three of the territories of the Yukon, Nunavut, and the Northwest Territories.

Job Bank listed only 43 jobs for chiropractors across Canada in early June but the Indeed job-hunting website provided many more, 672 job postings for chiropractors at that time.

Indeed had 426 jobs for chiropractors in Ontario, 114 in British Columbia, 68 in Alberta, 35 in Nova Scotia, eight in Saskatchewan, six in Manitoba, nine in Quebec, five in Newfoundland and Labrador and three in New Brunswick.

If you are a candidate looking for a Canada job, or an employer looking to recruit foreign talent from abroad, [immigration.ca](https://www.immigration.ca) can help. Access our expertise through our in-house recruitment enterprise [skilledworker.com](https://www.skilledworker.com), “the leader in foreign recruitment”.

During the next eight years, demand for chiropractors is only expected to grow. The Canadian Occupational Projection System (COPS) is forecasting that half of the new opportunities will come from retiring Baby Boomers and another 36 per cent from growth in the demand for chiropractic services.

In Canada, the median annual wage for chiropractors is \$60,077 with that annual income ranging from a low of \$27,446 to \$122,316, reveals Job Bank.

Chiropractors Can Earn Up To \$156,972 In Calgary, Alberta

In Calgary, Alberta, though, one job posting in early June advertised an annual salary of up to \$156,972 in early June.

Until this year, the flagship Express Entry selection system has previously only conducted draws based on immigration programs, not by targeting specific occupations.

Candidates will need at least six months of continuous work experience in Canada or abroad within the past three years in one of these occupations to be eligible, experience that can have been gained while working in Canada as temporary foreign workers with a [work permits](#) or as an international student with a [student visa](#).

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Video

Canada first signalled its intention to start occupation-specific draws through Express Entry in June last year, when changes were made to the *Immigration, Refugee and Protection Act* to allow invitations based on occupations and other attributes, such as language ability.

The majority of Canada's provinces have been issuing occupation-specific invitations for several years.

Under the changes to the act, the immigration minister is required to consult provinces and territories, members of industry, unions, employers, workers, worker advocacy groups, settlement provider organizations, and immigration researchers and practitioners, before announcing new categories.

IRCC must also report to parliament each year on the categories that were chosen and the reason for the choices.

Employment and Social Development Canada (ESDC) says the number of occupations facing shortages doubled between 2019 and 2021. From 2018 to 2022, federal high skilled

admissions accounted for between 34 and 40 per cent of overall French-speaking admissions outside Quebec, which manages its own immigration intake.



APARTMENT HUNTING IN TORONTO?

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Tags: CEC, Chiropractor, Express Entry, Federal Skilled Trades, Federal Skilled Worker, FST, FSW, how to immigrate to Canada

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News

Four Ontario Job-Training Programs For Newcomers To Canada Get \$2.6m In Funding

By **Colin Singer** - July 14, 2023

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Four free training projects to help more than 300 newcomers to Ontario, including displaced Afghans and Ukrainians, in their bids to land good [Canada jobs](#) are getting \$2.6 million in funding.

“The Canadian dream is alive and well in Ontario, and we need all hands on deck to build it,” said provincial Immigration Minister Monte McNaughton.

That investment in settlement services by Canada’s most populous provinces comes less than a week after it announced it will clamp down on temporary help agencies and demand they get licensed by January next year in a bid to stop the exploitation of [temporary foreign workers](#).

Temporary Help Agencies (THA) and recruiters, some of whom have been illegally paying foreign nationals less than the minimum wage and denying them basic employment rights, will have to get a licence to operate in the province as of Jan. 1, 2024.

“While temporary help agencies are vital to Ontario’s businesses and jobseekers looking to get their foot in the door, for too long they have operated in a grey zone that allows criminals to prey on vulnerable workers,” said McNaughton last week.

Read More Canada Immigration News

[New Rules In Ontario For Agencies Bringing In Canada Temporary Foreign Workers](#)
[Canada Jobs Growth In June Led By Ontario, Nova Scotia And Newfoundland](#)

"Our government's licensing system will ensure law-abiding businesses can have confidence in the THAs and recruiters they work with and that those who abuse workers face the harshest fines in Canada and are banned from operating in our province."

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Ontario's investment in settlement services this week also comes in the wake of the province toughening up its *Working for Workers Act, 2023* earlier this year to be able to slap the biggest fines in Canada on business people who withhold the [passports](#) of their temporary foreign workers.

"Anyone who preys on vulnerable members in our community has no place in our society," said McNaughton.

Are you an employer looking to hire foreign workers in Canada? [Immigration.ca](#) can help through its sister company, [skilledworker.com](#). We provide a comprehensive recruitment package to help you identify and hire the best individuals from abroad. [Contact us now.](#)

"If you think you're going to deny someone's basic human rights by withholding their passport, we're going to hit your pocketbook, and you will be behind bars for a long time. We will continue to use every tool in our toolbox to ensure Ontario is a province where hard work pays off and big dreams come true."

Under that law, withholding a foreign national's passport or [work permit](#) could lead to fines ranging from \$100,000 to \$200,000 for every worker whose rights are violated.

Ontario welcomes more immigrants every year than any other province or territory in Canada.

The settlement programs announced this week, provided by Newcomer Women's Services Toronto, Matthew House Ottawa, Toronto Artscape, and Utimus, are designed to prepare the newcomers for good-paying jobs in manufacturing, finance, administration, communications, hospitality and the arts.

Newcomer Women's Services Toronto And Utimus Get Most New Funding

Here's how the \$2.6 million is being distributed among the four agencies.

- Newcomer Women's Services Toronto is getting \$1,522,396 for its project to prepare 230 newcomer women with employment readiness, career coaching and a paid internship.
- Utimus is getting \$833,626 to prepare 60 unemployed or underemployed Afghan and Ukrainian newcomers for work in the manufacturing sector in Ontario through four cohorts offered this year.
- Matthew House Ottawa is getting \$137,850 for its project to hire and train 15 newcomers at the Refugee Services and Furniture Bank for eight to 10 weeks and help them find long-term jobs.
- Toronto Artscape Inc. is receiving \$123,190 to provide 30 Ukrainian artists with the tools and experience needed to find jobs with local employers in the arts industry. That training will start Sept. 6.

Through these programs, newcomers will have the chance to explore a range of employment and training options through paid internships, job placements, language training and digital literacy courses.

If you are a candidate looking for a Canada job, or an employer looking to recruit foreign talent from abroad, immigration.ca can help. Access our expertise through our in-house recruitment enterprise [skilledworker.com](https://www.skilledworker.com), “the leader in foreign recruitment”.

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“This will help them reach their full potential and build a solid foundation for themselves and their families as they begin their new chapter in Ontario,” said provincial Citizenship and Multiculturalism Minister Michael Ford.

The programs, which will be delivered onsite in Ottawa, Toronto and Hamilton as well as online will also help with resume writing, improving interview skills, and other tailored support to help the new arrivals land long-term employment.

Canadian Work Experience Can Lead To Eligibility For Permanent Residency

Under the [Express Entry system](#), immigrants can apply for [permanent residency](#) online if they meet the eligibility criteria for one of three federal immigration programs, the [Federal Skilled Worker Program \(FSW\)](#), [Federal Skilled Trades Program \(FST\)](#), and [Canada Experience Class Program \(CEC\)](#), or a participating provincial immigration program.

Candidates’ profiles then are ranked against each other according to a points-based system called the [Comprehensive Ranking System \(CRS\)](#).

Video

The highest-ranked candidates will be considered for an [Invitation to Apply \(ITA\)](#) for permanent residence. Those receiving an ITA must quickly submit a full application and pay processing fees, within a delay of 90-days.

Through a network of [Provincial Nominee Programs \(PNP\)](#), almost all of Canada’s ten provinces and three territories can also nominate skilled worker candidates for admission to Canada when they have the specific skills required by local economies.

Successful candidates who receive a provincial or territorial nomination can then apply for Canadian permanent residence through federal immigration authorities.

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Colin Singer

Colin Singer is an international acclaimed Canadian immigration lawyer and founder of immigration.ca featured on Wikipedia. Colin Singer is also founding director of the Canadian Citizenship & Immigration Resource Center (CCIRC) Inc. He served as an Associate Editor of 'Immigration Law Reporter', the pre-eminent immigration law publication in

Canada. He previously served as an executive member of the Canadian Bar Association's Quebec and National Immigration Law Sections and is currently a member of the Canadian Chapter of the American Immigration Lawyers Association. Colin has twice appeared as an expert witness before Canada's House of Commons Standing Committee on

Citizenship and Immigration. He is frequently recognized as a recommended authority at national conferences sponsored by government and non-government organizations on matters affecting Canada's immigration and human resource industries. Since 2009, Colin has been a Governor of the Quebec Bar Foundation a non-profit organization committed to the advancement of the profession, and became a lifetime member in 2018.

July 20, 2023

ITEM 4.1.48

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Personal and Confidential

Dear Dr.

Thank you for your letter dated June 26, 2023. You raised a number of different issues in your letter, and my comments to each issue are set out below:

- a) Issue: Amend CCO By-Law 17: Public Register so that members who are in the retired class and do not pay the annual fee are not deemed to have resigned.

Ontario Regulation 137/11 defines the various classes of membership at the CCO. One class is “retired” and in order to be eligible for this class of registration, among other things, a member must not be in default of any fee owed to the College. Under the same regulation, if a member fails to pay fees, their certificate of registration may be administratively suspended and, after a period of two years of failing to pay, revoked.

All members of the CCO pay annual fees. Members in the “retired” class pay a very modest amount in annual fees. I note that members who are not able to pay their annual fee may contact the CCO and, in certain circumstances, the CCO may be able to accommodate their needs.

I understand that you resigned your membership with CCO, and that the register accurately reflects your resignation.

Contrary to your understanding of the CPSO register, it also contains the notation “resigned” for former members who resigned their membership.

- b) Chronologies and Epilogues

Issue: You suggested that the register should contain all information regarding suspensions, terms, conditions or limitations on a member’s certificate of registration. CCO complies with its statutory obligations to publish a notation of the outcome of every Discipline Committee hearing by posting a copy of the Discipline Committee’s Decision and Reasons. That way, anyone wanting to obtain full information regarding a hearing is able to obtain the information from the register.



You also indicated your view that the register does not clearly indicate when terms, conditions or limitations have been fulfilled. We appreciate your feedback and will be reviewing this issue.

c) Thorough Investigations

Issue: You suggest that complaints made to the Inquiries, Complaints and Reports Committee (“ICRC”) should be thoroughly investigated. The ICRC is statutorily required to conduct an adequate investigation of all complaints, and takes this requirement seriously. In most complaints, either a member who has been complained about, or a complainant, can request that the Health Professions Appeal and Review Board (“HPARB”) review an investigation to ensure it was adequate in the circumstances. You may have seen in the CCO’s 2022 Annual Report that HPARB reviewed 16 ICRC decisions and reasons and found that, in almost all cases (13/16), the investigations were adequate.

d) Privacy Concerns

Issue: You expressed a concern that information you consider private, including class of registration, upcoming discipline hearings, or the outcomes of discipline hearings, is available on the CCO register. All of these categories of information are required by the *Regulated Health Professions Act* (“RHPA”) to be available to the public on the register, as they are an important part of public protection. If you review the CPSO register, you will see the same information is available on that register, as CPSO is also governed by the *RHPA*. The information on the CPSO register, like the CCO register, can be searched in many ways, including by member name. A member of the public does not need to know a doctor’s CPSO number in order to review information regarding their class of membership.

This communication exchange will be provided to Council which includes Drs. Green, Mizel and Gautier.

Thank you for your comments, and I trust the above information is of assistance.

Sincerely,

Jo-Ann Willson
Registrar and General Counsel

**ONTARIO REGULATION 137/11: REGISTRATION
UNDER THE *CHIROPRACTIC ACT, 1991*
Effective Date: May 6, 2011.**

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.

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.

INSURANCE

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

FAILURE TO PAY FEES

18. (1) If the Registrar suspends a member's certificate of registration for failure to pay a required fee, the Registrar shall lift the suspension on payment of,
- (a) the fee the member failed to pay;
 - (b) the annual fee for the year in which the suspension is to be lifted; and
 - (c) any applicable penalty. O. Reg. 137/11, s. 18 (1).
- (2) If a certificate of registration has been suspended for failure to pay a required fee for more than two years from the date of the suspension and the suspension has not been lifted under subsection (1), the certificate is automatically revoked. O. Reg. 137/11, s. 18 (2).
- (3) A person whose certificate of registration was revoked under subsection (2) or a predecessor provision and who applies to be reinstated is required to pay,
- (a) the applicable application fee under the by-laws;
 - (b) the annual fees and any applicable penalties the member failed to pay up to the date of revocation; and
 - (c) the annual fee for the year in which the member wishes to be reinstated. O. Reg. 137/11, s. 18 (3).

- (4) A person whose certificate of registration was revoked pursuant to subsection (2) or a predecessor provision must successfully complete a refresher course approved by the Registration Committee, or otherwise satisfy the Registration Committee that he or she is currently competent to practise before being entitled to have his or her general certificate of registration reinstated. O. Reg. 137/11, s. 18 (4).

TRANSITIONAL

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



D'YOUVILLE

Section 8: An application to the Post-Secondary Education Quality Assessment Board of the Minister of Colleges and Universities for consent to offer and advertise the following degree program in Ontario, Canada:

- Doctor of Chiropractic (DC)

At the following location:

- Rental location, for examples
 - Centennial College
941 Progress Avenue, Scarborough, ON M1G 3T8
 - Seneca College
1750 Finch Avenue East, Toronto, ON M2J 2X5

Primary Contact:

Joggeshwar (Jogy) Das,

Vice President for Institutional Effectiveness

and Planning 716.829.8006 | dasj@dyc.edu

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SECTION 8. DEGREE PROGRAM QUALITY REVIEW STANDARDS

8. INTRODUCTION

8. EXECUTIVE SUMMARY

The D'Youville Chiropractic program (DCP) prepares students for careers as skilled and competent practitioners. The DCP maintains accreditation with the Council on Chiropractic Education (CCE), with the most recent cycle resulting in full accreditation for the maximum length of eight years with no stipulations or additional reporting. The DCP currently satisfies the education requirements for eligibility to write the Canadian Chiropractic Examining Board (CCEB) clinical competency exams required for licensure in Canada as well as the National Board of Chiropractic Examiners (NBCE) required for licensure in the United States. The industry outlook for chiropractors is favorable in both Ontario and in the United States.

The DCP is delivered through a combination of didactic, practical, and clinical experiences.

- The DCP has clearly defined and conspicuously posted policies, including those for admission requirements, academic progress, advancement, academic probation, academic appeals, student conduct, and graduation.
- The curriculum addresses the six elements of the OQF Degree Level Standard for doctoral degree programs via satisfaction of nine primary program outcomes/meta-competencies:
 1. Case Management
 2. Treatment
 3. Assessment & Diagnosis
 4. Case Follow-Up/Re-Evaluation
 5. Communication & Record-Keeping
 6. Health Promotion/Wellness

7. Basic Sciences
8. Business
9. Inter-professional Education

- In addition to classroom learning, students complete experiential/work-integrated learning in the form of clinical internships and preceptorships. Students must complete an entrance and exit exam prior to beginning these clinical experiences and complete specific quantitative requirements during their clinical semesters. The DCP maintains three clinical sites as part of its internal clinic system: The Hageman Chiropractic Health Center, the D'Youville Clinic at Erie County Medical Center, and an affiliate clinic at University at Buffalo Neurosurgery. Students may also complete a preceptorship outside of these locations at a chiropractic practice of their choosing, subject to DCP approval.
- The DCP offers a rigorous curriculum delivered in a small class-size setting. Students are assigned a faculty advisor for the duration of the program who helps ensure they are making academic progress and meeting program standards.
- The DCP conducts regular, rigorous assessment at several levels which includes faculty and student feedback.

8. PROGRAM ABSTRACT

The Doctor of Chiropractic Program (DCP) leads to a doctoral level professional degree. The chiropractic curriculum emphasizes the development of chiropractic skills in diagnosis and treatment of neuromusculoskeletal conditions and the application of research methodologies in an integrative evidence-informed practice model. While utilizing the latest technology, our skilled and experienced faculty work alongside students through didactic and online lectures, clinical skills, labs, and diverse internship rotations over a period of 11 terms. In preparation for success as

part of a collaborative healthcare team, students participate in the cutting edge Interprofessional Education and Simulation Center, gaining exposure to emulated, realistic patient scenarios in the safety of a controlled environment. The internship and preceptorship experiences include approximately 30-35 hours per week at a variety of clinical settings including, but not limited to, the D'Youville campus clinic, integrative private practices, and hospital-based clinical experiences. Preceptorships are offered in the last term to supplement the clinical education, during which students gain further practical experience across a wide offering of practice environments. Graduates go on to a variety of career opportunities such as private practice, employment in group practice, research, and teaching.

8.3 STANDARDS AND BENCHMARKS

The D'Youville [Doctor of Chiropractic Program](#) (DCP) is in alignment with the degree standard and benchmarks set by the Ontario Qualifications Framework (OQF) for doctoral degree programs. While the primary focus of the program is to prepare students for careers in chiropractic medicine, the program also satisfies the common outcomes outlined by the OQF.

8.3.1 DEGREE LEVEL

The D'Youville DCP addresses the six elements of the OQF Degree Level Standard for doctoral degree programs as described below. (Complete, specific information for each course, including syllabi and course descriptions, is included in the section addressing *Standard 3: Program Content* and is not duplicated here.)

Depth and Breadth of Knowledge

The program includes a substantial body of knowledge at the forefront of the field of chiropractic. The program is delivered through a combination of didactic, practical, and clinical experiences. Program depth and breadth are aligned with the meta-

competencies and outcomes set by the program's accreditor, the Council on Chiropractic Education (CCE). The program is further enhanced by threading in additional components related to the program's unique position within a liberal arts institution with access to and relationships with science, business and other health professions departments. As a CCE accredited program, the DCP currently satisfies the educational requirements for eligibility to write the Canadian Chiropractic Examining Board (CCEB) clinical competency exams required for chiropractic licensure in Ontario.

1. Case Management Meta-Competency

Graduates will be able to devise and clearly document an appropriate treatment plan based on the integration and interpretation of gathered information and communicate the plan to the patient, while ensuring informed consent.

2. Treatment Meta-Competency

Graduates will be able to provide evidence-informed treatment while appropriately communicating, both verbally and nonverbally, with the patient in a safe, professional, and hygienic environment.

3. Assessment & Diagnosis Meta-Competency

Graduates will be able to gather and analyze patient information and external health records, as well as perform and interpret diagnostic procedures, as appropriate, in order to formulate and communicate evidence-based diagnoses.

4. Case Follow-Up/Re-Evaluation Meta-Competency

Graduates will be able to devise and clearly document a follow-up treatment plan based on the integration and interpretation of gathered information and the patient's response to treatment and communicate the plan to the patient, ensuring informed consent if treatment changes.

5. Communication & Record-Keeping Meta-Competency

Graduates will be able to communicate with patients and others in a clear, understandable manner, respecting privacy; professional and ethical boundaries; and diverse value systems, beliefs, and socioeconomic status—and keep records of those encounters.

6. Health Promotion/Wellness Meta-Competency

Graduates will be able to promote health and wellness in a hygienic environment through patient education about health risks, screening, and nutrition.

7. Basic Sciences Meta-Competency

Graduates will be able to apply basic scientific principles as a foundation for clinical reasoning, diagnosis, and patient management.

8. Business Meta-Competency

Graduates will be able to operate a successful Chiropractic practice in accordance with state, federal, and licensure regulations.

9. Inter-professional Education Meta-Competency

Graduates will be able to collaborate with other allied health professionals to promote best practices in patient-centered care.

British Columbia

Regulated health professionals no longer required to disclose COVID-19 vaccination status in B.C.

Order released Friday also drops requirement for colleges to report members' vaccination rates

[Moira Wyton](#) · CBC News · Posted: Jul 18, 2023 10:41 AM EDT | Last Updated: July 18



B.C. Provincial Health Officer Dr. Bonnie Henry steps away from the podium after a news conference in Vancouver on Jan. 30. On July 14, Henry removed the requirement for health professionals to disclose their vaccination status to their regulatory bodies. (Darryl Dyck/The Canadian Press)

comments 

British Columbia will no longer require regulated health professionals to disclose their COVID-19 vaccination status to their regulatory body, according to an order issued by Provincial Health Officer Dr. Bonnie Henry last Friday.

The [order](#), which was posted on the provincial health officer's website, also drops the requirement for colleges to report vaccination rates of its members to the province.

The changes took effect just before midnight Friday.

"The collection and disclosure by the regulatory colleges of vaccination status information of registrants is no longer needed to support the pandemic response," a spokesperson for Henry's office said in a Monday emailed statement to CBC.

The vaccine mandate for employees in the public health-care system who work in hospitals, community care settings and residential facilities like long-term care remains in effect.

- **No vaccine mandate for regulated health professionals, B.C. officials confirm**

Friday's order comes more than a year after the province abandoned plans to mandate vaccines for regulated health professionals working outside public

health care, from dentists, chiropractors and naturopaths to dietitians and physiotherapists.

Henry initially said in October 2021 that regulated health professionals would need to be vaccinated to continue practising, announcing in February 2022 that all would need at least one dose by the following month.

However a subsequent order on March 8 of that year was very different, requiring instead that colleges collect vaccination information from registrants and report that info to the province if asked.

At the time, Health Minister Adrian Dix denied the province had backed off its plans.

- **Health minister denies backing off promised vaccine mandate for B.C. health professionals**

On March 11, Henry confirmed the province would instead make providers' vaccination information available to patients so they could have "informed consent," though the province hasn't said since how that would work.

'Replacement system'

In response to a CBC request for comment on Friday, a spokesperson for Henry's office said future data on the vaccination rates of registrants in each of B.C.'s 19 regulatory colleges is no longer needed to develop the promised "replacement system."

Colleges were required to report overall vaccination rates three times in total, including a recent "snapshot" on Friday, with detailed data to come next month.

"By obtaining this information, a comprehensive understanding of the vaccination status and its trends will be gained, making the current order unnecessary as the province moves forward with policy work to establish a replacement system," the statement read.

CBC asked for more information on the "replacement system" and whether it was different than the "informed consent" system Henry previously promised, but the spokesperson declined to answer.

"It would be premature to share details while that is being established," said a follow-up statement.

Opposition to promised vaccine mandate

There was strong opposition to the planned vaccine mandate among certain health professions.

Registrants in most B.C. colleges have sent long "notices of liability" to their colleges, saying college board members will be personally responsible if they are required to be vaccinated to be licensed and practise in B.C. Legal experts have said these notices have no legal value.

- **Naturopaths, chiropractors least vaccinated of all B.C. health professionals, province says**
- **'Notices of liability' used by anti-vaccine, anti-mandate groups are 'not a thing,' law professor says**

At the annual general meeting of the College of Chiropractors in December 2021, registrants voted for the college to "take a stand" against any mandates in a non-binding resolution.

The college and health ministry later denounced comments some members at the meeting made against vaccine mandates in general.

The Chiropractic Defense Council, an American non-profit created "to defend the rights of chiropractors," previously promised to take legal action against a mandate in B.C. and has solicited funding to support its efforts.

With files from Bethany Lindsay

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From: Jo-Ann Willson
Sent: July 13, 2023 12:01 PM
To: Rose Bustria
Subject: FW: Exam - New Candidate Resources & May 2024 site confirmed |
Nouvelles ressources pour candidats + site confirmé mai 2024

Importance: High

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: Suzette Martin-Johnson <admin1@cceb.ca>
Sent: Thursday, July 13, 2023 11:56 AM
To: Suzette Martin-Johnson <admin1@cceb.ca>
Subject: Exam - New Candidate Resources & May 2024 site confirmed | Nouvelles ressources pour
candidats + site confirmé mai 2024
Importance: High

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

Hello all | **Bonjour à tous et à toutes :**

Le français suit

The new CCEB examination rollout is well underway.

It all starts in October 2023, and we have been working hard to provide resources of value to regulators, candidates, and other interested parties. Please take a moment to familiarize yourself with the following important information.

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Resources:

- Visit cceb.ca and look for the red **Exam Changes** tab to the top right. There, you will find an easy-to-follow two-page Overview document, the new Examination Eligibility Policy, the new Candidate Handbook that includes sample items, scoring description, and the comprehensive blueprint document. This is the definitive resource for candidates.
- Additionally, under the newly expanded FAQ, you will find a new video resource that helps step through the changes. The video is less than thirty minutes in length and is broadcast in English. French subtitles are provided on the French side of the website.

May 2024 Exam Site Confirmation:

- As previously shared, we will be moving to a single site in Hamilton, Ontario, for the spring 2024 (May) administration to mirror our existing, successful single-site administrations in the fall and winter.
- As always, the CCEB will provide candidates with their examination in either French or English and candidate numbers will not be capped or restricted.

This move supports the CCEB with:

- Optimized examination calibration and oversight to uphold our psychometric excellence.
- Increased operational efficiencies, allowing us to leverage economies of scale to help us keep exam fees as low as possible for candidates.

Additionally, this move responds to the ongoing lack of availability of our previously used site (CHUM) combined with an increasing lack of affordability and/or suitability of other hotel sites in Montreal.

You will recall that, prior to the COVID-19 global pandemic, we had transitioned our written examination to the single site in Hamilton with great success.

Les plans de lancement du nouvel examen du CCEB avancent.

Tout commence en octobre 2023, et nous travaillons dur pour fournir les ressources utiles aux organismes de réglementation, aux personnes candidates, et à d'autres parties intéressées. Nous vous prions de lire les renseignements importants qui suivent.

Ressources :

- Visitez le site cceb.ca et trouvez l'onglet rouge « **Changements d'examen** » en haut à droite. Vous y trouverez un document d'aperçu simple, la nouvelle Politique d'admissibilité aux examens, le nouveau Guide du candidat qui contient des échantillons de questions/d'items d'examen, une explication de la notation, et le plan directeur complet. Il s'agit de la ressource qui fait autorité pour les personnes candidates.
- Nouveauté : nous avons ajouté des questions et réponses à notre FAQ. Sur cette page, vous trouverez également une nouvelle vidéo qui dure moins de 30 minutes qui explique les changements. Bien qu'elle soit en anglais, il y a des sous-titres en français sur le côté français du site.

Confirmation du site d'examen pour la session de mai 2024 :

- Nous avons déjà signalé qu'au printemps 2024 (en mai) l'examen aurait lieu dans un seul endroit à Hamilton, étant donné le bon déroulement de nos séances existantes en automne et hiver.
- Nous demeurons constants : le CCEB administre l'examen en français ou en anglais pour les personnes candidates et le nombre de places est toujours illimitée.

Cette décision concernant le lieu d'examen nous fournit :

- Un calibrage et une supervision optimaux qui maintiennent notre excellence psychométrique.
- Des gains d'efficacité opérationnelle qui nous permettront d'accéder aux économies d'échelle et de maintenir les frais d'examen les plus bas possibles pour les personnes candidates.

En outre, cette modification résout deux problèmes : l'indisponibilité persistante de notre ancien site (le CHUM) et les prix de plus en plus inabordables des hôtels à Montréal qui sont parfois inadaptés à notre examen.

Vous vous rappellerez qu'avant la pandémie de COVID-19, nous avons administré notre examen écrit uniquement à Hamilton et c'est très bien passé.

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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From: Jo-Ann Willson
Sent: August 8, 2023 2:38 PM
To: Rose Bustria
Cc: Sarah Green
Subject: FW: FOR IMMEDIATE RELEASE: Announcement from CMCC Board of Governors Chair Dr. Greg Woolfrey - Beginning a New Chapter in CMCC's History

Importance: High

This information is being forwarded to all Council members.

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

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

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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From: communications <communications@cmcc.ca>
Sent: Tuesday, August 8, 2023 2:01 PM
To: communications <communications@cmcc.ca>
Subject: FOR IMMEDIATE RELEASE: Announcement from CMCC Board of Governors Chair Dr. Greg Woolfrey - Beginning a New Chapter in CMCC's History
Importance: High

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FOR IMMEDIATE RELEASE

The Search for Canadian Memorial Chiropractic College's Next President Begins

Beginning a New Chapter in CMCC's History

TORONTO, August 8, 2023– At its annual retreat this past June, the Canadian Memorial Chiropractic College (CMCC) Board of Governors kicked off plans for the search for the next CMCC President. Following an illustrious tenure of 10 years beginning July 1, 2014, Dr. David Wickes will retire and conclude his term as planned on June 30, 2024.

During his tenure, President Wickes spearheaded numerous strategic initiatives that advanced CMCC's academic excellence, expanded research opportunities, fostered the implementation of innovative educational technology, and solidified strong community partnerships. Under his guidance, CMCC retired its long-term debt and significantly strengthened its financial health, maintained high enrolments of very qualified students, and achieved several remarkable milestones, positioning it as a renowned educational institution nationally and internationally.

