

**COLLEGE OF CHIROPRACTORS OF ONTARIO**



**ELECTRONIC PUBLIC INFORMATION PACKAGE FOR  
COUNCIL MEETING  
THURSDAY, NOVEMBER 23, 2023 – 8:30 A.M.**

# RHPA

## Duties and Objects of Colleges

### Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

### Objects of College

3. (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

### Duty

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).



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

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### **MISSION**

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

### **VISION**

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

### **VALUES**

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

### **STRATEGIC OBJECTIVES**

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

*Developed at the strategic planning session: September 2017*

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**CCO CODE OF CONDUCT FOR CURRENT AND  
FORMER 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 21, 2023 (came into effect September 8, 2023)**

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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 interests<sup>1</sup>;
9. refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards;<sup>2</sup>

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

10. preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s. 36(1) of the *RHPA*;
11. refrain from communicating to members, including other Council or committee members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or fitness to practise proceedings which could be perceived as an attempt to influence a statutory committee or a breach of confidentiality, unless he or she is a member of the panel or, where there is no panel, of the statutory committee dealing with the matter;
12. refrain from communicating to members and stakeholder<sup>3</sup> on behalf of CCO, including on social media, unless authorized by Council<sup>4</sup>;
13. respect the boundaries of staff whose role is not to report to or work for individual Council or committee members; and
14. be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

#### **Potential Breaches of the Code of Conduct**

15. An elected or appointed member of Council or non-Council committee member who becomes aware of any potential breach of this code of conduct should immediately advise the President and Registrar, or if the potential breach involves the President, advise the Vice President and Registrar; and
16. Potential breaches will be addressed first through informal discussion with the Council member(s) or non-Council committee member(s), and subsequently by written communication expressing concerns and potential consequences.

I, \_\_\_\_\_, Council member or 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: \_\_\_\_\_

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

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

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

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

Approved by Council: September 20, 2014

Amended: June 17, 2020

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

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

## List of Commonly Used Acronyms at CCO

as at November 17, 2022

Acronym	Full Name
ACE	Accessing Centre for Expertise, Dalla Lana School of Public Health, University of Toronto
ADR	Alternative Dispute Resolution
AFC	Alliance For Chiropractic (formerly CAC)
ASNFPPO	Accounting Standards for Not-for-Profit Organizations
BDC	Board of Directors of Chiropractic
CCA	Canadian Chiropractic Association
CCBC	College of Chiropractors of British Columbia
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education (Canada)
CCGI	Canadian Chiropractic Guideline Initiative
CCO	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CCRF	Canadian Chiropractic Research Foundation
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
CMOH	Chief Medical Officer of Health
CNO	College of Nurses of Ontario
COVID-19	SARS – CoV- 2
<i>Code</i>	<i>Health Professions Procedural Code, Schedule 2 to the RHPA</i>
CONO	College of Naturopaths of Ontario
CPGs	Clinical Practice Guidelines
CPMF	College Performance Measurement Framework
CPSO	College of Physicians and Surgeons of Ontario
D'Youville	D'Youville College – Chiropractic Program
DAC	Designated Assessment Centre
DEI	Diversity, Equity and Inclusion
FCC	Federation of Canadian Chiropractic
FCCOS(C)	Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)
FCCR(C)	Fellow of the Chiropractic College of Radiologists (Canada)
FCCPOR(C)	Fellow of the Canadian Chiropractic College of Physical and Occupational Rehabilitation (Canada)
FCCS(C)	Fellow of the College of Chiropractic Sciences (Canada)
FRCCSS(C)	Fellow of the Royal College of Chiropractic Sports Sciences (Canada)
FCLB	Federation of Chiropractic Licensing Boards
FOI	Freedom of Information
GIC	Guaranteed Investment Certificate
<i>HARP</i>	<i>Healing Arts Radiation Protection Act, 1990</i>
<i>HIA</i>	<i>Health Insurance Act, 1990</i>
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
HPRO	Health Profession Regulators of Ontario
ICRC	Inquiries, Complaints and Reports Committee
KPI	Key Performance Indicators
LSO	Law Society of Ontario
MESPO	Model for the Evaluation of Scopes of Practice in Ontario
MOH	Ministry of Health
MTCU	Ministry of Training, Colleges and Universities
NBCE	National Board of Chiropractic Examiners
NHSU	National University of Health Sciences – Chiropractic Program
NWG	Nominations Working Group
NYCC	New York Chiropractic College



<b>Acronym</b>	<b>Full Name</b>
OCA	Ontario Chiropractic Association
ODP	Office Development Project
OFC	Office of the Fairness Commissioner
OHIP	Ontario Health Insurance Plan
OHPR	Ontario Health Professions Regulators
OHR	OntarioHealthRegulators.ca (HPRO's public-focused website)
OHRC	Ontario Human Rights Commission
PHIPA	<i>Personal Health Information Protection Act, 2004</i>
PPA	Peer and Practice Assessment
PIPEDA	<i>Personal Information and Protection of Electronic Documents Act</i>
PSA	Professional Standards Authority for Health and Social Care (U.K.)
PVO	Prosecutorial Viability Opinion
QA	Quality Assurance
RFP	Request for Proposal
RHPA	<i>Regulated Health Professions Act, 1991</i>
SCERP	Specified Continuing Education or Remediation Program
SOAR	Society of Ontario Adjudicators and Regulators
SPPA	<i>Statutory Powers Procedural Act, 1990</i>
SWOT	Strengths, Weaknesses, Opportunities, Threats
TCL	Terms, Conditions and Limitations
UOIT	University of Ontario Institute of Technology
UQTR	Université du Québec à Trois-Rivières
WHO	World Health Organization
WSIB	Workplace Safety and Insurance Board



**AGENDA (Public) <sup>1</sup>**

**COUNCIL MEETING (In Person) <sup>2</sup>**

**Thursday, November 23, 2023 (8:30 a.m. – 1:00 p.m.) <sup>3</sup>**

**Attendees**

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

**AGENDA <sup>4</sup>**

Page No.	ITEM	Action Required	Action By	Priority Level <sup>5</sup>
	<b>CALL TO ORDER AND LAND ACKNOWLEDGEMENT <sup>6 7</sup></b>	Welcome	Green/ Kariunas	<b>High</b>
	<b>1. Consent Agenda</b>	Approve	Council	<b>High</b>
<b>10</b>	1.1 Fitness to Practise Committee Report			

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

<sup>2</sup> Guests to advise Ms Rose Bustria, Executive Assistant, if they would like to attend.

<sup>3</sup> Subject to Council's direction.

<sup>4</sup> 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).

<sup>5</sup> Subject to Council's direction.

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

<sup>7</sup> **Land acknowledgment**

*Let us acknowledge that in our meeting space today, we gather on the Treaty Lands and Territory of the Mississaugas of the Credit First Nation as well as the traditional territory of the Haudenosaunee and the Huron-Wendat peoples. We recognize that we have a responsibility to work towards meaningful reconciliation between Indigenous and non-Indigenous peoples and through this land acknowledgement, we are honoring the land, Indigenous peoples, and deepening our understanding of truth.*

Page No.	ITEM	Action Required	Action By	Priority Level <sup>5</sup>
11	1.2 Inquiries, Complaints, and Reports Committee (ICRC) Report			
13	1.2.1 HPARB decision dated September 19, 2023 re: DC and JM, DC			
27	1.3 Patient Relations Committee Report			
29	1.4 Registration Committee Report			
31	1.4.1 Memo dated October 16, 2023 re: Update on the OFC’s Risk-Informed compliance Framework			
33	1.4.2 OFC Newsletter dated October 2023			
39	1.4.3 Memo dated November 6, 2023 re: Launch of the OFC’s Updated Risk-informed Compliance Framework			
69	1.5 Advertising Committee Report			
	<b>2. Main Agenda</b>	Adopt	Council	<b>High</b>
	2.1 Conflict of Interest	Review/ Declare any real or perceived conflicts of interest as agenda item reached <sup>8</sup>	Council	<b>High</b>
	<b>3. Adoption of Minutes <sup>9</sup></b>			

<sup>8</sup> 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.

<sup>9</sup> 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 <sup>5</sup>
	<b>4. Committee Reports</b>			
<b>97</b>	4.1 Executive Committee Report	Report/ Approve Recommendations	Green/ Council	<b>High</b>
<b>121</b>	4.1.2 Order in Council dated September 7, 2023 re: Robert Chopowick	Welcome !		
<b>131</b>	4.1.4 Revocation of Mr. de Domenico	FYI		
	<i>Move in Camera</i> <sup>10</sup>			
	<i>Move Out of Camera and Ratify Decisions made In Camera</i>			
	<i>Review of By-laws and Feedback By-laws</i>			
<b>440</b>	4.1.39 President’s Message dated September 19, 2023 with draft by-laws attached	Approve	Council	<b>High</b>
	<i>Feedback to date</i> <sup>11</sup>			
<b>559</b>	4.1.41 Summary feedback charts as of October 25, 2023			
<b>574</b>	4.1.42 Further feedback from individual members			
<b>579</b>	4.1.43 Other by-law amendments - Discipline Committee			
	4.1.44 Comprehensive List of By-laws to be approved <sup>12</sup>	Approve	Council	<b>High</b>
<b>583</b>	4.1.45 Extract from <i>RHPA</i> re: by-laws requiring circulation <sup>13</sup>			

<sup>10</sup> 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.

<sup>11</sup> Feedback re: amendments to S-003: Professional Portfolio to be reviewed by the Quality Assurance Committee with recommendations to Council. Further feedback by November 19, 2023 deadline date to be considered before final recommendations to Council. A short special meeting of Executive is scheduled for November 21, 2023 to review any further feedback and to make recommendations to Council.

<sup>12</sup> To be circulated following the Executive Committee meeting scheduled for November 21, 2023.

<sup>13</sup> The *RHPA* does not require all by-law amendments to be circulated.

Page No.	ITEM	Action Required	Action By	Priority Level <sup>5</sup>
588	4.1.46 E-mail dated September 14, 2023 from Doug Ford, Premier re: 2022 Annual Report			
	<i>March 2024 Elections</i> <sup>14</sup>			
	<i>Ministry of Health</i>			
	<i>College Performance Measurement Framework (CPMF)</i> <sup>15</sup>			
603	4.1.51 CCO's Updated CPMF Report – 2023			
723	4.1.52 CPMF Action Plan - 2023			
733	4.1.53 Key Performance Indicators (approved November 25, 2021)			
738	4.1.55 DEI Audit and Recommendations (approved April 20, 2022)			
	Follow Up from Strategic Planning/Topic Specific Meetings September 9, 10, 2023	Review/ Develop action plan at November 24, 2023 Training Session	Council	<b>High</b>
	<i>Other Chiropractic/Health Related Stakeholders</i>	Primarily FYI and background/ Context (subject to questions)	Council	Medium
	<i>Ontario Chiropractic Association (OCA)</i>			
853	4.1.62 Information dated November 4, 2023 re: voting for OCA's Board of Directors			

<sup>14</sup> Drs. Dennis Mizel, Angelo Santin and Julia Viscomi are up for reelection in March 2024. Consider real or perceived conflict of interest in participating in decisions relating to March 2024 elections.

<sup>15</sup> CCO's third CPMF Report was submitted on March 31, 2023 and is available on CCO's website.

Page No.	ITEM	Action Required	Action By	Priority Level <sup>5</sup>
	<i>Canadian Memorial Chiropractic College (CMCC)</i>			
898	4.1.65 Communication dated September 14, 2023 to Ms Willson from Dr. Starmer re: Presentation on August 25, 2023			
	<i>Canadian Chiropractic Examining Board</i>			
900	4.1.66 Communication dated October 25, 2023 re: CCEB website facelift and exam changes			
	<i>Canadian Chiropractic Guideline Initiative (CCGI)</i>			
908	4.1.67 CCGI Update Report for May to September 2023			
	<i>Canadian Chiropractic Association</i>			
914	4.1.68 Information re: CCA National Convention and Tradeshow April 19 – 20, 2024			
	<i>National Board of Chiropractic Examiners</i>			
923	4.1.71 Update dated September 19, 2023			
	<i>Health Profession Regulators of Ontario (HPRO)</i>	Verbal Report	Willson/ Kenny	Medium
930	4.1.72 “As of Right” Guidance Document dated September 1, 2023			
946	4.1.73 Announcement re: Discipline Orientation Workshops – Basic (November 3) and Advanced (November 20)			
	<i>Animal Chiropractic</i>	Verbal Report	Willson	Medium
989	4.1.78 Communication dated October 16, 2023 between Ms Willson and Mr. Robert Blenkinsop from the Ontario Ministry of Agriculture, Food and Rural Affairs			
993	4.1.79 Correspondence, Survey and Links dated October 19, 2023 from CCO to Members who Provide Chiropractic Care of Animals			

Page No.	ITEM	Action Required	Action By	Priority Level <sup>5</sup>
1018	4.1.80 Results of Survey from distribution			
1025	4.1.81 Communication exchange with Mr. Blenkinsop dated October 26, 2023 re: survey results			
1031	4.2 Discipline Committee Report <sup>16</sup>	Report	Mizel	Medium
1033	4.2.1 Resolution Agreement re: Dr. Gary Schoutsen dated November 2, 2023 (decision pending)			
1042	4.2.2 CCO v Dr. Samira Ramy decision received November 10, 2023			
1053	4.2.3 CCO v Dr. Brian Moore decision received November 9, 2023			
1120	4.2.4 Information re: HPRO discipline training			
1125	4.3 Quality Assurance Committee Report	Report/ Approve Recommendations	Groulx	<b>High</b>
1136	4.3.3 G-014: Delegation, Assignment and Referral of Care (current)	FYI		
1148	4.3.5 S-006: Ordering, Taking and Interpreting Radiographs (current)	FYI		
	<b>5. New Business - TBD</b>			
	<b>6. FYI</b>	Back-ground/ Context		
	<i>Chiropractic Related Information</i>			
1155	6.1 CBC article dated October 1, 2023 entitled “Canada stopped checking kids’ spines years ago. Why experts say screening should			

<sup>16</sup> There are no recommendations from the Discipline Committee. The report attaches the recent discipline decisions including the recently released discipline decision with respect to Dr. Brian Moore. The decisions “stand on their own” i.e., are not subject to questioning or interpretation but are included as FYI and will be part of CCO’s public register.

Page No.	ITEM	Action Required	Action By	Priority Level <sup>5</sup>
	<i>come back</i>			
<b>1161</b>	6.2 Secretary Immunoglobulin A and Upper Cervical Chiropractic: A Preliminary Prospective, Multicenter, Observational Study (2021)			
	<i>College of Dental Hygienists of Ontario</i>			
<b>1170</b>	6.3 Notification dated September 26, 2023 entitled “CDHO Council rescinds Standard of Authorization to Self-Initiate”			
	<i>College of Physicians and Surgeons of Ontario</i>			
<b>1174</b>	6.4 Reasonable and Probable Grounds Test in Appointing Investigators in the Regulatory Context – <i>Kustka v CPSO</i>			
	<i>College of Psychologists of Ontario</i>			
<b>1205</b>	6.5 ABA Regulation: Notice of Upcoming Information Sessions for Stakeholders			
<b>1209</b>	6.6 Notice of Motion for Leave to Appeal – <i>Peterson v College of Psychologist of Ontario</i>			
	<i>College of Nurses of Ontario</i>			
<b>1222</b>	6.7 Paul Hirtle and CNO (February 23, 2022) <sup>17</sup>			
	<i>College of Registered Nurses of Alberta</i>			
<b>1242</b>	6.8 Social Media and e-Professionalism: Guidelines for Nurses (March 2021)			
<b>1253</b>	6.9 Globe and Mail article dated October 31, 2023 entitled <i>CPA Ontario imposes \$1.59 million in penalties on Deloitte after firm admits audit work was backdated</i>			
<b>1256</b>	6.10 Communication from Ashley Myers re: AODA Reporting deadline – December 31, 2023			

<sup>17</sup> Decision addresses special considerations for self-represented members.