In 2022, CMCC's DC degree program became the first in the world to achieve accreditation by two separate Councils on Chiropractic Education (US and Canada). Just recently, the Ministry of Colleges and Universities in Ontario renewed the Minister's consent for CMCC's DC degree-granting authority. Dr. Wickes' exceptional leadership during the challenging times posed by the pandemic demonstrated his determination and adaptability, enabling CMCC to navigate uncertainty and emerge even stronger, reinforcing its position as a resilient and forward-thinking institution.

The retirement of President Wickes will mark the beginning of a new chapter in CMCC's history. As CMCC embarks on this exciting search process, it remains committed to maintaining its position as a preeminent institution of higher education, dedicated to academic excellence, innovation, research, patient care, and community engagement. Following his retirement in 2024, President Wickes will continue serving CMCC for an additional year as a consultant to ensure a seamless transition and provide valuable assistance in achieving the remaining goals in CMCC's 2022-25 Strategic Plan.

To conduct the extensive national and international search for a successor, the Board of Governors has engaged the esteemed executive search firm, Feldman Daxon Partners whose proven track record of success demonstrates the values that best align with CMCC's core values. In accordance with the CMCC Succession Planning and Line of Authority Policy, the Board will also appoint a search committee including Board members, administrators, faculty, staff, students, and other persons.

“As Chair of the Board of Governors, I thank and commend Dave for his exceptional vision and relentless energy, which have elevated our institution to unprecedented levels of excellence and distinction. He and his leadership team made our institution stronger than ever, earning the respect and admiration of the chiropractic profession and the higher education community,” stated Board of Governors Chair, Dr. Greg Woolfrey.

The CMCC President represents CMCC externally and develops and nurtures relationships with alumni, friends, donors, government, and educational partners at the local, provincial, national, and international levels, intending to attract support and create partnerships that advance and align with the institution’s mission and vision. To explore the opportunity further, see the detailed posting at: www.cmcc.ca/presidentialsearch or contact prowan@feldmandaxon.com.

About CMCC

The Canadian Memorial Chiropractic College is an academic institution recognized for creating leaders in spinal health. With graduates practicing in 52 countries and faculty who are leaders in their fields, CMCC delivers world-class chiropractic education, research, and patient care. CMCC offers a four-year undergraduate program leading to a Doctor of Chiropractic Degree. This program is offered under the written consent of the Minister of Training, Colleges and Universities until 2030.

Spearheaded by the McMorland Family Research Chair in Mechanobiology with a focus on spine instability, degeneration, and joint dysfunction, CMCC researchers and graduate students contribute to the understanding and management of neuromusculoskeletal conditions. The Toronto campus features modern teaching and laboratory space, including new simulation and biomechanics laboratories with Force Sensing Table Technology® and extends across Toronto through its network of community-based interprofessional clinics that serve diverse patient populations. A not-for-profit, charitable organization, CMCC receives no direct government funding and relies on tuition, donations, auxiliary revenue, and special events for support. More information is available at www.cmcc.ca.

-30-

Media contact:

Mara Bartolucci (she/her)

Associate Vice President
Institutional Advancement + Communications
Tel: +1-647 805 2001 (new)
Mobile: +1 647 680 3759
mbartolucci@cmcc.ca

On Campus: Tuesday, Wednesday, Thursday
Remote: Monday & Friday

Please note that my working day may not be your working day. Please do not feel obliged to reply to this email outside of your normal working hours.



Canadian Memorial Chiropractic College
6100 Leslie Street
Toronto, ON M2H 3J1
www.cmcc.ca

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From: Jo-Ann Willson
Sent: July 13, 2023 7:18 AM
To: Rose Bustria
Subject: FW: Unlocking the science behind chiropractic care with new animated video + Join the OCA Mentorship Program + Nominate a colleague for 2023 OCA Awards

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

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From: Ontario Chiropractic Association (OCA) <OCA@chiropractic.on.ca>
Sent: Thursday, July 13, 2023 7:00 AM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: Unlocking the science behind chiropractic care with new animated video + Join the OCA Mentorship Program + Nominate a colleague for 2023 OCA Awards

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July 13, 2023

[Unlocking the science behind chiropractic care with our new animated video](#) |

[Applications open for the 2023 OCA Awards Selection Committee](#) | [Join the](#)

[OCA Mentorship Program](#) | [Nominate a colleague or peer for the 2023 OCA](#)

[Awards](#) | [Upcoming events](#) | [Classified ads](#)

Unlocking the science and value of chiropractic care with our new animated video

Today, we're thrilled to launch our [Spinal Manipulation Therapy: A Treatment for Musculoskeletal Pain](#) animated video on the science behind and value of chiropractic care. This video was created to provide a comprehensive, easy-to-understand, and accessible way to learn about the evidence-based benefits of

chiropractic care.

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“We want patients, stakeholders, and public in our health ecosystem to understand the science behind chiropractic care and appreciate the value and benefits of manual therapy,” says Caroline Brereton, CEO, OCA. “We created this video with this goal in mind. It explains key concepts in a digestible manner to help instill a deeper understanding of how chiropractic care works to encourage uptake. It’s one of the many tools we will be creating for our knowledge translation library of resources.”



As part of OCA's [Evidence-Based Chiropractic Care \(EBCC\)](#) work, one of our key goals is to increase access to experts and resources in knowledge

translation (KT) in chiropractic care. We're proud to share this animated resource as one of the first in our KT toolkit.

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This video would not have been made possible without our colleagues at the University of Guelph. In 2022, we partnered with Dr. John Srbely, PhD, DC to advance our role in KT in chiropractic care research. This includes creating tools and practical resources for Ontario chiropractors to apply to their patient care, advocate for the profession, and enhance member and communications efforts.

We encourage you to watch this video, "like" it, and share it with your patients, colleagues, and broader networks on your social media and personal channels.

If you have ideas for additional assets and resources in research and knowledge translation, please contact Jon Murray at jmurray@chiropractic.on.ca.

[Click here to watch the full video](#)

**Applications open for the 2023 OCA Awards
Selection Committee**

Celebrate the best in chiropractic through recognition and reward by joining the 2023 OCA Awards Selection Committee!

We're seeking three members to join our committee. As a member, you'll objectively review award nominations, select award recipients, and advise the OCA Board of Directors on award policies.

Time commitment

There are three available positions for a three-year term (September 2023 to August 2026) requiring a time commitment of a minimum of four hours per year.

All candidates should be ready to participate in two committee meetings in September and October 2023 for the 2023 OCA Awards nomination and selection process.



Qualifications

The successful candidates will:

- Be OCA and CCO members in good standing.
- Have a minimum of five (5) years of clinical experience.
- Be familiar with CCO [standards](#) and [guidelines](#).
- Have an understanding of the [OCA's mission and vision](#).
- Be prepared to attend meetings and conference calls, engage in reading and review of nomination material, and participate in email discussions.

Application deadline

If you're interested in joining the 2023 OCA Awards Selection Committee, please complete the [application form](#) by **Sunday, August 13, 2023 at 11:59 p.m. (EDT)**.

All applicants will be asked to participate in a brief interview in late August. Successful candidates will be notified in early September.

For more information, please contact Benjamin Xaffloreoy at bxaffloreoy@chiropractic.on.ca.

**Join colleagues and build connections with the
OCA Mentorship Program!**

The OCA Mentorship Program aims to help early career chiropractors develop important skills and gives established chiropractors the opportunity to shape the profession's next generation. See below for the full details.

The program

The [OCA Mentorship Program](#) is open for registration for mentors and mentees during the September 2023 to January 2024, and February to June 2024 terms.

The program matches a mentor with a small group of mentees with career paths and goals that align as closely as possible. Mentors and their group of mentees will meet virtually once a month over the five-month term.

Want to be a mentor?

If you're a chiropractor who's been practicing for 10 years or more and wants to help your younger colleagues thrive, consider becoming a [mentor](#). You can find more information and register on our [Become a Mentor](#) webpage.

Want to be a mentee?

If you're a chiropractor who's been in practice for one to seven years (inclusive) and wants to learn from colleagues who've succeeded in practice, consider becoming a [mentee](#). You can find more information and register on our [Become a Mentee](#) webpage.

The deadline to apply is Sunday, August 27, 2023 at 11:59 p.m. (EDT).

If you have any questions about the OCA Mentorship Program, please contact Benjamin Xaffloreay at bxaffloreay@chiropractic.on.ca.

Nominate a colleague or peer for the 2023 OCA Awards

The [OCA Awards](#) have returned for the 2023 season! If you know a fellow chiropractor who delivers exceptional health care and embodies the breadth and depth of our profession, we encourage you to nominate them for one of our prestigious 2023 OCA Awards categories.

Every year, the OCA Awards celebrate excellence in chiropractic in Ontario and recognize chiropractors and professionals who inspire, deliver exceptional health care, and lead our profession forward.

We invite you to be a part of this incredible celebration, honouring outstanding chiropractic professionals, leaders and advocates who deserve to be recognized for all they do. Anyone can submit a nomination, including a health team member, patient, or researcher.



2023 OCA Awards categories

1. [Chiropractor of the Year Award](#)
2. [Chiropractic Champion Award](#)
3. [Chiropractic Health Assistant \(CHA\) of the Year Award](#)
4. [Community Service Award](#) (Members Choice Award)
5. [Dr. Michael Brickman Heart and Hands Award](#) (Members Choice Award)
6. [Early Career Chiropractor Award](#) (previously the Recent Graduate Award)

7. [Patient Care Award](#)
8. [Research and Academic Award](#)

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The nominations deadline is Friday, September 1, 2023, at 5 p.m. (EDT).

2023 OCA Awards Gala

Mark your calendars! The 2023 OCA Awards celebration will take place on Saturday, December 9, 2023, in Niagara Falls, Ontario. Stay tuned for more details.

Visit the [2023 OCA Awards website](#) for more details, including award category descriptions, eligibility, and nomination process. For questions, please contact Benjamin Xafflorey at bxafflorey@chiropractic.on.ca.

[Click here to go to 2023 OCA Awards](#)

Upcoming events

**Human Anatomy Dissection Experience: 7-Day
CPD Program**

When: Saturday, August 12 to Friday, August 18, 2023

Time: 7 a.m. to 6 p.m.

Where: Kingston, Ontario

Format: In-person (15 Arch St., Kingston, ON, K7L 3N6)

Presented by: Queen's University's School of Medicine

Cost: \$5,000

The Human Anatomy Dissection Experience: 7-Day CPD Program strives to offer practitioners within the medical community the opportunity to revisit the essential science of human anatomy as it applies to their chosen field when it is most important to them: Once they are working in the clinic. Chiropractors are welcome to attend the program.

[Click here to learn more and register.](#)

Classified Ads

WSIB RFP for Clinical Expert line

The Workplace Safety and Insurance Board (WSIB) issued a Request for Proposal (RFP) seeking chiropractors, occupational therapists and physiotherapists to provide expert consultative services to community health care providers who are delivering care to workers within WSIB's Programs of

Care (POC) via telephone or other electronic means of communication.

Please note that this opportunity has the following instructions on its [online application form](#)'s "Electronic Bid Submission Through Biddingo.com" note toward the bottom of the RFP description:

"Bids must be submitted through Biddingo, the Electronic Bidding System used by The Workplace Safety and Insurance Board (WSIB) for this bid opportunity. Bids submitted in any other manner will be disqualified.

To access the bid form and start your submission, click the Electronic Bid Form link.

For technical support, please contact Biddingo directly at 416-756-0955 or via email at ebidding@biddingo.com.

PLEASE REFER TO THE ASSOCIATED DOCUMENT(S) IN THE ELECTRONIC BID FORM FOR FURTHER DETAILS - THANK YOU"

Biddingo's instructions also state that a one-time e-Bid submission fee is required.

The deadline to apply is Monday, July 17, 2023 at 2 p.m. (EDT).

[Click here for the full posting.](#)

RAC-LBP Advanced Practice Provider (APP)

Opportunity: Rapid Access Clinic-Low Back Pain ([RAC-LBP](#)) Advanced Practice Provider (APP)

Organization/Company: Ottawa Hospital

Location: Clinic location to be provided by clinician within Ottawa or Champlain region

Application deadline: Friday, July 21, 2023

The Ottawa Hospital is inviting expressions of interest from registered chiropractors based in the Ottawa area to become contracted Advanced Practice Providers (APPs) for the RAC, delivering rapid patient assessment, education and self-management advice from their respective practice locations.

[Click here for the full position description and how to apply.](#)



We're here for you:

Contact us via your [Self-Serve Member Portal](#) or

Email: oca@chiropractic.on.ca

Our mailing address is:

Ontario Chiropractic Association

Business Building

70 University Ave Suite 201

Toronto, ON M5J 2M4

Canada

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Jo-Ann Willson
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7

Dear Ms. Willson,

On behalf of the board of the Canadian Chiropractic Association, please accept our thanks for your invitation and subsequent meeting with our board chair, Dr. Judy Forrester and Interim CEO, Dr. Ayla Azad on Wednesday March 1st, 2023.

It is a pleasure for the CCA to connect with the regulator in Ontario. We recognize the important and impactful work the College of Chiropractors of Ontario (CCO) does to regulate the chiropractic profession in the public interest to assure ethical and competent chiropractic care. Please know that the CCA is a willing collaborator and would be pleased to support the CCO in any manner it deems appropriate.

As per our discussions, the CCA's National Convention and Tradeshow will be held in Toronto in April 2024. This is the CCA's signature event and will consist of three days of professional development and networking opportunities for CCA members. An important part of professional development will consist of hands-on workshops. We would like to inquire about the requirements for special authorization for our members licensed in other provinces to be able to practice spinal manipulation as part of an educational workshop during NCT. Our last NCT event in Montreal was a huge success, in part because of the support we received from the OCQ in facilitating these special authorizations.

Please let us know what we are required to submit and your deadlines. We are happy to work with the CCO to ensure a smooth process for both organizations.

Thank you for a productive meeting and we look forward to hearing from you.

With gratitude,

Dr. Ayla Azad, DC, MBA
Interim CEO, CCA



Ministry of Health

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

Telephone: 416 212-5494

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
777, rue Bay, 19^e étage
Toronto ON M7A 2J3

Téléphone : 416 212-5494

Ontario 

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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,



Dr. Karima Velji

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

From: Jo-Ann Willson
Sent: June 21, 2023 1:51 PM
To: Rose Bustria
Subject: FW: Labour Mobility – Update from College of Nurses of Ontario (CNO)
Attachments: Labour Mobility Current vs New process - chart.docx; ATT00001.txt

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: jwillson@cco.on.ca
 Web Site: www.cco.on.ca

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Wednesday, June 21, 2023 1:43 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Subject: [Registrars] FW: Labour Mobility – Update from College of Nurses of Ontario (CNO)

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The following is being forwarded to you on behalf of Silvie Crawford, Executive Director and CEO at the College of Nurses of Ontario.

Dear HPRO Colleagues,

CNO is committed to continuing to prioritize registration, modernizing applicant assessment, and engaging with nurses, the public, associations, and other partners in public safety. CNO is purposeful in our efforts to ensuring its processes are evidence-based, equitable and support public health and safety. We are resolutely supportive of labour mobility.

CNO will be adopting a new process for labour mobility that will take effect on July 4, 2023, for nurses currently registered in another jurisdiction within Canada applying for registration in Ontario.

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In ensuring that nurses in Canada have work flexibility, should they desire to do so, CNO has reviewed its processes with a continued duty to reflect a public safety mandate. We have identified two labour mobility registration requirements that take an extended period of time to satisfy. As such, we are making changes to support applicants to meet these requirements in an efficient and effective manner. Specifically, these changes relate to the requirement to demonstrate recent practice and good standing in another jurisdiction.

This new process will allow the applicant to satisfy the above noted requirements either through a signed declaration or an undertaking. This will allow CNO to register applicants within days with the understanding that the applicant will complete their part of the requirements. The changes to the process will rely on a combination of applicant declared information and online verification of registration with Canadian nursing regulators. It will be an option for applicants to sign an undertaking representing they are in good standing as a nurse in Canada and provide Verification of Canadian Registration documents within a specified time frame after registration in Ontario.

We have attached a chart that outlines the current process and that which will be in effect after July 4, 2023. CNO remains committed to efforts that reduce registration barriers and modernize the way we assess individuals who want to become registered to practice nursing in Ontario.

Should you have any questions about our new process, please reach out.

Sincerely, Silvie

Silvie Crawford RN BHSocN LLM (Health Law)
Executive Director / Chief Executive Officer
College of Nurses of Ontario | cno.org

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Ontario Labour Mobility Act (OLMA) process:

832

<u>Current Process</u>	<u>New Process</u> <u>as of July 4th, 2023</u>
Applicant applies online and provides all relevant nursing information	Applicant applies online and provides all relevant nursing information
Education requirement is met once CNO receives the Verification of Registration (VOR) from the board.	(Process change) Education requirement is met as soon as: <ul style="list-style-type: none"> • CNO receives the undertaking. • Confirms Canadian registration online
Evidence of Nursing Practice is met once the Verification of Nursing Practice (VNP) form is received from the employer. and Receipt of VOR from the Board	(Process change) Evidence of Nursing Practice is met immediately based on the self-declaration made by the applicant. Confirmation of Canadian registration online CNO will reach out to employers randomly to verify the information.
Exam requirement is met once CNO receives the VOR from the board.	(Process change) Exam requirement is met as soon as: <ul style="list-style-type: none"> • CNO receives the undertaking. • Confirms Canadian registration online
Jurisprudence Exam: Link to complete exam sent to applicant once application is created	Jurisprudence Exam: Link to complete exam is sent upon making an application.
Language proficiency is met once CNO receives the VOR from the board.	(Process change) Language proficiency is met as soon as: <ul style="list-style-type: none"> • CNO receives the undertaking. • Confirms Canadian registration online
Character, Conduct and Health (CCH) is met once CNO receives: <ul style="list-style-type: none"> • Declaration of registration requirement from the applicant • VOR from the board. and Police Criminal Record Check (Applicant makes a request online at myBackcheck)	(Process change) Character, Conduct and Health (CCH) is met as soon as <ul style="list-style-type: none"> • Declaration of registration requirement from the applicant • CNO receives the undertaking. • Confirms Canadian registration online. and Police Criminal Record Check (Applicant makes a request online at myBackcheck)
Authorization to Work: Applicant submits document in the portal	Authorization to Work: Applicant submits document in the portal

From: Jo-Ann Willson
Sent: July 25, 2023 6:17 PM
To: Rose Bustria
Subject: FW: Introduction of "As of Right" Rules for Certain Interjurisdictional Practitioners (IJPs)
Attachments: OPRHP Guidance Document.pdf; ATT00001.txt

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.

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Tuesday, July 25, 2023 5:47 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Subject: [Registrars] FW: Introduction of "As of Right" Rules for Certain Interjurisdictional Practitioners (IJPs)

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Hi All:

This is the information referenced during today's Board Bi-Weekly Check-In. Thank you to CMLTO, CNO, CPSO, and CRTO for any additional information that can be shared as things progress.

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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From: Office of the Chief of Nursing and Professional Practice (MOH) <chiefofnursing@ontario.ca>
Sent: Monday, July 24, 2023 10:44 AM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>; Dara.Laxer@OMA.org;
Linda.Petersen@OMA.org; Tim.Lenartowych@oma.org; Jennifer.Gold@oma.org;
Samantha.Tyberg@oma.org; bernier@ona.org; andreak@ona.org; CLeonard@cnps.ca;
asemenova@cnps.ca; thall@hiroc.com; cgaulton@hiroc.com; domenic.crolla@gowlingwlg.com;
mandy.lawson@gowlingwlg.com; info@npao.org; dmartin@werpn.com;
Andrew.Drummond@ipc.on.ca; dgrinspun@RNAO.ca
Cc: Velji, Karima (MOH) <Karima.Velji@ontario.ca>; Henry, Allison (She/Her) (MOH) <Allison.Henry@ontario.ca>; Cheng, Stephen (MOH) <Stephen.Cheng@ontario.ca>; Chau, Jenny (MOH) <Jenny.Chau@ontario.ca>; Lyon, Lindsay (She/Her) (MOH) <Lindsay.Lyon@ontario.ca>
Subject: Introduction of "As of Right" Rules for Certain Interjurisdictional Practitioners (IJPs)

Dear Colleagues,

On July 24, 2023, Schedule 2 under Bill 60: *Your Health Act, 2023*, came into force which introduced new "As of Right" rules for certain interjurisdictional practitioners (IJPs). Also coming into force are regulatory amendments made under four health profession Acts and a variety of supporting Acts that will support "As of Right" implementation.

With these new "As of Right" rules, the Ontario government will allow out-of-province physicians, nurses, medical laboratory technologists, and respiratory therapists registered and in good standing with other provinces and territories to immediately start working in Ontario's public hospitals and long-term care homes, without having to first register with one of Ontario's health regulatory colleges. This change will reduce registration barriers for certain health care workers registered in other provinces and territories, making it faster and easier for them to practice in Ontario.

IJPs will be subject to conditions that are outlined within the regulations and be permitted to work in Ontario for up to six months before obtaining registration with the applicable Ontario health regulatory college in order to practice under the "As of Right" initiative.

A guidance document to assist IJPs and employers who wish to take part in As of Right is attached for your reference.

Sincerely,
Karima

835

Dr. Karima Velji, RN, PHD, CHE, FCAN
Pronouns (She/Her)
Chief of Nursing and Professional Practice
Assistant Deputy Minister of Health
Ministry of Health
777 Bay Street, 19th Floor, Toronto, M7A 2J3
Email: Karima.Velji@ontario.ca
Phone: 416-212-5494
Cell: 647-534-4874

“As of Right” Guidance Document

July 20, 2023

Introduction to “As of Right”

Ontario’s new “As of Right” exemption is a first-in-Canada approach that aims to expedite the process for health care workers registered in other Canadian jurisdictions to begin practice in Ontario.

Subject to conditions, the “As of Right” exemption enables physicians, nurses, respiratory therapists, and medical laboratory technologists registered in another Canadian province or territory to start working and caring for people in Ontario without having first being registered with an Ontario health regulatory college.

Under the “As of Right” exemption, those four classes of interjurisdictional practitioners (IJPs) may practice for up to 6 months whilst completing the registration process and waiting for their application to be approved. This 6-month period reduces administrative barriers associated with the registration process that can delay an individual’s ability to begin caring for patients in Ontario immediately.

Guidance Document Purpose

This guidance document provides information to potential applicants and employers on the implementation of “the As of Right” initiative. Applicants may use this document to assist them while determining their eligibility and to understand their obligations and best practices as an IJP. Additionally, employers may use this document to assist them in determining the eligibility of an IJP during the hiring process, as well as their obligations as employers.

This document is to be used in conjunction with any applicable legislation, regulation, directives, and orders, and is not intended as a substitute. Nothing in this document constitutes legal advice. In the event of any conflict between this document and any applicable legislation, regulation, directive, or order, the legislation, regulation, directive, or order prevails.

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Pathway to Registration

1. The person is registered with a regulatory authority in a Canadian jurisdiction, other than Ontario, and holds in that jurisdiction the equivalent of an Ontario certificate of registration and ensures that they meet the conditions for exemption.



2. For physicians, nurses, medical laboratory technologists or respiratory therapists, the employer (public hospital/long-term care home) goes through their usual interviewing/hiring process and extends a job offer. The person informs the employer that they intend on participating in "As of Right" and that they meet the conditions for exemption.

Additionally, out-of-province physician applies for hospital privileges or a position providing professional services in or on behalf of a public hospital, the University of Ottawa Heart Institute, or in a Long-Term Care home.



3. Before beginning practice in Ontario, the person submits a completed application for a certificate of registration with the applicable Ontario health regulatory college.



4. The person practices in Ontario while they assemble and complete their application for a certification of registration with the relevant Ontario health regulatory college.



5. The person must obtain registration with the college within 6-months of practice in Ontario.

As of Right Applicants

Eligibility

The following professions regulated in other Canadian jurisdictions are eligible for “As of Right”:

1. Physicians and surgeons;
2. Registered nurses (RNs), registered practical nurses (RPNs), and nurse practitioners (NPs);
3. Respiratory therapists (RTs); and
4. Medical laboratory technologists (MLTs)

Conditions of Practice

In order to qualify as an IJP and be able to practice under the “As of Right” exemption in Ontario, IJPs must meet all of the following conditions. Additionally, employers are strongly encouraged to require IJPs to sign an attestation that they meet all the following conditions of exemption and will inform the employer if/when they cease meeting any of the following conditions during the course of practice.

No.	Condition	Description / Notes
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.	<p>IJPs must be registered with a regulatory authority in another Canadian jurisdiction and be permitted to practice without any terms, limitations or conditions. International professionals may use the “As of Right” exemption if they are registered in another Canadian jurisdiction in one of the eligible professions. The IJP is accountable to ensure they are registered in another Canadian jurisdiction. The employer can verify an IJP’s registration through the province or territory’s public register.</p> <p>Respiratory therapists and medical laboratory technologists are not regulated in British Columbia, the Northwest Territories, or the Yukon. Therefore, individuals from these jurisdictions do not meet this condition and could not practice “As of Right” in Ontario.</p>
2	A regulatory authority in a Canadian jurisdiction has not refused to grant the person a certificate of registration in the profession	IJPs cannot have been denied registration with a Canadian regulatory body within two years before their application for a certificate of registration in the relevant Ontario

	within the two years preceding their application for a certificate of registration	<p>regulatory college. The IJP is accountable to ensure they have not been refused a certificate of registration from a regulatory authority in another Canadian jurisdiction. The employer can verify this through the interview process.</p> <p>Additionally, if an application under the “As of Right” exemptions were to be denied, this condition prevents the same applicant from resubmitting a new application under the “As of Right” exemption for two years.</p>
3	A finding of professional misconduct, incompetence or incapacity has not been made about or against the person as a result of a proceeding in relation to the profession.	<p>IJPs who were found, as the result of a proceeding, to have engaged in professional misconduct, been found incompetent or had a finding of incapacity made against them would not meet this condition including in cases where IJPs have terms, conditions and limitations placed upon their certificate of registration.</p> <p>The IJP is accountable to ensure they meet this condition. The employer can verify this through the interview process.</p>
4	The person must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding or any similar proceeding in relation to the profession.	<p>IJPs must not be the subject of a current disciplinary proceeding in any jurisdiction in relation to the profession. The IJP is accountable to ensure they meet this condition. The employer can verify this through the interview process.</p>
5	In Ontario, with respect to the practice of the profession, the person only provides professional services in or on behalf of a public hospital, the University of Ottawa Heart Institute, or a long-term care home.	<p>IJPs are only permitted to provide professional services in public hospitals, the University of Ottawa Heart Institute, or in long-term care homes. IJPs are permitted to practice in locations outside a public hospital or the University of Ottawa Heart Institute if it is linked services provided within a public hospital setting</p>
6	The person has submitted to the relevant College an application for a certificate of registration prior to providing professional services in accordance with condition 5.	<p>Prior to beginning the 6-month period of practice, IJPs are required to submit an application to the applicable Ontario health regulatory college. This is the first step in the registration process and is usually completed online. It is the employer’s</p>

		<p>accountability to verify this (e.g., applicant can show employer documentation that they submitted an application to the regulatory body).</p> <p>The employer would notify the relevant Ontario health regulatory college of their decision to hire an IJP to allow regulatory colleges to be aware of those who are practicing the profession under the “As of Right” exemption.</p>
7	The person holds professional liability insurance or benefits from professional liability insurance coverage or a similar protection that extends coverage to Ontario.	Professional liability protection provides financial compensation for members of the public who have been harmed as a result of malpractice or negligence by a professional. The employer is responsible for verifying that the IJP holds or benefits from appropriate professional liability insurance prior to providing professional services.
8	The person must use the proper titles relevant to their qualifications and may only use titles recognized in Ontario that are equivalent to their title/certification in the Canadian jurisdiction in which they are already registered.	As described further in this document, an IJP originating jurisdiction may use titles that differ in Ontario (e.g., licensed practical nurse vs. registered practical nurse); regardless, IJPs must abide by Ontario legislation regarding the use of titles.

An IJP would lose their exemption in any of the following circumstances:

No.	Condition	Description
1	The person’s application for a certificate of registration has been rejected by the relevant Ontario health regulatory college before 6 months have elapsed since they first began to provide professional services in Ontario.	IJPs’ whose application for registration with the relevant Ontario health regulatory college (e.g., the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, etc.) has been denied prior to the end of the 6-month practice period must immediately stop practicing. The IJP is accountable to notify the employer if/when they have denied a certificate of registration by the relevant Ontario health regulatory college. Employers are strongly encouraged to monitor and confirm the status of the IJP’s application with the IJPs they employ during the “As of Right” exemption period.