Page No.	ITEM	Action Required	Action By	Priority Level <sup>5</sup>
1258	6.11 Grey Areas (September/October/November 2023)			
1267	6.12 Council Members Terms (dated November 9, 2023)			
	DATE AND TIME OF MEETINGS <sup>18</sup>			
	ADJOURNMENT			

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

**Executive Committee Meeting Dates to December 2024**

Year	Date	Time	Event	Location
2023	Tuesday, November 21	12:00 p.m. – 1:00 p.m.	Meeting	Virtual
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, November 24	8:30 a.m. – 11:30 a.m.	Training/Topic Specific Meeting	CCO
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

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

Year	Date	Time	Event	Location
	Wednesday, April 17	8:30 a.m. – 1:00 p.m.	Meeting (Elections)	CCO
	Friday, June 14	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Friday, June 14	6:00 p.m. – 9:00 p.m.	AGM	The Royal Sonesta, Toronto, Yorkville <sup>19</sup>
	Friday, September 13	1:00 p.m. – 4:30 p.m.	Meeting	Millcroft Inn and Spa <sup>20</sup>
	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 a.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

<sup>19</sup> 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](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)

<sup>20</sup> 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-spa)

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**College of Chiropractors of Ontario  
Fitness to Practise Committee Report to Council  
November 23, 2023**

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**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.

A meeting is scheduled for Wednesday, November 29, 2023 to review relevant standards, policies and guidelines and to conduct training.

Respectfully submitted,  
Dr. Kyle Grice  
Chair

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**College of Chiropractors of Ontario  
Inquiries, Complaints and Reports Committee Report to Council  
November 23, 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:

#### **September 2023:**

Reviewed 17 cases  
Made decisions on 11 cases  
Completed Oral Caution 1 case  
Appointed 75(1)(c) investigators on 1 case

#### **October 2023:**

Reviewed 9 cases  
Made decisions on 5 cases  
Appointed 75(1)(a) investigator on 1 case  
Appointed 75(1)(c) investigator on 1 case

ICRC Report to Council  
November 23, 2023  
Page 2

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The Health Professions Appeal and Review Board (HPARB) upheld 1 Committee decision.  
(attached)

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

Respectfully submitted,

Dr. Michael Gauthier, Chair  
Inquiries, Complaints & Reports Committee

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COLLEGE OF CHIROPRACTORS  
OF ONTARIO

File # 22-CRV-0204

**HEALTH PROFESSIONS APPEAL AND REVIEW BOARD**

PRESENT:

**ITEM 1.2.1**

Carla Whillier, Designated Vice-Chair, Presiding  
Lisa Freeman, Board Member  
Thomas Kelly, Vice-Chair

Review held on September 19, 2023 in Ontario (by teleconference)

**IN THE MATTER OF A COMPLAINT REVIEW UNDER SECTION 29(1)** of the *Health Professions Procedural Code*, Schedule 2 to the *Regulated Health Professions Act, 1991*, Statutes of Ontario, 1991, c.18, as amended

**B E T W E E N:**

**DC**

Applicant

and

**JM, DC**

Respondent

Appearances:

For the College of Chiropractors of Ontario: Christine McKeown

**DECISION AND REASONS**

**I. DECISION**

1. The Health Professions Appeal and Review Board confirms the decision of the Inquiries, Complaints and Reports Committee of the College of Chiropractors of Ontario to take no further action.

2. This decision arises from a request made to the Health Professions Appeal and Review Board (the Board) by DC (the Applicant) to review a decision of the Inquiries, Complaints and Reports Committee (the Committee) of the College of Chiropractors of Ontario (the College). The decision concerned a complaint regarding the conduct and actions of JM, DC (the Respondent). The Committee investigated the complaint and decided to take no further action.
3. The Board issued a publication ban order in this matter. This decision is subject to that order.

## **II. BACKGROUND**

4. The Applicant was referred by the Centre for Employee Health, Safety & Wellness (the Centre) for an Independent Psychiatric Assessment in 2011. This assessment was arranged with Dr. Z at Sibley and Associates (Sibley), a Disability Management Company.
5. At the time of the assessment, the Respondent was employed as a Technical Advisor for Sibley.

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

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

6. The Applicant complained as follows:
  - [The Respondent was] employed by “Sibley and Associates, aka CES examinations, aka Granite Health, etc...”
  - I understand he is a Chiropractor by profession. I believe he may have been also involved as a “ghostwriter for [Dr. Z]”.

- He made a comment about my mental state to a Defence Medical Examiner I filed a complaint against, [Dr. Z] and stated “Don’t worry [Dr. Z]. His complaint is part of his disorder.” to which [Dr. Z] replied “excellent” (I assume he meant that was an excellent excuse).
- I have received a decision from the CPSO and can share the decision with you if it helps against [Dr. Z].
- I understand [the Respondent] has little to no Psychiatric training and therefore not entitled to any “privileged opinion” that the specialty legally affords.
- I find his comment hurtful, discriminating and even disgraceful of a Chiropractor.
- I must tell you the entire experience with this man, the “DME” Doctor, How the CPSO encouraged dialogue with [Dr. Z] and how he continued to insult me in literary and verbal form caused me a degree of trauma. In addition I had to deal with [the Respondent’s] employer Sibley and Associates, the Director Ian Elliot, the lawyer there Witsun Chang, and [the Respondent] stating that my “complaint is part of my disorder.”
- I received a decision against [Dr. Z] and his lawyer entirely by myself with Clinical Depression. I think that is testament to my capability. The investigator Ms Tracy Baruch indicated I was “free to use the report as I wanted” but I will show [Dr. Z], [the Respondent] the dignity they didn’t show me and refrain from forwarding it to you out of respect for his privacy.
- I also lost my self esteem, my marriage, my wife whom I held dear, my family, familial home, distanced from my children, and incurred significant financial loss. Legal hurdle after legal hurdle. I haven’t bought clothes in over 8 years. It has caused me a lot of shame. I am still happy to be alive and reasonably healthy.
- It has taken me almost 10 years to begin recovery.
- [The Respondent] even failed to explain how I picked originally, Dr Sturla Bruin Meyer, then he told me he is not available. I then selected Dr



Voruganti, Zohair Waisman, Richard Herschberg. They all were unable and only [Dr. Z] was available?. Makes one wonder why he even sent me their names in the first place if they wanted me to see [Dr. Z] in the first place they should of indicated that.

- I don't think [the Respondent] was entirely transparent with me regarding scheduling abherations [sic] related to these doctors. Its unlikely their schedules would become filled as I was engaged in a 5 min selection for the appropriate "expert". Hard for me to accept his explanation. I suppose I must.
- When [the Respondent] made an effort to disrupt each and every doctor selection. It's unlikely that all the aforementioned doctors were unavailable while I was engaged in appropriate selection.
- I assure you someone who is paranoid as [the Respondent] would infer from his inappropriate "diagnosis" would not be as capable to represent themselves in a legal forum repeatedly.
- I also suspect that [the Respondent] wrote the entire IME report just as he filled in the information via my employer's questions for [Dr. Z's] convenience as [Dr. Z] appeared to be unusually reliant upon [the Respondent's] "advice".
- I thought this was very odd and again out of [the Respondent]'s area of expertise which is Chiropractic.

### ***The Response***

7. The Respondent provided a written response to the Applicant's complaint in which summarized his involvement as the Technical Advisor for Sibley while the Applicant was undergoing an independent medical examination. The Respondent described that following the Applicant's assessment, the Applicant made a complaint regarding Dr. Z. The Respondent explained that the complaint was forwarded to Sibley for response. The Respondent maintained that at all material times he conducted himself in a professional

and ethical manner. The Respondent responded to each of the Applicant's specific concerns, which will be discussed below in the reasonableness section of this decision.

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

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

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

9. In a letter dated April 19, 2022, the Applicant requested that the Board review the Committee's decision. In further correspondence he reiterated his complaint and disputed the mental health diagnosis attributed to him by the Respondent. The Applicant described his difficulties being denied disability and accommodation at work and maintained that the people at Sibley, including the Respondent, were altering reports.

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

10. After conducting a review of a decision of the Committee, the Board may do one or more of the following:
  - a) confirm all or part of the Committee's decision;
  - b) make recommendations to the Committee;
  - c) require the Committee to exercise any of its powers other than to request a Registrar's investigation.
11. The Board cannot recommend or require the Committee to do things outside its jurisdiction, such as make a finding of misconduct or incompetence against the member or require the referral of specified allegations to the Discipline Committee that would not, if proved, constitute either professional misconduct or incompetence.

**V. ANALYSIS AND REASONS**

12. Pursuant to section 33(1) of the *Health Professions Procedural Code* (the *Code*), being Schedule 2 to the *Regulated Health Professions Act, 1991*, the mandate of the Board in a complaint review is to consider either the adequacy of the Committee's investigation, the reasonableness of its decision, or both.
13. The Applicant and Respondent did not participate in the review. There is no legislative requirement that parties participate in a review and the Board draws no inference from their non-attendance.
14. The Board has examined the Record of Investigation (the Record) and reviewed the Committee's decision.
15. In this regard, the Committee is to act in relation to the College's objectives under section 3 of the *Code*, which include, in part, to maintain programs and standards of practice to assure the quality of the practice of the profession, to maintain standards of knowledge and skill and programs to promote continuing improvement among the members, and to serve and protect the public interest.
16. The Committee's mandate is to screen complaints about its members. The Committee considers the information it obtains to determine whether, in all of the circumstances, a referral of specified allegations of professional misconduct to the College's Discipline Committee is warranted or if some other remedial action should be taken. Dispositions available to the Committee upon considering a complaint include taking no action with regard to a member's practice, issuing a caution or directing other remedial measures intended to improve an aspect of a member's practice, or referring specified allegations of professional misconduct or incompetence to the Discipline Committee if the allegations are related to the complaint.

**Adequacy of the Investigation**

17. An adequate investigation does not need to be exhaustive. Rather, the Committee must seek to obtain the essential information relevant to making an informed decision regarding the issues raised in the complaint.
18. The Board finds the Committee's investigation to be adequate for the following reasons.
19. The Committee obtained the following documents and information during its investigation into the Applicant's complaint:
  - the Applicant's letter of complaint, supporting documents, articles and numerous emails;
  - the Respondent's response;
  - the Respondent's registration and conduct history.
20. The Board finds that the Committee's investigation covered the events in question, and that it obtained the essential information relevant to making an informed decision regarding the issues raised in the complaint. The Applicant had the opportunity to clarify and confirm his concerns with the Committee investigator and provided additional documents including the relevant emails. The Respondent provided his response to the Applicant's complaint. The Committee also had the additional documents submitted by the Applicant which included case law and news articles. In addition, the Committee had the Respondent's relevant college history.
21. There is no indication of additional information that, if obtained, might reasonably be expected to have affected the Committee's decision.
22. Accordingly, the Board finds that the Committee's investigation was adequate.

### **Reasonableness of the Decision**

23. In determining the reasonableness of the Committee's decision, the question for the Board is not whether it would arrive at the same decision as the Committee. Rather, the Board considers the outcome of the Committee's decision in light of the underlying rationale for the decision, to ensure that the decision as a whole is transparent, intelligible and justified. That is, in considering whether a decision is reasonable, the Board is concerned with both the outcome of the decision and the reasoning process that led to that outcome. It considers whether the Committee based its decision on a chain of analysis that is coherent and rational and is justified in relation to the relevant facts and the laws applicable to the decision-making process.
24. The Board finds that the Committee's decision to take no further action is reasonable for the following reasons.
25. The Board notes that the circumstances of this complaint required the Committee, which included professional and public members, to rely on its knowledge and expertise related to the expected standards of the profession in assessing the Respondent's conduct and actions with respect to the Applicant's concerns.
26. The Board also notes that the Committee's decision made specific reference to information from the parties and described the relevance of information in the Record in support of its conclusions.

***Issue 1: Limited his choice of assessor***

27. The Committee referred to the Applicant's correspondence that he preferred to have his IME done by one of several other doctors. The Committee noted that the Respondent told the Applicant that no one but Dr. Z was available to conduct the IME.
28. The Committee referred to the Respondent's response that assessors provided Sibley and Associates with available times for Independent Assessments (pre-bookings). The Respondent described that scheduling was predicted on availability within the timeframe

requested by the Applicant. The Respondent denied coercion or deliberate attempts made to affect the selection of the clinician to perform the IME.

29. The Committee concluded that there was no information in the Record to confirm that this was anything other than a scheduling issue.
30. The Board finds the Committee's conclusions regarding this issue to be reasonable as they are based on information in the Record, as noted above, and by the absence of information to indicate that this was anything other than a scheduling issue. The Board notes that the Committee applied its knowledge and expertise related to the expected standards of the profession in assessing the Respondent's conduct and actions and in deciding to take no further action concerning this issue.

***Issue 2: Ghost-wrote reports***

31. The Committee referred to information provided by the Applicant which discussed the practice of ghost-writing or over-templating IME reports which went on to describe how some reports are intentionally unfavourable and the impact this has on claimants.
32. The Committee noted that there is no information that the Respondent ghost-wrote or "polished" reports for Dr. Z or for anyone else.
33. The Committee described the role of the Technical Advisor which is to "provide Quality Assurance throughout the assessment process" which could include ensuring consistent vocabulary and grammar with respect to IME reports. The Committee noted that even if portions of the report(s) had standardized vocabulary and/or grammar, this would not necessarily impact the substance of the report(s). The Committee noted that there was no information in the Record that the Respondent "polished" the report to make it say anything bad about the Applicant.

34. The Board finds the Committee's conclusions regarding this issue to be reasonable as they are based on information in the Record and by the absence of information to indicate that the Respondent "polished" the report to say anything bad about the Applicant. The Board notes that the Committee applied its knowledge and expertise related to the expected standards of the profession in assessing the Respondent's conduct and actions and in deciding to take no further action concerning this issue.

*Issue 3: Commented on his mental state*

35. The Committee noted that the Applicant filed a complaint about Dr. Z with the Centre and received information related to that investigation. When Dr. Z found out about the complaint, he exchanged emails with the Respondent. As part of the investigation into Dr. Z's conduct, the Applicant received emails between Dr. Z and the Respondent.
36. The Committee referred to the emails which confirm that the diagnosis of paranoid personality disorder may have been made by Dr. Z or another professional. The Committee commented that it does not appear that the Respondent made this diagnosis.
37. The Committee had before it the Respondent's response where he noted:
- "Remarks made in correspondence with Dr. Z are not tantamount to a diagnosis or opinion. Dr. Z made the remark that the [Applicant] has a paranoid personality disorder. After reading his report, my non-clinical comment to Dr. Z simply confirmed my understanding that this is likely part of the subject's overall disorder. The remark was an observation parroting the Psychiatrist's opinion expressed in his email and within the report. The [Applicant's] assertion of acting independently and outside my of practice is unfounded."
38. The Committee's decision noted the email from Dr. Z to the Respondent dated July 13, 2011 (9:00 PM) which stated:

“I will contact the CMPA to have a lawyer represent me. This man has a paranoid personality disorder who feels bullied at work and has grievances against his co-workers and manager. Nothing of what he described happened during the assessment, at the end I asked him whether he had anything to say, he thank (sic) me and denied any ill feelings. There was no swearing or personal questions. I got a personal taste of what the company has to deal with. Please contact me if you need more information.”

39. The Committee determined that there is nothing in the record to suggest the Respondent made the diagnosis of paranoid personality disorder.
40. The Board finds the Committee’s conclusions regarding this issue to be reasonable as they are based on information in the Record. The Board notes that the Committee applied its knowledge and expertise related to the expected standards of the profession in assessing the Respondent’s conduct and actions and in deciding to take no further action concerning this issue.

***Issue 4: Condoned insults***

41. The Committee referred to information provided by the Applicant that confirmed that he was the victim of several highly inappropriate and hurtful comments.
42. The Committee stated that there is nothing in the Record to suggest that the Respondent knew about these comments. The Committee noted that the Respondent was not in a position to take any action about them.
43. The Board finds the Committee’s conclusions regarding this issue to be reasonable as they are based on the lack of information in the Record to indicate that the Respondent was aware of the comments. The Board notes that the Committee applied its knowledge and expertise related to the expected standards of the profession in assessing the



Respondent's conduct and actions and in deciding to take no further action concerning this issue.