2	The person has not been issued a certificate of registration by the College within the 6 months following the day they first began to provide professional services in Ontario.	<p>IJPs may practice for a maximum of 6-months before obtaining a certificate of registration from their respective Ontario health regulatory college.</p> <p>IJPs who are not registered by the 6-month mark must cease practicing immediately. The IJP is accountable to notify the employer if/when they have not been issued a certificate of registration within 6 months. Employers are strongly encouraged to maintain a database of IJPs they have employed, noting the first day they have provided professional services.</p>
3	The person ceases to meet the conditions described in the table above (See <i>Conditions of Practice</i>).	<p>IJPs must continuously meet the above conditions in order to practice and must stop practicing if they fail to meet them.</p> <p>An example of a condition of practice ceasing to apply would be where a finding of professional misconduct, incompetence, or incapacity has been made against the IJP in relation to the relevant profession or where such a proceeding has been initiated against them during the “As of Right” exemption period.</p>

Obligations of IJPs

Self-Reporting Eligibility

It is the responsibility of IJPs to carefully review the conditions for exemption to ensure they are eligible for the “As of Right” exemption. A person who contravenes any provision of the *Medicine Act, 1991*, *Respiratory Therapy Act, 1991*, *Medical Laboratory Technology Act, 1991*, or the *Nursing Act, 1991* 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 offence¹.

When applying for a position with an employer, IJPs are required to indicate that they intend to participate in “As of Right” and that they meet the conditions for exemption. It is the responsibility of the employer to verify that IJPs meet the conditions for exemption. Employers are strongly encouraged to require IJPs to sign an attestation ensuring that they meet all the conditions of exemption and will inform the employer

¹ RHPA, Schedule 2 Subsection 93(1). See also e.g., s.11 of the *Respiratory Therapy Act, 1991*.

if/when they cease meeting any of the conditions during the course of practice. Additionally, employers are strongly encouraged to maintain a database of IJPs they have employed, noting the first day they have provided professional services

Registration in Ontario

IJPs are required to register with the applicable college within six months of beginning practice in Ontario. As such, IJPs are strongly encouraged to complete their application for registration with the relevant Ontario health regulatory college as soon as possible to increase the likelihood that their application will be processed and approved by the applicable Ontario health regulatory College within the six-month exemption period. It can take several months to obtain all required documentation and submit a completed application to the college. Additionally, regulatory colleges may have high processing times, including and especially, during specific times of the year when new graduates are applying for membership. IJPs should contact the applicable college to determine processing timelines.

IJPs should notify their employer once they are registered; at this point, they will practice as an Ontario regulated health professional instead of an “As of Right” applicant.

Professional Liability Protection

Professional liability protection (PLP) provides financial compensation to members of the public who have been harmed as a result of malpractice or negligence by a professional.

As outlined in the conditions for exemption, IJPs are required to hold professional liability insurance or benefit from PLP coverage or a similar protection that extends coverage to Ontario. PLP must be secured before the IJP begins providing professional services in Ontario. The value of the coverage should be consistent with what is required by the applicable Ontario College. In Ontario, PLP is generally procured through an employer, a provincial or national association/protective association, or an insurance provider. It is the responsibility of the individual IJP to procure (or to ensure that they benefit from) adequate coverage.

For guidance on PLP, including the level of coverage required, IJPs should contact their prospective employer, the applicable Ontario college, or the Healthcare Insurance Reciprocal of Canada (HIROC), Canadian Nurses Protective Society (CNPS), or the Canadian Medical Protective Association (CMPA).

College Policies, Bylaws, and Practice Standards

During the 6-month period, despite not yet being registered with the relevant Ontario health regulatory college, it is strongly recommended that IJPs familiarize themselves

with and uphold the College's policies, practice standards and bylaws for the duration of the "As of Right" exemption period. Employers may require applicants to familiarize themselves with the relevant legislation and College policies or practice standards as part of their conditions of employment. Failure to follow policies or practice standards may also reflect negatively on the applicant regarding the College's decision to grant or deny their application for a certificate of registration.

In addition, observing policies or practice standards, laws, and by-laws may be expected of IJPs by their new employers. IJPs can access relevant information on the following college websites:

- [CPSO policies](#)
- [CPSO bylaws](#)
- [CNO bylaws](#)
- [CNO practice standards](#)
- [CMLTO bylaws](#)
- [CMLTO practice standards](#)
- [CRTO bylaws](#)
- [CRTO policies](#)
- [CRTO practice standards](#)

Reporting

Schedule 2 (Health Professions Procedural Code) of Ontario's *Regulated Health Professions Act, 1991* (RHPA) requires members of health regulatory colleges to file mandatory reports under certain circumstances. While IJPs are not bound by the following requirements for the duration of the "As of Right" exemption status, they are strongly encouraged to observe the following:

As set out in Schedule 2 of the *Regulated Health Professions Act* (the Health Professions Procedural Code), Members of Ontario's regulatory colleges must file a report with their college when:

- They have been found guilty of a criminal offence;²
- They have been charged with an offence, and the report shall include information about any bail conditions or restrictions connected with the charge;³
- A finding of professional negligence or malpractice is made against them;⁴
- The person is a member of another body that governs a profession inside or outside Ontario;⁵

² RHPA, Schedule 2 Subsection 85.6.1(1)

³ RHPA, Schedule 2 Subsection 85.6.4(1)

⁴ RHPA, Schedule 2 Subsection 85.6.2(1)

⁵ RHPA, Schedule 2 Subsection 85.6.3(1)

- A finding of professional misconduct or incompetence is made against the person by another body that governs a profession inside or outside Ontario;⁶
- They have reasonable grounds, obtained in the course of their practice, to believe that a patient has been sexually abused by a member of the same or a different health regulatory college.⁷

While not bound by the RHPA, the following reporting requirements **do automatically apply** to IJPs:

- An out-of-province physician or nurse is required to report the presence or suspected presence of diseases of public health significance in non-hospital patients to the applicable medical officer of health. (*Health Protection and Promotion Act*)⁸
- If providing insured services in a public hospital or in a long-term care home, out-of-province physicians and nurses are required to report suspected instances of health insurance fraud to the General Manager of the Ontario Health Insurance Plan. (*Health Insurance Act*)⁹
- Report to the Information and Privacy Commissioner when personal health information is lost, stolen, used, or disclosed without authority in the circumstances set out under the *Personal Health Information Protection Act, 2004*.¹⁰

What are IJPs allowed to do?

Controlled Acts

A controlled act is a type of medical procedure available only to certain professions, as outlined in the *Regulated Health Professions Act 1991*, its regulations, and the professional acts of the various Health Colleges and their regulations.

With some exceptions outlined below, IJPs will be allowed to practice as if they were an Ontario-registered health professional. Except where outlined below, they will be able to perform the same controlled acts as their Ontarian-certified counterparts and have access to the same scope of practice. IJPs must abide by the Ontarian scope of practice for their profession and must refrain from performing controlled acts that are not authorized to be performed by members of their profession or certification in Ontario (regardless of the scope of practice for the relevant profession/certification in their home jurisdiction. It is the employer's responsibility to ensure that the IJP only performs

⁶ RHPA, Schedule 2 Subsection 85.6.3(2)

⁷ RHPA, Schedule 2 Subsection 85.1(1)

⁸ *Health Protection and Promotion Act*, 1990, s.25

⁹ *Health Insurance Act*, 1990, s. 43.1

¹⁰ O. Reg 329/04 (General) to the *Personal Health Information and Protection Act, 2004*, s. 6.3.

controlled acts in accordance with the standards of practice outlined in the *Regulated Health Professions Act, 1991* and its regulations as well as the relevant professional acts and their regulations.

IJPs must ensure they have the knowledge, skill, and judgement to perform the controlled acts they wish to perform – if they lack the knowledge, skill, or judgement to perform an act, particularly if they were not authorized to perform that act in their home jurisdiction, the IJP should refrain from performing that act while practicing in Ontario. The IJP may only perform a controlled act should they develop the requisite knowledge, skill, and judgement to do so.

Ontario medical laboratory technologists, respiratory therapists, and some nurses also have restrictions on their ability to perform certain controlled acts independently – these restrictions will also apply to IJPs.

It is the responsibility of the IJP to familiarize themselves with their new scope of practice and observe any restrictions to their practice set out in legislation or regulation, as well as detailed in Ontario regulatory health college policies, practice standards, laws, or bylaws, as well as any terms or conditions imposed on their professional practice imposed by their new employer(s).

Use of Titles

Ontario law sets out which professionals may use restricted professional titles, such as “Doctor” or “Respiratory Therapist”, as well as specialty designations such as “Anesthesiologist” or “Nurse Practitioner - Paediatrics”. An out-of-province professional is restricted to using the titles that their Ontario counterpart could use, even if they were authorized to use a different or additional title in their originating jurisdiction.

Out-of-province physicians may use the title “doctor”, a variation or abbreviation or an equivalent in another language of the title that corresponds to their specialty certification by the College of Family Physicians of Canada or by the Royal College of Physicians and Surgeons of Canada.

Out-of-province nurses may use the title of “nurse”, as well as the title associated with their originating jurisdiction’s registration (registered nurse, registered practical nurse, or nurse practitioner) or any abbreviation or variation thereof. Out-of-province nurse practitioners with the appropriate specialty certificate or equivalent may add “Primary Health Care”, “Paediatrics”, or “Adult” to their title, as well as use any abbreviation or variation thereof (e.g., NP-PHC). Out-of-province nurses may only use these three subspecialty titles, even if they are accustomed to using another title in their home jurisdiction, as these are the only subspecialty designations recognized in Ontario.

Out-of-province respiratory therapists may use the title “respiratory therapist” or any abbreviation or variation thereof. Ontario does not recognize the use of any other title for respiratory therapists.

Out-of-province medical laboratory technologists may use the title “medical laboratory technologist” or any abbreviation thereof. Ontario does not recognize the use of any other title for medical laboratory technologists.

As of Right Employers & The Public

Public hospitals, the University of Ottawa Heart Institute, and long-term care homes are permitted to hire IJPs or to grant them hospital privileges. Employers are not obligated to hire IJPs; these changes have been made to provide additional options for eligible hospitals and long-term care homes to recruit and retain workers.

Employer Obligations

In addition to internal human resource policies and practices, employers have an obligation to verify if the IJPs they employ meet all the “As of Right” conditions of exemption. One of those conditions is to ensure that IJPs are registered with a health regulatory college in another Canadian jurisdiction.

Verification of Registration and Professional Misconduct

Employers should ensure that IJPs are appropriately registered and free of findings or investigations into professional misconduct. This section provides guidance on how to proceed in exercising due diligence.

All health regulatory colleges in Canada provide a public registry that allows individuals to search for a member of that regulatory college. For example, the College of Physicians and Surgeons of British Columbia (CPSBC) allows individuals to see a member’s registration status, practice type (e.g., family practice, specialty practice, general surgery, etc.), education, any disciplinary actions taken against the member, and any practice conditions placed on a member following a disciplinary action by the College.

Reporting on public registries across Canada’s health regulatory colleges may be inconsistent. For example, CPSBC only reports disciplinary actions on its public registry if there has been a finding of misconduct, while in Alberta the public registry lists upcoming hearings on their public registry. This inconsistency in reporting means that employers of IJPs should not only rely on these public registry databases. Employers should ask IJP applicants to self-report that they meet the eligibility requirements and should make best efforts, where information is available, to verify their claims. It is important to note that this inconsistency means that IJPs may not be aware that they

are subject to an investigation by their originating jurisdiction's health regulatory college. Therefore, IJPs can only self-report to the best of their knowledge.

Mandatory Reporting Requirements

While IJPs are not bound by the mandatory reporting requirements set out in Schedule 2 of the *Regulated Health Professions Act, 1991* (Health Professions Procedural Code), they are strongly encouraged to observe them. In addition, it is the employer's responsibility to file a report with the applicable Ontario health regulatory college if the employer has reasonable grounds to believe that an IJP has sexually abused a patient.

Accountability/Filing a Complaint Against an IJP

During the 6-month period, the IJPs will operate outside the health regulatory college system, which may differ from an employer's normal accountability and complaints processes. Patients who wish to file a complaint against an IJP can do so by filing it with the Patient Relations office or department of a public hospital where the IJP is employed. The usual and customary process for resolving complaints will ensue. However, in the event of a serious wrongdoing or professional misconduct, employers are strongly recommended to notify both the relevant Ontario health regulatory college and the IJP's home jurisdiction regulatory college.

Employers, as health information custodians, should issue a notice to the appropriate regulatory college within 30 days when a IJP health care practitioner resigns or is terminated or suspended due to an unauthorized collection, use, disclosure, retention, or disposal of personal health information.

These complaints may inform the Ontario health regulatory college's decision to grant or deny a certificate of registration and therefore provide a form of accountability, as an investigation, professional misconduct hearing, or denial of a certificate of registration may prevent the IJP from practicing in Ontario.

For more information on the Colleges' complaints processes, please visit the appropriate website:

[The College of Physicians and Surgeons of Ontario Complaints Website](#)

[The College of Nurses of Ontario Complaints Website](#)

[The College of Respiratory Therapists of Ontario Complaints Website](#)

[The College of Medical Laboratory Technologists of Ontario Complaints Website](#)

In addition, if a patient or family member has a complaint about an IJP employed at a long-term care home, they can also contact the Ministry of Long-Term Care (MLTC).

Through the MLTC's long-term care home complaints process, individuals can file urgent complaints¹¹ or non-urgent complaints¹².

If a patient or family member is not satisfied with how a public hospital or long-term-care home responded to their complaint, they have the option of filing a complaint with the Ontario Patient Ombudsman. The Ontario Patient Ombudsman will review the complaint to ensure they have the jurisdiction to resolve the complaint, if needed. If the Ontario Patient Ombudsman determines that an investigation should occur, they will then provide the patient and/or family member with the results of their decision.

Optional Pathways to Registration

Select Ontario health regulatory colleges may include optional pathways for IJPs to begin practicing immediately (e.g., CNO can process labour mobility applicants within a few days). If IJPs pursue this route through the select Ontario health regulatory colleges, they will not be held to the "As of Right" provisions and exemptions. As members of the Ontario health regulatory colleges, they will be subject to the same rights, privileges, investigations processes, etc. that apply to all members.

¹¹ Urgent complaints include cases of harm, neglect, or danger to residents.

¹² Non-urgent complaints include less serious complaints related to diet, activities, or care.

Appendix A: Applicant Checklist

Before Providing Professional Services in Ontario:

- ✓ Job offer in one of the four selected professions to provide professional services in or on behalf of a public hospital, the University of Ottawa Heart Institute, or a long-term care home
- ✓ Satisfy all conditions of exemption
- ✓ Submit an application for a certificate of registration to the applicable Ontario health regulatory college

During the 6-Month Practice Period

- ✓ Continue to meet all the conditions of exemption and report if the IJP does not meet any of the conditions of exemption
- ✓ Continue to gather the required documentation and assemble an application to register with the applicable college
- ✓ Submit a completed application to the college

By 6-months of Practice

- ✓ Receive a certification of registration with the applicable Ontario regulatory college

Appendix B: Questions & Answers

1. What professions are permitted to practise under the proposed exemption?

The following professions registered in other Canadian jurisdictions would be permitted to practise under the exemption:

- Physicians and surgeons
- Nurse practitioners, registered nurses, and registered practical nurses
- Respiratory therapists
- Medical laboratory technologists

2. What settings will IJPs be permitted to practise in?

IJPs would be permitted to provide professional services in or on behalf of a public hospital, long-term care home, or the University of Ottawa Health Institute.

3. Will hospitals and long-term care homes be required to hire IJPs?

Hospitals and long-term care homes would not be required to hire IJPs. Employers would determine if, and how many, IJPs they would hire based on staffing needs and recruitment plans.

4. How long will IJPs be permitted to practise in Ontario without registering?

IJPs would be required to register with the applicable college within six months of their first day of providing professional services in Ontario. IJPs who fail to register will not be able to practise in Ontario beyond the 6-month period (or, beyond the moment within the 6-month period where the applicable college has notified the IJP that their application for a certificate of registration has been rejected)

5. What does it mean for an IJP to apply for registration to the college prior to providing professional services or beginning employment in Ontario?

IJPs would be required to submit an application for registration with the applicable college before they begin practising in Ontario.

The employer would notify the relevant health regulatory college of their decision to hire an IJP to allow regulatory colleges to be aware of those who are practicing the profession under the "As of Right" exemption.

6. Who will verify if IJPs meet the conditions required for exemption?

The onus of credential verification would be jointly placed on employers and individual applicants. Hospitals, long-term care homes or the University of Ottawa Heart Institute will have the responsibility to verify the credentials and registration of IJPs when extending a contract of employment or hospital privileges.

7. Will IJPs be permitted to perform controlled acts?

The proposed amendments to the Controlled Acts regulation made under the *Regulated Health Professions Act, 1991 (RHPA)* would exempt IJPs from the restrictions on the performance of controlled acts set out in section 27 of the Act. With the exception outlined below, IJPs will be allowed to practice as if they were an Ontario-registered health professional. They will be able to perform the same controlled acts as their Ontarian counterparts, having access to the same scope of practice. IJPs must abide by the Ontarian scope of practice for their profession, refraining from performing controlled acts they were previously authorized to perform in their home jurisdiction if it is not authorized in Ontario.

IJPs must ensure they have the knowledge, skill, and judgement to perform the controlled acts they wish to perform – if they lack the knowledge, skill, or judgement to perform an act, particularly if that act was not authorized to them in their home jurisdiction, the IJP should refrain from or refuse to perform that act. The IJP may only perform a controlled act should they develop the requisite knowledge, skill, and judgement to do so.

Ontario medical laboratory technologists, respiratory therapists, and some nurses also have restrictions (e.g., on orders from a physician, medical directives, etc.) on their ability to perform certain controlled acts independently – these restrictions will also apply to IJPs.

8. Who will handle and address complaints and investigations during the 6-month grace period?

Employers would be responsible for using existing mechanisms (e.g., patient relations office or department of the public hospital) to handle complaints and investigations during the 6-month “As of Right” exemption period. The usual and customary process for resolving complaints will ensue.

However, in the event of a serious wrongdoing or professional misconduct, employers are strongly recommended to notify both the relevant Ontario health regulatory college and the IJP’s home jurisdiction regulatory college. The college may use this information to support their registration decisions.

9. Who will be monitoring IJPs during the 6-month grace period of practice?

Employers would use the existing employee monitoring mechanisms (e.g., medical advisory committees, etc.) to monitor IJPs during the 6-month grace period. Employers would be responsible for ensuring that IJPs are only assigned tasks or asked to deliver services that they are qualified to provide.

10. Who will verify that IJPs register with the applicable Ontario regulatory college within 6 months of providing services?

Employers would use existing mechanisms to ensure that IJPs register with the applicable college within 6 months of providing professional services in Ontario (e.g., online public register).

11. How will employers ensure that IJPs are not subject to an ongoing investigation in their home jurisdiction?

Employers are expected to exercise due diligence in hiring or extending privileges to an IJP. IJPs who are subject to an ongoing investigation cannot practise under this exemption. A person who contravenes any provision of the *Medicine Act, 1991*, *Respiratory Therapy Act, 1991*, *Medical Laboratory Technology Act, 1991*, or the *Nursing Act, 1991* 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.

12. Will IJPs be required to have liability insurance while practising in Ontario?

As outlined in the conditions for exemption, IJPs are required to hold professional liability insurance (PLP) or benefit from PLP coverage or a similar protection that extends coverage to Ontario. PLP must be secured before the IJP begins providing professional services in Ontario. The value of the coverage should be consistent with what is required by the applicable Ontario health regulatory college. In Ontario, PLP is generally procured through an employer, a provincial or national association/protective association, or an insurance provider. It is the responsibility of the individual IJP to procure (or to ensure that they benefit from) adequate coverage.

13. What happens if an IJP changes their place of employment during the 6-month grace period?

Should an IJP change their place of employment during the 6-month grace period, they would be required to notify the applicable Ontario health regulatory college as soon as possible. This is consistent with the requirements of professionals already registered in Ontario.

ITEM 4.2

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**College of Chiropractors of Ontario
Quality Assurance Committee Report to Council
September 8, 2023**

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 August 9, 2023

Recommendations

The Committee has the following recommendations to Council:

Recommendation

That Council approve draft amendments to Standard of Practice S-003: Professional Portfolio for distribution and feedback

The QA Committee had extensive discussion about ways members can continue to retain their competencies in controlled acts as members of CCO (particularly the controlled act of spinal adjustment or manipulation, which is referenced in the scope of practice statement). This was also a discussion at the most recent Peer Assessor Workshop, as some members assessed are registered in the General class of registration, but may not perform controlled acts often.

Although there is a Continuing Education (CE) requirement for 5 hours in diagnostic or therapeutic procedures related to controlled acts, peer assessors have observed that much of this requirement is being completed through remote learning in areas related to communicating a diagnosis and/or ordering radiographs.

The Committee is of the opinion that it would be in the public interest to add a CE requirement that is specific to a hands-on activity related to spinal adjustment or manipulation. The Committee acknowledges that there may be some challenges in accessing such an activity in remote settings, so is proposing that at 5 hour hands on activity related to spinal adjustment or manipulation be completed once every three CE cycles (or six years). Furthermore, competencies in psychomotor skills related spinal adjustment or manipulation improve with continued use, education and training, and the QA Committee is of the opinion that this additional CE requirement would encourage lifelong learning in spinal adjustment or manipulation and help ensure patients receive safe and competent chiropractic care.

Additional Reporting

CCO Circulation for Feedback: Draft Amendments to Guideline G-014: Delegation, Assignment and Referral of Care and New Draft Guideline G-015: Virtual Care

The Committee conducted a preliminary review of the feedback from the circulate of June 29, 2023. As feedback is being accepted until August 31, 2023, the Committee will review all feedback at the October 18, 2023, QA meeting, with an objective to bring recommendations to Council at the November 23, 2023, Council meeting.

Clinical Competency in Controlled Acts

In addition to its recommended amendments to Standard of Practice S-003: Professional Portfolio, the QA Committee also forwarded to the Registration Committee two suggested additional questions for 2024 registration renewal. Although certain information about performance of controlled acts is collected, these additional questions would have the objective of collecting additional statistical information from members about the frequency of the performance of the controlled act of spinal adjustment or manipulation and chiropractic techniques used in practice. CCO had historically collected information about chiropractic techniques, and the QA Committee is of the opinion that it would be beneficial to collect and analyse these statistics.

Information and Security Record Keeping

The Committee had continued discussion about security of electronic records specific to the storing of credit card information. Although the Committee is not recommending amendments to CCO standards of practice, it is suggested a short reminder in a future President's Message that members who store patient credit card information in their electronic record keeping systems must ensure they are compliant with Payment Card Industry Data Security Standards (PCI DSS) requirements.

Ordering, Taking and Interpreting Radiographs

The Committee reviewed Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs as well as the standard of practice from the College of Medical Radiation and Imaging Technologists of Ontario with respect to the collection of patient information related to gender and pregnancy status, and use of shielding protection. The Committee will be reviewing draft amendments at its next meeting with an objective to recommend amendments to Council.

Peer and Practice Assessment (PPAs) Update

The Committee received a report on the PPA program. 260 are undergoing PPA 1.0 and 316 members are undergoing PPA 2.0 for this year. PPAs are in various stages with an objective to complete them by the end of 2023.

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 next REW is scheduled for November 1, 2023.

The Committee also reviewed a first draft of a on demand, interactive webinar on Advertising, Websites and Social Media (material from the REW) using the Articulate software. Initial feedback was provided, and the Committee will continue to work towards developing this as a stand alone, on-demand webinar.

Core Competencies for CCO Members

The Committee continues to see benefit in the Core Competencies document and is of the opinion that it is of benefit to patients in understanding what to expect from a chiropractic appointment. The Committee is of the view that the Patient Relations Committee may want to review this document further for additional uses for patients.

Acknowledgements

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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

PROFESSIONAL PORTFOLIO



Standard of Practice S-003

Quality Assurance Committee

Approved by Council: May 24, 1996

Amended: February 28, 1998, and November 30, 2002, December 3, 2009,

September 17, 2015, June 23, 2017, June 22, 2022 (came into effect July 1, 2022)

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

NOTE: For the purposes of this standard of practice, “member” refers to a CCO member registered in the “General” class of registration.

INTENT

To advise members of their government-legislated obligation to quality improvement by participation in peer and practice assessment, self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development.

OBJECTIVES

- To fulfill the requirements of the Quality Assurance Committee as set out in section 80.1 of the Health Professions Procedural Code (the Code), Schedule 2 of the *Regulated Health Professions Act, 1991 (RHPA)*.
- To facilitate continuous quality improvement through the concepts of peer and practice assessment, self-assessment, self-assessment action plans, and lifelong learning.
- To emphasize that each member is responsible for their own continuing competency and professional growth.
- To enable the Quality Assurance Committee to assist a member with specific remediation if it is requested or deemed necessary.
- To ensure the ongoing development of CCO’s quality assurance program.

DESCRIPTION OF STANDARD

A member is required to maintain a professional portfolio, which will be made available to the Quality Assurance Committee or a peer assessor upon request. The contents of the professional portfolio remain confidential within the Quality Assurance Committee and will not be shared

with any other committee. A member is required to complete the four parts of the professional portfolio (as outlined below). A member must maintain their professional portfolio, including CE materials gathered in the current CE cycle and the immediate past complete CE cycle. Additional cycles may be discarded. However, CCO encourages every member to retain relevant materials for future use and reference.

For the purposes of this standard of practice and for compliance with the Quality Assurance program, it is acceptable and recommended for a member to use their Continuing Education and Professional Development Log in their [CCO Member Portal](#) as their Professional Portfolio/record of continuing education, in combination with [the Self-Assessment Questionnaire 1.0 or 2.0 and Plan of Action Summary Sheet \(fillable PDF\)](#), instead of the [Fillable PDF Professional Portfolio](#).

Part 1: Professional Profile / Curriculum Vitae

Please note: this should be maintained by the member but does not need to be submitted unless required to do so.

Personal Data: Name, Address, Registration Number

Education: Post-Secondary/Academic Degrees Certificates; Specialties/Fellowships (if applicable)

Professional History: Practice History and Description

Professional Membership and Service: Names of professional organizations in which the member holds current membership, and the services and activities provided to professional organizations (including positions held).

Volunteer Work: Service to Profession; Service to Community

Awards / Recognition

Other Professional Activities: Professional Presentations; Professional Publications

References (optional): A separate sheet may be attached.

Part 2: Self-Assessment (1.0 or 2.0)

There are two versions of the mandatory [self-assessment](#) available for completion. Each self-assessment process consists of two parts: the self-assessment questionnaire with accompanying handbook and the plan of action summary sheet.

A member is required to complete, every two years, either

- Self-assessment 1.0 (recommended in the first two complete CE cycles) or
- Self-assessment 2.0 (recommended in all subsequent CE cycles).

It is highly recommended that the self-assessment is completed within 90 days from the start of a new CE cycle. The self-assessment questionnaire is completely confidential and will not be viewed by any committee.

Once a member has completed the self-assessment questionnaire and has identified areas that need improvement, the member should transfer the information to the self-assessment plan of action summary sheet. Using this summary sheet, a member shall develop a learning plan to help guide their CE and professional development to address those items identified in the completion of the self-assessment. Members should be aware that those areas identified for improvement or further learning in one's self-assessment should be addressed in appropriate and applicable CE activities in the CE cycle.

The plan of action summary sheet is a component of the member's professional portfolio and will be reviewed by a peer assessor during the peer and practice assessment to monitor compliance with the self-assessment process. A member may identify areas from the self-assessment questionnaire which they desire to strengthen and may incorporate these items into their CE activities.

Part 3: Continuing Education (CE) and Professional Development

CE activities should reflect the results of a member's self-assessment, and peer and practice assessment, in addition to any CE activities related to professional interests, adding to a member's strength or changing a member's practice.

A member is required to participate in 40 hours of CE over a two-year period in which they are a member in the General class of registration for entire two-year period, as determined by CCO. In accumulating the 40 hours, CCO requires every member to:

- participate in a **minimum** of 20 hours in structured CE activities (all 40 hours may be accumulated in structured activities);
- record up to a **maximum** of 20 hours towards unstructured CE activities;
- record participation in CE activities in their online continuing education and professional development log; and
- maintain materials gathered while fulfilling CE requirements for the current CE cycle (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.).

To monitor compliance with the Quality Assurance initiatives, members who are registered in the General class of registration for that entire cycle shall complete and submit the online Continuing Education and Professional Development Log, available in the [online member portal](#).

CE activities must relate to a member's clinical practice and/or professional activities¹, with the goal of enhancing a member's professional knowledge and skill.

A member is not permitted to bank hours over the two-year period (i.e., transfer hours from one cycle to the next). The required 40 hours of CE is considered the minimum standard for the two-year cycle. CCO encourages all members to participate in additional CE on a regular basis.

Structured Activities (20 hours minimum)

Structured activities are active/interactive learning programs completed either in person or virtually. These activities generally have structured agendas, specified learning objectives and/or the opportunity for interaction with other members of the profession or other professions and the ability for the member to interact and/or gain feedback (e.g., live attendance at a seminar/webinar, question and answer period with presenters/others while participating in the program of study, interactive quiz/competency examinations at a prerecorded webinar, etc.).

Structured activities include:

- attending courses, seminars, workshops, presentations, conferences
- participating in interactive Internet courses, seminars, workshops, conferences, webinars
- participating in correspondence courses
- participating in clinical rounds
- participating in computer assisted learning

Mandatory Components of Structured CE

There are three mandatory components of Structured CE, as follows (all of which can be counted towards structured activities as outlined above):

1. As defined in the *RHPA*, 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.

In accordance with section 4 of the *Chiropractic Act, 1991*, a member is authorized to perform the following controlled acts:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or

¹ N.B. – a member's CE activities are separate and apart from daily professional activities. For example, if the member is an educator, the preparation and presentation of classroom material would not be considered an acceptable CE credit.

- ii. a disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

CCO requires that every member participate in a minimum of five hours of CE, in every CE cycle, that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice². These mandatory five hours should be relevant to the member's clinical practice, but may not include adjunctive therapies, such as acupuncture, soft tissue therapies, exercise or nutritional counseling.

2. CCO requires that every member successfully completes and remains current with emergency first aid/CPR certification³.
3. It is a requirement that every member attend CCO's [Regulatory Excellence for CCO Members Online/Virtual Workshop](#) at least once every three CE cycles (or six years). This workshop is offered free to members and applicants online three times per year (Dates and times posted on the CCO website).

Unstructured Activities (20 hours maximum)

Unstructured activities are self-directed, independent learning activities.

Unstructured activities include:

- reading professional books, journals, articles, research papers
- viewing/reading/listening to professional audio/video, Internet material
- reviewing CCO regulations, standards of practice, policies, guidelines, other CCO material
- preparing/presenting professional presentations
- researching/writing/editing professional publications
- other (specify)

Guidelines for CE Activities

CCO requires that every member participate in CE activities that relate directly to their clinical practice and/or professional activities. These activities may include, but are not limited to,

² See Standard of Practice S-001: Chiropractic Scope of Practice for an explanation of "diagnostic or therapeutic procedures". Controlled acts may include the authorized activities listed in section 4 of the *Chiropractic Act, 1991* or the authorization to operate an X-ray machine or prescribe the operation of an X-ray machine under sections 5-6 of the *Healing Arts Radiation Protection Act, 1990*.

³ The minimum requirement is emergency first aid: CPR Level C + CPR + AED. This can be achieved through providers such as Red Cross and St John Ambulance as a 6.5 hour classroom instruction program.

subjects such as communication, assessment, diagnosis/clinical impression, diagnostic imaging, patient care, and specialty training.

CCO will continue to review the CE process and make appropriate changes as necessary, which may include the introduction of mandatory elements to the program and/or approval/disapproval of specific programs.

Documentation of CE Activities

Every member is required to log and submit their CE activities in the CCO member portal as part of each CE cycle.

Part 4: Accompanying Folder

A member is required to maintain the following in their professional portfolio:

- materials gathered while fulfilling their CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.);
- samples of their recent advertising; and
- the disposition reports following the peer and practice assessment

LEGISLATIVE CONTEXT

Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991

The QA program is defined in section 1 (1) of the Code as “a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among members.”

Objects and Duties of CCO – Section 3 of *the Code*

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

3. To develop, establish and maintain standards of practice to assure the quality of the practice of the profession
4. To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members

Section 80.1 of the Code defines the minimum requirements for a quality assurance program as follows:

- (a) “A quality assurance program prescribed under section 80 shall include, continuing education or professional development designed to,

- (i) promote continuing competence and continuing quality improvement among the members,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

Section 80.2 of the Code outlines the powers of the QA Committee as follows:

“The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.
2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
 - i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
 - ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

College of Chiropractors of Ontario
Registration Committee Report to Council
September 8, 2023

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Members: Dr. Julia Viscomi, *Chair*
Mr. Markus de Domenico
Mr. Gagandeep Dhanda
Dr. Angelo Santin

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

Committee Mandate

- To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
- To review applications for registration referred by the Registrar.
- To determine the terms, conditions or limitations, if any, for granting a certificate of registration to an applicant.

Report

The Registration Committee met twice on July 13, 2023 and August 22, 2023.

Recommendations

Recommendation 1

The Council approve the 2024 member renewal memorandum and online renewal.

The 2024 online renewal includes two recommended questions from the Quality Assurance Committee related to how often members perform the controlled act of spinal adjustment or manipulation and chiropractic techniques used in practice to be added to Step 8 of Renewal. The memorandum from the Quality Assurance Committee is included for information.

Recommendation 2

The Council approve the 2024 professional corporation renewal memorandum and online renewal.

Additional Reporting

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

The Committee reviewed information related to the Office of the Fairness Commissioner, Canadian Chiropractic Examining Board (CCEB) changes to their examinations and development of the Emergency Class Regulation.

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Current Member Status

Chart 1: Membership Statistics as of August 22, 2023

Classes	Total
General	5041
Inactive	232
Retired	178
All classes	5451

Chart 2: Change in Registration statistics for June 9, 2023 – August 22, 2023

Description	Total
New members	145
Female	79
Male	66

Chart 3: Colleges of Graduation for New Members

CMCC	135
NCHS (Previously NYCC)	1
UQTR	2
NHSU	3
Palmer, Iowa	1
University of Johannesburg	1
Life' CC West	1
D'Youville	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



MEMORANDUM

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Date: August 17, 2023

To: Registrars

From: Ming-Young Tam, Director, Office of the Fairness Commissioner

Subject: **Consultation on Risk-Informed Compliance Framework**

I am writing to inform you that the Office of the Fairness Commissioner (OFC) plans to update its risk-informed compliance framework (RICF) for the 2024 risk assessment cycle and that we wish to obtain your input on the proposed changes.

As you will recall, in 2020, the OFC migrated to a new risk-informed compliance framework, which applies modern regulator principles and allows us to focus our compliance resources on those regulators requiring the most support. The OFC launched the RICF in a staged fashion which culminated in the assignment of a risk rating to each regulator in April 2022.

The risk ratings were originally intended to remain in effect for a 12-month period until March 31, 2023, at which time they would be re-assessed. Risk ratings were later extended an additional year to March 31, 2024. This change was made based on the lingering impacts of the Covid-19 pandemic, the introduction of important new legislative amendments that directly impact registration processes, and the need to refine our risks and assessment methodologies to mirror this new landscape.

We have now reviewed our current framework and would like to seek your input on these proposed enhancements, as well as any other ideas that you may have to strengthen the framework. The enhancements also reflect lessons learned from the first RICF cycle, comments received from individual regulators, and the results of our client satisfaction survey.

Regulators are invited to attend one of three virtual consultation sessions. These sessions will either be scheduled through Zoom or the Microsoft Teams platform:

- September 14: 1:30 pm to 3:00 pm
- September 19: 1:30 pm to 3:00 pm
- September 21: 10:30 am to 12 noon

In advance of this session, our office will be distributing a slide presentation which outlines the proposed changes and provides a series of questions to help guide the discussions.

To participate in a consultation session, **please send your preferred date to Marie-Claire Ip at marieclaire.ip@ontario.ca, by September 8, 2023.** Please copy your response to Angelika Neuenhofen at Angelika.Neuenhofen@ontario.ca.

Angelika is also available to answer any questions you might have. Should you prefer to submit your comments in writing, you may direct them to her attention at the email above until October 6, 2023.

Thank you for your continuing efforts to enhance the fairness of registration practices in Ontario and to help the province address some critical labour market shortages.

Sincerely,

Ming-Young Tam
Director, Office of the Fairness Commissioner



THE OFC NEWSLETTER

SUMMER 2023

**BRIDGING THE LABOUR GAP:
HOW TWO REGULATORS ARE MEETING THE CHALLENGE**



In recent years, Ontario has experienced increasingly serious labour shortages in certain professions and compulsory trades. Professional regulators have an important role to play in addressing this issue.

Under section 2.1 of Schedule 2 of the *Regulated Health Professions Act, 1991*, it is the duty of every health regulatory college to work in consultation with the Minister of Health 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.

The provincial government has recently proposed a similar legal obligation for non-health professions under *Bill 79, the Working for Workers Act, 2023*, which is currently before the legislature.

Many regulators are taking innovative steps to address labour market pressures. In this edition of the *Newsletter*, the Office of the Fairness Commissioner (OFC) will highlight initiatives taken by the College of Nurses of Ontario (CNO) and Skilled Trades Ontario (STO).



The College of Nurses of Ontario

As the regulatory body responsible for nursing professionals in Ontario, CNO plays a critical role in promoting safe and competent nursing care in the province. Over the years, the increasing demand for healthcare services coupled with the Covid-19 pandemic,

have put immense pressure on nursing staff, which has led to departures from the profession. To address this challenge, CNO has adopted a host of innovative strategies, one of which we will highlight below.

In collaboration with Ontario Health and employers, CNO has implemented the Supervised Practice Experience Partnership, which enables nurses to meet two CNO requirements while working under supervised practice: the evidence of safe practice requirement and the language proficiency requirement. So far, over 2,000 internationally trained nurses have been able to register following completion of this program.

Coupled with recent amendments to CNO's temporary class regulation, that permit applicants to work while meeting registration and examination requirements, these changes have already fundamentally improved the registration journeys of internationally educated nurses.

Please see [News & Announcements \(cno.org\)](#) for more details on these and other initiatives.

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Skilled Trades Ontario

Many industry sectors, including construction, manufacturing and automotive, are experiencing a historic shortage of qualified skilled tradespersons. STO is focused on filling this gap by, among other things, promoting careers in the trades.

In May 2023, STO hosted its first-ever *industry summit on apprenticeship*. This inaugural event highlighted the importance of apprenticeship training in shaping the future of skilled trades in Ontario. During the summit, STO made public its strategic framework, which consists of four pillars to guide the agency over the next three years:

- Supporting an innovative apprenticeship and certification model.
- Promoting and advancing the skilled trades.
- Facilitating research in the skilled trades.
- Building a diverse, equitable, inclusive skilled trades sector.

In addition, beginning last fall, the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) and STO launched the *Level Up! career fair series* across the province, which offered more than 13,000 students, parents and educators an opportunity to explore careers available in the Ontario skilled trades sector. The fairs were a success and will be returning in the fall of 2023.

Please see [Home Page - Skilled Trades Ontario](#) for more details on these and other initiatives.

The work of the CNO and STO represent excellent examples of what we call *ecosystem thinking*, where the immigration, education, assessment, registration and employment processes are treated as part of a single pathway. These regulators have fashioned linkages upstream and downstream to provide a more seamless glidepath for qualified individuals to join their chosen trade or profession, and to, thereby, help close the skills gap.

2021 QUICK FACTS

MEMBERSHIP IN REGULATED PROFESSIONS AND REGULATED HEALTH COLLEGES

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.

In the May Newsletter, we provided readers with some statistical arrangements and are offering additional insights in this edition in an infographic format.



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

2021 QUICK FACTS

MEMBERSHIP IN REGULATED PROFESSIONS AND REGULATED HEALTH COLLEGES



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

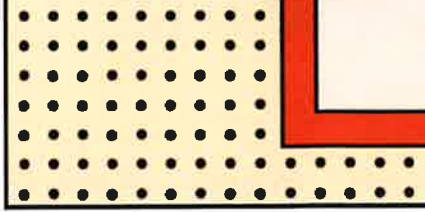
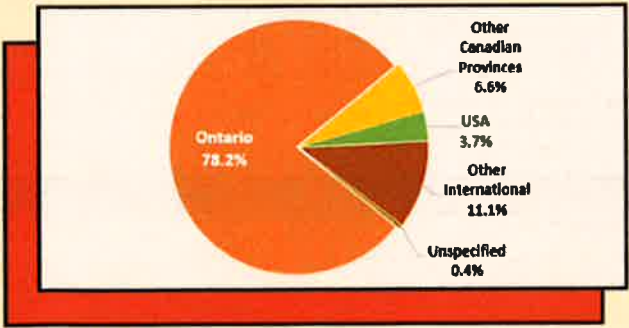
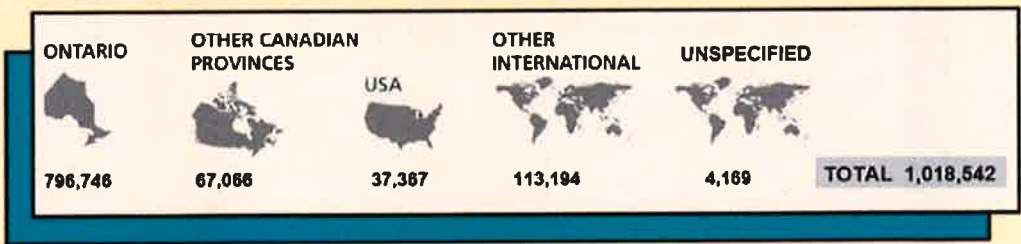
Covered by the *Regulated Health Professions Act, 1991.*



MEMBERS

Anyone who is licensed to practice a regulated profession in Ontario is a member of that profession.

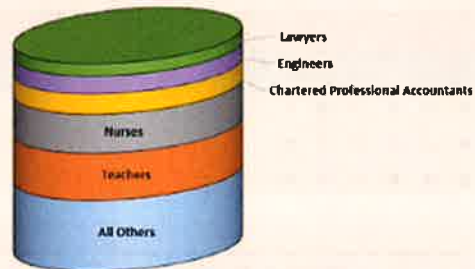
1. NUMBER OF MEMBERS AND WHERE THEY WERE TRAINED



2. FIVE PROFESSIONS WITH THE LARGEST NUMBER OF MEMBERS

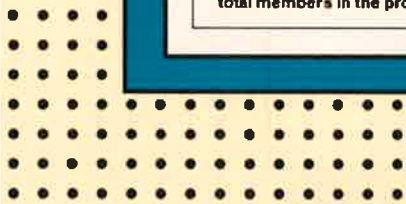
957

	①	②	③	④	⑤	
Profession	Teachers	Nurses	Chartered Professional Accountants	Engineers	Lawyers	All Others
Number of members (total 1,018,542)	230,911	192,401	98,921	86,392	61,428	348,489
Percentage of members compared to total members in all professions	22.7%	18.9%	9.7%	8.5%	6.0%	34.2%



3. TOP 10 PROFESSIONS WITH THE LARGEST NUMBER OF INTERNATIONALLY TRAINED MEMBERS

	①	②	③	④	⑤
Profession	Teachers	Nurses	Engineers	Physicians	Pharmacists
Number of Internationally Trained Members	38,627	25,187	24,066	13,534	8,356
Percentage of members compared to total members in the profession	17%	13%	28%	31%	48%
	⑥	⑦	⑧	⑨	⑩
Profession	Lawyers	Chartered Professional Accountants	Dentists	Engineering Technicians and Technologists	Physiotherapists
Number of Internationally Trained Members	6,458	5,489	4,980	3,802	3,281
Percentage of members compared to total members in the profession	11%	6%	43%	17%	31%



BULLETIN DE NOUVELLE DU BCE**ÉTÉ 2023****COMBLER LE VIDE DE LA MAIN-D'ŒUVRE :
COMMENT DEUX ORGANISMES DE RÉGLEMENTATION RÉPONDENT AU DÉFI**

Ces dernières années, l'Ontario a connu des manques de main-d'œuvre de plus en plus graves dans certaines professions et certains métiers obligatoires. Les organismes de réglementation professionnelle ont un rôle important à jouer dans la résolution de ce problème.

En vertu de l'article 2.1 de l'annexe 2 de la *Loi de 1991 sur les professions de la santé réglementée*, il incombe à chaque ordre de réglementation des professions de la santé de travailler en consultation avec le ministre de la Santé pour veiller à ce que, dans l'intérêt public, la population de l'Ontario ait accès à un nombre suffisant de membres d'une profession de la santé réglementée qui soient qualifiés et compétents.

Le gouvernement provincial a récemment proposé une obligation légale similaire pour les professions autres que celles de la santé dans le cadre du *Projet de loi 79, Loi de 2023 visant à œuvrer pour les travailleurs*, qui est actuellement en cours d'examen par la législature.

De nombreux organismes de réglementation prennent des mesures innovantes pour répondre aux pressions du marché du travail. Dans cette édition du bulletin, le Bureau du commissaire à l'équité (BCE) mettra en lumière les initiatives prises par l'Ordre des infirmières et infirmiers de l'Ontario (OIIO) et par l'organisme Métiers spécialisés Ontario (MSO).

**L'Ordre des infirmières et infirmiers de l'Ontario**

En tant qu'organisme de réglementation de la profession infirmière en Ontario, l'OIIO joue un rôle essentiel dans la promotion de la sécurité et de la compétence des soins infirmiers dans la province. Au cours des années, la demande de plus en plus importante de services de soins de santé, combinée à la pandémie de Covid-19, a mis une énorme pression sur le personnel infirmier, ce qui a provoqué des départs de la profession. Pour faire face à ce défi, l'OIIO a adopté une série de stratégies innovantes, dont l'une d'entre elles est décrite ci-dessous.

En collaboration avec Santé Ontario et les employeurs, l'OIIO a mis en place le *programme de partenariat en matière d'expérience d'exercice infirmier sous supervision*, qui permet aux infirmières et infirmiers de satisfaire à deux exigences de l'Ordre tout en travaillant sous supervision : l'exigence de preuve d'une pratique sûre et l'exigence de compétence linguistique. Jusqu'à présent, plus de 2 000 infirmières et infirmiers formés à l'étranger ont pu s'inscrire après avoir suivi ce programme.

Combinés aux modifications récentes apportées à la réglementation sur les catégories temporaires de l'OIIO, qui permettent aux candidats de travailler tout en satisfaisant aux exigences d'inscription et d'examen, ces changements ont déjà fondamentalement amélioré le parcours d'inscription des infirmières et infirmiers formés à l'étranger.

Pour plus de détails sur ces initiatives et d'autres, veuillez consulter [Nouvelles \(cno.org\)](https://www.cno.org).

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Métiers spécialisés en Ontario

De nombreux secteurs industriels, notamment la construction, la fabrication et l'automobile, connaissent une pénurie historique de personnes de métier qualifiées. MSO s'efforce de combler cette pénurie, notamment en promouvant les carrières dans les métiers.

En mai 2023, MSO a organisé son tout premier sommet de l'industrie sur l'apprentissage. Cet événement inaugural a souligné l'importance de la formation en apprentissage pour façonner l'avenir des métiers spécialisés en Ontario. Au cours du sommet, la MSO a rendu public son cadre stratégique, qui comprend quatre piliers qui guideront le travail de l'organisme au cours des trois prochaines années :

- Appuyer un modèle innovant pour l'apprentissage et la certification;
- Promouvoir et faire progresser les métiers spécialisés;
- Faciliter la recherche relative aux métiers spécialisés;
- Mettre en place un secteur des métiers spécialisés qui soit à la fois diversifié, équitable et inclusif.

En outre, à partir de l'automne dernier, le ministère du Travail, de l'Immigration, de la Formation et du Développement des compétences et MSO ont lancé la série de salons de l'emploi *Au Niveau !* dans toute la province, qui a offert à plus de 13 000 élèves, parents et éducateurs l'occasion d'explorer les carrières disponibles dans le secteur des métiers spécialisés de l'Ontario. Les salons ont été un succès et reviendront à l'automne 2023.

Veuillez consulter la [Page d'accueil - Métiers spécialisés Ontario \(skilledtradesontario.ca\)](https://www.skilledtradesontario.ca) pour plus de détails sur ces initiatives et d'autres.

Le travail de l'OIIO et de MSO représente un exemple excellent de ce que nous appelons la pensée écosystémique, où les processus d'immigration, d'éducation, d'évaluation, d'inscription et d'emploi sont traités comme faisant partie d'un seul et même chemin. Ces organismes de réglementation ont créé des liens en amont et en aval afin d'offrir aux personnes qualifiées une voie d'accès plus transparente vers le métier ou la profession de leur choix, et de contribuer ainsi à combler le déficit de compétences.

2021 FAITS EN BREF

MEMBRES DES PROFESSIONS RÉGLEMENTÉES ET DES ORDRES DU SECTEUR DE LA SANTÉ RÉGLEMENTÉS

Vers la fin de l'année 2022, le BCE a reçu les rapports sur les pratiques d'enregistrement équitables que les professions réglementées et les ordres du secteur de la santé réglementés ont préparés pour 2021. Des liens vers ces rapports sont désormais disponibles sur notre site web dans la section [Professions et métiers](#).

Dans le bulletin d'information du mois de mai, nous avons fourni aux lecteurs des données statistiques et nous présentons dans cette édition des informations supplémentaires sous forme d'infographies.



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

960

2021 FAITS EN BREF

MEMBRES DES PROFESSIONS RÉGLEMENTÉES ET DES ORDRES DU SECTEUR DE LA SANTÉ RÉGLEMENTÉS

15 PROFESSIONS RÉGLEMENTÉES

(Métiers Spécialisés Ontario est aussi responsable pour 23 métiers à accréditation obligatoire)

Couvertes par la Loi de 2006 sur l'accès équitable aux professions réglementées et aux métiers à accréditation obligatoire.

26 ORDRES DU SECTEUR DE LA SANTÉ RÉGLEMENTÉS

Couvertes par la Loi de 1991 sur les professions de la santé réglementées.

MEMBRES

Toute personne qui a obtenu un permis pour exercer une profession réglementée en Ontario est membre de cette profession.

1. NOMBRE DE MEMBRES ET LIEU DE FORMATION

ONTARIO



708,746

AUTRES PROVINCES CANADIENNES



67,058

É.-U.



37,367

AUTRES PAYS ÉTRANGERS



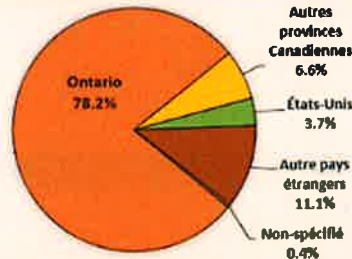
113,104

NON-SPÉCIFIÉ



4,169

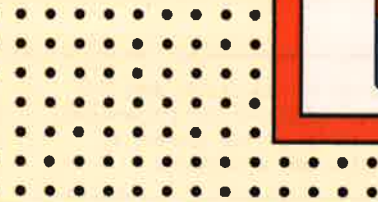
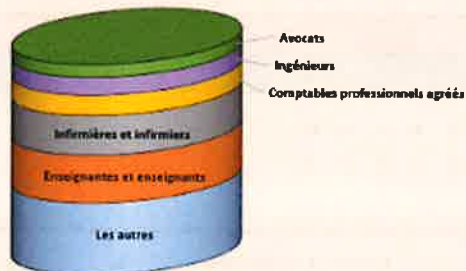
TOTAL 1,018,542



2. CINQ PROFESSIONS COMPTANT LE PLUS DE MEMBRES EN ONTARIO

961

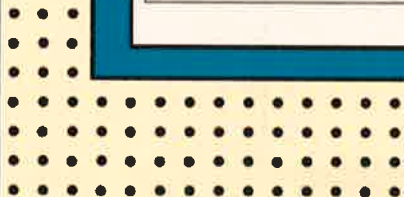
Profession	1 Enseignantes et enseignants	2 Infirmières et infirmiers	3 Comptables professionnels agréés	4 Ingénieurs	5 Avocats	Tous les autres
Nombre de membres (total 1,018,542)	230,911	192,401	98,921	86,392	61,428	348,489
Proportion de membres par rapport au nombre total de membres dans toutes les professions	22.7%	18.9%	9.7%	8.5%	6.0%	34.2%



3. DIX PROFESSIONS COMPTANT LE PLUS DE MEMBRES FORMÉS À L'ÉTRANGER

Profession	1 Enseignantes et enseignants	2 Infirmières et infirmiers	3 Ingénieurs	4 Médecins	5 Pharmaciens
Nombre de membres formés à l'étranger	38,627	25,187	24,066	13,534	8,356
Proportion de membres par rapport au nombre total de membres de la profession	17%	13%	28%	31%	48%

Profession	6 Avocats	7 Comptables professionnels agréés	8 Dentistes	9 Techniciens et technologues en génie	10 Physiothérapeutes
Nombre de membres formés à l'étranger	6,458	5,489	4,980	3,802	3,281
Proportion de membres par rapport au nombre total de membres de la profession	11%	6%	43%	17%	31%



Office of the Fairness Commissioner
www.fairnesscommissioner.ca
180 Dundas St. W., Suite 300, Toronto, ON, M7A 2S
E-mail: ofc@ontario.ca

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Adresse courriel : ofc@ontario.ca

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CITATION: Peterson v. College of Psychologists of Ontario, 2023 ONSC 4685
DIVISIONAL COURT FILE NO.: 714/22
DATE: 20230823

ONTARIO

SUPERIOR COURT OF JUSTICE
DIVISIONAL COURT

Backhouse, Schabas and Krawchenko JJ.

BETWEEN:)	
)	
JORDAN PETERSON	)	<i>Peter J. Henein, Matthew R. Gourlay, Ewa</i>
	)	<i>Krajewska, Brandon Chung, for the</i>
	)	Applicant
– and –)	
)	
)	
COLLEGE OF PSYCHOLOGISTS OF	)	<i>Caroline Zayid, Robin McKechney, Eric</i>
ONTARIO	)	<i>Freeman, Sarah O'Neill, for the Respondent</i>
)	
)	
	)	<i>John McIntyre, Gregory Ko, for Egale</i>
	)	<i>Canada and JusticeTrans, Intervener</i>
)	
	)	<i>Nadia Effendi, Teagan Markin, for Canadian</i>
	)	<i>Civil Liberties Association, Intervener</i>
)	
	)	<i>George Avraam, Ahmad Shafey, Juliet</i>
	)	<i>Mestre, for Canadian Constitution</i>
	)	<i>Foundation, Intervener</i>
)	
	)	<i>Jonah Arnold, for Association of Aggrieved</i>
	)	<i>Regulated Professionals of Ontario,</i>
	)	<i>Intervener</i>
)	
	)	<i>Carolyn Silver, Amy Block, for College of</i>
	)	<i>Physicians and Surgeons of Ontario,</i>
	)	<i>Intervener</i>
)	
	)	HEARD at Toronto: June 21, 2023

REASONS FOR DECISIONSCHABAS J.:Overview

- [1] When individuals join a regulated profession, they do not lose their *Charter* right to freedom of expression. At the same time, however, they take on obligations and must abide by the rules of their regulatory body that may limit their freedom of expression. This case raises the clash between a regulated clinical psychologist's right to speak in a certain manner and the regulator's power to require the member to moderate that speech.
- [2] The Applicant, Dr. Jordan Peterson, seeks judicial review of a Decision of the Inquiries, Complaints and Reports Committee ("ICRC") of the College of Psychologists of Ontario (the "College"), dated November 22, 2022 (the "Decision"). This Decision ordered Dr. Peterson, as a registered member of the College authorized to practice clinical psychology, to complete a specified continuing education or remedial program (a "SCERP") regarding professionalism in public statements.
- [3] The ICRC's order followed an investigation into language used by Dr. Peterson in public statements earlier in 2022. In its Decision, the ICRC expressed its concern that Dr. Peterson's comments may be "degrading, demeaning and unprofessional." The ICRC concluded that some of the language used in Dr. Peterson's public statements "may be reasonably regarded by members of the profession as disgraceful, dishonourable and/or unprofessional" and posed "moderate risks of harm to the public." The risks of harm identified by the ICRC included "undermining public trust in the profession of psychology" and "may also raise questions about Dr. Peterson's ability to appropriately carry out his responsibilities as a registered psychologist."
- [4] Although Dr. Peterson, in responding to the ICRC's concerns, said that he was taking his own steps to address his public statements, the ICRC Decision requires Dr. Peterson to participate in a "coaching program" directed by the College to "reflect on, and ameliorate [his] professionalism in public statements." Dr. Peterson was advised that failure to complete this program, at his own expense and to the coach's satisfaction, may result in an allegation of professional misconduct and the commencement of disciplinary proceedings by the College.
- [5] I have concluded that the application should be dismissed. In my view, the Decision of the ICRC adequately and reasonably considered Dr. Peterson's statements in the context of the College's statutory mandate to regulate the profession in the public interest. It considered and proportionately balanced the impact of imposing a SCERP on Dr. Peterson's right to freedom of expression protected by s. 2(b) of the *Canadian Charter of Rights and Freedoms* (the "*Charter*"). The order is not disciplinary and does not prevent Dr. Peterson from expressing himself on controversial topics; it has a minimal impact on his right to freedom of expression and meets the requirements of the Supreme Court's framework for balancing the competing considerations set out in *Doré v. Barreau du Québec*, 2012 SCC 12, [2012] 1 SCR 395 ("*Doré*"). Further, in accordance with the Supreme Court's decision

in *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65, [2019] 4 SCR 653 (“*Vavilov*”), the Decision is transparent, logical, and provides a coherent chain of reasoning and is reasonable based on the facts which were before the ICRC.