***Issue 5: Was involved in insurance scam and/or workplace harassment/constructive dismissal***

44. The Committee noted the Applicant's allegation that the Respondent was involved in an insurance scam and/or workplace harassment/constructive dismissal.
45. The Committee determined that there is no information in the Record that the Respondent participated in any scam, harassment or constructive dismissal.
46. The Board finds the Committee's decision to take no further action to be reasonable as it based on the lack of information in the Record to indicate that the Respondent was involved in an insurance scam. The Applicant submitted an article outlining an investigation into independent medical evaluations being altered to favour an insurer; however, the Board notes this is not information which is specific to the Applicant or the Respondent. The Board further notes that the Committee applied its knowledge and expertise related to the expected standards of the profession in assessing the Respondent's conduct and actions and in deciding to take no further action concerning this issue.

**Summary**

47. The role of the Board in a complaint review is to assess whether the Committee conducted an adequate investigation, and based on the information in the Record, to determine if the Committee's decision is reasonable. As indicated above, the Board considers whether the Committee based its decision on a chain of analysis that is coherent and rational and is justified in relation to the relevant facts and the laws applicable to the decision-making process.

48. The Board notes that the Committee applied its knowledge and expertise in the expected standards of the profession to its consideration of the Respondent's conduct and actions in relation to the Applicant's complaint. The Committee relied on the information in the Record to support its conclusions, and its decision makes it clear that it considered and addressed each of the Applicant's concerns with respect to the Respondent and provided coherent reasons for its conclusions. While the Board acknowledges that the Applicant is dissatisfied with the Committee's decision, having considered the information in the Record and the reasons for the Committee's decision, the Board finds that the Committee's decision is reasonable. The Committee's decision demonstrates a coherent and rational connection between the relevant facts, the outcome of the decision and the reasoning process that led it to that outcome, and its decision as a whole is transparent, intelligible and justified.
49. The Board notes that the Applicant's complaint and the Committee's disposition in this matter will remain on the Respondent's permanent (although private) record with the College and will be considered should another complaint arise in the future.
50. For the reasons provided above, the Board finds that the Committee conducted an adequate investigation and its decision is reasonable.

**VI. DECISION**

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

ISSUED November 7, 2023

*Carla Whillier*

Carla Whillier

*Lisa Freeman*

Lisa Freeman

*Thomas Kelly*

Thomas Kelly

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

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College of Chiropractors of Ontario  
Patient Relations Committee Report to Council  
November 23, 2023

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**Members:** Ms Zoe Kariunas, *Chair*  
Ms Anuli Ausbeth – Ajagu  
Dr. Kyle Grice  
Dr. Colleen Patrick, *non-Council member*  
Dr. Pip Penrose, *non-Council member*

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

### Committee Mandate

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

### Report

The Patient Relations Committee met on October 31, 2023, since the last meeting of Council.

The Committee reviewed Guideline G-010: Mandatory and Permissive Reporting. Specifically, the Committee the section on permissive reporting of reasonable risk of bodily harm to a patient and how other colleges address this in their guidelines and policies. The Committee was of the opinion that the current section of the guideline is sufficient for communicating this permissive reporting under the *Personal Health Information Protection Act, 2004* and is not recommending any amendments at this time.

The Committee reviewed updated draft website content on funding for therapy and a draft flowchart to communicate the processes of funding for therapy to the public. The committee directed further amendments to this draft content and will be reviewing this further at its next meeting.

The Committee reviewed the status of current funding for therapy and approved a new therapist for an ongoing funding matter.

The Committee was disappointed to learn that the proposed first meeting of the Citizens Advisory Group (CAG) for November 4, 2023 was cancelled. The Committee looks forward to participating in any further meetings and will monitor participation in the CAG during CCO's first year as a member.

## Acknowledgements

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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

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**College of Chiropractors of Ontario  
Registration Committee Report to Council  
November 23, 2023**

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<b>Members:</b>	Dr. Julia Viscomi, <i>Chair</i> Mr. Gagandeep Dhanda Dr. Angelo Santin Mr. Robert Chopowick (pending)
<b>Staff Support:</b>	Mr. Joel Friedman, <i>Deputy Registrar</i> Ms Madeline Cheng, <i>Registration Coordinator</i> Ms Jo-Ann Willson, <i>Registrar and General Counsel</i>

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### **Committee Mandate**

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

### **Report**

The Registration Committee has not met since the last meeting of Council, as there have not been any referrals of applications to the Registration Committee.

CCO launched the 2024 member and professional corporation renewal on October 30, 2023. Members and professional corporations have been renewing at a rapid pace since that date.

### ***Current Member Status***

**Chart 1: Membership Statistics as of November 3, 2023**

<b>Classes</b>	<b>Total</b>
General	5051
Inactive	230
Retired	177
<b>All classes</b>	<b>5451</b>

**Chart 2: Change in Registration statistics for August 22, 2023 to November 3, 2023**

<b>Description</b>	<b>Total</b>
New members	11
Female	7
Male	4

**30****Chart 3: Colleges of Graduation for New Members**

CMCC	9
NCHS (Previously NYCC)	1
Queensland University	1

Attached to the report are various updates from the office of the Fairness Commissioner.

***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



## ITEM 1.4.1

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### MEMORANDUM

Date: October 16, 2023

To: Registrars  
Regulated Professions and Regulated Health Colleges

From: Ming-Young Tam,  
Director, Office of the Fairness Commissioner

Subject: Update on the OFC's Risk-Informed Compliance Framework

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Thank you for participating in our recent regulator engagement sessions on proposed updates to our risk-informed compliance framework (RICF).

During these meetings, we shared with you some of our office's proposed updates to the framework which we believe will allow us to assess risks to fair registration practices more accurately. They will also help us understand the impact of recent legislative amendments and change management initiatives that are occurring throughout the regulatory community.

The purpose of this memo is to share a summary of what we heard, and the changes that we are considering in response to this feedback. In total, more than 70 representatives from regulated professions, compulsory trades and regulated health colleges participated in these sessions. Your insights and feedback were invaluable, and we are working to address your comments.

We confirmed from the meetings that our risk-based approach is allowing us to focus attention on key issues and to work with regulators to improve their registration practices, while minimizing administrative burdens for regulators that are operating effectively.

In addition, regulators unanimously supported our proposal to turn the page on the historical dimension of our assessment framework so that our approach would be forward-looking. We also heard that, notwithstanding this shift, our office should have regard to the historical performance of regulators that had operated in an exemplary fashion. The premise here is that historical performance can predict future accomplishments.

We also heard some suggestions to ensure our assessment of risk is more objective, grounded in measurable indicators and better tied to fair access outcomes. A few regulators expressed concerns that they could receive an elevated risk rating due to factors over which they had limited influence or control. Finally, several health regulatory colleges emphasized the need for the OFC to work actively with the Ministry of Health (MOH) to avoid duplication between the OFC's scheme and MOH's College Performance Measurement Framework (CPMF), where there could be some areas of overlap.



The OFC is taking this input seriously. Where possible, we plan to clarify our risk definitions and indicators, and focus on outcomes rather than inputs (e.g., referencing application inventories rather than staffing levels). As we evolve our implementation tools, we will also explore opportunities to further enhance objectivity by, for example:

- Building metrics into our RICF questionnaire;
- Refining our guidance materials and quality assurance program to improve the consistency of assessments among our compliance analysts; and
- Meeting with regulators to gather additional information where an elevated risk rating is contemplated.

Our office also continues to engage with MOH to help ensure alignment and complementarity of the RICF and CPMF. Where feasible, we will cross reference information from the CPMF, rather than requiring duplicate reporting.

During our discussions, regulators also addressed the complexities of managing relationships with their third-party service providers (TPSPs) and in working with system partners to advance the government's labour market objectives. We appreciate that a focus on labour-market priorities will represent a change in thinking for some regulators.

Our continuing commitment is to work with you to better understand the challenges associated with your current, or proposed, duty to consult with ministers on labour market issues and to share best practices on ways to more effectively hold TPSPs accountable for implementing fair assessment processes.

Finally, I wish to reiterate that we did not develop the RICF to be a punitive tool. Rather, our risk ratings are intended to assist our two organizations to focus our collective resources on improving registration practices. The ultimate goal is to eliminate registration barriers or legacy processes that prevent skilled professionals from contributing their full potential to Ontario society at a time when these skills are sorely needed.

We anticipate that a revised RICF policy document will be available by early November 2023 at which time we will provide further details about timing and our implementation plans.

If you have any questions in the interim, please feel free to reach out to me or Tanya Chute Molina ([tanya.chute-molina@ontario.ca](mailto:tanya.chute-molina@ontario.ca)).

Sincerely,

Ming-Young Tam, Director

Cc Allison Henry, Director, Health Workforce Regulators Oversight Branch



## THE OFC NEWSLETTER

**OCTOBER 2023**

### **2022 FAIR REGISTRATION PRACTICES (FRP) REPORTS**



Under Ontario's fair access legislation, regulated professions and regulated health colleges (hereinafter "regulators") are required to prepare Fair Registration Practices (FRP) reports annually or at such other times as the Fairness Commissioner may specify. These reports provide important statistical data and insights on each regulator's fair registration practices. The information is provided in a common format that the Office of the Fairness Commissioner (OFC) stipulates.

The legislation also prescribes that, to promote transparency, regulators must make their FRP reports available to the public. Links to the 2022 reports are now available on our website under the [Professions and Trades](#) section.

The OFC would like to thank the regulators for submitting their 2022 FRP Reports. After some delays with the FRPs, we are happy to again be on track with annual reporting. The OFC also continues to work towards building a data portal as more permanent solution for future FRP submissions. We hope to share more on the data portal later in the year.

### **REGULATORS EMBRACE STRATEGIES TO PROMOTE TRUTH AND RECONCILIATION**



On September 30, 2023, we commemorated the National Day for Truth and Reconciliation. In recent years, there has been a growing recognition of the importance of Truth and Reconciliation processes in addressing historical injustices involving Indigenous communities. As we all work towards understanding these issues and building a more respectful and equitable future, many regulators are taking steps to incorporate Indigenous perspectives in their registration processes.

With this broad context, the OFC has selected two Indigenous-themed programs offered by regulators to provide examples of innovative approaches that have been cultivated across the sector. We have summarized these programs in the words of the regulators.

### College of Early Childhood Educators



In 2022, the College of Early Childhood Educators initiated an outreach strategy focused on building and nurturing a collaborative relationship with the Indigenous Advanced Education Skills Council (IAESC), as well as the seven Indigenous post-secondary institutions (IPsIs) that deliver early childhood education programs in partnership with Ontario Colleges of Applied Arts and Technology (OCAATs).

Initial discussions have created lines of two-way communication that facilitate information sharing. For example, opportunities have been identified to better support future applicants by providing information and resources that will facilitate the application process and reinforce the standards of practice for the profession.

In the longer term, this collaboration will help to ensure that the necessary policies, processes and regulatory structures are in place so that program graduates can continue to meet the educational requirement for registration as IPsIs achieve full institutional and program accreditation status and begin to deliver standalone programs.

### College of Midwives of Ontario



The College of Midwives of Ontario (CMO) acknowledges that Canada's legacy of colonization has impacted the practice of midwifery in Indigenous communities, harming the health and wellbeing of Indigenous parents and their newborns for generations.

In 2022, CMO shared that they were waiving administrative costs for the name-change process for Indigenous midwives registered with the College reclaiming their Indigenous names. This is in response to the Truth and Reconciliation Commission of Canada's Call to Action #17, which directs all levels of government to enable residential school survivors and their families to reclaim and use their Indigenous names on all government documents.

CMO staff are reviewing all the Truth and Reconciliation Commission's Calls to Action to determine which of these can be implemented in their organization and which calls to action they should add their voices to in a supportive role.



In August 2023, Johnny Shaw joined the OFC as a Policy Analyst Intern. We are proud to introduce Johnny to our readers.

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

I am an Indigenous professional/student currently attending Carleton University in Ottawa in the Transnational Law, and Human Rights Program. As a policy analyst intern at the OFC, I have the opportunity to analyze relevant legislation for Ontario regulators and to contribute to compliance meetings ensuring fair registration practices. I conduct comprehensive research on regulator websites, global legislative statutes, and professions to inform industry trends. Additionally, I assist in providing support to regulators in achieving fair registration standards for internationally trained applicants. My responsibilities also extend to proposing enhancements to regulator processes in alignment with legislative standards while working collaboratively with Compliance Analysts, Managers, and the Fairness Commissioner (Irwin Glasberg).

**Why the OFC?**

The OFC correlates to my principles and provides me with an environment where I can tap into my strengths. I believe in helping people who are trying to better themselves. We are fortunate to be in a country that provides a multitude of opportunities, but sometimes people struggle to make it on their own. I understand and empathize that not everyone can make it on their own all the time and that almost everyone needs assistance at some point. At the OFC, we can provide that assistance by supporting legislative and policy changes while working with regulators to encourage internationally trained professionals to apply in their destined field.

**What knowledge do you want to share with the staff at the OFC?**

I want to share my Indigenous expertise and legal knowledge from all my studies while utilizing my own personal and professional experiences. My studies and research have been primarily focused on Indigenous justice in Canada, racial stances in courtrooms, and incarceration rates in Canadian prisons while comparing the reoffending rates on different ethnicities, cultures, and races of repeating offenders and the cause for reoffending.

**Where do you see yourself in a few years?**

I see myself taking a year or more off before further pursuing my studies of law in New York, to travel the world. I am the founder of "International Law Room" which I recently created. International Law Room will be talking on the latest international relations, International Court of Justice cases/decisions and what they mean, wars taking place globally, human rights issues, and more. I will be connecting with other prominent individuals in specific areas of international law and conduct interviews with them to gain more insight for those who follow international legal issues.



### RAPPORTS SUR LES PRATIQUES D'ENREGISTREMENT ÉQUITABLES



Conformément à la législation ontarienne sur l'accès équitable, les professions réglementées et les ordres du secteur de la santé réglementés (ci-après dénommés "organismes de réglementation") sont tenus de préparer des rapports sur les pratiques d'enregistrement équitables chaque année ou à d'autres moments précisés par le commissaire à l'équité. Ces rapports fournissent des données statistiques importantes et des informations sur les pratiques d'enregistrement équitables de chaque organisme de réglementation. Les informations sont fournies dans un format commun défini par le Bureau du commissaire à l'équité (BCE).

La législation prévoit également que, pour promouvoir la transparence, les organismes de réglementation doivent mettre leurs rapports sur les pratiques d'enregistrement équitables à la disposition du public. Vous trouverez des liens vers les rapports publiés en 2022 sur notre site web, dans la section "Professions et métiers".

Le BCE souhaite remercier les organismes de réglementation d'avoir soumis leurs rapports sur les pratiques d'enregistrement équitables pour 2022. Après quelques retards concernant les rapports, nous sommes heureux d'être à nouveau sur la bonne voie en ce qui concerne les rapports annuels. Le BCE continue également de travailler à la mise en place d'un portail de données comme solution plus permanente pour les soumissions futures des rapports. Nous espérons pouvoir en dire plus sur le portail de données plus tard dans l'année.

### LES ORGANISMES DE RÉGLEMENTATION ADOPTENT DES STRATÉGIES VISANT À PROMOUVOIR LA VÉRITÉ ET LA RÉCONCILIATION



Le 30 septembre 2023, nous avons commémoré la Journée nationale de la vérité et de la réconciliation. Ces dernières années, l'importance des processus de vérité et de réconciliation pour remédier aux injustices historiques touchant les communautés autochtones est de plus en plus reconnue. Alors que nous nous efforçons tous de comprendre ces problèmes et de construire un avenir plus respectueux et plus équitable, de nombreux organismes de réglementation prennent des mesures pour intégrer les perspectives autochtones dans leurs processus d'enregistrement.

Dans ce contexte général, le BCE a sélectionné deux programmes à thème autochtone offerts par les organismes de réglementation afin de fournir des exemples d'approches innovantes qui ont été cultivées dans l'ensemble du secteur. Nous avons résumé ces programmes avec les mots des organismes de réglementation.

## Ordre des éducatrices et des éducateurs de la petite enfance

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En 2022, l'Ordre des éducatrices et des éducateurs de la petite enfance a mis en place une stratégie de sensibilisation axée sur l'établissement et le maintien d'une relation de collaboration avec l'Indigenous Advanced Education Skills Council, ainsi qu'avec les sept établissements postsecondaires autochtones qui offrent des programmes d'éducation de la petite enfance en partenariat avec les collèges d'arts appliqués et de technologie de l'Ontario.

Les premières discussions ont permis de créer des lignes de communication bilatérales qui favorisent le partage des informations. Par exemple, des possibilités ont été identifiées pour mieux soutenir les futurs candidats en fournissant des informations et des ressources qui permettront de simplifier le processus de candidature et de renforcer les normes applicables à l'exercice de la profession.