Background and context

- [6] Dr. Peterson has been registered with the College as a clinical psychologist since 1999. However, he stopped seeing patients in 2017 and no longer has a clinical practice. Rather, as his counsel described him in their written submissions, “he is a prolific author, podcaster, and YouTube content producer who maintains an active social media presence. In his social and political commentary, Dr. Peterson is often colourful and controversial.” Nevertheless, Dr. Peterson maintains his membership in the College and refers to himself in his public statements as a clinical psychologist.
- [7] Since at least 2018, the College has received complaints about Dr. Peterson’s public statements. Some complaints have been formal, but many were “tweeted” to the College via the social media platform Twitter, and often involved Dr. Peterson’s views on topics of social and political interest, including transgender questions, racism, overpopulation, and the response to COVID-19, among others.
- [8] In March 2020, following an investigation of statements made by Dr. Peterson which were alleged to be “transphobic, sexist, racist and [which] were not in keeping with any clinical understanding of mental health”, the ICRC did not make any order regarding him. However, at that time the ICRC expressed concern that “the manner and tone in which Dr. Peterson espouses his public statements may reflect poorly on the profession of psychology.” The ICRC noted the “importance for a psychologist to conduct themselves in a respectful manner”, whether Dr. Peterson identifies himself as a psychologist or not. The ICRC reminded Dr. Peterson of his “responsibility to be cognizant of how his provocative language and tone might impact the public’s perception toward the profession of psychology, and that his public utterances may have negative consequences for those struggling with issues directly or tangentially related to his comments.” The ICRC concluded with the following advice:
- As a registered Member of the College, and in light of your public profile, you may wish to offer your opinions and comments in a respectful tone in order to avoid a negative perception toward the profession of psychology.
- [9] Between January and June 2022, the College received numerous reports about Dr. Peterson’s conduct on social media and in his public appearances. The reports again raised concerns about Dr. Peterson’s professionalism, including whether his tweets complied with the College’s *Standards of Professional Conduct*. The tweets and statements included the following:
- (a) A tweet on January 2, 2022, in which Dr. Peterson responded to an individual who expressed concern about overpopulation by stating: “You’re free to leave at any point.”

- (b) Various comments Dr. Peterson made on a January 25, 2022, appearance on the podcast, "The Joe Rogan Experience". Dr. Peterson is identified as a clinical psychologist and spoke about a "vindictive" client whose complaint about him was a "pack of lies." Speaking about air pollution and child deaths, Dr. Peterson said: "it's just poor children, and the world has too many people on it anyways."
 - (c) A tweet on February 7, 2022, in which Dr. Peterson referred to Gerald Butts as a "prik".
 - (d) A tweet on February 19, 2022, in which Dr. Peterson commented that Catherine McKenney, an Ottawa City Councillor who uses they/them pronouns, was an "appalling self-righteous moralizing thing".
 - (e) In response to a tweet about actor Elliot Page being "proud" to introduce a trans character on a TV show, Dr. Peterson tweeted on June 22, 2022: "Remember when pride was a sin? And Ellen Page just had her breasts removed by a criminal physician."
 - (f) A further complaint about Dr. Peterson's January 2, 2022 tweet, in which Dr. Peterson responded to an individual who expressed concern about overpopulation by stating: "You're free to leave at any point." The further complaint provided a link to a 2018 GQ interview in which Dr. Peterson made a similar comment about suicide.
 - (g) Dr. Peterson's tweet posted in May 2022, in which he commented on a *Sports Illustrated* Swimsuit Edition cover with a plus-sized model, tweeting: "Sorry. Not Beautiful. And no amount of authoritarian tolerance is going to change that."
- [10] Dr. Peterson identified himself on Twitter as a "clinical psychologist" in 2022. This appears to be a change from 2020 when, although a member of the College, he stated that he "opted not to advertise this title on his Twitter."
- [11] On March 8, 2022, the Registrar of the College requested the appointment of an investigator. A report of the investigation was completed and provided to a panel of the ICRC (the "Panel") on May 17, 2022. The report was then provided to Dr. Peterson who responded to it on June 21, 2022.
- [12] In July 2022, the College was made aware that Dr. Peterson's Twitter account had been suspended as a result of the Elliot Page comments which had been flagged for violating Twitter's rules against hateful conduct. Dr. Peterson provided a further response to the College on July 20, 2022.
- [13] On July 27, 2022, the Panel released decisions recommending no further action be taken regarding Dr. Peterson's tweet in which it was alleged he encouraged people to commit suicide ("you're free to leave at any point"), finding that, while "provocative and inflammatory" it "could be interpreted as innuendo, a joke, or parody", and did not "rise to the level of disgraceful, dishonourable, or unprofessional conduct." Additionally, a tweet

critical of the involvement of the Children's Aid Society in removing children from the Ottawa trucker protest was also found to require no further action.

- [14] However, on August 4, 2022, College staff wrote to Dr. Peterson on behalf of the same Panel of the ICRC about the remaining statements. The letter reviewed the statements, Dr. Peterson's self-identification as a clinical psychologist on his Twitter page and on the Joe Rogan podcast, and raised concerns that the statements may be demeaning, degrading and unprofessional. It referred to and quoted from several provisions in the College's *Code of Ethics*. The letter observed that the Panel recognized Dr. Peterson's "right to freedom of expression" but expressed concern about the significant "impact risks" in this case given that "public statements that are demeaning, degrading, and unprofessional may cause harm, both to the people they are directed at, and to the impacted and other communities more broadly."
- [15] The Panel noted the advice provided in 2020 in concluding that the "recurrence risk" of Dr. Peterson using unprofessional language in the future was moderate. The Panel proposed that Dr. Peterson undertake "to reflect on these issues with a period of coaching" with a person selected by it as a remedial step.
- [16] On September 6, 2022, Dr. Peterson rejected the ICRC's proposal. In a lengthy letter to the College, Dr. Peterson acknowledged that the various social media platforms he utilises "requires careful attention and care to be used appropriately" and that he had "already implemented a solution" to respond to the College's concerns, which included "modification of the tone of my approach." Dr. Peterson stated that he had "surrounded" himself with people to help him monitor his public communications and to provide him with "continual feedback as to the appropriateness of the tone and content of what I am purveying." These people included, Dr. Peterson said, his "expert editorial teams at Penguin Random House" which publishes his books, members of his immediate family "who work professionally with me" and "a very wide network of expert thinkers from the world of theology, psychology, politics and business." He concluded:

I would say, then, in my defense, that I have already undertaken the remediation of my actions in a manner very much akin to what has been suggested by the ICRC and have done so in an exceptionally thorough and equally exceptionally public and transparent manner, and would like to therefore submit to the ICRC that I have already and plan to continue to atone for what are no doubt my multiplicity of sins in relation to my interaction with the public audience I have the privilege to serve.

- [17] Dr. Peterson also addressed the concern that he identifies himself as a clinical psychologist, stating:

While the notoriety and complexity that has surrounded me since 2016 has made it impossible for me to retain my clinical practice at the standards of practice I regard as crucial, I remain a clinical psychologist (and, indeed, a professor emeritus at the University of Toronto), and am functioning in the broad public space as both (and appear by their own testimony and actions to be helping millions of people). Given

that I am still licensed, and still practicing in that more diffuse and broader manner, I think it is appropriate for me to identify myself as a psychologist.

- [18] On September 13, 2022, College staff responded on behalf of the ICRC. The Panel considered Dr. Peterson's position that he was able to remediate his conduct through use of his own advisors. These advisors, the Panel stated, were not independent and their review of his communications would not be "from the point of view of the protection of the public interest, nor does it appear to offer any accountability or oversight to the College." As the letter continued, "[n]one of the 'experts' you employ appear to be reviewing your communications through the lens of your obligations as a member of the College to uphold the *Standards of Professional Conduct (2017)*, and the *Canadian Code of Ethics for Psychologists*."
- [19] Accordingly, the ICRC stated its concern that "the recurrence risk in this case is high, and the plan you have proposed in your response does not adequately remediate the risk." The ICRC again proposed Dr. Peterson undertake to complete a period of coaching by an independent professional and provided him with the names of two individuals who "have experience working with regulatory bodies, and with members of health Colleges to remediate issues of public communication through the lens of professionalism and public protection."
- [20] In a subsequent letter responding to Dr. Peterson's counsel on October 7, 2022, the College referred to the competing interests of Dr. Peterson's right to freedom of expression and his obligations as a regulated professional, stating:

The Panel in no way disagrees that the *Canadian Charter of Rights and Freedoms* guarantees Dr. Peterson a right to freedom of expression. However, the Panel believes that as a Member of the College of Psychologists of Ontario, Dr. Peterson also owes a duty to the public and to the profession to conduct himself in a way that is consistent with professional standards and ethics. The Panel does not believe that Dr. Peterson's public statements are currently in line with professional standards and ethics. The proposed Undertaking would provide Dr. Peterson with the opportunity to better understand the standards and ethical expectations for regulated health professionals who make public statements of various kinds.

- [21] On October 21, 2022, Dr. Peterson, through his counsel, declined to sign the undertaking, stating that "[h]e is prepared to vigorously defend his rights to free expression which the College has acknowledged are a factor in these proceedings."

The Decision

- [22] The ICRC released its Decision and Reasons (the "Decision") on November 22, 2022.
- [23] The ICRC found that Dr. Peterson "appeared to be engaging in degrading comments about a former client and making demeaning jokes" on the "Joe Rogan Experience." It expressed concern that by referring to Elliot Page as "her" and by their former name, and "by calling Catherine McKenney an 'appalling self-righteous moralizing thing'...Dr. Peterson may be engaging in degrading, demeaning, and unprofessional comments." The Panel also stated

that referring to the physician who performed Elliot Page's surgery as a “‘criminal’ appears to be inflammatory and unprofessional.” Following reference to the Gerald Butts and *Sports Illustrated* comments, the Panel stated that it “is very concerned that looked at cumulatively, these public statements may be reasonably regarded by members of the profession as disgraceful, dishonourable and/or unprofessional.”

[24] The Decision continued:

The Panel is concerned that making public statements that may be inconsistent with the professional standards, policies, and ethics currently adopted by the College poses moderate risks of harm to the public. These potential harms include undermining public trust in the profession of psychology, and trust in the College's ability to regulate the profession in the public interest. Public statements of this nature may also raise questions about Dr. Peterson's ability to appropriately carry out his responsibilities as a registered psychologist. While Dr. Peterson may not currently have an active clinical practice, he continues to be registered and authorized to do so. Furthermore, public statements that are demeaning, degrading, and unprofessional may cause harm, both to the people they are directed at, and to the impacted and other communities more broadly.

[25] The Panel also said that it was “very concerned” about “recurrence risk”, which it described as “high.” In support of this conclusion the Panel referred to the advice Dr. Peterson received in 2020, the lack of independent advisors who could review his communications “through the lens of his obligations as a member of the College”, and that “Dr. Peterson did not appear to acknowledge any of the Panel’s concerns” about his statements.

[26] The Panel then set out the terms of the SCERP for Dr. Peterson. It directed that Dr. Peterson enter a coaching program with either one of two individuals identified by the Panel “to review, reflect on and ameliorate his professionalism in public statements.” The coaching program was to begin within three months and be completed within twelve months. Costs associated with the coaching were to be borne by Dr. Peterson.

[27] The Panel also stated that a failure to comply with the SCERP “may result in an allegation of professional misconduct”, and that unless the coach provided a “final report indicating that the concerns...have been appropriately remediated in the public interest, Dr. Peterson will not be considered to have successfully complied with the SCERP”, which “may constitute professional misconduct.”

Issues and standard of review

[28] The issue in this case is whether the Panel’s decision to order Dr. Peterson to complete a SCERP was reasonable. Dr. Peterson raises two arguments which, he submits, make the decision unreasonable:

(1) that the ICRC failed to conduct an appropriate proportionately-focused balancing of Dr. Peterson’s right to freedom of expression and the statutory objectives of the College as required by the decision of the Supreme Court in *Doré*; and

(2) the Decision fails to meet the standard of “justification, transparency and intelligibility” required by the Supreme Court’s decision in *Vavilov* and is unreasonable having regard to the facts and the legal rights at stake.

- [29] There is no dispute that the standard of review is reasonableness, and that the principles set out in *Doré* and *Vavilov* must be applied in reviewing the Decision.

Doré and Vavilov – the legal framework

- [30] In *Doré*, the Supreme Court addressed the question of “how to protect *Charter* guarantees and the values they reflect in the context of adjudicated administrative decisions.” (para. 3.) As the Court elaborated in *Law Society of British Columbia v. Trinity Western University*, 2018 SCC 32, [2018] 2 SCR 293, at para. 57 (“*Trinity Western*”), the *Doré* framework is “concerned with ensuring that *Charter* protections are upheld to the fullest extent possible given the statutory objectives within a particular administrative context.”

- [31] This requires an administrative decision-maker, such as the ICRC, to proportionately balance *Charter* rights and values and its statutory objectives. This is a highly contextual inquiry. A decision-maker must first consider the statutory objectives it is seeking to uphold, and then, secondly, “ask how the *Charter* value at issue will best be protected in view of the statutory objectives.” This requires conducting a proportionality exercise, balancing “the severity of the interference of the *Charter* protection with the statutory objectives.” However, as with the proportionality test under s. 1 of the *Charter*, which will be met if the measure falls within a range of reasonable alternatives, “in the context of a review of an administrative decision for reasonableness, ... decision-makers are entitled to a measure of deference so long as the decision...‘falls within a range of possible, acceptable outcomes’.” (*Doré* at para. 56)

- [32] The Supreme Court elaborated on the *Doré* framework in *Loyola High School v. Quebec (Attorney General)*, 2015 SCC 12, [2015] 1 SCR 613 (“*Loyola*”), and *Trinity Western*, observing that the *Doré* approach is not to be a “watered-down version of proportionality”, but is to be “robust.” On an application for judicial review, therefore, the role of the Court is to ensure that the administrative decision-maker “proportionately” balanced the impact on *Charter* rights and the statutory objectives which “gives effect, as fully as possible to the *Charter* protections at stake given the particular statutory mandate” (*Loyola*, at para. 39).” As the Court stated in *Trinity Western* at para. 80:

Put another way, the *Charter* protection must be “affected as little as reasonably possible” in light of the applicable statutory objectives (*Loyola*, at para. 40). When a decision engages the *Charter*, reasonableness and proportionality become synonymous. Simply put, a decision that has a disproportionate impact on *Charter* rights is not reasonable.

- [33] However, it is also clear that the *Doré* approach still requires deference. A reviewing court need not agree with the outcome, as that would impose a standard of correctness; nor must a decision-maker “choose the option that limits the *Charter* protection *least*”; rather, the question is “always whether the decision falls within a range of reasonable outcomes.”

(*Trinity Western*, at para. 81). As Abella J. put it at para. 58 of *Doré*: “If, in exercising its statutory discretion, the decision-maker has properly balanced the relevant *Charter* value with the statutory objectives, the decision will be found to be reasonable.”

- [34] *Vavilov* does not change the standard of review which remains, clearly, a test of reasonableness, showing deference to, and respect for, decision-makers and their specialized expertise. Rather, *Vavilov* focuses the reviewing court on “the decision actually made by the decision maker, including both the decision maker’s reasoning process and the outcome.” As the Court continued at para. 83:

The role of courts in these circumstances is to *review*, and they are, at least as a general rule, to refrain from deciding the issue themselves. Accordingly, a court applying the reasonableness standard does not ask what decision it would have made in place of that of the administrative decision maker, attempt to ascertain the “range” of possible conclusions that would have been open to the decision maker, conduct a *de novo* analysis or seek to determine the ‘correct’ solution to the problem.

- [35] A reasonable decision, we are told in *Vavilov* at para. 85, “is one that is based on an internally coherent and rational chain of analysis and that is justified in relation to the facts and law that constrain the decision maker.” However, reasons “must not be assessed against a standard of perfection”, they need not include all arguments, nor should they “always be expected to deploy the same array of legal techniques that might be expected of a lawyer or judge.” As the Court put it, “‘Administrative justice’ will not always look like ‘judicial justice’ and reviewing courts must remain acutely aware of that fact.” (*Vavilov*, at paras. 91 -92)

- [36] Reasons must be read “in light of the history and context of the proceedings in which they were rendered”, including the evidence and submissions of the parties. As the Court continued at para. 94 of *Vavilov*, “[t]his may explain an aspect of the decision maker’s reasoning process that is not apparent from the reasons themselves, or may reveal that an apparent shortcoming in the reasons is not, in fact, a failure of justification, intelligibility or transparency.”

- [37] Further, the degree of justification found in reasons, like reasonableness review itself, must reflect the stakes of the decision. As the Court stated at para. 133 of *Vavilov*:

Where the impact of a decision on an individual’s rights and interests is severe, the reasons provided to that individual must reflect the stakes. The principle of responsive justification means that if a decision has particularly harsh consequences for the affected individual, the decision maker must explain why its decision best reflects the legislature’s intention. This includes decisions with consequences that threaten an individual’s life, liberty, dignity or livelihood.

The ICRC applied a *Doré* analysis

- [38] In my view, the ICRC conducted an appropriate, proportionately-focused balancing of Dr. Peterson’s right to freedom of expression and the statutory objectives of the College.

Consistent with *Doré*, the ICRC approached the matter from the perspective, first, of fulfilling the College's statutory mandate to regulate the practice of psychology in the public interest. This included considering the conduct of Dr. Peterson in light of possible risks to the public. It then considered how to balance the statutory objectives in order to minimise any impact on Dr. Peterson's *Charter* rights.

Consideration of the statutory objectives

[39] Following a review of the background and specific complaints about Dr. Peterson's conduct, the ICRC referred to the *Canadian Code of Ethics for Psychologists* (the "*Code*"). The *Code* has been adopted by the College and incorporated into the College's *Standards of Professional Conduct, 2017*, (the "*Standards*") and states that information provided to the public must be consistent with the "professional standards, policies and ethics currently adopted by the College." As a registered member of the College, Dr. Peterson is obliged to follow the *Code* and the *Standards*.

[40] The ICRC identified sections of the *Code* relevant to Dr. Peterson's public statements. The Panel considered "Principle I: Respect for the Dignity of Persons and Peoples." This includes the statement that "[r]espect for the dignity of persons is the most fundamental and universally found ethical principle across disciplines, and includes the concepts of equal inherent worth, non-discrimination, moral rights, and distributive, social, and natural justice." The *Code* continues:

In respecting dignity, psychologists acknowledge that each human being should be treated primarily as a person or an end in him/herself, not as an object or a means to an end, and is worthy of equal moral consideration. In doing so, psychologists acknowledge that all human beings have a moral right to have their innate worth as human beings appreciated and that this inherent worth is not dependent on a human being's culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition, or status. As such, psychologists do not engage in unjust discrimination based on such factors and promote non-discrimination in all of their activities.

[41] Consequently, the *Code* states the requirement that members:

Not engage publicly (e.g., in public statements, presentations, research reports, with primary clients or other contacts) in degrading comments about others, including demeaning jokes based on such characteristics as culture, nationality, ethnicity, colour, race, religion, sex, gender, or sexual orientation."

[42] The *Code* also urges members to "strive to use language that conveys respect for the dignity of persons and peoples as much as possible in all spoken, written electronic, or printed communication."

[43] The ICRC Panel considered the statements made by Dr. Peterson in the context of the *Code* and expressed concern that a number of them appeared to be degrading, demeaning and unprofessional. The Panel observed that those public statements could undermine public

trust in the profession and the College's ability to regulate it, and also "raise questions about Dr. Peterson's ability to carry out his responsibilities as a registered psychologist." The Panel noted that such comments "may cause harm, both to the people they are directed at, and to the impacted and other communities more broadly."

- [44] Dr. Peterson does not challenge the principles in the *Code*. Although he takes issue with objections to his language on the ground that some of it, at least, was justified based on the facts, his response to the ICRC recognized that he has made errors in his public communication and that he has "already undertaken the remediation of [his] actions."
- [45] The ICRC's concerns related to the public interest in members of the College avoiding the use of demeaning or degrading language. In *Trinity Western*, at para. 38, the Supreme Court observed that a regulator's interpretation of the public interest, based on its expertise, is owed deference. Similarly, in *Dr. Jha v. College of Physicians and Surgeons of Ontario*, 2022 ONSC 769, at para. 147, this Court gave "significant deference" to the expertise of a disciplinary committee to assess whether a member's conduct was relevant to their suitability to practice, as the members of the committee, which included members of the profession, were "well-situated to assess the harm to the profession, the public, and to the reputation of the profession" by the member's conduct. The ICRC is made up of a majority of professional members. Deference should also be afforded its assessment of the risk of harm to the public and the profession in this case.
- [46] Dr. Peterson complains that reliance on the *Code* is misplaced in this case where the College is, to quote his argument, "operating at the very margins of its mandate", as he asserts that his statements are not made in his capacity as a clinical psychologist but are "off duty opinions." He refers to the statement in the *Code* that "[p]ersonal behaviour [of a member] becomes a concern of the discipline only if it is of such a nature that it undermines public trust in the discipline as a whole or if it raises questions about the psychologist's ability to carry out appropriately his/her responsibilities as a psychologist."
- [47] There are at least two responses to this submission. First, Dr. Peterson's statements are not personal comments made in conversation with friends or colleagues, but public statements to broad audiences. Indeed, Dr. Peterson references his vast following on social media and his best-selling books. The *Code* explicitly addresses "public statements" and prohibits degrading and demeaning comments by its members when making public statements.
- [48] Second, the argument that Dr. Peterson is speaking in a personal capacity and not as a clinical psychologist is undermined by his own conduct and statements. As the ICRC observed, Dr. Peterson describes himself on his Twitter account as a clinical psychologist, and he identified himself that way on the Joe Rogan podcast. Indeed, as he made clear in his submissions to the ICRC, quoted earlier in these reasons, Dr. Peterson sees himself functioning as a clinical psychologist "in the broad public space" where he claims to be helping "millions of people" and as he put it, he is "still practicing in that more diffuse and broader manner."
- [49] In short, while his counsel may argue that Dr. Peterson's comments are "off duty" and outside his role as a psychologist, Dr. Peterson doesn't see it that way. To the contrary,

representing himself as a clinical psychologist when expressing his views is important to him. It also adds credibility to his statements since, as a regulated health professional he holds a position of “trust, confidence and responsibility” in society: *Ross v. New Brunswick School District No. 15*, [1996 CanLII 237 \(SCC\)](#), [1996] 1 S.C.R. 825, at paras. 44-45. But Dr. Peterson cannot have it both ways: he cannot speak as a member of a regulated profession without taking responsibility for the risk of harm that flows from him speaking in that trusted capacity.

- [50] High standards are imposed on members of the College of Psychologists who, like members of other regulated professions, take on responsibilities to their profession and to the public. As the Supreme Court observed in *Pharmascience Inc. v. Binet*, 2006 SCC 48, [2006] 2 SCR 513, at para. 36, “[t]he importance of monitoring competence and supervising the conduct of professionals stems from the extent to which the public places trust in them.”
- [51] Even when “off duty”, courts have recognized that members of regulated professions can still harm public trust and confidence in their profession by their statements and conduct. As the British Columbia Court of Appeal put it in *Kempling v. British Columbia College of Teachers*, 2005 BCCA 327, 255 DLR (4th) 169, at para. 43, citing the Supreme Court in *Ross*: “When a teacher makes public statements espousing discriminatory views, and when such views are linked to his or her professional position as a teacher, harm to the integrity of the school system is a necessary result.”
- [52] A similar situation arose recently in *Pitter v. College of Nurses of Ontario and Alviano v. College of Nurses of Ontario*, 2022 ONSC 5513, 164 OR (3d) 433, in which two nurses spoke out on social media and at a public gathering against masks and vaccines during the COVID-19 pandemic. Both identified themselves as registered nurses. The College of Nurses’ ICRC identified concerns with certain statements which were misleading and spread what could be dangerous misinformation. As this Court held, at para. 14:

Given its statutory mandate, it was reasonable for the ICRC to be concerned about the Applicants’ statements. As the committee noted, in their public statements, both Applicants identified themselves as health professionals. Ms. Pitter publicly identified herself as a nurse practitioner and Ms. Alviano publicly identified herself as a registered nurse. This not only put the public at risk of being guided by false information, but also risked impacting the reputation of the profession.

- [53] In *Pitter*, the Court upheld the ICRC’s direction that the nurses be cautioned and attend remedial education through a SCERP.
- [54] Many other professional discipline cases have involved situations in which a member’s misconduct in their personal life, or outside the immediate context of practising their profession, has nevertheless resulted in regulatory action. As observed by Copeland J. (as she then was) in *Dr. Jha* at para. 119:

It is well-established that actions of members of a profession in their private lives may in some cases be relevant to and have an impact on their professional lives –

including where the conduct is not consistent with the core values of a profession and/or where there is a need for a regulated profession to maintain confidence of the public in the profession and not be seen to condone certain types of conduct by its members: *Wigglesworth* at pp. 562-563; *Sazant v. College of Physicians and Surgeons of Ontario*, [2012 ONCA 727](#), 113 O.R. (3d) 420 at paras 97-98; *Re Cwinn and Law Society of Upper Canada* (1980), [1980 CanLII 1694 \(ON SC\)](#), 1980 CanLII 1964, 28 O.R. (2d) 61 (Div. Ct.), leave to appeal refused 28 O.R. (2d) 61n (C.A.); *Adams v. Law Society of Alberta*, [2000 ABCA 240](#), 82 Alta. L.R. (3d) 21.

- [55] Like the legal profession, the health professions recognize limitations on free expression to maintain "boundaries of civility" and professionalism: *Ontario (College of Physicians and Surgeons of Ontario) v. Waddell*, 2020 ONCPSD 9; *Rathe v. College of Physicians and Surgeons of Ontario*, 2013 ONSC 821; *Ontario (College of Physicians and Surgeons of Ontario) v. Wright*, 2018 ONCPSD 19.
- [56] Here, the Panel of the College of Psychologists' ICRC – an expert body - reviewed its *Code and Standards* and expressed concern that Dr. Peterson's public statements, insofar as they contained degrading and demeaning language, may be inconsistent with its professional standards and could undermine public trust in the profession.

Balancing the statutory objectives and freedom of expression

- [57] Turning to the *Charter*, the ICRC acknowledged Dr. Peterson's submission that his "conduct on Twitter is protected by his right to freedom of expression and is unrelated to his practice of psychology." However, as the Panel noted, while Dr. Peterson has a constitutional right to freedom of expression, "as a member of the College of Psychologists, he is also obligated to maintain the professional standards of the College" which "includes ensuring that any public statements made are consistent with the professional standards, policies and ethics currently adopted by the College. This is especially the case where Dr. Peterson identifies himself as a member of the profession."
- [58] Dr. Peterson submits this limited reference to his right to freedom of expression in the Decision was not a sufficient, or proportionate, balancing of his *Charter* rights and the College's statutory objectives, as required by *Doré*. I disagree. It is clear from the "history and context of the proceedings" (*Vavilov*, para. 94) that the Panel was well aware of the importance of the value of freedom of expression and Dr. Peterson's position respecting it, and appropriately balanced freedom of expression with the College's statutory objectives.
- [59] Earlier in the Decision, the ICRC noted Dr. Peterson's submission that his "professional obligations and ethical duties must be balanced alongside his personal rights and freedoms", and that "the protection of freedom of expression is a basic and central tenant [*sic*] of any free and fair democracy, particularly as it applies to public debate and criticism." The Panel also noted Dr. Peterson's reliance on the Supreme Court's decision in *Grant v. Torstar*, 2009 SCC 61, [2009] 3 SCR 640, a defamation case which held at para. 42, that "freedom of expression and respect for vigorous debate on matters of public interest have long been seen as fundamental to Canadian democracy ... all Canadian laws must conform to it."