À long terme, cette collaboration contribuera à garantir la mise en place des politiques, processus et structures réglementaires nécessaires pour que les diplômés des programmes puissent continuer à satisfaire aux exigences éducatives pour être enregistrés lorsque les établissements postsecondaires autochtones obtiendront le statut d'accréditation complète des établissements et des programmes et commenceront à offrir des programmes autonomes.

## Ordre des sages-femmes de l'Ontario



L'Ordre des sages-femmes de l'Ontario reconnaît que l'héritage de la colonisation du Canada a eu un effet sur la pratique de la profession de sage-femme dans les communautés autochtones, nuisant à la santé et au bien-être des parents autochtones et de leurs nouveau-nés depuis des générations.

En 2022, l'Ordre a annoncé qu'il renonçait aux frais administratifs liés à la procédure concernant le changement de nom pour les sages-femmes autochtones inscrites à l'Ordre qui reprennent leur nom autochtone. Cette mesure fait suite à l'appel à l'action n° 17 de la Commission de vérité et de réconciliation du Canada, qui demande à tous les niveaux de gouvernement de permettre aux survivants des pensionnats et à leurs familles de récupérer et d'utiliser leur nom autochtone sur tous les documents gouvernementaux.

Le personnel de l'Ordre examine tous les appels à l'action de la Commission de vérité et de réconciliation afin de déterminer ceux qui peuvent être mis en œuvre au sein de leur organisation et ceux auxquels ils devraient apporter leur contribution en jouant un rôle de soutien.

## RENCONTREZ LE PERSONNEL DU BCE



Au mois d'août 2023, Johnny Shaw a commencé à travailler au BCE en tant que stagiaire analyste des politiques. Nous sommes fiers de présenter Johnny à nos lecteurs.

## Parlez-nous de vous : Qui êtes-vous ? Que faites-vous au BCE ?

Je suis un professionnel/étudiant autochtone qui étudie actuellement à l'Université Carleton à Ottawa dans le Programme de droit transnational et de droits de l'homme. En tant que stagiaire analyste des politiques au BCE, j'ai l'occasion d'analyser la législation pertinente pour les organismes de réglementation de l'Ontario et de contribuer aux réunions de conformité en veillant à ce que les pratiques d'enregistrement soient équitables. Je mène des recherches approfondies sur les sites Web des organismes de réglementation, les lois mondiales et les professions afin d'informer les tendances de l'industrie. En outre, j'aide les organismes de réglementation à mettre en place des normes d'enregistrement équitables pour les candidats formés à l'étranger. Mes responsabilités s'étendent également à la proposition d'améliorations des processus des organismes de réglementation dans le respect des normes législatives, tout en travaillant en collaboration avec les analystes de la conformité, les gestionnaires et le commissaire à l'équité (Irwin Glasberg).

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### Pourquoi le BCE ?

Le BCE correspond à mes principes et m'offre un milieu où je peux utiliser mes atouts. Je crois qu'il faut aider les gens qui essaient de s'améliorer. Nous avons la bonne chance d'être dans un pays qui offre un grand nombre de possibilités, mais parfois les gens ont du mal à s'en sortir eux-mêmes. Je comprends et je suis sensible au fait que personne ne peut se débrouiller seul tout le temps et que presque tout le monde a besoin d'aide à un moment ou à un autre. Au BCE, nous pouvons fournir cette aide en soutenant les changements législatifs et politiques tout en travaillant avec les organismes de réglementation afin d'encourager les professionnels formés à l'étranger à postuler dans leurs domaines de compétence.

### Quelles connaissances souhaitez-vous partager avec le personnel de la BCE ?

Je souhaite partager mes compétences autochtones et les connaissances juridiques que j'ai acquises au cours de mes études, tout en mettant en valeur mes propres expériences personnelles et professionnelles. Mes études et mes recherches se sont principalement concentrées sur la justice autochtone au Canada, les positions racistes dans les salles des tribunaux et les taux d'incarcération dans les prisons canadiennes, tout en comparant les taux de récidive pour différentes ethnicités, cultures et races de criminels récidivistes, ainsi que les causes de la récidive.

### Où vous voyez-vous dans quelques années ?

Avant de poursuivre mes études de droit à New York, je me vois prendre une année ou plus de repos pour voyager à travers le monde. Je suis le fondateur de "International Law Room" que j'ai récemment créé. International Law Room parlera des relations internationales les plus récentes, des affaires/décisions de la Cour internationale de justice et de leur signification, des guerres qui se déroulent dans le monde, des questions relatives aux droits de l'homme, et bien plus encore. J'entrerai en contact avec d'autres personnalités éminentes dans des domaines spécifiques du droit international et je mènerai des entretiens avec elles afin d'apporter un meilleur aperçu à ceux qui suivent les problèmes juridiques internationaux.



Office of the Fairness Commissioner

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**MEMORANDUM**

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**Date:** November 6, 2023

**To:** Registrars and Chief Executive Officers, Regulated Professions, Regulated Health Colleges and Skilled Trades Ontario

**From:** Ming-Young Tam, Director, Office of the Fairness Commissioner

**Subject:** Launch of the OFC's Updated Risk-informed Compliance Framework

This past summer, the Office of the Fairness Commissioner (OFC) announced plans to update its Risk-Informed Compliance Framework (RICF) for the 2024 risk assessment cycle. In September 2023, we consulted with your organizations on some proposed updates to the RICF. We have incorporated a number of the recommendations that you made to improve the content and clarity of the document. Thank you, again, for your participation and feedback.

I am writing to share the finalized framework, and timelines for the upcoming risk assessment cycle. Enclosed, please find a copy of the updated Risk-informed Compliance Framework and Policy document, and a list of Frequently Asked Questions. These materials will also be posted on our website shortly.

In the coming weeks, your Compliance Analyst will be reaching out to you on the next steps, as described below. In the meantime, we ask that you please circulate the attached materials to your leadership and staff as appropriate.

<b>Next Steps in Assessment Process</b>	<b>Timeline</b>
<p><b>1. Regulator provides information to the OFC</b></p> <p>The OFC will first provide each regulator with a newly formulated RICF questionnaire to complete. This questionnaire will supplement the information that the regulator provided to the OFC in its 2022 Fair Registration Practice (FRP) report and other periodic reports.</p>	<p><b>RHPA regulators</b> will receive the RICF questionnaire by November 14, 2023, with a due date of December 14, 2023.</p> <p><b>FARPACTA regulators</b> will receive the RICF questionnaire by November 20, 2023, with a due date of December 20, 2023.</p>



<p><b>2. OFC assigns the regulator a provisional risk rating</b></p> <p>The OFC will assess a regulator's risk profile and assign a provisional risk rating.</p>	January – February 2024
<p><b>3. Regulator is given an opportunity to provide comments</b></p> <p>For regulators that are provisionally assigned a moderately low or medium to high risk profile, the OFC will communicate this result to the regulator and offer an opportunity for the regulator to provide comments and / or additional information.</p>	Late February – early March 2024
<p><b>4. OFC finalizes its risk ratings</b></p> <p>The OFC will consider any additional information or comments that the regulator provides, finalize the risk rating, and communicate the rationale for the risk rating to each regulator by letter.</p>	By April 1, 2024

The new risk ratings will be in effect starting April 1, 2024, through March 31, 2026. During that time, the OFC will work with each regulator to address any concerns identified through the risk assessment process, consistent with the approach outlined in the framework.

If you have any questions, about the process or the framework, please connect with your Compliance Analyst.

Kindest regards,

Ming-Young Tam  
Director, Office of the Fairness Commissioner

**Attachments:**

- Risk-informed Compliance Framework and Policy
- Frequently Asked Questions and Answers

**Office of the Fairness Commissioner**

**Risk-informed Compliance Framework  
and Policy**



**FAIRNESS** COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

**OFFICE OF THE FAIRNESS COMMISSIONER  
BUREAU DU COMMISSAIRE À L'ÉQUITÉ**

An agency of the Government of Ontario  
Un organisme du gouvernement de l'Ontario

# Risk-informed Compliance Framework and Policy

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Effective Date: November 6, 2023  
Version Number: Version 2.0  
Responsible Area: Policy and Program Unit, Office of the Fairness Commissioner

Any questions about this policy or requests for alternate formats can be sent to the Office of the Fairness Commissioner by email at [ofc@ontario.ca](mailto:ofc@ontario.ca).

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## Introduction

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This document outlines the specific components of the Office of the Fairness Commissioner's (OFC) Risk-informed Compliance Framework (the framework or RICF) and how this framework will be implemented. This version has been updated to reflect the current risk climate for fair registration practices along with lessons learned from the 2021 - 2022 risk assessment cycle.

The objectives of this framework are to:

- Enable regulators to comply with their legal obligations more effectively, to adopt associated best practices, and to achieve better registration outcomes for applicants.
- Promote the identification of targeted risk factors to enable regulators to focus their attention on appropriate mitigation and remediation efforts.
- Reduce unnecessary burdens on high-performing regulators and better allocate OFC resources, recognizing that all organizations with public interest mandates operate with constrained resources.

This RICF Policy and Framework, along with the companion Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades and Health Regulatory Colleges, form the basis upon which the OFC will work with regulators to improve registration practices for all applicants, including internationally trained individuals.

## The Context for Self-regulation

In Ontario, individuals must obtain a license or certification from an entity that oversees the practice of a regulated profession, regulated health college or compulsory trade (henceforth, "regulators") to practice in the field and / or to use a title.

Regulators exist to protect the public interest by licensing professionals who are qualified, and by holding their members accountable for meeting practice standards. These organizations are different from professional associations that exist to provide services to their members and to advocate for the interests of their professions and members.

To achieve this public protection mandate, various provincial statutes grant authority to these regulators to:

- Set standards for individuals who enter the profession or compulsory trade.

- Licence these individuals.
- Oversee how licenced members adhere to standards of practice.

This scheme is commonly referred to as self-regulation.

## The Applicable Legislative Framework

In 2006, the Ontario legislature introduced the then *Fair Access to Regulated Professions Act, 2006* (FARPA). This legislation was designed to help ensure that the registration practices of regulated professions were transparent, objective, impartial and fair. The legislation also established the OFC as the government agency responsible for overseeing the registration practices of these professions.

FARPA, which received Royal Assent in December 2006, also amended the *Regulated Health Professions Act, 1991* (RHPA) by incorporating similar, though not identical, provisions into the Health Professions Procedural Code (Schedule 2 in the RHPA). We refer collectively to these two statutes as “fair access legislation”.

In 2013, FARPA was amended to provide the OFC with oversight of the compulsory trades. The name of the statute was also changed to the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA).

In 2021, both statutes were further amended to incorporate substantive provisions to:

- Eliminate the use of Canadian experience requirements except under prescribed circumstances.
- Set time limits for making decisions on applications for registration.
- Streamline language proficiency requirements.
- Provide for the continuity of registration processes during emergency situations.

Both FARPACTA and the RHPA require that regulators meet a number of additional statutory requirements. These include:

- Meeting the general legislative duty to develop registration practices that are transparent, objective, impartial and fair. (section 6 of FARPACTA and section 22.2 of Schedule 2 to the RHPA).

- Meeting the specific duties outlined in the statutes relating to, among other things, providing information, making appeal or review processes available, articulating the basis for assessing applicant qualifications, providing staff training and identifying the right of an applicant to obtain access to relevant records. (sections 7-12 of FARPACTA and sections 22.3-22.4 and other provisions of Schedule 2 to the RHPA).
- Providing reports and information to the OFC. (sections 19-25 of FARPACTA and sections 22.6-22.11 of Schedule 2 to the RHPA).

## The OFC's Modern Regulator Principles

Over the past decade, the public sector has moved towards modernizing its regulatory systems. This modernization trend is driven by research showing that traditional enforcement tools may not always be effective, efficient or agile enough to achieve public interest objectives. Thus, it is important for oversight agencies, like the OFC, to rely on regulatory approaches that are proactive and innovative, and that engage a variety of compliance and educational tools.

Based on the OFC's review of approaches to regulatory compliance across jurisdictions, and building upon extensive consultation with stakeholders, we have adopted the following six modern regulator principles to inform our Risk-informed Compliance Framework (the RICF) and other elements of our mandate:

1. *Our approach to regulatory compliance will be based on transparency, professionalism, and collaboration.*

The Office of the Fairness Commissioner will:

- Focus on achieving better outcomes through simpler and more straightforward compliance expectations.
  - Consult and collaborate with professions and trades when new approaches or changes to regulatory frameworks are proposed.
  - Be accountable for its decisions and open to public scrutiny.
2. *Our approach to overseeing compliance will be evidence-based and risk-informed.*

We will consider the risk profile of regulators in selecting appropriate compliance tools to review their performance, and to define our corresponding level of engagement with them.

To create risk profiles for regulators, we will consider risk factors that could materially impact their ability to address important fairness-based obligations and public policy considerations, as well as the achievement of better outcomes for applicants.

In any given period, the OFC's compliance activities may be geared towards individual regulators with a higher risk profile, more thematic / systemic issues across classes of regulators, or both.

We will also consider the distinct mandates of individual regulators and adjust our responses as needed, based on a regulator's risk profile, current situation, and how well it is achieving compliance.

(Please note that the set of risk factors that the OFC plans to adopt for the 2024 risk assessment cycle will differ from those used during the last cycle. These are described later in the document. These factors may be further adjusted in future risk assessment cycles to take into account, for example, additional amendments to the legislation).

3. *We will apply a proportionate approach to improve and promote compliance.*

The resources that we will employ to monitor the activities of a regulator will be proportional to the level of risk associated with that regulator's activities.

The OFC will focus its efforts on those regulators that have achieved less progress in meeting their compliance requirements than their peers and / or are considered to demonstrate an elevated risk profile. Conversely, regulators that are meeting their specific compliance obligations, and/or making substantial progress in providing registration practices that are transparent, objective, impartial and fair, will typically be subject to less prescriptive reporting and related requirements.

4. *We will communicate, educate, and offer guidance to regulators to promote and enhance compliance.*

The OFC will employ a suite of compliance tools and work with regulators to improve their registration and assessment processes. These approaches will include education, outreach, peer discussions, the dissemination of best practices materials and tool kits, annual or periodic reporting requirements and more formal reviews of registration practices designed to enhance compliance.



5. *We will monitor, measure, evaluate and report on our activities and outcomes to adapt and improve our compliance activities.*

To the extent possible, the data and evidence that the OFC collects will inform the determination of regulator risk profiles and associated compliance activity. The OFC will also work to employ modern technologies and pathways to simplify its data collection, reporting and information dissemination functions.

6. *We will share information and collaborate to reduce burdens and promote greater consistency.*

The OFC will work constructively with other regulatory oversight bodies to reduce the regulatory burden on individual regulators. In particular, the OFC will collaborate with the Ontario Ministry of Health to jointly assist health regulatory colleges to achieve their legislative obligations.

## **The OFC's Risk-informed Compliance Framework**

The OFC's compliance strategy, and allocation of associated resources, will be guided by its RICF. The framework will rely on an individualized assessment of each regulator against five risk factors that could impact the regulator's ability to achieve better registration outcomes for applicants.

The identified risk factors will reflect a series of existing and potential risks that are likely to impede fair registration practices for both domestic and internationally trained individuals, across the spectrum of professional regulators in the province. They necessarily represent a point in time analysis. These risk factors are further described below.

### **Risk Factors**

#### **1. Organizational Capacity**

##### *1.1 Description of the Risk Factor*

A regulator may be subject to this risk if it:

- is newly established or lacks the resources or experience to effectively meet its compliance obligations; and / or

- has not developed adequate infrastructure and / or processes (e.g., IT enabled work flows or accepted legal practices) to efficiently receive, assess and process licensure applications.

### *1.2 Factors to Consider in Determining the Likelihood of the Risk Occurring*

- a) The extent of the regulator's experience with fair access requirements and demonstrated understanding of how to meet these requirements.
- b) The regulator's level of responsiveness to applicant and stakeholder concerns about deficiencies in assessment and registration processes.
- c) The pattern of appeals that applicants have filed with the courts, the Health Professions Appeal and Review Board (HPARB), or other arms-length appeals bodies, as well as the nature of the issues raised and their disposition.
- d) The agility of the regulator's information technology systems and related business processes to promote client service and accurate reporting.
- e) Whether there is a substantial inventory of applications waiting to be processed and how that inventory has changed over time.