- [60] In its correspondence with Dr. Peterson prior to the Decision, the Panel had agreed that Dr. Peterson's right to freedom of expression was engaged, but that it was subject to his duty to the public and to the profession to conduct himself in a way that is consistent with professional standards and ethics.
- [61] The Panel was also aware of the ICRC's 2020 decision giving advice to Dr. Peterson, in which that panel of the ICRC had referred to the *Charter's* guarantee of "rigorous debate" and had concluded that the *Charter* "protects Dr. Peterson's public pronouncements so long as he does not violate provincial or federal laws, which he does not appear to do so in this instance." It was argued by Dr. Peterson's counsel that the 2020 decision, in referring to the guarantee of "rigorous debate" and concluding that whether Dr. Peterson's views reflected poorly on the profession "is a matter of opinion and not fact", showed a greater appreciation of his right to freedom of expression, and engaged in a more appropriate balancing than the 2022 Decision under review. However, as noted, even in 2020 Dr. Peterson was warned about using unprofessional language, with the Panel advising him to "offer [his] opinions and comments in a respectful tone in order to avoid a negative perception toward the profession of psychology."
- [62] The fact that the Decision did not provide a detailed discussion of the value of freedom of expression does not mean the ICRC did not appropriately consider it. Furthermore, the ICRC should not be expected to do so. The ICRC is, essentially, a screening body. It reviews complaints and investigations and, where appropriate, sends cases to a disciplinary hearing for adjudication, in which case its decision is not even subject to judicial review as the process has not run its course: *Volochay v. College of Massage Therapists of Ontario*, 2012 ONCA 541, 111 OR (3d) 561, at para. 68. The ICRC, however, also has other, less serious options available to it to address concerns that may be raised by a complaint or complaints, including directing a SCERP, which is not disciplinary, but remedial.
- [63] The ICRC had, effectively, three options in dealing with Dr. Peterson's case: send the matter to discipline, do nothing, or direct a SCERP. By directing a SCERP, the ICRC pursued a proportionate and reasonable option to further its objective of maintaining professional standards, and which will have a minimal impact on Dr. Peterson's right to freedom of expression. Admittedly, the ICRC Decision is not benign; the direction to submit to a SCERP will be placed on Dr. Peterson's public record with the College, but it is a remedial order, not a disciplinary finding, or even a referral to discipline: *Longman v. Ontario College of Pharmacists*, 2021 ONSC 1610, at para. 45. The Decision simply requires him to have coaching "to review, reflect on, and ameliorate his professionalism in public statements" in order to avoid making demeaning and degrading statements about people that may be harmful to them and to the profession.
- [64] The ICRC Decision does not prevent Dr. Peterson from expressing himself on issues of interest to him and his audiences; rather, the Decision is focussed on concerns over his use of degrading or demeaning language, about which he was given advice in 2020. Requiring coaching following apparently unheeded advice seems a reasonable next step, proportionately balancing statutory objectives against *Charter* rights which are minimally impaired, if they are impaired at all, by the Decision. In *Pitter*, directing a SCERP in similar

circumstances was recognized to be a “remedial and educative” response which “minimally impaired” the nurses’ rights. This is also the case with Dr. Peterson.

- [65] The result in this case may be contrasted with the results in other professional contexts in which balancing professional, public interest objectives against *Charter* interests of a member has led to what appear to be more serious impairments of *Charter* rights. In *Christian Medical Dental Society v. College of Physicians and Surgeons of Ontario*, 2019 ONCA 393, 147 OR (3d) 398, for example, the Court of Appeal upheld a policy that required physicians to provide an “effective referral” for services they oppose on religious grounds, such as abortion and gender-affirming care. The Court held that the policy struck the appropriate balance between the members' religious beliefs and the public's overriding interest in equitable access to legally available publicly funded health care services.
- [66] In *Trinity Western University v. Law Society of Upper Canada*, 2018 SCC 33, [2018] 2 SCR 453, the Supreme Court upheld the Ontario legal regulator’s decision not to accredit TWU's proposed law school, which prohibited same-sex sexual activity among its students. The Court found that the decision represented a proportional balance between the limitation on freedom of religion and the statutory objectives the Law Society sought to promote, including access to the legal profession, diversity within the bar, and prevention of harm to LGBTQ law students.
- [67] Accordingly, I am satisfied that the Panel conducted an appropriate *Doré* analysis. It addressed first its statutory mandate and then considered Dr. Peterson’s *Charter* right to freedom of expression. The Decision proportionately balanced the competing interests, protecting the public interest in professionalism in communications by members and prevention of harm, while minimally impairing Dr. Peterson’s right to freedom of expression.

The Decision meets Vavilov’s requirement of justification, intelligibility and transparency

- [68] Dr. Peterson’s counsel also submitted that the Decision did not satisfy the required standard of reasoning set by *Vavilov* by failing to engage with Dr. Peterson’s explanations for the comments in issue. I do not agree.
- [69] The ICRC identified language used by Dr. Peterson which it was concerned was degrading or demeaning, or otherwise unprofessional. This concern is entitled to deference: *Trinity Western*, at para. 38; *Dr. Jha* at para. 147. It was not necessary to engage in whether Dr. Peterson’s comments were supported by facts or were his honest opinion, as the concern arises from the nature of the language used, not the validity of his opinions. Again, Dr. Peterson is speaking as a regulated professional psychologist – what might be protected by the laws of defamation, such as the defence of fair comment, is not the point.
- [70] The fact that a complaint by a client against Dr. Peterson was unfounded does not mean the ICRC should not be concerned when Dr. Peterson publicly described the client as “vindictive.” There is nothing unreasonable about being concerned when a regulated health professional attacks a client or patient, regardless of what they have done. Indeed, in the

Joe Rogan podcast, Dr. Peterson referred to the client's reliance on him, noting that she had felt abandoned by him when he closed his clinical practice and stopped seeing her.

- [71] Similarly, while Dr. Peterson's comment on "poor children" may have been sarcastic, it was open to the ICRC to be concerned about him making "demeaning jokes." Sarcasm is commonly used to insult, demean and degrade. The ICRC's concerns with Dr. Peterson addressing Elliot Page as "her" and by their prior name, as well as calling a city councillor a "thing" and a doctor a "criminal" (a term even Dr. Peterson has expressed some regret using), arose from the language Dr. Peterson used, not his personal views. So too with his negative comment on the appearance of a woman on the cover of *Sports Illustrated* and calling Gerald Butts a "prik." On its face, the language raised professionalism concerns, and it was not necessary for the ICRC to engage with Dr. Peterson on his motivation for making those comments.
- [72] Rather, the Panel focused on the harm from the language used, noting, transparently and clearly, its concern that potential harms included "undermining public trust in the profession of psychology, and trust in the College's ability to regulate the profession in the public interest." It expressed concern that "public statements of this nature may also raise questions about Dr. Peterson's ability to appropriately carry out his responsibilities as a registered psychologist" and that "public statements that are demeaning, degrading, and unprofessional may cause harm, both to the people they are directed at, and to the impacted and other communities more broadly."
- [73] The scope and extent of the ICRC's reasons must also be considered in the context of its role as a screening committee. The stakes before the ICRC are not as high as they are before discipline panels, as was the case in *Groia v. Law Society of Upper Canada*, [2018 SCC 27](#), [2018] 1 S.C.R. 772, *Lauzon v. Ontario (Justices of the Peace Review Council)*, 2023 ONCA 425, and in *Doré* itself. As this Court summarized in *Pitter* at para. 22, the reasonableness review under *Vavilov* is "expected to reflect the stakes of the decision." O'Brien J. continued:
- Where a decision has a particularly harsh consequence to the individual, there is a higher onus on the decision-maker to explain its decision. The corollary is that where, as here, a screening committee requires a remedial and educative response to a member's conduct, a reasonableness review permits less detailed reasons.
- [74] As noted earlier, reasons "must not be assessed against a standard of perfection", they need not include all arguments, nor should we expect or require administrative decision-makers to "deploy the same array of legal techniques that might be expected of a lawyer or judge": *Vavilov*, paras. 91-92. This is especially the case for a screening decision and the making of a remedial order. The focus on sufficiency of reasons in *Vavilov* should not be inappropriately used as a tool to reduce deference and respect for the role and decisions of expert administrative bodies, having regard to the context in which those decisions are made and their consequences for the individual.
- [75] In any event, the ICRC's reasons are transparent, intelligible, justifiable, and reasonable. The Panel prepared a 10-page single-spaced Decision. It considered its mandate and

engaged in a clear chain of analysis that involved reviewing the factual background, its concerns with the language used by Dr. Peterson, and his responses to the Panel. It considered the advice provided to Dr. Peterson in 2020, the ICRC’s suggestion that Dr. Peterson agree to undertake a program of coaching, his refusal to do so, and the ICRC’s reasons for rejecting Dr. Peterson’s own coaching proposal. The Panel considered the professional regulatory context, the governing rules, the impact of the *Charter*, and Dr. Peterson’s unwillingness to acknowledge the Panel’s concerns.

[76] Following that transparent and coherent discussion, the panel concluded, reasonably, that Dr. Peterson’s behaviour raised a moderate risk of harm to the public, which the Panel had articulated in its decision, and concluded that it was “very concerned that the recurrence risk in this case was high.” It therefore concluded its chain of analysis by deciding that “it would be appropriate and in the public interest” to require Dr. Peterson to complete a SCERP to address his professionalism in public statements.

Conclusion

[77] The application for judicial review is dismissed. The applicant shall pay the respondent costs, as agreed, in the amount of \$25,000.



Paul B. Schabas J.



I agree: Backhouse J.



I agree: Krawchenko J.

CITATION: Peterson v. College of Psychologists of Ontario, 2023 ONSC 4685

DIVISIONAL COURT FILE NO.: 714/22

DATE: 20230823

ONTARIO

SUPERIOR COURT OF JUSTICE

Divisional Court

Backhouse, Schabas and Krawchenko JJ.

JORDAN PETERSON

– and –

COLLEGE OF PSYCHOLOGISTS OF ONTARIO

REASONS FOR DECISION

Schabas J.

Released: August 23, 2023

ITEM 5.2

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Toronto

Ontario court rules against Jordan Peterson, upholds social media training order

Divisional court released its decision Wednesday

The Canadian Press · Posted: Aug 23, 2023 5:00 AM EDT | Last Updated: 31 minutes ago



Jordan Peterson, who has gained international fame for his bestselling self-help books and lectures, has refused to pay to undergo a media training course ordered by the College of Psychologists of Ontario. (Jason Franson/The Canadian Press)

An Ontario court has ruled against controversial psychologist Jordan Peterson Wednesday, upholding a regulatory body's order that he undergo social media training.

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Last November, Peterson, a professor emeritus with the University of Toronto psychology's department who is also an author and media commentator, was ordered by the College of Psychologists of Ontario to undergo a coaching program on professionalism in public statements.

That followed numerous complaints to the governing body of Ontario psychologists, of which Peterson is a member, regarding his online commentary directed at politicians, a plus-sized model, and transgender actor Elliot Page, among other issues. [You can read more about those social media posts here.](#)

The college's complaints committee concluded his controversial public statements could amount to professional misconduct and ordered Peterson to pay for a media coaching program — noting failure to comply could mean the loss of his licence to practice psychology in the province.

Peterson filed for a judicial review, arguing his political commentary is not under the college's purview.

Peterson says he stands behind statements

The Ontario Divisional Court has dismissed Peterson's application, ruling that the college's decision falls within its mandate to regulate the profession in the public interest and does not affect his freedom of expression.

"The order is not disciplinary and does not prevent Dr. Peterson from expressing himself on controversial topics; it has a minimal impact on his right to freedom of expression," the decision reads, in part. ***You can read the entire decision at the bottom of this story.***

- [Jordan Peterson is being disciplined for his tweets. Why some say that raises free speech issues](#)

In a post on X, formerly known as Twitter, before the decision was released, Peterson said that he stands by what he has said and done, and wished the college luck in its "continued prosecution.

"They're going to need it," he wrote.

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Peterson told CBC News in January that he had no intention of giving up his fight with the regulatory body, accusing the college of attempting to stymie his speech and discipline him for his political opinions.

Controversial figure wants to retain licence

He added he no longer treats patients and his career is instead focused on social and political commentary. Similarly, he doesn't regularly lecture at U of T.

However, Peterson has said he wants to retain his licence.

"I deserve it. I earned it. I haven't done anything to justify suspending it, and I don't want to give the hyenas their bones," he said earlier this year.

The college, in a statement released after the decision was issued, said it is committed to carrying out its mandate of protecting the public interest by regulating the practice of psychology.

"The College will review today's decision and undertake next steps in accordance with our mandate and any appropriate legal processes," the statement reads.

The Canadian Constitution Foundation, which was an intervener in the judicial review, said in its own statement that it is disappointed in the result.

"We hope that Dr. Peterson will appeal this result, which will have long lasting impacts beyond his case," Litigation Director Christine Van Geyn wrote.

"The right to freedom of expression must be given more weight than the court gave it here, and the mere assertion of risk of harm is not enough."

Peterson rose to prominence through his polarizing YouTube videos critiquing liberal culture and his successful self-help book, *12 Rules for Life: An Antidote to Chaos*.

Here's the Ontario Superior Court of Justice decision:

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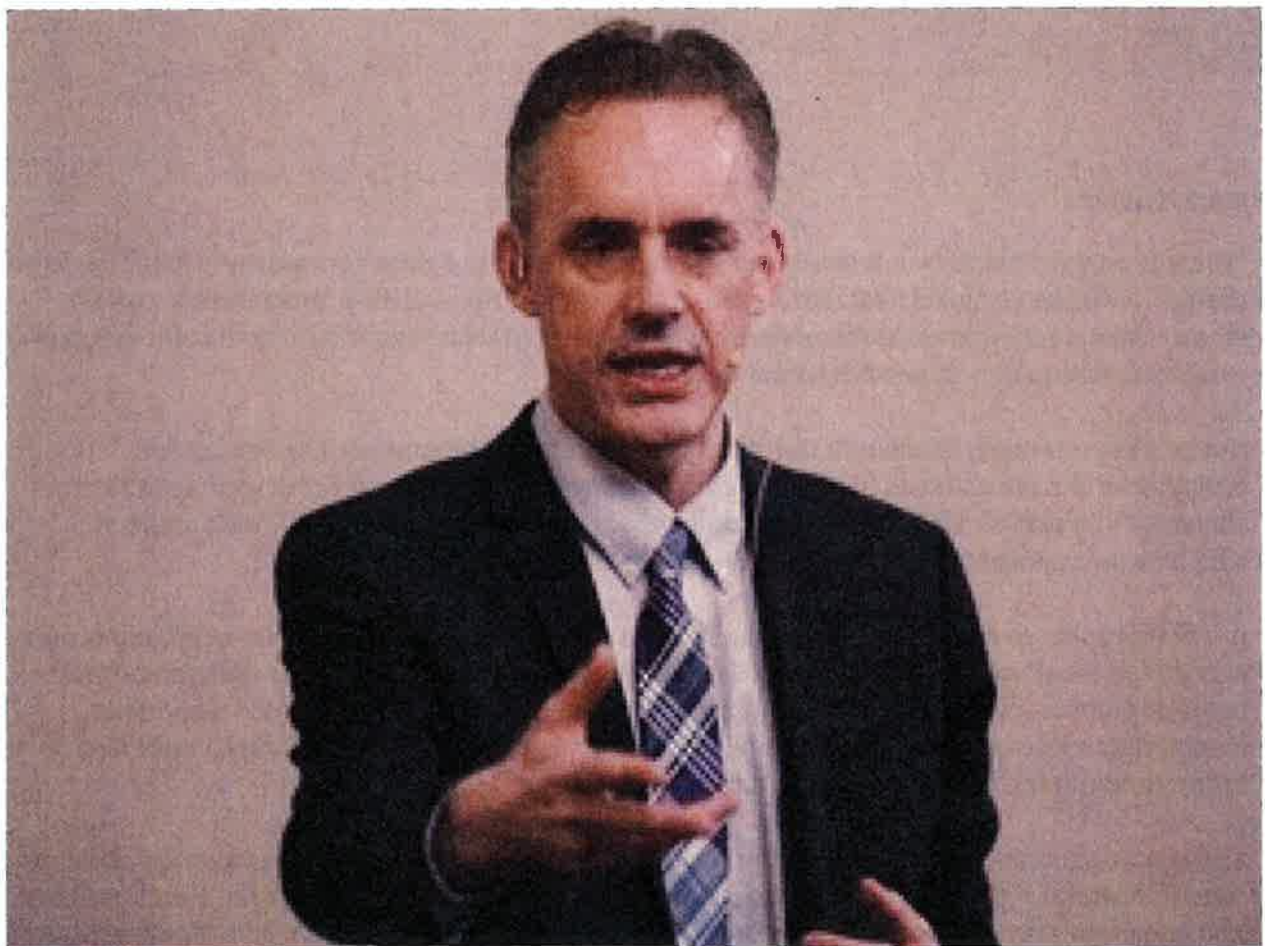
Christine Van Geyn: College of Psychologists attacks Jordan Peterson in court

But the clinical psychologist is fighting back

Author of the article:

Christine Van Geyn, [Special to National Post](#)

Published Jun 26, 2023 • Last updated 2 hours ago • 4 minute read



Jordan Peterson speaks to a crowd during a stop in Sherwood Park Alta, on Sunday February 11, 2018. PHOTO BY THE CANADIAN PRESS/JASON FRANSON

On June 21, in a hot, crowded courtroom at Old Osgoode Hall in downtown Toronto, the fight between Dr. Jordan Peterson and the College of Psychologists of Ontario played out.

The fight stems from an investigation by the regulator for clinical psychologists into statements Dr. Peterson had made on Twitter and on the Joe Rogan Podcast. The regulator ordered him to participate in a coaching program about professionalism in public comments, at his own expense, and for an indeterminate amount of time. He is now challenging that order for training (or as Dr. Peterson calls it, “re-education”) in a judicial review, which took place in the hearing last week. (A judicial review is when a court reviews an administrative decision, like the college’s decision to order training.)

During the hearing, the lawyers hired by the College of Psychologists made great hay of the controversy of those statements by Dr. Peterson, which were no doubt controversial. While arguing with Trudeau’s former chief of staff and an Ottawa city councillor, Dr. Peterson used rude epithets. He called the physician who performed gender affirming surgery on transgender actor Elliot Page “criminal” and “deadnamed” him using female pronouns and his pre-transition name. Dr. Peterson made comments about the changing nature of aesthetic beauty by referring to a plus size model as “not beautiful.”

Mark Thomas

“There is no right not to be offended, and the potential to offend does not mean any harm has been caused.” Now there’s something that’s been completely lost on so-called “progressives,” who it seems demand safe spaces for themselves on all controversial issues but aren’t reluctant to lob their overblown critiques at those with whom they disagree.

But he also was unfairly taken to task for a joke pointing out the hypocrisy of western progressive climate activists for ignoring harm to “poor children” and for describing a former client as “vindictive” because she had made false allegations against him — allegations for which he was exonerated by the college.

It is difficult to see how the last two comments could offend anyone. There is no principle of law that professionals cannot point out that allegations against them are false, or criticize certain types of politics using jokes. The complaints about those comments appear to be bad faith misinterpretations of Dr. Peterson’s intent. But even the other comments, which could lead to offence, do not fall within the scope of the regulator.

There is no right not to be offended, and the potential to offend does not mean any harm has been caused. None of the people Dr. Peterson was commenting on were the source of the complaints. The complaints were mostly made informally by strangers to Dr. Peterson, who had tagged the college on Twitter. In two cases, formal complaints were made by people falsely claiming to be current or former clients of Dr. Peterson’s.

While professional regulators are entitled to regulate speech of their members to some degree, there must be a clear nexus between the speech and the profession. For example, a physician cannot prescribe and sell snake oil. A lawyer cannot lie to court. But there must be a connection to the profession, and the regulator must give weight to the right to freedom of expression.

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This issue was considered in a case called *Strom v Saskatchewan Registered Nurses Association* where a nurse, identifying herself as such, posted on Facebook about what she considered inadequate care her grandfather had received while in a long term care facility. The nurses' regulator disciplined Strom, but the discipline was overturned on appeal, where the court found that the regulator had given little to no weight to Strom's right to freedom of expression.

Like Strom, Dr. Peterson identifies himself as a professional. But this is not enough to put his comments within the scope of the regulator, as his comments did not relate to the practice of psychology. Although controversial, they are about social and political issues. Because these comments are not about the practice of psychology, they are just like everyone else's speech: protected by the Canadian Charter of Rights and Freedoms.

Professionals are entitled to private lives. A professional regulator, whether it be of psychologists, nurses, physicians, accountants or teachers, should not police its members' political opinions.

While Dr. Peterson can afford this fight, most professionals cannot. And we do not want to create a world where regulated professionals must soft pedal their public speech for fear of activists weaponizing their professional regulator. Like everyone in Canada, members of regulated professions enjoy freedom of expression under the charter. Public commentary on social and political issues, including controversial commentary, lies at the core of this freedom.

The regulator's lawyers' listing of Dr. Peterson's comments in court, and emphasizing how caustic or rude they may be, is a classic tactic of any government trying to suppress speech. It is always government's argument that the speech they seek to silence is of little value and not worthy of protection.

But freedom of expression isn't needed to protect popular speech. Speech that can offend is not at the periphery of protection. And when it engages political and social issues, it is at the core of freedom of expression even if it is caustic or rude. We cannot lose sight of that.

National Post

Christine Van Geyn is the litigation director of the Canadian Constitution Foundation, which was an intervener in this case (Jordan Peterson v College of Psychologists of Ontario).



Lucy Letby

Analysis

Lessons the NHS needs to learn after Lucy Letby case

Denis Campbell

Health policy editor

Public inquiry that is now almost inevitable will need to examine failings of people and processes - and result in meaningful changes

Sun 20 Aug 2023 14:00 BST

The scale of Lucy Letby's crimes, and the Countess of Chester hospital's failure to act on warnings that could have halted her killing spree, means the announcement of an independent inquiry on Friday was almost inevitable.

It will have to forensically examine the failings of people and processes involved in her serial targeting of sick newborns and make detailed recommendations to ensure babies in neonatal units are much better protected.

Letby was convicted on Friday of murdering seven babies and attempting to kill six others at Countess of Chester hospital between 2015 and 2016. But she was not the first children's nurse to attack her charges - Beverley Allitt killed, tried to kill or seriously harmed 13 children in an eight-week spree in 1991. As such, meaningful change is vital.

While it is impossible to stop a member of staff using their position of trust to murder, the NHS will have to learn lessons from this case to minimise the risk of anything like it happening again.

Experts have identified two key areas in which the NHS needs to make urgent improvements: proper investigation of concerns that staff raise about patient safety, and using data already collected by neonatal services to identify any unusual patterns in babies collapsing or dying unexpectedly.

"There is sadly a long history of whistleblowers who speak up being ignored, sidelined and blamed, and sometimes forced to pay the price of their efforts with their livelihood," said Paul Whiteing, the chief executive of the patient safety charity **Action Against Medical Accidents** (Avma).

He cited examples of doctors whose fears about risks to patient care were not taken seriously by the bosses at their hospitals. Dr Stephen Bolsin, a consultant anaesthetist, could not get another job in the UK after he exposed the scandal in which dozens of

children who had heart surgery at the Bristol Royal Infirmary in 1991-95 died as a result of poor care and what the resulting inquiry said was “dangerous” unsafe practice.

Dr Kim Holt, a consultant paediatrician, was put on “special leave” by Great Ormond Street children’s hospital in London after warning that its paediatric services in Haringey posed a serious risk to patient safety. Her warning came a year before staff failed to spot that Peter Connelly - who became known as Baby P - had a broken back two days before he died in 2007.

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And more recently Hampshire hospitals NHS trust sacked Dr Martyn Pitman, a consultant obstetrician and gynaecologist, when he raised concerns about what he saw as inadequate staffing levels in the maternity unit where he worked.

“These are just three examples drawn from the many [such] cases. In each case, had they been listened to sooner, then almost certainly lives could have been saved,” added Whiteing.

Evidence during Letby’s trial showed that the Countess of Chester hospital trust failed to launch a formal review into the deaths until July 2016, months after concerns had been raised to executives by senior doctors including Dr Stephen Brearey and Dr Ravi Jayaram.

In July 2016, after Letby was removed from the unit, the hospital commissioned two external reviews of the unusual events in its unit. Two of the doctors who raised concerns, Brearey and Dr John Gibbs, have told the Guardian executives should have ordered an investigation months earlier and that waiting until July 2016 might, according to Dr Brearey, have cost babies’ lives.

Neither of the reviews identified foul play and, according to Brearey, the hospital relied on their findings to order the doctors to withdraw their suspicions about Letby and apologise to her.

Evidence during Letby’s trial showed that the Countess of Chester hospital trust did not properly examine concerns that Gibbs, Brearey and at least two other consultant paediatricians had raised about her.

On Friday, the Countess of Chester trust’s executive medical director Dr Nigel Scawn said: “I speak for the whole trust when I say how deeply saddened and appalled we are at Lucy Letby’s crimes. We are extremely sorry that these crimes were committed at our hospital and our thoughts continue to be with all the families and loved-ones of the babies who came to harm or died. We cannot begin to understand what they have been through.

“This case has had a profound impact on our patients and our local community and also our staff - who come to work every day determined to provide safe and high-quality care for our patients.

“Our staff are devastated by what happened and we are committed to ensuring lessons continue to be learnt.”

Doctors are under a professional obligation to report concerns in order to prevent harm to patients. But Prof Philip Banfield, the leader of the British Medical Association, said that too many who did so “have been silenced, treated unfairly or in some cases dismissed from their roles”. The system by which they alerted their bosses to what they feared were flaws in the system “needs urgent reform”.

The nature of such reform should be “a cultural and legal shift that fiercely encourages and values the act of raising concerns instead of instilling fear and punishment”, he added.

In recent years a series of changes have been introduced in England to improve safety and transparency in the NHS when failings occur, prompted by the Mid Staffordshire care scandal in the noughties and Dr Harold Shipman’s murder of hundreds of elderly patients between 1974 and 1998.

However, Banfield is worried that some of these initiatives are not being allowed to fulfil their important role. “Improvements such as the introduction of medical examiners and ‘freedom to speak up guardians’ can only work if trusts give them the proper authority and autonomy that they need to be able to function effectively. Even with these mechanisms in place, if doctors still fear harsh reprisals or think they may lose their job entirely, they will not serve their purpose,” he said.

Neena Modi, a professor of neonatal care at Imperial College London, agrees with Whiteing and Banfield that current whistleblowing arrangements are inadequate. But the former president of the Royal College of Paediatrics and Child Health (RCPCH) proposes another potential remedy.

“Trusts must be required to respond to whistleblowing and this must be prompt, expert, independent and unbiased. Should there be a central ombudsman to whom all whistleblowing must be notified? Perhaps.”

Modi also suggested that the NHS could reduce the risk of a nurse being able to attack babies in a neonatal unit for as long as Letby did by using data to quickly highlight “warning flags”, such as an unusual number of babies suffering an unexpected collapse or a sudden rise in deaths or persistently high mortality, which could indicate criminality or, more likely, poor care.

The UK is missing an opportunity to improve things because while it collects more data on neonatal care than almost any country in the world, it doesn’t do real-time analysis on it for that purpose.

Neonatal units across the UK already submit extensive detailed information to two similar but different datasets: the UK National Neonatal Research Database based at Imperial, which Modi leads, and the National Neonatal Audit programme, run by the RCPCH.

“Why are we not taking advantage of our huge strengths in high-quality health data to measure [newborn babies’] outcomes continuously over time to look for warning flags?” she said.

Referring to childbirth scandals such as those at the Morecambe Bay, East Kent and Shrewsbury and Telford NHS trusts, Modi added: “We’ve had scandal after scandal recently in relation to maternity services. Why are we not monitoring newborn deaths continuously across the country?”

Avma’s Whiteing agreed that proactive monitoring of neonatal data would reduce risk. “The NHS is awash with medical and outcome data but it still appears to be the case that this data is not effectively ‘joined together’ and effectively analysed in order to identify patterns and trends, which must have been apparent sooner in the Letby case.”

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Could Lucy Letby have been stopped sooner? Look at the timeline - and NHS history

Minh Alexander

Concerns were raised about Letby, and yet further unexplained deaths occurred. There are now serious questions to answer

Minh Alexander is a retired consultant psychiatrist and NHS whistleblower

Fri 18 Aug 2023 16.36 BST



We now know that **Lucy Letby** is a murderer, responsible for the deaths of seven babies and the attempted murders of six more. But as unimaginable as her crimes were, this verdict raises as many questions as it answers. Letby was not working in a vacuum. Could the killings at the Countess of Chester Hospital NHS Foundation Trust have been stopped sooner? Did organisational failures cost the lives of babies who could have been protected?

The timeline gives us a clue. The first killing for which Letby has been convicted occurred on 8 June 2015, and yet she was not removed from clinical duties until June 2016. The trust did not ask the police to investigate until May 2017. This is despite the fact that a suggestion of foul play was first raised after babies experienced insulin poisonings in August 2015 and April 2016 - more than a year before the police were called in.

Testing showed the insulin was synthetic, and had been administered when no baby on the unit was prescribed it, ruling out accidental administration and suggesting deliberate poisoning. Letby was one of the staff who could have been responsible, and consultant paediatricians and the unit manager became suspicious of her.

Doctors told the court that they had raised repeated concerns about Letby from October 2015 onwards. The court heard that the director of nursing and board safeguarding lead, Alison Kelly, the medical director, Ian Harvey, and the associate director of nursing, Karen Rees, were informed. But Letby was allowed to continue working with babies. Further unexplained deaths and collapses occurred. Doctors told the court there was pressure from senior managers “not to make a fuss”.

This would not be the first time that the NHS was slow to react. Opportunities to intervene were missed in the Gosport hospital scandal, and in the Harold Shipman and Beverley Allitt cases. The 1994 inquiry into the Allitt killings criticised an 18-day delay in acting upon laboratory evidence of insulin poisoning, during which a further child died and three other children were harmed. It criticised a general failure to be alert to abuse and to piece together all the medical clues pointing to abuse. The inquiry concluded that understaffing, and failures of postmortem examination and testing also contributed to the failure to stop Allitt sooner.

Were those lessons learned? Similarities between Letby’s and Allitt’s cases suggest not. In 2002 a seminal NHS report about learning from “adverse events” and not repeating mistakes was published, entitled “An Organisation With a Memory”, and yet NHS scandals continue to erupt with regularity. Unsafe staffing levels are the norm, despite repeated recommendations to the government on safe staffing. Political management of the NHS is a barrier to safety.

A public inquiry into poor care at Mid Staffs hospital found that a fear of “embarrassing the minister” inhibited openness about failure and therefore learning. Other reviews concluded that senior NHS managers ultimately looked “up” to the Department of Health, and not “out” at patients and communities, and that the NHS lacked professionally trained managers.

More than 20 years ago, the Bristol Royal Infirmary public inquiry recommended NHS managers should be regulated: they have dodged this bullet. A mechanism for disbarment for serious misconduct recommended by the 2019 Kark review was rejected by NHS England and the government. Recycling of failed senior managers into new jobs continues to bring the NHS into disrepute.

In June 2016, Letby’s hospital trust commissioned a review of neonatal care by the Royal College of Paediatrics and Child Health after “concerns about increasing neonatal mortality”, which oddly did not feature a case-note review. This prevented detailed examination of the deaths, which should have been the prime objective. The college reported “extremely positive relationships” among staff but “remote” relationships with executives.

Astonishingly, the college’s report seemingly did not explicitly acknowledge a possibility of deliberate harm (though there is an unexplained redaction of the published report, and the word “allegation” also appears in relation to doctors’ concerns). This is despite admitting that CCTV was installed “without explanation”, unsettling some staff, and that the trust had analysed staff access to the unit.

Nevertheless, the college raised concern that not all deaths were followed by postmortem investigations - as they should have been, according to guidelines - and that where postmortems did take place, they did not include systematic blood tests and toxicology. It noted concerns from obstetrics staff about four unexpected deaths. It made reference to resolving “the personnel issues” by independent expert review of the deaths.

In the coming days, there will be many questions. Why did it take so long for the hospital to refer matters to the police? Were doctors pressured not to persist with their concerns about Letby? How many trust board members knew there was a possibility of deliberate harm but failed to act?

Perhaps there will also be reassessment. Following the verdicts, the hospital's current medical director, Nigel Scawn, said it had made "significant changes to our services" since Letby's arrest, and that "lessons will continue to be learned".

The competence of NHS senior management, from the government down, is unequal to the enormous responsibility for millions of lives. Bad news is systemically minimised, often making situations worse. Failure is, in fact, a valuable governance tool and, if competently managed, a path to improvement. Yet the NHS perversely seems to reward failure, even as it attacks whistleblowers.

Until this changes and there is better law to protect whistleblowers, we will continue to see disasters like this one, and tragedies such as befell those whose babies died and suffered harm in Chester.

This article was amended on 20 August 2023. The membership body for paediatricians, which produced the 2016 review of neonatal care, is the Royal College of Paediatrics and Child Health.

Minh Alexander is a retired consultant psychiatrist and NHS whistleblower

Do you have an opinion on the issues raised in this article? If you would like to submit a response of up to 300 words by email to be considered for publication in our letters section, please [click here](#).

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Dr Stephen Brearey, lead consultant on the neonatal unit, raised concerns about her in October 2015

By Judith Moritz, Jonathan Coffey & Michael Buchanan

BBC News

Hospital bosses failed to investigate allegations against Lucy Letby and tried to silence doctors, the lead consultant at the neonatal unit where she worked has told the BBC.

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The hospital also delayed calling the police despite months of warnings that the nurse may have been killing babies.

The unit's lead consultant Dr Stephen Brearey first raised concerns about Letby in October 2015.

No action was taken and she went on to attack five more babies, killing two.

Letby has been found guilty of murdering seven babies and attempting to murder six others in a neonatal unit at the Countess of Chester Hospital, in Cheshire.

ADVERTISEMENT

The first five murders all happened between June and October 2015 and - despite months of warnings - the final two were in June 2016.

BBC Panorama and BBC News have been investigating how Letby was able to murder and harm so many babies for so long.

We spoke to the lead consultant in the unit - who first raised concerns about Letby - and also examined hospital documents. The investigation reveals a catalogue of failures and raises serious questions about how the hospital responded to the deaths.

Dr Brearey says he demanded Letby be taken off duty in June 2016, after the final two murders. Hospital management initially refused.

The BBC investigation also found:

- The hospital's top manager demanded the doctors write an apology to Letby and told them to stop making allegations against her
 - Two consultants were ordered to attend mediation with Letby, even though they suspected she was killing babies
 - When she was finally moved, Letby was assigned to the risk and patient safety office, where she had access to sensitive documents from the neonatal unit and was in close proximity to senior managers whose job it was to investigate her
 - Deaths were not reported appropriately, which meant the high fatality rate could not be picked up by the wider NHS system, a manager who took over after the deaths has told the BBC
 - As well as the seven murder convictions, Letby was on duty for another six baby deaths at the hospital - and the police have widened their investigation
 - Two babies also died while Letby was working at Liverpool Women's Hospital
-

Summer 2015: 'Not nice Lucy'

Before June 2015, there were about two or three baby deaths a year on the neonatal unit at the Countess of Chester Hospital. But in the summer of 2015, something unusual was happening.

In June alone, three babies died within the space of two weeks. The deaths were unexpected, so Dr Stephen Brearey, the lead consultant at the neonatal unit, called a meeting with the unit manager, Eirian Powell, and the hospital's director of nursing Alison Kelly.

"We tried to be as thorough as possible," Dr Brearey says. A staffing analysis revealed Lucy Letby had been on duty for all three deaths. "I think I can remember saying, 'Oh no, it can't be Lucy. Not nice Lucy,'" he says.

The three deaths seemed to have "nothing in common". Nobody, including Dr Brearey, suspected foul play.

Read more about killer Lucy Letby

- [Nurse Lucy Letby guilty of murdering seven babies](#)
- [What I learned about Lucy Letby after 10 months in court](#)
- ['Letby took everything from us' - twins' parents](#)
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UNKNOWN

After the first three deaths in summer 2015, Lucy Letby was identified as a common factor but no-one yet suspected foul play

But by October 2015, things had changed. Two more babies had died and Letby had been on shift for both of them.

By this point, Dr Brearey had become concerned Letby might be harming babies. He again contacted unit manager Eirian Powell, who didn't seem to share his concerns.

In an email, from October 2015, she described the association between Letby and the unexpected baby deaths as "unfortunate". "Each cause of death was different," she said, and the association with Letby was just a coincidence.

Senior managers didn't appear to be worried. In the same month - October 2015 - Dr Brearey says his concerns about Letby were relayed to director of nursing Alison Kelly. But he heard nothing back.

Dr Brearey's fellow consultants were also worried about Letby. And it wasn't just the unexpected deaths. Other babies were suffering non-fatal collapses,

meaning they needed emergency resuscitation or help with breathing, with no apparent clinical explanation. Letby was always on duty.

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In February 2016, another consultant, Dr Ravi Jayaram, says he saw Letby standing and watching when a baby - known as Baby K - seemed to have stopped breathing.

Dr Brearey contacted Alison Kelly and the hospital's medical director Ian Harvey to request an urgent meeting. In early March, he also wrote to Eirian Powell: "We still need to talk about Lucy".

Doctors in the neonatal unit wanted to meet hospital managers

Date: 2 March 2016

Hi Eirian,

I think **we still need to talk about Lucy** – maybe when you are back and free the three of us can meet to talk about it?

Steve

we still need to talk about Lucy

BBC

Three months went by, and another two babies almost died, before - in May that year - Dr Brearey got the meeting with senior managers he had been asking for. "There could be no doubt about my concerns at that meeting," he says.

But others at the meeting appeared to be in denial. Dr Brearey said Mr Harvey and Ms Kelly listened passively as he explained his concerns about Letby. But she was allowed to continue working.

June 2016: The tipping point

By early June, yet another baby had collapsed. Then, towards the end of the month, two of three premature triplets died unexpectedly within 24 hours of each other. Letby was on shift for both deaths.

After the death of the second triplet, Dr Brearey attended a meeting for traumatised staff.

He says while others seemed to be "crumbling before your eyes almost", Letby brushed off his suggestion that she must be tired or upset. "No, I'm back on shift tomorrow," she told him. "She was quite happy and confident to come into work," he says.

For Dr Brearey and his fellow consultants, the deaths of the two triplets were a tipping point. That evening, Dr Brearey says he called duty executive Karen Rees and demanded Letby be taken off duty. She refused.

Dr Brearey says he challenged her about whether she was making this decision against the wishes of seven consultant paediatricians - and asked if she would take responsibility for anything that might happen to other babies the next day. He says Ms Rees replied "yes".

The following day, another baby - known as Baby Q - almost died, again while Letby was on duty. The nurse still worked another three shifts before she was finally removed from the neonatal unit - more than a year after the first incident.

The suspicious deaths and collapses then stopped.

Lucy Letby was on shift for every baby collapse or death examined in court

1000

Babies in red died during the shift



Night shift

Day shift

		Nurses on shift											
		1	2	3	4	5	Lucy L	//	35	36	37	38	
Shifts													
Baby A	08.06.15						X						
Baby B	09.06.15						X						
Baby C	13.06.15						X						
Baby D	21.06.15						X						
Baby E	03.08.15					X	X		X				
Baby F	04.08.15					X	X		X				
Baby G	06.09.15	X					X						
	21.09.15						X				X	X	
Baby H	25.09.15						X		X			X	
	26.09.15						X						
	30.09.15				X		X				X		
Baby I	12.10.15				X		X						
	13.10.15						X				X		
	22.10.15				X		X		X				
Baby J	26.11.15						X			X			
	17.12.15						X			X		X	

Baby K	16.02.16					X		X	
Baby L	09.04.16		X	X	X	X			
Baby M	09.04.16		X	X	X	X			
Baby N	02.06.16					X		X	
	14.06.16					X			
Baby O	23.06.16					X			X X

Senior doctors wanted to bring in the police

Date: 29 June 2016

I believe we need help from outside agencies, who can deal with suspicion. At the moment we are all under suspicion and the only agency who can investigate all of us I believe is the police. That is the only agency who can know our past history and our life outside the hospital, which might shed more light. I think we should pro-actively seek their help

At the moment we are all under suspicion and the only agency who can investigate all of us I believe is the police. which opens ourselves to criticism in the future.

BBC

But hospital managers thought otherwise. "Action is being taken," wrote medical director Ian Harvey in his reply. "All emails cease forthwith."

Two days later, the consultants attended a meeting with senior management. They say the head of corporate affairs and legal services, Stephen Cross, warned that calling the police would be a catastrophe for the hospital and would turn the neonatal unit into a crime scene.

Rather than go to the police, Mr Harvey invited the Royal College of Paediatrics and Child Health (RCPCH) to review the level of service on the neonatal unit.

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Staff were told to stop emailing about Lucy Letby

Date: 29 June 2016

Subject: RE: Should we refer ourselves to external investigation?

- this is absolutely being treated with the same degree of urgency – it has already been discussed and action is being taken. All emails cease forthwith.

We will share with you what action we are taking.

Ian

Ian Harvey
Medical Director
Countess of Chester Hospital

This is absolutely being treated

with the same degree of urgency...

All emails cease forthwith.

B B C

In early September 2016, a team from the Royal College visited the hospital and met the paediatric consultants.

The RCPCH completed its report in November 2016. Its recommendations included: "A thorough external independent review of each unexpected neonatal death."

In October 2016, Ian Harvey also contacted Dr Jane Hawdon, a premature baby specialist in London, and asked her to review the case notes of babies who had died on the neonatal unit.

The result was a highly caveated report. According to Dr Hawdon, her report was "intended to inform discussion and learning, and would not necessarily be upheld in a coroner's court or court of law".

It was not the thorough review the consultants had wanted - or the thorough external independent review that the RCPCH had recommended. But even the

limited case-note report by Dr Hawdon recommended that four of the baby deaths be forensically investigated.

1003

That did not happen.



Rather than calling police, Ian Harvey asked the Royal College of Paediatrics and Child Health to review the neonatal unit

Early 2017: Still no police inquiry

In early January 2017, the hospital board met and Mr Harvey presented the findings of the two reviews. Both had recommended further investigation of some of the baby deaths - and yet that message did not reach board members.

Records of the meeting show Mr Harvey saying the reviews concluded the problems with the neonatal unit were down to issues with leadership and timely intervention.

A few weeks later, in late January 2017, the seven consultants on the neonatal unit were summoned to a meeting with senior managers, including Mr Harvey and the hospital's CEO Tony Chambers.

Dr Brearey says the CEO told them he had spent a lot of time with Letby and her father and had apologised to them, saying Letby had done nothing wrong. Mr Chambers denies saying Letby had done nothing wrong. He said he was paraphrasing her father.

According to the doctor's account, the CEO also insisted the consultants apologise to Letby and warned them that a line had been drawn and there would be "consequences" if they crossed it.

1004

Doctors were forced to apologise to Lucy Letby

Date: 28 February 2017

Dear Lucy,

The increased mortality on the neonatal unit and subsequent reviews and re-designation of the neonatal unit has been a very stressful time for all staff and parents. We understand that it has been an exceptionally stressful time for you. We would like to apologise for any inappropriate comments that may have been made during this difficult period. As you will be aware, emotions have run high.

We are very sorry for the stress and upset that you have experienced in the last year. Please be reassured that patient safety has been our absolute priority during this difficult time.

We are very sorry for the stress and upset that you have experienced in the last year.

B B C

Dr Brearey says he felt managers were trying to "engineer some sort of narrative" that would mean they did not have to go to the police. "If you want to call that a cover-up then, that's a cover-up," he says now.

Managers also ordered two of the consultants to attend mediation sessions with Letby, in March 2017. One of the doctors did sit down with the nurse to discuss her grievance, but Dr Brearey did not.

Yet, the consultants didn't back down. Two months after the apology, the hospital asked the police to investigate. It was the consultants who had pushed them into it.

Dr Brearey and his colleagues finally sat down with Cheshire Police a couple of weeks later. "They were astonished," he says.

The next day, Cheshire Police launched a criminal investigation into the suspicious baby deaths at the Countess of Chester Hospital. It was named Operation Hummingbird.

Mr Chambers told the Panorama his comments to consultants had been taken out of context and that prompt action had been taken after he was first told of serious concerns in June 2016 - including reviews of deaths.

Spring 2018: Evidence of a poisoner

Letby had not yet been arrested and was still working at the hospital's risk and patient safety office. But Operation Hummingbird was in full swing and Dr Brearey was helping the police with their investigation.

Late one evening, he was going through some historic medical records when he discovered a blood test from 2015 for one of the babies on his unit. It recorded dangerous levels of insulin in the baby's bloodstream.

The significance of the test result had been missed at the time.

The body produces insulin naturally, but when it does, it also produces a substance called C-Peptide. The problem with the insulin reading that Dr Brearey was looking at was that the C-Peptide measurement was almost zero. It was evidence the insulin had not been produced naturally by the baby's body and had instead been administered.

"It made me feel sick," Dr Brearey recalls. "It was quite clear that this baby had been poisoned by insulin."





A few months later, Letby was finally arrested and suspended by the hospital. But three years had passed since Dr Brearey had first sounded the alarm.

1006

When a new medical director and deputy chief executive, Dr Susan Gilby, began work the month after Letby's arrest, she was shocked at what she found.

She says her predecessor, Mr Harvey, had warned her she would need to pursue action with the General Medical Council, the doctor's regulator, against the neonatal unit's consultants - those who had raised the alarm. Mr Harvey denies this.

However, inside a box of files left in his office, Dr Gilby found evidence the problems lay elsewhere. Marked with the word "neonates", the files revealed how a meeting of the executive team in 2015 had agreed to have the first three deaths examined by an external organisation. That never happened.

The management team had also failed to report the deaths appropriately. It meant the wider NHS system could not spot the high fatality rates. The board of the hospital trust was also unaware of the deaths until July 2016.

Dr Gilby says the trust's refusal to call police appeared to be heavily influenced by how it would look. "Protecting their reputation was a big factor in how people responded to the concerns raised," she says.

Later in 2018, after Tony Chambers resigned, Dr Gilby was appointed chief executive and she stayed in post until 2022. She is now suing the trust for unfair dismissal.





"There was no credibility given to our opinions. And from January 2017, it was intimidating, and bullying to a certain extent," he tells BBC News. "It just all struck me as the opposite of a hospital you'd expect to be working in, where there's a safe culture and people feel confident in speaking out."

1007

Letby would ultimately be charged with seven murders and 15 attempted murders between June 2015 and June 2016. She was found guilty of all seven murders and seven attempted murders.

She was found not guilty of two counts of attempted murder. The jury also failed to reach a verdict on a further six counts of attempted murder, including all charges related to Baby K and Baby Q.

In a statement, Tony Chambers, the former CEO, said: "All my thoughts are with the children at the heart of this case and their families and loved ones at this incredibly difficult time. I am truly sorry for what all the families have gone through.

"The crimes that have been committed are appalling and I am deeply saddened by what has come to light. As chief executive, my focus was on the safety of the baby unit and the wellbeing of patients and staff. I was open and inclusive as I responded to information and guidance."

He added: "I will co-operate fully and openly with any post-trial inquiry."

Ian Harvey said in a statement: "At this time, my thoughts are with the babies whose treatment has been the focus of the trial and with their parents and relatives who have been through something unimaginable and I am sorry for all their suffering.

"As medical director, I was determined to keep the baby unit safe and support our staff. I wanted the reviews and investigations carried out, so that we could tell the parents what had happened to their children. I believe there should be an inquiry that looks at all events leading up to this trial and I will help it in whatever way I can."

The Countess of Chester Hospital is now under new management and the neonatal unit no longer looks after such sick babies.

The current medical director at the hospital, Dr Nigel Scawn, said the whole trust was "deeply saddened and appalled" by Letby's crimes.

He said "significant changes" had been made at the hospital since Letby worked there and he wanted to "provide reassurance to every patient who accesses our services that they can have confidence in the care that they will receive".

Since Letby left the hospital's neonatal unit, there has been only one death in seven years.

Editing and production by Joseph Lee

Watch the full investigation, [Panorama - Lucy Letby: The Nurse Who Killed](#) - on [BBC iPlayer](#)

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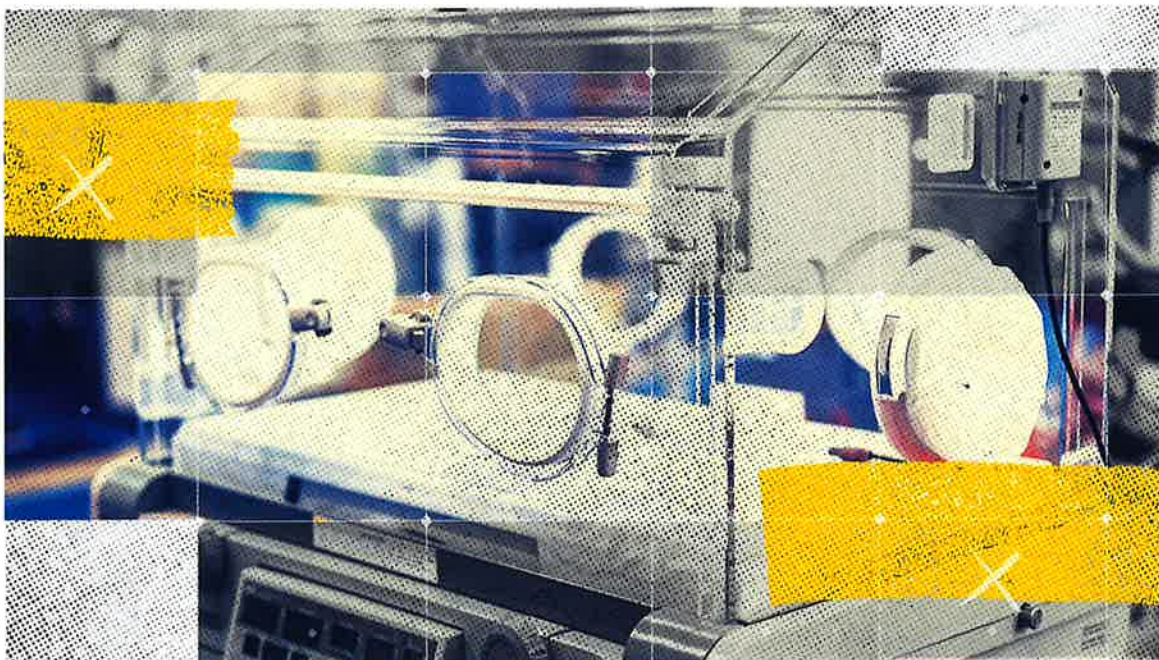
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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

The Evolution of Screening Complaints

by Natasha Danson
July 2023 - No. 280

In the distant past, a complaints screening committee only decided whether a complaint warranted a discipline hearing. However, more than four decades ago, the courts urged regulators to use their screening committees to be more innovative to encourage registrants to enhance their performance: [Re Matheson and College of Nurses of Ontario](#), 1980 CanLII 1614 (ON CA). Remedial measures, such as advice or cautions and voluntary undertakings, quickly took root.

The next step in the evolution of screening committee powers was to make remedial measures mandatory. For example, many statutes now enable a screening committee to require a registrant to appear in person for a “caution” or to direct the registrant to complete remedial measures without the registrant’s consent. Courts have viewed these provisions as remedial and determined that registrants are owed a lower level of procedural fairness. For example, in [Greenwald v. Health Professions Appeal and Review Board](#), 2008 CanLII 63184 (ON SCDC), the Court said:

... a caution is one of the statutory powers given to the Complaints Committee. It is not punitive in nature; it is advisory or remedial in warning about border line conduct which is short of professional misconduct but which puts the physician and patients at risk. There is no finding of professional misconduct and the caution does not appear in any public record. We find that the caution administered here was not a reprimand.

In [Banner v. College of Physicians and Surgeons of Ontario](#), 2012 ONSC 5547 (CanLII), a registrant was required to complete educational measures, mentorship with a colleague, and be re-assessed. The

Court held that the direction was authorized by the legislation and was not a form of discipline:

The applicant has made much of the punitive nature of the Committee’s requirements and their significant impact on him in terms of the costs of the preceptor and practice assessment and the detrimental impact on his reputation. However, the Committee is not a fact finding body, and it has not made a finding of professional misconduct. The requirements for a caution and further education are not recorded in the registry of the College (although they will appear temporarily on a Certificate of Professional Conduct until the requirements are satisfied).

The College has an important duty to serve and protect the public interest (Code, s. 3(2)). While the applicant may see the requirements as punitive, the caution and the educational requirements were imposed in the public interest, in an effort to avoid possible problems in the applicant’s practice in the future.

A mandatory remedial direction does not require a higher standard of explanatory reasons by the screening committee: [Griffith v. Health Professions Appeal and Review Board](#), 2021 ONSC 5246 (CanLII).

More recently, some regulators have the option, or even the statutory obligation, to post remedial directions on the public register. Courts have, again, held that this development does not alter the fundamental nature of the screening committee’s role. For example, in [Geris v. Ontario College of Pharmacists](#), 2020 ONSC 7437 (CanLII), the Court said:

It is true, as the applicant argues, that cautions and remedial orders regarding attendance at education programs are now placed on the

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

public register. This was not the case when a number of the leading cases dealing with such orders were decided. However, the fact that the Legislature felt it would be in the public interest to make health disciplines bodies publish remedial orders of the kind issued by the ICRC in this case does not fundamentally alter the preventive, educational and remedial nature of such orders. I cannot agree that an entirely different approach must be taken now that remedial orders appear on the public register.

Courts have also conceded that screening committees have a limited fact-finding role in determining whether a remedial disposition would serve the public interest and would help ensure that registrants avoid problems in the future. For example, in [Hamilton v. Health Professions Appeal and Review Board](#), 2022 ONSC 3221 (CanLII), the Court found that it was within the role and expertise of the screening committee to impose remediation even when the registrant filed an expert report indicating that they had done nothing inappropriate.

That is not to say that there is no impact to the expanding role of screening committees. Recently, in [Young v. College of Nurses of Ontario](#), 2022 ONSC 6996 (CanLII), remedial directions were sent back for reconsideration because the reasons for decision of the screening committee failed to address concerns about delay and abuse of process raised by the registrants.

More recently, in [Law Society of Newfoundland and Labrador v Buckingham](#), 2023 NLCA 17 (CanLII), the highest court in Newfoundland and Labrador questioned some of the assumptions now taken for granted in Ontario. In that case, a lawyer was cautioned for making a public statement about the death of his client in jail “at the hands of” correctional officers. The regulator was concerned that the lawyer

did not, at the time the statement was made, have a sufficient basis for making such a serious assertion.

The lower court set aside the caution on the basis that the screening committee did not assess, or give reasons in response to, the lawyer’s defences that he had a basis for making the statement, that the statement was in response to public assertions that the death was the client’s fault, and that the statement was in the context of calling for an inquiry as to the circumstances of the death.

The significance of the case was evident from the intervention on the appeal by eight health profession regulators.

The Court noted the significance of adequate reasons by screening committees issuing remedial directions:

First, by their nature, counsels and cautions require explanation so that lawyers may understand what they have done wrong and not repeat the behavior. Second, the CAC [Complaints Authorization Committee] investigates allegations and forms opinions as to whether there are reasonable grounds to conclude that misconduct has occurred. It would be impossible to judge the sufficiency of an investigation or the reasonableness of the opinion without some explanation. Third, counsels and cautions can have significant consequences for lawyers, including impacts on career advancement and with respect to how the Law Society deals with future allegations or complaints against them. Finally, given that lawyers are required to respond to allegations against them, they would legitimately expect the CAC to not reject their response without explanation.

The Court also observed that, while the decision was published in an anonymized fashion, it would be clear that many people would be able to deduce the

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

lawyer's identity. Also, there was no restriction on the complainant publishing the decision with the lawyer's name.

The Court did not accept that the screening committee was purely investigative in nature. It noted:

... I would not characterize the CAC's role as always investigative. Although its work is primarily investigative, sometimes the CAC makes a final decision to resolve a complaint, subject only to judicial review. Making a decision to resolve a disputed matter is more of an adjudicative function than an investigative one.

Nor did the Court view the disposition as entirely remedial in nature:

Although both counsel and caution are generally remedial in nature, they are not exclusively so. Counsel and caution can have adverse consequences for a lawyer, which do not advance remediation.

Ultimately the Court was concerned, like the lower court, that the screening committee had not addressed the lawyer's response to the complaint or the freedom of expression issues the case raised.

Also, the screening committee did not explain the standard to which the lawyer was being held and why the lawyer had not met that standard. On this point, the Court was concerned that the lawyer had not been advised as to which specific provision the lawyer was said to have breached. In fact, the lawyer had been referred to two other provisions rather than the one ultimately relied upon by the screening committee. The *Buckingham* decision may have little impact in other provinces with well-established jurisprudence on the role of screening committees. In addition, there were specific provisions in the enabling legislation for this regulator requiring reasonable grounds to believe

that lawyers had engaged in conduct deserving of sanction before issuing the caution. Most regulators do not have such limiting wording. Finally, the profession in issue is also relevant. Because of the duty of lawyers to be fearless advocates on behalf of their clients, an honest belief, even if unfounded, in their position is a defence. For many other professions, there must be a reasonable basis to support a statement before the professional status of the registrant can be used to make it.

Despite this, regulators should not assume that they can take any less care in issuing remedial directions based on the enhanced scope of screening committees.

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From Richard on Twitter:

ITEM 6.2

1013

It seems, sometimes, that the staff and representatives of regulators are required, by the legal process and its public interest mandate, to undergo the very types of abuse that they are trying to stop happening to clients and colleagues of registrants.

Another example of where a self-represented party behaves abusively to regulators and adjudicators who are straining to provide procedural fairness: canlii.org/en/bc/bcsc/doc... @CanLII
#professionalregulation

IN THE SUPREME COURT OF BRITISH COLUMBIA

Citation: *Laity v. British Columbia (Financial Services Tribunal)*,
2023 BCSC 1165

Date: 20230707
Docket: S225231
Registry: Vancouver

Between:

Andrew Brian Laity

Petitioner

And

Financial Services Tribunal and Superintendent of Real Estate

Respondents

Before: The Honourable Justice Warren

On judicial review from: A decision of the Financial Services Tribunal (*Andrew Brian Laity v. Superintendent of Real Estate*, 2022 BCFST 2, dated May 6, 2022).