### *1.3 Factors to Consider in Determining the Impact of the Risk*

The overall impact of the risk would be more substantial where:

- a) The size of the regulator's annual registration cohort is large.
- b) The deficiencies in organizational capacity are material.
- c) The regulator is also implementing one or more major change management initiatives.

## **2. The Overall Control that a Regulator Exerts over its Assessment and Registration Processes, and its Relations with Third-party Service Providers**

### *2.1 Description of the Risk Factor*

A regulator may be subject to this risk if it:

- lacks effective processes to monitor and evaluate the work of its third-party service providers (TPSPs); and / or
- cannot demonstrate that it holds these service providers accountable to ensure that the delegated responsibility is undertaken in a way that is transparent, objective, impartial and fair; and / or
- lacks processes and contractual mechanisms to maintain its registration function during emergency situations or to otherwise demonstrate organizational resilience.

### *2.2 Factors to Consider in Determining the Likelihood of the Risk Occurring*

- a) The number and nature of existing third-party arrangements.
- b) The extent to which a clear accountability framework has been formalized between the regulator and its service providers.
- c) How effectively the regulator is overseeing the work of its TPSPs upon which it relies for the assessment of applicant qualifications.
- d) Whether an applicant retains the right to appeal or to otherwise challenge TPSP decisions.
- e) Whether the regulator has demonstrated the agility to remedy disruptions to registration functions quickly and in a transparent fashion.

### *2.3 Factors to Consider in Determining the Impact of the Risk*

The overall impact of the risk would be more substantial where:

- a) The size of the regulator's annual registration cohort is large, or where it has accumulated a substantial case inventory.
- b) The materiality of the delegated / outsourced registration activity when compared to the licensing process is significant.
- c) The regulator's responsiveness to complaints about its third party's processes are slow or otherwise inadequate.

- d) The regulator's emergency plan (for FARPACTA regulators) or emergency class regulation (for RHPA regulators) does not take into account the activities of its TPSP(s).

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The OFC's perspective on the legal obligations of regulators with respect to TPSPs is set out in section 2, obligation 5 of the Legislated Obligations and Fair Registration Best Practices Guide for regulated professions and section 2, obligation 3 of the corresponding guide for health regulatory colleges.

### **3. Impact of Major Changes to Registration Practices and Relations with Third-party Service Providers**

#### *3.1 Description of the Risk Factor*

A regulator may be subject to this risk if it:

- is undertaking major revisions to its registration practices and / or is adjusting its relationship with its TPSP(s); and
- does not execute these changes in a fair and effective fashion; and / or
- fails to proactively communicate these changes to applicants and relevant stakeholders (e.g., academic institutions, TPSPs, bridging programs).

#### *3.2 Factors to Consider in Determining the Likelihood of the Risk Occurring*

- a) Whether the regulator has engaged in stakeholder consultations prior to initiating the proposed changes, and incorporated the feedback received into its process.
- b) Whether the regulator has developed a communications strategy which clearly articulates how it will treat applications received before and after the change.
- c) The extent to which the regulator has demonstrated a client-focused transition plan that helps ensure fairness and avoids adverse impacts for individuals who applied to become licenced under different rules.
- d) Whether the regulator has engaged with its existing or new TPSPs to discuss client-service implications to help facilitate a smooth transition.

- e) The extent to which the regulator has anticipated staffing needs and allocated resources to address any projected increase in inquiries or applications in a timely manner.

### *3.3 Factors to Consider in Determining the Impact of the Risk*

The overall impact of the risk would be more substantial where:

- a) The size of the regulator's annual registration cohort is large.
- b) The identified changes could create material implications for current and future applicants, including those already engaged in a program of study that has historically served as a pathway for registration.
- c) The need to make concurrent changes to case management systems or other technology supports to operationalize these initiatives.
- d) The regulator has failed to adequately address more than one component of its change management process.

## **4. Ability of the Regulator to Comply with Newly Introduced Legislative and / or Regulatory Obligations**

*Note: The OFC will take into account the differences between FARPACTA and the RHPA when assessing this risk factor. For health regulatory Colleges, risk assessment observations will be shared with the Ministry of Health, which holds the oversight authority to hold colleges accountable to these provisions.*

### *4.1 Description of the Risk Factor*

A regulator may be subject to this risk if it is unable to comply with the newly enacted legal requirements respecting:

- Time limits for taking specified steps in the decision-making process.
- The elimination of Canadian experience requirements, unless an exemption is granted (FARPACTA regulators) or the exceptions set out in the RHPA regulation are met (health colleges).
- The removal of barriers to language proficiency testing.

#### 4.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

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- a) The regulator's readiness to achieve compliance with the new obligations and / or the level of work required to achieve full compliance.
- b) Whether the regulator has undertaken the required planning and secured the resources necessary to comply with these obligations.
- c) Whether the regulator has developed the necessary guidelines, processes and communications materials to effectively implement changes needed to comply with these new obligations.

#### 4.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

- a) The size of the regulator's annual registration cohort is large.
- b) The extent of unpreparedness to achieve compliance is material and / or remedial actions taken to address the situation are not adequate.

### 5. Public Policy Considerations

The OFC has identified two public policy considerations with a direct impact on a regulator's core responsibilities. These involve the regulator's efforts to consult on labour market shortages in its occupational sphere and the regulator's ability to promote inclusion and address anti-racism concerns in its assessment and registration processes.

#### 5 (I) Addressing Labour Market Shortages

##### 5.1 Description of the Risk Factor

A regulator may be subject to this risk if:

- its registration processes are not helping to address critical labour shortages in its occupational sphere; and / or
- it has not constructively engaged in consultations with its responsible minister to ensure that Ontarians have access to adequate numbers of qualified, skilled, and competent regulated professionals.

### 5.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- a) Evidence of material labour shortages within the profession or trade coupled with inefficient, slow and / or unduly restrictive registration processes.
- b) The extent to which the regulator has engaged in discussions with its responsible minister and other stakeholders on labour market supply issues and ways to increase the efficiency of its registration process.
- c) The degree to which the regulator has taken actions, including discussions with other system stakeholders, in response to these discussions.
- d) Whether the regulator's Canadian experience requirement or supervised practice programs add unreasonable time and / or expense to the registration process, or otherwise compromise the public interest.

### 5.3 Factors to Consider in Determining the Impact of the Risk

The overall impact of the risk would be more substantial where:

- a) The supply and demand imbalance of the profession or trade in the labour market is significant.
- b) The services that the category of professional / skilled tradesperson performs are of critical importance to members of the public and / or the economy.
- c) The size of the regulator's annual registration cohort is large.
- d) The licensure rate for the profession or trade, particularly for internationally trained individuals, is low (e.g., less than 50% or when compared to similarly situated occupations).

To streamline the risk assessment process for RHPA regulators, the OFC will consider any relevant information or reporting on labour supply or shortages that the regulator has already shared with MOH. Health regulatory colleges are encouraged to share copies or provide the relevant documents/resources to the OFC.

## **5(II) Ability to Promote Inclusion and Address Anti-racism Concerns in Registration Processes**

### *5.1 Description of the Risk Factor*

A regulator may be subject to this risk if it has not:

- established policies, processes and implementation mechanisms to promote inclusion and anti-racism principles in its assessment and registration practices; and / or
- provided adequate training and guidelines for decision-makers to address unconscious bias.

### *5.2 Factors to Consider in Determining the Likelihood of the Risk Occurring*

- a) The extent to which the regulator has taken steps to embed an inclusion / anti-racism culture in its registration processes and decisions, such as how it treats applications from racialized and internationally trained professionals, and its position on the collection of race-based data.
- b) The extent to which the regulator has made available inclusion, equity and anti-racism policies, processes and training modalities for individuals who make assessment and registration decisions, particularly with respect to addressing unconscious bias.
- c) Whether the regulator requires that its TPSP(s) follow the same or similar protocols.

### *5.3 Factors to Consider in Determining the Impact of the Risk*

The overall impact of the risk would be more substantial where:

- a) The size of the regulator's annual registration cohort and / or the internationally educated applicant pool is large.
- b) There are deficiencies in the regulator's ability to successfully register racialized and internationally trained candidates, along with documented concerns of racism or discrimination.
- c) There is evidence that racialized populations are underserved by the profession, or documented concerns about the impact of systemic racism in a service system.
- d) There is a shortage of skilled individuals in the profession or trade.

To streamline the risk assessment process for RHPA regulators, the OFC will consider relevant information that regulators have already reported to MOH through the College



Performance Measurement Framework (CPMF). This includes Diversity, Equity and Inclusion Plans and Equity Impact Assessments undertaken in fulfillment of CPMF requirements. Health regulatory colleges are asked to share copies or provide the relevant documents/resources to the OFC.

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### **How the OFC Will Determine a Regulator's Risk Rating**

To determine an overall risk category for a regulator, the OFC will first analyze each risk factor individually. It will also consider the distinct characteristics of the regulator and the specifics of the environment in which it operates.

While the OFC will carefully consider each of the enumerated risk factors, it will pay particular attention to those pertaining to labour market shortages and major revisions to a regulator's registration processes, as these have the potential to materially jeopardise the career paths of applicants and to compromise public health and safety.

The risk factors will then be assessed according to a more traditional risk assessment matrix (i.e., by analyzing the potential impact of the risk and the likelihood of its occurrence). These factors will then be analyzed to arrive at an aggregate risk rating that will fall into one of three categories:

1. Low.
2. Moderately low.
3. Moderate to high.

It is important to note that this risk rating framework is not designed to be punitive in nature. In some cases, regulators may have limited ability to avoid these risks, or to fully mitigate them. Rather, this framework is designed to identify system-wide risks to applicants and to find ways to collectively focus on, and address, them.

The risk category will, in turn, determine the degree of attention that the OFC will pay to individual regulators and the associated compliance tools that it will apply. The OFC will target its more focused compliance activities on those regulators that it places in the moderately low or moderate to high categories.

Where the OFC determines that a regulator should be placed in either of the higher-risk categories, and to support procedural fairness, the OFC will meet with the regulator to explain the basis for the assessment and provide an opportunity for the regulator to offer input, before finalizing the rating.

## The OFC's Compliance Tools

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The OFC may deploy a suite of tools to help ensure that regulators comply with their legislative obligations and institute fair and innovative registration practices.

The extent that these tools will be used, and the degree of intervention, will be based on what may be viewed as a compliance continuum involving progressive escalation to promote compliance with the legislation. The compliance tools, and the circumstances in which they may be used, are described below.

**Table 1: Risk Categories and Associated OFC Compliance Tools**

Compliance Tools	Risk Category		
	Low	Moderately Low	Moderate to High
Meetings with regulators	Annual	Quarterly	Bi-Monthly
Provision of education and best practices	√	√	√
Completion and submission of Fair Registration Practices Reports	√	√	√
Completion of compliance action plan and other reports		√	√
Letter from Fairness Commissioner to the CEO / Registrar, Council and/or Responsible Minister		√	√
Publicizing non-compliance issues / opportunities for improvement in annual report or other publications			√
OFC initiated review of registration practices			√

Compliance assessment			√
Audit			√
Compliance order (for FARPACTA regulators)			√

Please see Appendix 1 for a description of the compliance tools referred to in this table.

### Transparency and Future Revisions to the Policy

As a complement to the transparency provisions contained in the legislation, the OFC plans to publish the risk ratings of all regulators in its 2022-23 annual report, along with the steps that the higher risk regulators have taken to improve their registration practices.

As the OFC transitions into the 2024 risk assessment process, it will continue to work with regulators to address any residual risks or compliance issues arising out of the last cycle. As the new risk ratings are issued, some regulators may move from a higher to a lower risk category, while others may move in the opposite direction. This represents a predictable by-product of a registration environment that is highly dynamic.

Finally, the OFC plans to review its approach to conducting periodic compliance assessments of regulators under section 13(3)(a) of FARPACTA and section 22.5(1)(a) of Schedule 2 of the RHPA to ensure that this process aligns with the objectives of the Risk-informed Compliance Framework.

## Appendix 1: OFC Compliance Tools

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This section briefly describes each of the OFC's compliance tools and the circumstances in which they may be used.

### 1. *Education and Sharing of Best Practices*

This tool incorporates a range of actions designed to promote compliance through education, advice, guidance, and promotion of fair registration best practices. The OFC may take this approach for all regulators, with the focus depending on observed gaps in each regulator's processes.

### 2. *Completion and Submission of FRP Reports*

Pursuant to section 20 of FARPACTA, and section 22.7 of Schedule 2 to the RHPA, regulators are required to prepare and submit to the OFC a fair registration practices report annually, or at such other times as the Fairness Commissioner may specify.

As part of this obligation, the OFC asks that this report contain information pertaining to, among other things:

- The current membership size of the regulated profession, health regulatory college or compulsory trade.
- The total number of applicants.
- The number of internationally trained applicants.
- A demographic breakdown of both applicants and members (e.g., by gender and country of origin).

The OFC may seek additional information from regulators on a case-by-case basis according to their risk categories or more broadly for compliance purposes.

### 3. *Meetings with Regulators*

OFC staff will schedule regular meetings with regulators, the frequency of which will depend on the regulator's risk category. These meetings will constitute a platform to exchange information and for regulators in the low and moderately low risk categories to provide updates and share information, as well as to discuss innovative fair registration best practices. For regulators in the moderate to high-risk category, the meetings will

serve as compliance forums to address and resolve ongoing and / or persistent fair access issues.

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4. *Completion of Compliance Action Plan and other Reports*

Under sections 22(1) and 24(1) of FARPACTA, and sections 22.7(3) and 22.7(4) of Schedule 2 of the RHPA, the OFC may require that a regulator prepare reports relating to the regulated profession's compliance with its legislated obligations. For health colleges, this may also include reports outside the scope of the legislative provisions over which the OFC has direct oversight.

The OFC uses this authority to request compliance action plans. This tool is generally reserved for regulators in the moderately low, and moderate to high-risk category. The OFC and regulators will use this tool to track how a regulator is addressing, and making progress on, compliance issues that the OFC has identified for further action.

While the OFC will work with the regulator to develop a mutually agreed upon compliance plan, it reserves the right to formulate this document on a unilateral basis.

Pursuant to the provisions cited above, the OFC may require other reports or information related to compliance-related issues.

5. *Letter from the Fairness Commissioner to the CEO / Registrar, Council and / or Responsible Minister*

If the regulator does not institute corrective actions, or show meaningful progress against stated objectives, the Fairness Commissioner may choose to write to senior officials within the organization and / or the responsible minister to outline the relevant concerns. This approach would typically be reserved for regulators in the moderate to high-risk category.

6. *Publicizing non-compliance issues / opportunities for improvement (annual report or other publications)*

If the compliance tools described above do not produce effective results, and the compliance issues persist, the OFC may choose to publicize its ongoing concerns regarding the regulator's registration practices, through a variety of media, such as the OFC's website, annual report and other publications. The OFC will only use this compliance tool for regulators in the moderate to high-risk category and provide prior notice of this action.

## 7. *OFC Initiated Review of Registration Practices*

Under section 19 of FARPACTA, and section 22.6 of Schedule 2 to the RHPA, the OFC may also require that a regulator undertake a review of its registration practices to ensure that these practices are transparent, objective, impartial and fair. The OFC may mandate this review on a case-by-case basis. This report is designed to canvass issues relating to the relevance or necessity of registration requirements, the timeliness of decision-making and the reasonableness of fees.

## 8. *Compliance Assessment*

Section 13(3)(a) of FARPACTA and section 22.5(1)(a) of Schedule 2 of the RHPA indicate that it is the function of the Fairness Commissioner to assess the registration practices of regulators based on their obligations under the statute and regulations.

The compliance assessment is a tool that the OFC may use for newly established regulators or those in the moderate to high-risk category. Through targeted compliance initiatives, the OFC would determine the regulator's level of compliance. This approach would involve a review of relevant information to assess the extent to which the regulator is complying with its legal obligations and to develop informed conclusions on the appropriate corrective actions that the regulator should undertake.

## 9. *Audits*

The audit process is analogous to an independent investigation that is conducted by a third party that the OFC approves. It will typically involve a defined and targeted review of material and persistent deficiencies in a regulator's registration processes. The audit is expected to yield a report with findings and recommendations.