Reasons for Judgment

The Petitioner, appearing in person:

A.B. Laity

Counsel for the Respondent,
Financial Services Tribunal:

R.J.B. Gage
B. Park

Counsel for the Respondent,
Superintendent of Real Estate:

D.T. McKnight
M.K. Sull

Place and Dates of Hearing:

Vancouver, B.C.
June 22-23, 2023

Place and Date of Judgment:

Vancouver, B.C.
July 7, 2023

Overview

[1] The petitioner, Andrew Laity, applies for judicial review of a decision of the Financial Services Tribunal (the “FST”), which dismissed an appeal of the Real Estate Council’s (the “Council”) refusal to renew his real estate licence. I will refer to the decision that is under review as the “FST Decision”, which is a published decision indexed at *Andrew Brian Laity v. Superintendent of Real Estate, 2022 BCFST 2*. I will refer to the Council’s refusal to renew the licence as the “Council Decision”.

[2] At the material time, the Council was charged, under the *Real Estate Services Act*, S.B.C. 2004, c. 42 [RESA], with regulating the real estate industry, including by issuing licenses for brokers, investigating complaints against licensees, conducting disciplinary hearings, and imposing discipline penalties. Mr. Laity was formerly a licensee under the RESA.

[3] On August 1, 2021, by way of the *Finance Statutes Amendment Act, 2021*, S.B.C. 2021, c. 2, the Council was dissolved and replaced by a new superintendent, appointed pursuant to s. 2.1 of the RESA. The Council Decision occurred prior to this change and the FST Decision occurred after this change, but nothing turns on that. I mention this only to explain why the Superintendent of Real Estate (the “Superintendent”) is a respondent to this petition.

[4] The Council Decision followed a qualification hearing, the purpose of which was to provide Mr. Laity the opportunity to establish that he was of good reputation and suitable for licensure as a managing broker or an associate broker. Throughout the process, Mr. Laity made serious and entirely unsubstantiated allegations including “criminal fraud”, corruption, perjury, and rape within the real estate industry. Leaving aside the credibility of these allegations, they were found to be irrelevant to the only question properly before the Council; that is, whether Mr. Laity demonstrated that he was of good reputation and suitable for licensure. The Council determined that Mr. Laity failed to do so, essentially concluding that he was ungovernable.

[5] On appeal, the FST determined that the Council had not breached any aspect of procedural fairness and had reasonably concluded in the Council Decision that Mr. Laity did not meet the onus of demonstrating that he was of good reputation and suitable to be licenced.

[6] On this application for judicial review, the questions are whether the FST's process was unfair and whether the FST Decision was patently unreasonable.

[7] I have no difficulty concluding that the FST's process was fair and that the FST Decision was not patently unreasonable. Not only did Mr. Laity fail to establish any basis for interfering with the FST Decision, in the course of the hearing of this application, he demonstrated that he remains ungovernable. He continued to make entirely unsubstantiated allegations of fraud and corruption against many individuals associated with the Council, including external legal counsel; he expanded his unsubstantiated allegations to include the FST; he made spurious allegations against counsel appearing on the application; he was unruly in the courtroom, often speaking with a loud and hostile tone and behaving in an aggressive manner; and he was disrespectful to the Court. For the reasons that follow, the petition is dismissed.

Background

[8] Between 2012 and 2018, Mr. Laity was the managing broker of List Assist Mere Postings Ltd. ("List Assist").

[9] On February 9, 2018, Mr. Laity applied, pursuant to the *RESA*, to renew his licence as a managing broker, or alternatively as an associate broker. In his application, Mr. Laity disclosed that he had been charged with three criminal offences. As a result of events on September 12, 2017, he was charged with uttering threats to cause death or bodily harm to family members. As a result of events on July 21, 2017, he was charged with assaulting two security guards. As a result of events on February 4, 2018, he was charged with assaulting a jail guard.

[10] All the charges were stayed on June 4, 2018, after Mr. Laity completed an Alternative Measures Program that included counselling, Alcoholics Anonymous meetings, and anger management sessions.

[11] Section 10(a) of the *RESA* provides that an applicant for a new licence or a licence renewal must satisfy the Council that they are “of good reputation and suitable to be licensed at the level and in the category” for which they are applying. Section 13 of the *RESA* provides that before refusing to issue a licence, the Council must provide the applicant with an opportunity to be heard.

[12] The Council initially advised Mr. Laity that it would not renew his managing broker licence, but it would renew him as an associate broker. Mr. Laity requested a qualification hearing with respect to his managing broker licence application. That request appears to have been held in abeyance after Mr. Laity advised the Council he was working in China.

[13] On March 20, 2019, Mr. Laity made a new application to renew his associate broker licence with a new brokerage. In his dealings with the Council, Mr. Laity sent several emails in which he made accusations of fraud, corruption and rape within the real estate industry, and extremely disparaging and inflammatory comments about Council staff. On June 3, 2020, the Council advised Mr. Laity that enhanced supervision conditions were “necessary and desirable” which would require Mr. Laity to find a brokerage where he could be an associate broker and be supervised by a managing broker. Mr. Laity then requested a qualification hearing. A hearing was scheduled for October 5–6, 2020.

[14] On September 22, 2020, Mr. Laity advised the Council that he would accept the conditions and that he did not wish to proceed with the qualification hearing.

[15] In March 2021, Mr. Laity sent a series of emails to Council staff. Among other things, he indicated that he then did want a qualification hearing. The hearing was scheduled for June 24 and 25, 2021.

[16] According to the Amended Notice of Qualification Hearing, the matters giving rise to the hearing included, among other things:

- (a) Mr. Laity's unprofessional and disrespectful communication with Council staff, including his failure to limit communication to staff members having conduct of the matter;
- (b) ongoing bookkeeping and record keeping issues from 2013 through 2017 while Mr. Laity was managing broker of List Assist; and
- (c) the conduct giving rise to the criminal charges that were ultimately stayed.

[17] The qualification hearing was held on June 24 and 25, 2021, before a panel of three Council members (the "Hearing Committee").

[18] The Hearing Committee identified four issues:

- (a) Had Mr. Laity met the statutory burden to satisfy the Council that he is "of good reputation and suitable to be licensed" as a managing broker?
- (b) Had Mr. Laity met the statutory burden to satisfy the Council that he is "of good reputation and suitable to be licensed" as an associate broker?
- (c) If the Hearing Committee determined that Mr. Laity is suitable for licensing at either level, should it impose conditions on his licence?
- (d) If the Hearing Committee was not satisfied that Mr. Laity is suitable for licensing in either category, should it impose a time period or other requirements before Mr. Laity may re-apply?

[19] The Hearing Committee noted that the onus was on Mr. Laity to demonstrate, on a balance of probabilities, that he was of good reputation and suitable to be licensed.

[20] In the course of the qualification hearing, Mr. Laity did not adduce any evidence in support of his suitability to be licensed. He continued to make

accusations concerning the real estate industry in general and Council staff in particular. The Hearing Committee repeatedly reminded Mr. Laity that it was only his behaviour and reputation that was relevant, and that the only issue before them was whether he was of good reputation and suitable to be licenced.

[21] The Council Decision was rendered on July 28, 2021. In the Council Decision, the Hearing Committee summarized the evidence in four categories: Mr. Laity's history of licensure; bookkeeping and record keeping issues that had been identified at various times during the period when Mr. Laity was managing broker of List Assist; the criminal charges; and Mr. Laity's unprofessional communications with Council staff.

[22] The Hearing Committee assessed the evidence with guidance from the Council's "Good Reputation, Suitability and Fitness" guidelines (the "Guidelines"), which is a Council-approved document for the use of applicants, qualification committees, and hearing committees to understand how an applicant's past and current reputation, suitability, and fitness is to be assessed for the purposes of licensing, in accordance with s. 10(a) of the *RESA*. The Hearing Committee noted that, although the Guidelines are not binding on the Council or the Hearing Committee, they were a helpful resource.

[23] The Hearing Committee found that Mr. Laity's evidence was "evasive to an extreme" because he refused to answer basic questions, dismissed questions by asking questions, and repeatedly answered "I don't know, I just don't know". Overall, the Hearing Committee concluded that his testimony lacked credibility, that he contradicted himself, and that he was inherently unbelievable.

[24] The Hearing Committee determined that Mr. Laity had not met his burden of establishing that he was of good reputation and suitable for licencing, and directed that he could not re-apply for licensure for three years. This determination was based on Mr. Laity's behaviour toward others, his lack of remorse or acknowledgement of responsibility for his actions, and the absence of evidence of

good character. The Hearing Committee expressed its reasons in the Council Decision in these terms:

[81] The Hearing Committee found Mr. Laity's demeanour, manner and conduct throughout the proceeding to be unprofessional, rude, and showing a complete disregard for the participants or process in this Qualification Hearing.

[82] We note that the Applicant failed to express remorse or acknowledge even the slightest amount of responsibility for his actions. Throughout the hearing, Mr. Laity used his testimony, his cross-examination of witnesses and his interruption of the other participants as an opportunity to attempt to discredit individuals and to express his believed views regarding a conspiracy amongst the participants. He expressed repeatedly his view that there was fraud, corruption and rape within the industry and that the Council and its employees were participants.

[83] Mr. Laity provided no evidence in his testimony or letters of support/character references via oral testimony or written submission for the Hearing Committee's consideration on his good reputation and suitability to be licensed. When asked why he chose not to provide such supporting information, he elected to incorrectly place the blame on the Counsel for the Council.

[84] The Hearing Committee concluded that no evidence showed Mr. Laity had changed his behaviour or attitude as a result of completing the Alternative Measures Program required by the courts. In fact, in his evidence at this hearing, Mr. Laity maintained that the counselling sessions, anger management and Alcoholics Anonymous sessions were "a complete waste of time" and that he did not learn anything from these programs. Mr. Laity also explained that he has not completed any other counselling on his own initiative since then.

[85] Mr. Laity failed to identify a Brokerage which was prepared to employ him, should the Hearing Committee consider licensing him as a Managing Broker or Associate Broker.

[25] Mr. Laity appealed the Council's decision to the FST.

[26] The appeal proceeded before the FST as an appeal on the record and in writing before a panel of one (the "Panel").

[27] Prior to the closing of submissions on the appeal, Mr. Laity raised an issue with the completeness and integrity of the appeal record. The FST granted an extension to November 15, 2021 for Mr. Laity to provide a list of materials that he alleged were missing from the appeal record. The FST then granted a further extension to December 10, 2021. In addition, the FST provided Mr. Laity with

instructions for applying to admit new evidence. Despite these instructions and extensions provided by the FST, Mr. Laity failed to produce a list of documents, or any actual documents, that he alleged were missing from the appeal record.

[28] The FST closed submissions on January 19, 2022. Following the closing of submissions, Mr. Laity sent a series of correspondence and document packages to the FST to introduce into the appeal. This material included and expanded upon his accusations of fraud and corruption. Despite the fact that the submissions were closed, the Panel nonetheless reviewed all the material he submitted. The Panel determined that many of the documents were already contained in the appeal record and the remainder, including the fraud and corruption allegations, were irrelevant to the appeal. Accordingly, the FST refused Mr. Laity's request to re-open the appeal in order to submit those materials.

[29] In the FST Decision, dated May 6, 2022, the Panel dismissed the appeal in its entirety.

[30] The Panel applied a correctness standard of review for questions of law, a reasonableness standard of review for questions of fact and mixed fact and law, and a fairness standard of review for questions of procedural fairness. The Panel also applied a reasonableness standard of review to the Council's exercise of discretion to impose a three-year waiting period.

[31] The Panel rejected each of Mr. Laity's grounds of appeal, which were distilled as follows at para. 26 of the FST Decision:

1. Did the Hearing Committee breach Mr. Laity's right to a fair hearing by:
 - (a) failing to allow previously submitted documents into evidence;
 - (b) not allowing media at the hearing;
 - (c) not upholding his objection to the composition of the Hearing Committee; and

- (d) failing to address breaches of procedure by the Council's lawyer whether through conflict of interest, bias or otherwise?
2. Did the Hearing Committee err in its assessment of the evidence of the Council's Senior Director, Accounting and Audit (the "Accounting Director")?
 3. Did the Hearing Committee err in finding Mr. Laity had not met the onus of showing he was of good reputation and suitable for licensure?
 4. Did the Committee err by imposing a three-year waiting period before a new application could be made?

[32] The Panel concluded as follows on each of these issues:

1. The Hearing Committee was not in breach of procedural fairness because:
 - (a) Mr. Laity did not, at any point in the course of the appeal, make clear what documentation was alleged to be missing; therefore, the Hearing Committee did nothing improper with respect to the allegedly missing documentation;
 - (b) there was no evidence that any media personnel sought to attend the hearing, and there was no evidence to support the allegation that the Hearing Committee disallowed media to attend the hearing;
 - (c) Mr. Laity did not provide any evidence that would give rise to a reasonable apprehension of bias in the Hearing Committee; and
 - (d) the actions of the lawyer for the Council did not give rise to any breach of procedural fairness.
2. The Hearing Committee did not have to rely on the testimony of the Accounting Director as it found that Mr. Laity's conduct throughout the

proceeding was unprofessional and rude, and the Hearing Committee's assessment of the evidence was not unreasonable in any event.

3. Upon hearing witnesses, assessing the evidence, and making determinations of credibility, the Hearing Committee reasonably concluded that Mr. Laity did not meet the onus of demonstrating that he was of good reputation and suitable to be licenced.
4. Considering the five-year waiting period imposed previously in a similar decision, the three-year waiting period was not outside the range of reasonable outcomes.

[33] Following the issuance of the FST Decision, the parties provided written submissions on costs, and on June 15, 2022, the Panel ordered that Mr. Laity pay costs in the amount of \$2,200 plus applicable taxes: *Andrew Brian Laity v. Superintendent of Real Estate*, 2022 BCFST 3.

Grounds for Review

[34] Mr. Laity's petition for judicial review is brief. In the factual basis section, it is asserted that the Panel "turned a blind eye to fraud". In the legal basis section, it is asserted that the FST Decision is patently unreasonable.

[35] Mr. Laity's submissions, both written and oral, focussed on his claim that the Panel did not address his primary ground of appeal (that the Council and its staff committed criminal fraud) and did not consider evidence of fraud and perjury at the qualification hearing and in the Council Decision. He also alleged that the Panel was biased, but that claim rested on the same foundation: that is, that the Panel did not address his primary ground of appeal and did not consider evidence of fraud and perjury.

Standard of Review

[36] The FST is a specialized administrative tribunal, created in 2004 to replace the former Commercial Appeals Commission and continued by s. 242.1 of the *Financial Institutions Act*, R.S.B.C. 1996, c. 141 [*FIA*].

[37] The FST's mandate is to entertain appeals from decisions prescribed in six financial and real estate sector statutes, including decisions made under the *RESA*. In particular, s. 54 of the *RESA* provides an applicant with a right to appeal a refusal to issue a licence (s. 54(1)(a)), and the imposition of restrictions and conditions on a license (s. 54(1)(b)).

[38] Through the combined operation of ss. 242.1(7)(k) and 242.3 (a privative clause) of the *FIA* and s. 58 of the *Administrative Tribunals Act*, S.B.C. 2004, c. 45 [*ATA*], findings of fact and law and exercises of discretion by the FST are subject to review on the highly deferential standard of patent unreasonableness, and questions of procedural fairness are subject to review on the standard of fairness.

[39] The petitioner has the burden of demonstrating that the FST Decision is patently unreasonable. That onus is not discharged by demonstrating error, but rather only by establishing that the decision is “clearly irrational” or “evidently not in accordance with reason” or “so flawed that no amount of curial deference can justify letting it stand”: *Ahmad v. Merriman*, 2019 BCCA 82 at para. 37, citing *Canada (Attorney General) v. Public Service Alliance of Canada*, [1993] 1 S.C.R. 941 at 963–64, 1993 CanLII 125 (S.C.C.), and *Law Society (New Brunswick) v. Ryan*, 2003 SCC 20 at paras. 52–53.

[40] Questions about the application of common law rules of natural justice and procedural fairness must be determined having regard to whether, in all the circumstances, the tribunal acted fairly: *ATA*, s. 58(2)(b).

[41] Among other things, the duty of fairness requires administrative decision-makers to be and to appear to be unbiased. The test for a reasonable apprehension

of bias has been consistently articulated. It was stated in these terms in *Wewaykum Indian Band v. Canada*, 2003 SCC 45:

[74] ...What would an informed person, viewing the matter realistically and practically – and having thought the matter through – conclude? Would [they] think that it is more likely than not that [the decision-maker], whether consciously or unconsciously, did not decide fairly?

[42] Bias allegations have serious implications and should not be made lightly. Thus, a high threshold exists for establishing bias; an apprehension of bias must rest on serious grounds and be established by cogent evidence: *Universe v. Forslund*, 2022 BCCA 202 at para. 24.

Analysis

[43] As mentioned, Mr. Laity's grounds of appeal of the Council Decision were distilled in the FST Decision as being: whether the Hearing Committee breached Mr. Laity's right to a fair hearing; erred in its assessment of the evidence of the Council's Accounting Director; erred in finding Mr. Laity had not met the onus of showing he was of good reputation and suitable for licensure; or erred by imposing a three-year waiting period before a new application could be made. At paras. 24 and 25 of the FST Decision, the Panel explained that this distillation reflected the grounds noted in his Notice of Appeal and the significantly expanded grounds reflected in his various, subsequently filed written submissions.

[44] Mr. Laity did not identify any ground of appeal that could be said to emerge from the material he submitted to the FST that was not addressed in the FST Decision.

[45] As noted, Mr. Laity's submissions on this application focussed on his claim that the Panel overlooked evidence of fraud and perjury. As expanded on later, the Panel did not do so. First, I wish to emphasize that, although it is not the Court's role to evaluate the evidence before the Hearing Committee, Mr. Laity failed entirely to support his vague allegations of fraud, corruption, and perjury.

[46] To be clear, during the hearing of this application Mr. Laity did refer to specific portions of the appeal record before the Panel and other material he said he subsequently sent to the Panel, but none of the evidence he referred to came close to supporting his allegations. I need not refer to each aspect of the evidence he identified during the hearing. Some examples will suffice to illustrate the baselessness of his complaints.

[47] Mr. Laity took specific issue with the evidence concerning bookkeeping and record keeping irregularities while he was the managing broker of List Assist. Essentially, he alleged that Council staff committed fraud in their assessment of his bookkeeping and record keeping, and then submitted altered documents at the qualification hearing and committed perjury when they testified.

[48] Many of Mr. Laity's complaints pertained to the Hearing Committee's discussion of the bookkeeping and record keeping evidence for the year ending January 31, 2016. That section spans paras. 43–50 of the Council Decision, and reads:

[43] On May 31, 2016, Mr. Laity filed the Accountant's Report for the year ended January 31, 2016. This was the first and only time List Assist filed its Accountant's Report within the deadline under the Rules. List Assist's accountant noted, among other things, that:

As a result [sic] improper maintenance of sales invoices, we were unable to complete our review of revenues totaling \$50,066 included in the financial statements. Had we been able to complete our review, we might have determined adjustments to be necessary to accounts receivable, sales, income taxes and net income.

Except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to complete our review of the accounts receivable, as described in the preceding paragraph, nothing has come to our attention that causes us to believe that these financial statements are not, in all material respects, in accordance with Canadian Accounting Standards for Private Enterprises.

[44] An inspection of List Assist's books and records by the RECBC was scheduled for July 2016. The scope of the inspection was from February 1, 2016 to the inspection date. During this inspection, numerous deficiencies were again identified, including:

- a. Mr. Laity was preparing handwritten reconciliations for the brokerage trust and general accounts. The reconciliations were not dated or initialed;

- b. the brokerage did not retain copies of the monthly bank statements, cancelled cheques provided by the bank, deposit receipts, or copies of bank drafts received;
- c. the general account ledger maintained in Excel spreadsheets lacked detail. Additionally, receipts and disbursements descriptions lacked detail;
- d. The general account ledger contained calculation and accounting errors throughout, and descriptions of transactions lacked detail;
- e. there were deficiencies in the trust account reconciliations, including that there was no trust liability listing to identify each trade for which the brokerage was holding trust money, and the trust journal did not include deal number references or a running balance;
- f. the trade record sheets were missing information; and
- g. for two deals there were differences in the amount of commission disclosed to the buyer and the actual amount received by the brokerage.

[45] On July 27, 2016, an exit interview was conducted with Mr. Laity to review the findings of the inspection and corrective actions required. The meeting was held in a boardroom at the Council's offices.

[46] Ms. Holst explained that she and an RECBC auditor were present at the meeting. Ms. Holst recalled that in the course of the meeting, Mr. Laity became agitated by their requests for information and inquiries. Ms. Holst requested that Geoff Thiele, who was the RECBC's Director, Legal Services at the time, accompany her and the auditor at the meeting.

[47] Ms. Holst recalled that in the boardroom there was a printed phone list that showed the names of RECBC's staff and their office phone numbers. Mr. Laity explained that he had taken notes on the staff phone list, and Ms. Holst recalled that at some point during the meeting, Mr. Laity sought to leave the boardroom with the staff phone list. When Mr. Laity was confronted and told to return the phone list, he became further agitated and he called the police.

[48] Ms. Holst described the incident is highly concerning, and she had not experienced a licensee acting in such an erratic manner during an interview in her over 20-year history at the RECBC.

[49] On September 22, 2016, Mr. Laity was provided with a copy of the Office and Records Inspection Report from the July 2016 inspection and he was asked for a written response by October 13, 2016.

[50] On December 2, 2016, Mr. Laity provided some records to the Council by email. On December 29, 2016, the RECBC wrote to Mr. Laity to advise him that his letter was insufficient as it did not address the issues identified in the Office and Records Inspection Report. A written response was requested without further delay. In addition, the Council noted that copies of the trust account bank statements for July and August 2016 and deposit slips/receipts for both bank accounts had not been received as requested. It does not appear that a written response to these issues identified was ever received.

[49] Mr. Laity emphasised that the scope of the inspection referred to in para. 44 is stated to be “from February 1, 2016 to the inspection date”. He noted that other inspection reports state on their face the date of the inspection, but the one that is referred to in para. 44 does not. In the place on the report where the date should be stated are the words “Office Examination of Books and Records”. He pointed out that in other evidence, the Council refers to the inspection date as July 2016 or July 8, 2016. He characterises the omission of the actual date on the report as “fraud”. Notwithstanding several attempts to have him clarify, I was unable to discern any basis for that characterization.

[50] Paragraph 49 of the Council Decision states that Mr. Laity was provided with a copy of the Office and Records Inspection Report on September 22, 2016. He pointed out that in the appeal record there is an email from the Council to him that reads in material part “please find enclosed our letter and Office and Records Inspection Report requiring your attention”. That email is dated September 23, 2016, not September 22, 2016. Mr. Laity did not explain the significance of what appears at most to be a typographical error in the date.

[51] Similarly, para. 50 of the Council Decision notes that Mr. Laity provided some records on December 2, 2016. Mr. Laity pointed out that in the appeal record there is a December 29, 2016 letter to him from the Council acknowledging the receipt of information. That letter refers to a “response received [from him] December 1, 2016” and “a letter [from him] dated December 2, 2016”. He did not explain how this could be viewed as demonstrating that the date referred to in para. 50 was incorrect, or more fundamentally why it would be significant if it was incorrect.

[52] Paragraph 50 also states that “[i]t does not appear that a written response to these issues identified was ever received”. Mr. Laity claims this is a false statement and that he did in fact respond. He directed me to various references in the evidence before the Hearing Committee that suggested that he did provide the Council with material related to the Office and Records Inspection Report in question, however, none of the evidence he identified demonstrated that he actually addressed the

issues that had been identified. To the contrary, the December 29, 2016 letter from the Council to Mr. Laity noted that Mr. Laity had not addressed the issues identified in the Office and Records Inspection Report. That letter asked for a written response and a description of “the corrective action taken with respect to each of the items noted in the report”, and identified certain documentation that he had not yet submitted. Mr. Laity did not point out any evidence showing that he complied with all of those requests.

[53] Mr. Laity also took issue with para. 56 of the Council Decision concerning his bookkeeping and record keeping for the year ending January 31, 2017.

Paragraph 56 reads:

On March 6, 2018, the RECBC contacted Mr. Laity to draw his attention to issues in respect of the Accountant’s Report and to seek explanations for the exceptions identified in the report. A response was requested by March 27, 2018. Mr. Laity did not respond by that deadline, and the RECBC followed up again with Mr. Laity on April 4, 2018. It does not appear that a written response to the exceptions identified was ever received.

[54] Mr. Laity claimed that he did respond. He referred to a cryptic email he says he sent on April 24, 2018, but it clearly did not provide an adequate response to the issues the Council had raised in its March 6, 2018 letter. To the contrary, in the April 24, 2018 email, Mr. Laity wrote “Yes I am guilty of poor books and records”. Again, Mr. Laity did not point out any evidence showing that he complied with all of the Council’s requests.

[55] Mr. Laity also claimed that an Office Records Inspection Report dated December 23, 2015 that was in the appeal book was not the “true” Office Records Inspection Report of that date. He demonstrated that the appeal book did not include a cover letter that accompanied that Report and that the version of the Report in the appeal book was not signed whereas the “true” version was signed. He did not claim that there was any difference in substance between the two versions. Nevertheless, he noted that at the qualification hearing a witness confirmed that the version in the appeal book was the report that was prepared after an audit in November 2015. He characterized this as “perjury” because the “true report” had the cover page and was

signed. Of course, without any substantive difference between the two versions, this claim is preposterous.

[56] Again, it is not the Court's role to evaluate the evidence but because of the emphasis Mr. Laity placed on his claims of fraud and perjury, and the seriousness of those claims, I have carefully considered his allegations. Having done so, I have no difficulty concluding that they remain wholly unsubstantiated.

[57] The allegations focussed on the evidence concerning bookkeeping and record keeping irregularities while Mr. Laity was the managing broker of List Assist. The Panel did not overlook or ignore Mr. Laity's complaints about that evidence. To the contrary, the Panel expressly considered the Hearing Committee's assessment of that evidence and found that it was not unreasonable: FST Decision at para. 91.

[58] Among other things, the Panel observed that "the same [accounting] issues and themes recurred throughout and showed a clear course of conduct – late filings, errors and deficiencies, and promises to improve his behavior – that was consistent for several years" and that there was "no evidence that [Mr. Laity] ever changed his behavior with respect to the accounting issues": FST Decision at para. 87. The Panel noted that Mr. Laity claimed the Accounting Director "lied under oath and that her oral testimony directly contradicted other RECBC evidence submitted": at para. 75. However, the Panel also noted at paras. 88–90 that the Hearing Committee found Mr. Laity's testimony to be inherently unbelievable, and the Committee did not even have to rely on the testimony of the Accounting Director to come to its conclusion because Mr. Laity's conduct throughout the proceeding was "unprofessional, rude and showed a complete disregard for the participants or the process".

[59] Mr. Laity has shown no basis for concluding that the Panel's assessment of the accounting evidence was patently unreasonable. More fundamentally, Mr. Laity's submissions about fraud and perjury in the accounting evidence ignore the fact that the Hearing Committee's decision was based on its findings concerning his behaviour toward others, his lack of remorse or acknowledgement of responsibility

for his actions, and the absence of evidence of good character. Mr. Laity did not challenge those findings.

[60] As noted, Mr. Laity also alleged that the Panel was biased, but that claim rested on the same foundation: that is, that the Panel did not consider evidence of fraud and perjury.

[61] The Panel extended a considerable degree of fairness to Mr. Laity by granting his extensions to provide documents he alleged were missing from the appeal record and/or to apply to introduce new evidence. Despite his failure to apply, the Panel considered the voluminous materials submitted by Mr. Laity and determined they were already included in the appeal record or were irrelevant. For the reasons already expressed, Mr. Laity has not shown that this conclusion was incorrect, let alone patently unreasonable.

[62] An informed person, viewing the matter realistically and practically would conclude that the Panel fairly considered whether the appeal should be reopened and her reasons demonstrate the Panel was open to admitting the evidence Mr. Laity presented provided it was relevant and material. Mr. Laity has therefore failed to establish any circumstances that give rise to a reasonable apprehension of bias.

Conclusion

[63] Mr. Laity failed to establish any basis for interfering with the FST Decision. The petition is dismissed.

[64] The FST is not seeking costs. However, Mr. Laity shall pay the costs of the Superintendent at Scale B.

“Warren J.”



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Council Member Terms as of June 13, 2023 ¹

ITEM 6.3

1033

Name	District	Date First Elected/Appointed	Date Re-elected/ Reappointed	Date of Expiry of Current Term
<u>Elected Members</u>				
Dr. Michael Gauthier	3 (Central East)	April 2022	NA	April 2025
Dr. Kyle Grice	4 (Central)	April 2021	April 2022	April 2025
Dr. Jarrod Goldin	7 (Academic)	April 2021	April 2023	April 2026
Dr. Colin Goudreau	6 (Western)	April 2020	April 2023	April 2026
Dr. Sarah Green	5 (Central West)	April 2020	April 2023	April 2026
Dr. Paul Groulx	2 (Eastern)	April 2019	April 2022	April 2025
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021	April 2024
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.