Under section 21(2) of FARPACTA and section 22.8(2) of Schedule 2 to the RHPA, the cost of the audit is borne by the regulator and the final report must be filed with the Minister of Labour, Immigration, Training and Skills Development for regulated professions and trades, and the Minister of Health for the health regulatory colleges.

Given the significant nature of the audit authority, the OFC will employ this tool sparingly and only where the circumstances so warrant. This tool is an available option for regulators in the moderate to high-risk category.

## 10. *Compliance Orders (for FARPACTA regulators)*

If the Fairness Commissioner concludes that a regulated profession has contravened either the specific duties (Part III) and/or reporting obligations (Part VI) enumerated in FARPACTA, the commissioner may issue a compliance order against the regulator. The order may contain any actions that the Fairness Commissioner deems appropriate for the regulator to do, or to refrain from doing, to comply with the legislation. The provisions in FARPACTA outline a specific process for issuing an order.

Under section 30(1) of FARPACTA, where a regulator fails to comply with an order made by the Fairness Commissioner, the regulator is guilty of an offence and is subject to prosecution.

This authority of the Fairness Commissioner to issue compliance orders is not available under Schedule 2 to the RHPA.



**FAIRNESS** COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

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# Risk-informed Compliance Framework Frequently Asked Questions and Answers

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## Purpose and Design

### 1. What is the OFC's Risk-informed Compliance Framework?

The Risk-informed Compliance Framework (RICF) describes the approach that the Office of the Fairness Commissioner (OFC) applies to oversee regulator compliance with the legislated obligations set out in the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* and Schedule 2 of the *Regulated Health Professions Act, 1991*. Under this approach, the OFC undertakes a risk assessment of each regulator, and adopts additional compliance tools appropriate to the level of risk.

The OFC first introduced the risk-based approach in spring of 2021. The RICF replaced the OFC's former Strategy for Continuous Improvement.

### 2. Why did the OFC adopt the RICF?

Under the OFC's former approach, each regulator was subject to an assessment of registration practices once every three years. By 2020, the need for regular, repeated verification of compliance had diminished.

While most regulators have steadily improved their registration practices over time, progress across the professions has been uneven. In some cases, long-standing concerns have not been addressed. At the same time, changes in the regulatory environment have presented regulators with new challenges.

The OFC has modernized its approach to focus its limited resources on long-standing or urgent issues. The RICF now better matches risk with regulatory requirements.

### 3. How does the approach work?

Under the risk-based approach, the OFC assigns one of three risk categories to each regulator. Risk categories are used to determine the level of attention that the OFC will pay to each regulator.

More particularly, regulators placed in elevated risk categories are subject to increased scrutiny by the OFC and are assigned a compliance action plan to guide improvements

to their registration practices. A progressive approach to intervention utilizes additional compliance tools on an as-needed basis.

## **Methodology**

### **1. How are risk categories assigned?**

For each risk assessment cycle, the OFC creates a risk inventory, to identify key factors that may impede a regulator's ability to assess applications and register applicants in a fair and efficient manner. Risks may relate to the regulator's capacity or willingness to meet their legislative obligations, and to external influences such as labour market conditions.

For each risk, the OFC assesses likelihood and impact. After considering the aggregated risks, the OFC assigns an overall risk category to each regulator.

### **2. It appears that some of the risk factors are not under the full control of regulators. Why are they factored into the analysis?**

The OFC recognizes that the risk factors include some components that fall outside the direct control of regulators.

It is important to note that risk assessment is not the same as performance measurement. The goal is to identify issues or challenges that may impede an applicant's registration journey and that, consequently, require a regulator's attention, innovative solutions, and the identification of risk mitigation strategies.

The OFC also recognizes that regulators may need to work with their oversight ministry, third party assessment providers and other stakeholders to address external risks such as labour market shortages.

### **3. How does risk assessment relate to the assessment of a regulator's compliance with the legislation?**

The OFC treats risk assessment differently from compliance or performance assessment. Compliance assessments focus on identifying and correcting instances of non-compliance. Risk assessment is more proactive and seeks to identify vulnerabilities requiring attention that can be targeted with preventive or remedial measures.

Risk assessment is not intended to be a punitive tool. Rather, the OFC's risk ratings are designed to assist both regulators and the OFC to focus our collective resources on identifying and addressing areas that may present barriers to fair registration practices.



The ultimate goal is to help skilled professionals to contribute their full potential to Ontario society at a time when these skills are sorely needed.

#### 4. What are the risk categories under the updated framework?

There are three risk categories into which a regulator may be placed:

- Low.
- Moderately low.
- Moderate to high.

#### 5. Will the OFC modify or update its risk factors in the future?

The OFC will review the relevance and appropriateness of its risk inventory and factors on a regular basis. We will only introduce updates following appropriate consultation.

### Risk Assessment Process

#### 1. What does the risk assessment process look like?

The risk assessment process involves four discrete steps:

Step	Expected Timeline
<p><b>1. Regulator provides information</b></p> <p>The OFC will first provide each regulator with an RICF questionnaire to complete. This questionnaire will supplement the information that the regulator provided to the OFC in its latest Fair Registration Practice (FRP) report and other periodic reports.</p>	<p><b>FARPACTA regulators:</b> Will receive RICF questionnaire by November 20, 2023, with a due date of December 20.</p> <p><b>RHPA regulators:</b> Will receive RICF questionnaire by November 14, 2023, with a due date of December 14.</p>
<p><b>2. OFC assigns a provisional risk rating</b></p> <p>The OFC will assess a regulator's risk profile and assign a provisional risk rating.</p>	<p>January – February 2024</p>
<p><b>3. Regulator is given an opportunity to comment</b></p>	<p>Late February – Early March 2024</p>

<p>For regulators that are provisionally assigned a moderately low or medium to high risk profile, the OFC will communicate this result to the regulator and offer an opportunity for the regulator to provide comments and / or additional information.</p>	
<p><b>4. OFC finalizes risk rating</b> The OFC will consider any additional information or comments provided, finalize the risk rating, and communicate the rationale for the risk rating to each regulator by letter.</p>	<p>By April 1, 2024</p>

## 5. How will the OFC work to ensure an accurate, objective and fair risk assessment?

The RICF is tightly integrated with the legislative obligations contained in both fair access statutes and dependent on regulator engagement.

The OFC will base its assessment of risk on information and evidence that regulators provide. This will include the RICF questionnaire, FRP reports, and responses to any additional in-year surveys.

The OFC will supplement this data with its general observations about the regulator's performance, such as those derived from compliance analyst discussions, applicant inquiries, key stakeholder feedback and appeal tribunal decisions. Where this information contributes to the provisional assignment of an elevated risk rating, regulators will have the opportunity to respond and provide additional information.

The OFC will also employ an internal quality-control process, involving team discussion and management review, to ensure the consistent application of the framework and the assessment of risk across different regulators. The OFC's director and the Fairness Commissioner will review each situation where an elevated risk rating is proposed.

## 6. What are the implications of an elevated risk rating?

The OFC uses the risk categories to tailor its compliance approach. For instance:

- Regulators in the low-risk category will experience a "light touch" compliance approach.



- The OFC will require that regulators in the moderately low risk category meet with the agency staff on a quarterly basis and complete an action plan.
- For moderate to high-risk regulators, the OFC will also require that regulators complete action plans and participate in bi-monthly meetings to monitor progress on these plans.

The OFC will employ additional compliance tools on an as needed basis.

### **7. Will regulators have an opportunity to dispute their risk category?**

Based on the OFC's modern regulator principles, its approach will be based on the principles of transparency, professionalism, and collaboration.

Where the OFC has provisionally assigned the regulator a moderately low or moderate to high-risk rating, the regulators will have the opportunity to provide additional information and comments to the OFC before the assignment of a final risk category and to request a meeting for this purpose.

### **8. Will the OFC publicly disclose the risk categories of regulators?**

As a modern regulator, the OFC strives for transparency and public accountability. As part of this commitment, the OFC plans to disclose the risk categories of regulators in its public reporting vehicles (e.g., its annual reports), along with regulator progress and accomplishments to address the identified risks.

### **9. How will the OFC and Ministry of Health (MOH) ensure that their reporting requirements are complementary and not duplicative?**

The OFC continues to engage with MOH to help ensure alignment and complementarity of the RICF and MOH's College Performance Measurement Framework (CPMF). Where feasible, we will cross reference information from the CPMF, rather than require duplicate reporting.

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**College of Chiropractors of Ontario  
Advertising Committee Report to Council  
Consent Agenda  
November 23, 2023**

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**Members:** Dr. Colin Goudreau, *Chair*  
Dr. Jarrod Goldin  
Mr. Gagandeep Dhanda  
Dr. Janine Taylor, *non-Council member*

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

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**Committee Mandate**

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

**Report**

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

The Advertising Committee will be meeting shortly after the November 23, 2023 Council meeting to review any direction coming from that meeting.

The Committee continues to review and provide feedback on any proposed advertisements submitted to CCO.

**Acknowledgements**

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

Respectfully submitted,

Dr. Colin Goudreau  
Chair, Advertising Committee

## ITEM 4.1

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*Generated Internally*


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**College of Chiropractors of Ontario  
Executive Committee Report to Council  
November 23, 2023**


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**Members:** Dr. Sarah Green, *Chair*  
Dr. Dennis Mizel, *Vice Chair*  
Mr. Shawn Southern, *Treasurer (pending)*  
Dr. Jarrod Goldin  
Dr. Paul Groulx  
Ms Zoe Kariunas  
Mr. Scott Stewart (pending)

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

**Mandate**

- To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make amend or revoke a regulation or by-law
- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest

**Report****I Introduction**

- I am pleased to provide this report on behalf of the Executive Committee (the "Committee).
- Since the last report to Council, the Committee has met on one occasion, namely on October 27, 2023. The draft, confidential minutes for October 27, 2023 are included in the Council information package and are subject to approval at the next meeting, scheduled for January 26, 2024. A further meeting is scheduled for November 21, 2023 to review any further feedback relating to the circulation of the by-law amendments and to confirm the interim appointments to committees arising from the departure of Mr. Markus de Domenico. As council is aware, all committees are scheduled to be composed at the April 17, 2024 Council meeting. Thank you to all Council members who agreed to assume positions on CCO committees pending the elections scheduled for April 17, 2024, namely Mr. Shawn Southern, Treasurer, Mr. Scott Stewart, Executive Committee, and Mr. Robert Chopowick, Discipline and Registration Committees.

- I would like to extend a warm welcome to new public member Mr. Robert Chopowick. Thank you to Mr. Chopowick for participating on a discipline panel on November 2, 2023. At the meeting you will be given a few moments to introduce yourself and we will go around the table, so you have a chance to meet all council members.



### III By-law Review – Dr. Green (Item 4.1.39 and following, page 440, Main Agenda)

- As Council is aware, we have had ongoing discussions concerning by-law amendments which will reflect best practices, and be consistent with CCO’s guiding documents, including the College Performance Measurement Framework (CPMF) Report and Action Plan, and the Core Competencies for Council and Committee members.
- A comprehensive set of by-laws was circulated with a President’s Message dated September 19, 2023. The deadline for feedback is November 19, 2023. The feedback received to date is included in the Council information package.
- Council is not required by the *RHPA* to circulate many of these by-law amendments, but it did so as part of its commitment to transparency, and to ensure all stakeholders, including members, have information concerning the by-laws and the proposed amendments being considered by Council. The Committee has a meeting scheduled for Tuesday, November 21, 2023 to review all feedback for the purpose of preparing a recommendation to Council including all by-law amendments. In addition to the items circulated, there is an amendment to By-law 11 to also be approved consistent with legal advice.
- Following the November 21, 2023 meeting, a comprehensive set of by-laws for approval will be circulated to all Council members. One aspect that the Committee will be considering is whether the six-year cooling-off period makes sense and has a public interest rationale as it relates to members who serve in leadership capacities in other chiropractic organizations.
- I anticipate the following recommendation at the November 23, 2023 Council meeting:

***Recommendation 2: (Item 4.1.44, to be distributed separately)***

*That Council approve the by-law amendments as circulated.*

#### IV Election Documents

- In anticipation of the March 2023 elections, the Committee reviewed draft election documents which are generally distributed in January of every year. Included in the Council information package are the election documents which will be distributed, subject to Council's approval. Council's decision relating to the by-law amendments may affect the election documents, so at this time, the following recommendation is for Council's consideration:

***Recommendation 3: (Items 4.1.47, 4.1.48 and 4.1.49, page \* and following, Main Agenda)***

*That Council approve the election documents for distribution, subject to any by-law amendment changes approved by Council.*

- Council members will note that there are some amendments to the Candidate Undertaking to include various new items including reference to the Core Competencies for Council and Committee members. In addition, the Committee is directing that the biographical information no longer be required to include the standard statement about regulating in the public interest, but rather all candidates will be asked to include reference to their competencies to serve on CCO council in the biographical information that gets distributed to members.

#### V Ministry of Health – Dr. Green (Item 4.1.51 and following, page 603, Main Agenda)

- Background information concerning CCO's College Performance Measurement Framework (CPMF) Report and Action plan is included in the Council information package for background and review. There are no further action steps required at this time. When the Ministry has released the commendable practices report that information will be reviewed and considered for possible amendments to CCO's policies and practices.

**VI Follow Up from Strategic Planning/Topic Specific Meetings September 9, 10, 2023 – Dr. Green (Item 4.1.56 and following, page 746, Main Agenda)**

- The comprehensive information reviewed and discussed at the September 9, 10, 2023 Strategic Planning/Topic Specific Meetings is included in the Council information package and will serve as valuable resources for Council’s discussion of actions plans particularly relating to Council evaluation at the November 24, 2023 Council meeting. The Committee was of the view that it made more sense to have some concrete ideas about how to implement an effective Council evaluation and communications strategies, rather than introducing a new topic for Council’s consideration. Thank you to those who agreed to help all of us “workshop” the information and develop strategies for moving forward in a way that encourage growth and a commitment to continuous improvement. I look forward to the discussions.

**VII Other Chiropractic/Health Related Stakeholders (Item 4.1.60 and following, page 843, Main Agenda)**

- Information concerning CCO’s involvement with other chiropractic/health related stakeholders is included in the Council information package primarily as FYI or for background and context.
- Council members will note that:
  - The OCA has taken several steps relating to advancing the joint submissions of the OCA, CCO and CMCC to enhance the scope of practice for members; their most recent communications with government are included in the Council information package;
  - CCO is participating in various work being done on a national level by the FCC which has recently reviewed the competencies for chiropractic specialties, as well as revised standards for CCEC which accredits chiropractic education institutions in Canada;
  - The CCEB has updated its website to reflect the various changes to the national examinations (previously circulated to Council);
  - Dr. Tibor and Mr. Friedman were thanked for their presentation at CMCC on August 25, 2023;
  - CCO forwarded condolences to the CCPA on the passing of Dr. Paul Carey who made significant contributions to the chiropractic profession and was a leading force at CCPA for many years;

- CCO continues to participate in various initiatives of HPRO. Council members who have not already done so should register for the Discipline training sessions, as well as the governance sessions. Generally, the advanced training should be taken once a council member has completed the basic training and has participated in a few discipline hearings. Time permitting, I will ask Ms Willson to provide a verbal update of HPRO's activities including their recent efforts to consider government relations consultants to assist HPRO with advancing its priorities on behalf of HPRO members.

#### **VIII            Animal Chiropractic (Item 4.1.78 and following, page 989, Main Agenda)**

- After the Committee meeting on October 27, 2023, Ms Willson had various exchanges with Mr. Robert Blenkinsop from the Ministry of Agriculture, Food and Rural Affairs (OMAFRA), which administers the *Veterinarians Act*. CCO has communicated with OMAFRA previously about the long-standing standard of practice relating to the chiropractic care of animals, and the importance of not amending the status quo as it relates to chiropractors who meet the standard in practice animal chiropractic. Within a tight timeframe, CCO circulated a survey to those members who indicated they practice chiropractic and advised Mr. Blenkinsop of the results of the information as OMAFRA proceeds with its amendments to the *Veterinarians Act*. In the interim, the OCA is involved in various advocacy efforts on behalf of their members who provide chiropractic care to animals.

## IX Conclusion

- In addition to the matters noted above, the Committee is reviewing other matters including:
  - enhancements to the information included on the public portion of the register and further clarification around members being entitled to practice pending an ICRC or discipline proceeding;
  - what further information should be requested on the annual registration renewals for all members; and
  - a consideration of the role of the Advertising Committee which at this time is restricted to reviewing advertisements submitted to it.
- The Committee is aware that the Quality Assurance Committee is considering how best to incorporate advertising issues into the peer assessment program, and we look forward to a review of that information to ensure there is no duplication of effort between committees, and that CCO complies with the responsibilities of statutory committees like the ICRC and Quality Assurance.
- Thank you to all Council members for your ongoing commitment and enthusiasm for our ongoing work and CCO's important role in regulating chiropractic in the public interest for Ontarians. I am exciting about the future and the learnings arising from our training session on November 24, 2023. As always, feel free to contact me if you have any questions or concerns. I would be pleased to answer any questions arising from this report.

Respectfully submitted by,

Dr. Sarah Green,  
President





Ontario

**Executive Council of Ontario  
Order in Council**

**Conseil exécutif de l'Ontario  
Décret**

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

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Chiropractic Act, 1991*, **Robert Chopowick** of Ajax be appointed as a part-time member of the Council of the College of Chiropractors of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les chiropraticiens*, **Robert Chopowick** d'Ajax est nommé au poste de membre à temps partiel du Conseil de l'Ordre des chiropraticiens de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

**Recommended: Minister of Health  
Recommandé par : La ministre de la Santé**

**Concurred: Chair of Cabinet  
Appuyé par : La présidence du Conseil des ministres**

**Approved and Ordered: SEP 07 2023  
Approuvé et décrété le :**

**Lieutenant Governor  
La lieutenant-gouverneure**

O.C. | Décret : **1329/2023**



Ontario

**Executive Council of Ontario  
Order in Council**

**Conseil exécutif de l'Ontario  
Décret**

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


Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

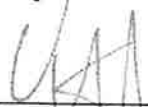
WHEREAS **Mark de Domenico** of Etobicoke, reappointed by O.C. 1177/2021 as a part-time member of the Council of the College of Chiropractors of Ontario, has resigned;

NOW THEREFORE, pursuant to clause 6(1)(b) of the *Chiropractic Act, 1991*, Order in Council numbered O.C. 1177/2021 be revoked effective the date this Order in Council is made.

ATTENDU QUE **Mark de Domenico**, d'Etobicoke, reconduit dans ses fonctions de membre à temps partiel du Conseil de l'Ordre des chiropraticiens de l'Ontario en vertu du décret 1177/2021, a démissionné;

EN CONSÉQUENCE, en vertu de l'alinéa 6 (1) b) de la *Loi de 1991 sur les chiropraticiens*, le décret 1177/2021 est révoqué à compter du jour de la prise du présent décret.

  
 Recommended: Minister of Health  
 Recommandé par : La ministre de la Santé

  
 Concurred: Chair of Cabinet  
 Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:      OCT 26 2023  
 Approuvé et décrété le :

  
 Lieutenant Governor  
 La lieutenante-gouverneure



## ITEM 4.1.39

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

***President's Message: September 19, 2023 - Draft  
Amendments to Standard of Practice S-003:  
Professional Portfolio and By-laws for Circulation and  
Feedback***

**Update – Council Meeting September 8, 2023 and Strategic Planning  
Sessions September 9, 10, 2023**

CCO Council and staff have just returned from a successful Council meeting and strategic planning sessions. Here is an update on some of our initiatives, and two opportunities for you to have input into items being considered by Council.

**Potential Amendment to Standard of Practice S-003: Professional  
Portfolio**

The Quality Assurance Committee recommended to Council circulation of amendments to S-003: Professional Portfolio to include five (5) hours of hands-on activity relating to spinal adjustment or manipulation to be completed once every three (3) CE cycles (or six years). Members will be aware that although there is a continuing education (CE) requirement for five (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 related to communicating a diagnosis and/or ordering radiographs. Council approved the circulation of changes to require hands-on learning specific to members' authority to perform the controlled act of moving the joints of the spine. The public interest rationale includes ensuring a basic level of competency in a fundamental skill that members are authorized to perform by governing legislation.

Please review the [draft amendments to Standard of Practice S-003: Professional Portfolio](#), indicated in underline on page five (5), and provide any [feedback through the portal](#) by **November 19, 2023**.

**By-law Amendments Being Considered**

For several years now, CCO has been engaged in a process of systematically reviewing, consulting on, and amending its by-laws, in keeping with the College's commitment to regulatory excellence in a diverse environment.

As President, helping to guide this work of carefully analyzing and amending by-laws to strengthen the College's governance, all while building on the efforts of previous Councils, is a significant priority.

A leading expert on regulatory performance, Harvard Professor Malcolm Sparrow, observed that a regulatory system is not just supported by formal rules, but also by norms, best practices and, of equal importance, community expectations. This is why when examining our by-laws we should not just ask

if something is technically permissible within the relevant governing statutes, but also whether it is the right thing to do.

The CCO's ongoing by-law review has been informed by this spirit.

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At the August 11, 2023 meeting of the CCO Executive Committee, several by-law amendments were approved to be brought forward to CCO Council. Most of these recent amendments make the language used more inclusive and gender neutral, such as replacing "his/her" with "their", or "member", as appropriate (11 by-laws were affected). A significant number of amendments were undertaken to make minor grammatical changes for sentence clarity, or to be consistent with related by-laws, or to correct small typographic errors (10 by-laws were affected).

In the remaining instances, the by-law amendments were designed to enhance the efficacy of CCO's Council and committees, to ensure that the members who serve on them are the best equipped to do so. This has been done in accordance with the College's published Competencies for Council and Committee members. For example, following a detailed review of best practices at 11 Ontario health regulatory colleges and three non-health regulatory bodies concerning the nomination of candidates to committees, an amendment was made to By-law 7 Elections Within Council. (The best practices review was undertaken by outside legal counsel engaged by CCO and governance experts at SML Law.) Specifically, By-law 7.11 was amended to include the CCO President on the Nomination Committee. The rationale being, in part, that the President likely has a great deal of experience of Council and its committees and is well versed in their various roles and mandates in terms of nominating suitable candidates. The details will be set out in policy.

Additional amendments pertained to eligibility for Council. These included amendments to by-law 6.9 which, in the interest of consistency, extend the 'cooling off' period from three to six years for any member seeking to be elected from when they had been last engaged with the leadership (as defined) of a chiropractic advocacy group, or chiropractic education organization, or had resigned from CCO Council before the completion of their term. The suggestion to harmonize the cooling off periods was first proposed by a former CCO President during the College's recent consultations on amendments to By-law 6.

Other amendments to by-law 6.9 address a member's ineligibility to become a candidate for Council. These require that a member is not, and has not been within the preceding six years, an adverse party in litigation against CCO 6.9(q); that the member is not an accused currently charged with a criminal offence under the Criminal Code of Canada 6.9(r); and that the member has not been convicted of a criminal offence for which the member has not received a pardon pursuant to the Criminal Code of Canada 6.9(s). The clear public interest rationale for these three amendments (q), (r), (s) is that the member is ineligible as a result being in a *conflict of interest* – in 6.9 (q) with CCO itself, and in the case of 6.9 (r) and (s), the conflict of interest is with the duty to serve and protect the public interest as a member of CCO Council.

In addition to meeting eligibility criteria, the competencies expected of candidates for, or members of, Council and Committee also include a deep understanding of the fiduciary responsibilities of Council members as stewards of CCO. Fiduciary responsibilities extend beyond a narrow reading of financial accountability, to include due diligence, respect, ethics, confidentiality, loyalty and of course conflict of interest.

To be fair, it is not assumed that all prospective candidates or Council members are already experts in all the competencies and responsibilities. CCO provides many orientation sessions, modules and ongoing training and support for Council members that I and many other Council colleagues have found invaluable. This training, alongside the formal articulation of core competencies for Council members, are a key component of CCO's (and other leading health regulatory colleges') efforts to strengthen college leadership, and to align with the goals and benchmarks of the Ministry of Health and Long-Term Care's College Performance Measurement Framework.

A review and opinion were also sought on related governance matters with respect to voting on amendments (and other business), and specifically the role of the Chair. CCO's existing by-law stipulates that the Council Chair votes only in the event of a tie, although that is not a universal practice within other colleges or organizations generally. For example, while the Ontario College of Pharmacists mirrors CCO's approach, the College of Nurses of Ontario does not require the Chair to vote regardless of the outcome, though they may vote if they wish. In the event of a tie, the motion is considered to be defeated. The Royal College of Dental Surgeons of Ontario and the College of Physicians and Surgeons of Ontario likewise have the by-law provision that a tied vote defeats the motion, although in both colleges the vote of the Chair *is* counted along with every other council member. Council agreed to include a right to vote for the Chair to vote as part of the by-law amendments, with the proviso that the Chair votes last on any matter before Council. There are other by-law amendments under active consideration including, for example, requiring a 2/3 majority vote to amend a by-law. The Executive Committee will be considering these and other amendments with further recommendations going to Council.

Proposed amendments to By-law 12: Appointment of Non-Council Members include applying the same criteria for the election of Council members to the appointment of non-Council committee members to help ensure consistent practices are applied. As well, proposed amendments to By-law 13: Fees include the addition of certificate and application fees to the new Emergency class of registration certificate (approved by the Ministry of Health on August 31, 2023), and the exemption of additional registration fees for those members moving from the Emergency class to the General class of registration. Proposed new By-laws 13.14 and 13.26 codify fees payable by a member for a Specified Continuing Education or Remediation Program (SCERP) or reinstatement application.

I realize that in the course of our busy lives, some of these amendments and considerations may seem like minutiae, and that for many people the world of by-laws and governance can be obscure and complex at best—and cause their eyes to glaze over at worst.

What I have attempted to share with you in this message is but a glimpse of the breadth and depth of the ongoing by-law review and reform at CCO, spurred on by our commitment to exceed expectations. There will be further communication to all stakeholders, including members, on the topics discussed during strategic planning, including evaluating Council effectiveness, the College Performance Measurement Framework, and effective communications. Stay tuned for further updates.

Please review the proposed by-law amendments, [summarized in the following chart](#) and provide any [feedback through the portal](#) by **November 19, 2023**.

Feedback from all stakeholders, including members will be reviewed by the Quality Assurance Committee and the Executive Committee with further

recommendations, informed by the feedback, to be considered by the full Council. Thank you for participating in CCO's ongoing efforts in delivering competent, diligent and ethical regulation of chiropractic in the public interest in Ontario!

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Sincerely,



Dr. Sarah Green  
CCO President



Council and staff at Strategic Planning September 9, 10, 2023

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

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**444**

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**DRAFT PROPOSED BY-LAW AMENDMENTS APPROVED BY COUNCIL FOR DISTRIBUTION AND FEEDBACK:  
 SEPTEMBER 8, 2023 (PROPOSED AMENDMENTS UNDERLINED>)  
 CIRCULATED TO STAKEHOLDERS, INCLUDING MEMBERS: SEPTEMBER 19, 2023**

**BY-LAW 1: DEFINITIONS AND INTERPRETATION**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
1.1	<p>In these by-laws, unless the context otherwise dictates,</p> <p>“Administrator” in the context of a chiropractic educational institution means one who occupies an executive, management and/or policy-making position;</p> <p>“AFC” means the Alliance for Chiropractic</p> <p>“Appointed Member” means a member of the Council appointed by the Lieutenant Governor in Council;</p> <p>“By-laws” means by-laws made by the Council;</p> <p>“CAC” means the Chiropractic Awareness Council;</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>“CCA” means the Canadian Chiropractic Association;</p> <p>“CCEB” means the Canadian Chiropractic Examining Board;</p> <p>“CCEC” means the Council on Chiropractic Education (Canada);</p> <p>“CCPA” means the Canadian Chiropractic Protective Association;</p> <p>“CCRF” means the Canadian Chiropractic Research Foundation;</p> <p>“<i>Chiropractic Act</i>” means the <i>Chiropractic Act, 1991</i>;</p> <p>“CMCC” means the Canadian Memorial Chiropractic College;</p> <p>“CNAC” means the Canadian National Alliance for Chiropractic;</p> <p>“<i>Code</i>” means the Health Professions Procedural Code, Schedule 2 to the <i>Regulated Health Professions Act, 1991</i>;</p> <p>“Council Member” means a member of the Council of CCO</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>“CSCE” means the Canadian Society of Chiropractic Evaluators;</p> <p>“CCO” means the College of Chiropractors of Ontario;</p> <p>“Council” means the Council of the CCO;</p> <p>“Elected Member” means a member of the Council elected by the members of the CCO;</p> <p>“FCC” mean the Federation of Canadian Chiropractic;</p> <p>“Member” means a member of the CCO;</p> <p>“OCA” means the Ontario Chiropractic Association;</p> <p>“Non-Chiropractic Committee Member” means an individual appointed under the by-laws to serve as a member of a committee who is neither a member of the Council nor a Member;</p> <p>“Non-Council Member” means a committee member who is a member of the College but is not a member of Council;</p>		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>“Prescribed” means prescribed in the regulations or by-laws;</p> <p>“Primary practice” is the business address of the member as reported to CCO in accordance with the RHPA and By-law 17;</p> <p>“Primary residence” is the member’s residential address as reported to CCO in accordance with By-law 17;</p> <p>“RHPA” means the <i>Regulated Health Professions Act, 1991</i>;</p> <p>“UQTR” means Université du Québec à Trois-Rivières.</p>		
1.2	The definitions contained in the <i>RHPA</i> and <i>Chiropractic Act</i> are incorporated and adopted in the by-laws unless the context otherwise dictates.		
1.3	Any act referred to by name shall mean that act in force at the relevant time as amended, or replaced.		
1.4	The by-laws shall be governed and construed in accordance with the laws of Ontario.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
1.5	In the event of an inconsistency between the by-laws and the <i>RHPA</i> , <i>Chiropractic Act</i> , or the regulations under those acts, the <i>RHPA</i> , the <i>Chiropractic Act</i> and the regulations under those acts shall govern.		
1.6	The CCO and its representatives are excused from complying with an obligation set out in these by-laws, including acting within a specified time period, where compliance is not feasible because of an emergency such as a pandemic or war.		
1.7	The registrar is authorized to make non-substantive corrections to the official version of these by-laws including where there are typographical errors, spelling and grammar mistakes, formatting anomalies, incorrect numbering of provisions, and inaccurate cross-references to other provisions.		

## BY-LAW 2: SEAL

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
2.1	The seal shown on this page is the seal of CCO.		
2.2	The registrar, president, vice-president and treasurer and such other person or persons as may be authorized by Council shall each have authority to affix the seal of CCO to any document.		

Seal on Website

**BY-LAW 3: EXECUTION OF DOCUMENTS**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
3.1	Unless otherwise provided by law or the by-laws, a document of CCO shall be signed by: the registrar or the deputy registrar and one of the president, vice-president or treasurer if the document has financial implications for CCO; and the registrar or the deputy registrar, or someone authorized by him/her, if the document does not have financial implications for CCO.	Unless otherwise provided by law or the by-laws, a document <u>that has financial implications for CCO</u> <del>of CCO</del> shall be signed by: the registrar or the deputy registrar and one of the president, vice-president or treasurer <del>if the document has financial implications for CCO; and a</del> <u>document that does not have financial implications for CCO may be signed by the registrar or the deputy registrar, or someone authorized by either of them.</u> <del>him/her, if the document does not have financial implications for CCO.</del>	For clarity: the type of document is identified before those authorized to sign it.  DEI: gender neutral language
3.2	Notwithstanding any provision to the contrary contained in the by-laws of CCO, Council may, at any time, by resolution, direct the manner in which, and the person or persons by whom, any instrument in writing or class of instruments in writing made on behalf of CCO may or shall be executed.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
3.3	A person who may sign a document may impress the seal of CCO upon the document if the seal is required and if the document has been signed as required by the by-laws.		
3.4	Minutes of Council meetings shall be signed by any two of the president, vice-president, treasurer or registrar.		
3.5	Proposed regulations shall be signed by the registrar and one of the president, vice-president or treasurer.		
3.6	Decisions made by the panel of the Discipline Committee and/or the Fitness to Practise Committee of CCO shall be signed by all members participating in the decision.		
3.7	Documents of a committee, such as a notice of a summons, shall be signed by a representative of the committee.		

**BY-LAW 4: BANKING AND FINANCE**

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
4.1	The Executive Committee shall appoint a chartered bank where deposits are insured by the Canadian Deposit Insurance Corporation for the use of CCO.		
4.2	All money belonging to CCO shall be deposited in the name of CCO with the bank without deduction for any purpose whatsoever.		
4.3	The registrar or deputy registrar may endorse any negotiable instrument for collection on account of CCO through the bank for deposit to the credit of CCO with the bank.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
4.4	<p>The registrar or deputy registrar and one of the president, vice-president or treasurer may invest or reinvest funds of CCO, not immediately required, in:</p> <p>(a) bonds, debentures, or other evidences of indebtedness of or guaranteed by the Government of Canada or the Government of Ontario; or</p> <p>(b) deposit receipts, deposit notes, certificates of deposit, and other similar instruments issued or endorsed by a chartered bank.</p>		
4.5	<p>The Executive Committee may by resolution decide to invest or reinvest funds of CCO, not immediately required, in securities outlined in By-law 4.4 above.</p>		
4.6	<p>The registrar or deputy registrar and one of the president, vice-president or treasurer shall sign documents to implement a decision made by the Executive Committee pursuant to By-law 4.5 above.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
4.7	The Council may from time to time by resolution:  (a) borrow money on the credit of CCO;  (b) limit or increase the amount or amounts to be borrowed; and  (c) secure any present or future borrowing, or any debt, obligation, or liability of the College, by charging, mortgaging, hypothecating or pledging all or any of the real or personal property of CCO, whether present or future.		
4.8	The Executive Committee shall not exercise the powers or duties of the Council under By-law 4.7 above or take any similar action.		
4.9	The registrar or deputy registrar and one of the president, vice-president or treasurer shall sign documents to implement a decision made by the Council pursuant to By-law 4.7 above.		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
4.10	<p>Goods or services may be purchased or leased for the benefit of CCO if the purchase or lease is approved by:</p> <p>(a) the registrar or the deputy registrar, if the resulting obligation does not exceed \$25,000;</p> <p>(b) the registrar or the deputy registrar and one of the president, vice-president, or treasurer if the resulting obligation is between \$25,000 and \$50,000; and</p> <p>(c) the registrar or the deputy registrar and two of the president, vice-president, or treasurer if the resulting obligation exceeds \$50,000.</p>		

**BY-LAW 5: FINANCIAL YEAR AND AUDITING**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
5.1	The financial year of CCO shall be from the 1st of January of one year to the 31st of December of the same year.		
5.2	Council shall appoint annually one or more Auditors who are licensed under the Public Accounting Act, 2004 to audit CCO’s financial statements.		
5.3	Financial statements for CCO shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor’s report, shall be presented annually to Council.		
5.4	The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.		
5.5	The Auditor may be re-appointed at the discretion of Council.		
5.6	If the Auditor is unable to continue his or her duties or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor.	If the Auditor is unable to continue <del>his or her duties to act</del> , or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor.	DEI: gender neutral language

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
5.7	Council shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.		
5.8	Council shall set the remuneration of the Auditor and confirm the appointment and remuneration in writing.		
5.9	The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of CCO and is entitled to require from the Council members, officers and employees and relevant payees of CCO such information as in his or her opinion is necessary to enable him or her to report as required by law or under this section.	The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of CCO and is entitled to require from the Council members, officers and employees and relevant payees of CCO such information as in <del>his or her</del> <u>the Auditor's</u> opinion is necessary to enable <del>him or her</del> <u>the Auditor</u> to report as required by law or under this section.	DEI: gender neutral language
5.10	The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting that he or she attends on any part of the business of the meeting that concerns them as Auditor.	The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting <del>that he or she attends</del> on any part of the business of the meeting that concerns <u>the audit</u> <del>them as Auditor</del> .	DEI: gender neutral language

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
5.11	The auditor shall report to the Executive Committee upon reasonable request by the Executive Committee and in any event at the last meeting of the Executive Committee before the annual meeting of Council.	The <u>Auditor</u> <del>auditor</del> shall report to the Executive Committee upon reasonable request by the Executive Committee and in any event at the last meeting of the Executive Committee before the annual meeting of Council.	Consistency with prior by-law provisions
5.12	The auditor shall report in writing to the Council at the annual meeting of Council on the financial statement which shall be submitted to each annual meeting and shall state in the report whether, in his/her opinion, the financial statement presents fairly the financial position of CCO and the results or its operations for the period under review in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding period.	The <del>auditor</del> <u>Auditor</u> shall report in writing to the Council at the annual meeting of Council on the financial statement which shall be submitted to each annual meeting and shall state in the report whether, in <del>his/her</del> <u>the Auditor's</u> opinion, the financial statement presents fairly the financial position of CCO and the results or its operations for the period under review in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding period.	Consistency with prior by-law provisions  DEI: gender neutral language
5.13	The Executive Committee shall not exercise the powers or duties of the Council under this by-law.		

**BY-LAW 6: ELECTION OF COUNCIL MEMBERS**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.1	<p><b>Electoral District 1: Northern</b> comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka; and the city of Greater Sudbury.</p> <p><b>Electoral District 2: Eastern</b> comprised of the counties of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas and Glengarry; and the city of Ottawa.</p> <p><b>Electoral District 3: Central East</b> comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, the regional municipality of Durham and the township of Scugog.</p> <p><b>Electoral District 4: Central</b> comprised of the city of Toronto and the regional municipality of York.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p><b>Electoral District 5: Central West</b> comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Niagara, Peel and Waterloo, and the city of Hamilton.</p> <p><b>Electoral District 6: Western</b> comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth and Oxford, and the municipality of Chatham-Kent.</p> <p><b>Electoral District 7: Academic</b> comprised of the entire province of Ontario.</p>		
6.2	<p>A member is eligible to vote in District 7 and in the electoral district in which the member, as of January 1<sup>st</sup> of the election year, has his/her primary practice, or if the member is not engaged in the practice of chiropractic, in which the member has his/her primary residence.</p>	<p>A member is eligible to vote in District 7 and in the electoral district in which <del>the member</del>, as of January 1<sup>st</sup> of the election year, <del>has his/her</del> <u>the member's</u> primary practice <u>is located</u>, or if the member is not engaged in the practice of chiropractic, in which the member's <del>has his/her</del> primary residence <u>is located</u>.</p>	DEI: gender neutral language

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale																		
6.3	<p>For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.</p> <table border="1" data-bbox="352 532 701 885"> <thead> <tr> <th>Column 1</th> <th>Column 2</th> </tr> <tr> <th>Electoral District</th> <th>Number of Members</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>1</td> </tr> <tr> <td>3</td> <td>1</td> </tr> <tr> <td>4</td> <td>2</td> </tr> <tr> <td>5</td> <td>2</td> </tr> <tr> <td>6</td> <td>1</td> </tr> <tr> <td>7</td> <td>1</td> </tr> </tbody> </table>	Column 1	Column 2	Electoral District	Number of Members	1	1	2	1	3	1	4	2	5	2	6	1	7	1		
Column 1	Column 2																				
Electoral District	Number of Members																				
1	1																				
2	1																				
3	1																				
4	2																				
5	2																				
6	1																				
7	1																				
6.4	<p>The term of office of a member elected to Council is approximately three years, commencing with the first regular meeting of Council immediately following the election. The member shall continue to serve in office until his/her successor takes office in accordance with this by-law.</p>	<p>The term of office of a member elected to Council is approximately three years, commencing with the first regular meeting of Council immediately following the election. The member shall continue to serve in office until <del>his/her</del> a successor takes office in accordance with this by-law.</p>	<p>DEI: gender neutral language</p>																		

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
6.5	A member who has served on Council for nine consecutive years is ineligible for election to Council until a full three year term has passed since that member last served on Council.		
6.6	<p>An election of members to Council shall be held in or about of March of each year in accordance with the following schedule:</p> <p>(a) in 2021 and every third year after that for electoral district 1 and one Council member for each of electoral districts 4 and 5;</p> <p>(b) in 2022 and every third year after that for electoral districts 2 and 3 and one Council member for electoral district 4;</p> <p>(c) in 2023 and every third year after that for electoral districts 6 and 7 and one Council member for electoral district 5.</p>		
6.7	The registrar shall set the date for the election of members to Council.		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.8	A member is ineligible to vote in a council election if he/she is in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law or is in default in providing and returning any information required by CCO.	A member is ineligible to vote in a council election if <del>he/she</del> is in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law or <del>is if</del> in default in providing and returning any information required by CCO.	DEI: gender neutral language
6.9	<p>A member is eligible for election to Council in an electoral district, if on the closing date of nominations and anytime up to and including the date of the election:</p> <p>(a) the member has his/her primary practice of chiropractic located in the electoral district in which he/she is nominated or, if the member is not engaged in the practice of chiropractic, has his/her primary residence located in the electoral district in which he/she is nominated;</p> <p>(b) the member is not in default of payments of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law;</p>	<p>A member is eligible for election to Council in an electoral district, if on the closing date of nominations and anytime up to and including the date of the election:</p> <p>(a) the member's <del>has his/her</del> primary practice of chiropractic <u>is</u> located in the electoral district in which <del>he/she</del> <u>the member</u> is nominated or, if the member is not engaged in the practice of chiropractic, <del>has his/her</del> <u>the member's</u> primary residence <u>is</u> located in the electoral district in which <del>he/she</del> <u>the member</u> is nominated;</p> <p>(b) the member is not in default of payments of any fees prescribed by by-law or any fine or order <del>for to pay</del> costs to CCO imposed by a CCO committee or court of law;</p>	<p>DEI: gender neutral language</p> <p>Clarity in language</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(c) the member is not in default in completing and returning any form required by CCO;</p> <p>(d) the member is not the subject of any disciplinary or incapacity proceeding;</p> <p>(e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years;</p> <p>(f) the member has not resigned from a position on Council, before completing their term, within the last three years and four months;</p> <p>(g) the member does not have an outstanding code of conduct matter with the College.</p>	<p>(c) the member is not in default in completing and returning any form required by CCO;</p> <p>(d) the member is not the subject of any disciplinary or incapacity proceeding;</p> <p>(e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years;</p> <p><u>(f) (new) if a member has been found to be incapacitated, CCO receives confirmation from their treating practitioner that the member is physically and mentally capable to serve on Council or a committee.</u></p> <p><u>(g)</u> the member has not resigned from a position on Council, before completing <u>the</u> <del>their</del> term, within the last <del>three</del> <u>six</u> years and four months;</p> <p><u>(h)</u> the member does not have an outstanding code of conduct matter with the College.</p>	<p>Best practices: Incapacity is a form or illness. It requires different treatment from professional misconduct or incompetence.</p> <p>Consistency: cooling off period</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(h) the member is not, and has not been in preceding three years, an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE, the CCEC of the FCC, CCRF or CNAC;</p> <p>(i) the member is not, and has not been in the proceeding 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;</p> <p>(j) the member has not been disqualified from the Council or a committee of the Council in the previous six years;</p> <p>(k) the member is not a member of the Council or of a committee of the College of any other health profession;</p>	<p><u>(i)</u> the member is not, and has not been in preceding <del>three</del> <u>six</u> years, an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE, the CCEC of the FCC, CCRF or CNAC;</p> <p><u>(i)</u> the member is not, and has not been in the <del>proceeding</del> <u>preceding</u> <del>three</del> <u>six</u> 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;</p> <p><u>(k)</u> the member has not been disqualified from the Council or a committee of the Council in the previous six years;</p> <p><u>(l)</u> the member is not a member of the Council or of a committee of the College of any other health profession;</p>	<p>Consistency: cooling off period</p> <p>Consistency: cooling off period</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(l) the member has not been a member of the staff of CCO at any time within the preceding three years;</p> <p>(m) for District 7 only, the member is a member of the faculty of an accredited educational institution; and</p> <p>(n) for any district other than District 7, the member is not eligible for election in District 7, and has not been eligible for election in District 7 in the preceding three years.</p>	<p><u>(m)</u> the member has not been a member of the staff of CCO at any time within the preceding <del>three</del> <u>six</u> years;</p> <p><u>(o)</u> for District 7 only, the member is a member of the faculty of an accredited educational institution; <del>and</del></p> <p><u>(p)</u> for any district other than District 7, the member is not eligible for election in District 7, and has not been eligible for election in District 7 in the preceding <del>three</del> <u>six</u> years;</p> <p><u>(q) (new) the member is not, and has not been within the preceding six years, an adverse party in litigation against CCO, the Council of CCO, a committee of CCO, or any of CCO's directors, officers, employees or agents, on a matter related to CCO business;</u></p> <p><u>(r) (new) the member is not an accused currently charged with a criminal offence under the Criminal Code of Canada; and</u></p> <p><u>(s) (new) the member has not been convicted of a criminal offence for which the member has not received a pardon pursuant to the Criminal Code of Canada.</u></p>	<p>Consistency: cooling off period</p> <p>Consistency: cooling off period</p> <p>Best practices: A member who engages or has engaged in litigation against CCO is in a real or perceived conflict of interest</p> <p>Best practices: A member facing a criminal prosecution or convicted of a criminal offence is in a conflict of interest with the duty to serve and protect the public interest. Criminal offences that are unrelated to the practice of the profession and might not warrant discipline proceedings do not reflect on the member's integrity to be eligible for election as a Council member</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.10	The registrar shall supervise the nomination of candidates.		
6.11	No later than 50 days before the date of an election, the registrar shall notify every member eligible to vote of the date, time and place of the election and of the nomination procedure.		
6.12	The nomination of a candidate for election as a member of Council, and undertaking to the CCO Registrar shall be in writing and shall be given to the registrar at least 35 days before the date of the election (i.e., the nomination date).	The nomination of a candidate for election as a member of Council, <del>and</del> <u>together with the written</u> undertaking to the CCO Registrar <del>shall be in writing and shall be</del> given to the registrar at least 35 days before the date of the election (i.e., the nomination date).	For clarity
6.13	The nomination shall be signed by the candidate and by at least 10 members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.14	The candidate shall provide to the registrar by the nomination date or such later date as the registrar permits, biographical information in a manner acceptable to the registrar including content that is suitable for CCO’s public interest mandate, for the purpose of distribution to eligible members in accordance with the by-laws.		
6.15	The candidate may withdraw his or her nomination for election to Council no later than 25 days before the date of the election.	<del>The</del> <u>A</u> candidate may withdraw <del>his or her nomination for</del> <u>from the</u> election to Council no later than 25 days before the date of the election.	DEI: gender neutral language
6.16	If the number of candidates nominated for an electoral district is less than or equal to the number of members to be elected, the registrar shall declare the candidates to be elected by acclamation.	If the number of <u>eligible</u> candidates <u>who have been</u> nominated for an electoral district is less than or equal to the number of members to be elected, the registrar shall declare the candidates to be elected by acclamation.	Clarity: only eligible candidates

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.17	<p>The registrar shall supervise and administer the election of candidates and, for the purpose of carrying out that duty, the registrar may, subject to the by-laws,</p> <p>(a) appoint returning officers and scrutineers;</p> <p>(b) establish a deadline for the receiving of electronic ballots;</p> <p>(c) provide for the notification of all candidates and members of the results of the election;</p> <p>(d) if there has been a non-compliance with a nomination or election requirement, determine whether the non-compliance should be waived in circumstances where the fairness of the election will not be affected; and</p> <p>(e) provide for the destruction of electronic ballots following an election.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.18	No later than 10 days before the date of an election, the registrar shall send electronically, or any other medium as determined by Council, to every member eligible to vote in an electoral district in which an election is to take place, a list of the candidates, the candidates' biographical information if provided, an explanation of the voting procedure, and electronic access to a ballot for voting.	No later than 10 days before the date of an election, the registrar shall send electronically, or <u>by</u> any other medium as determined by Council, to every member eligible to vote in an electoral district in which an election is to take place, a list of the candidates, the candidates' biographical information if provided, an explanation of the voting procedure, and electronic access to a ballot for voting.	
6.19	Voting for elections of member to Council shall be by electronic method or any other medium as determined by Council.		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.20	<p>The instruction for voting shall contain the following:</p> <ul style="list-style-type: none"> <li>a) a member may cast as many votes on a ballot in an election of members to the Council as there are members to be elected to Council from the electoral district in which the member is eligible to vote;</li> <li>b) a member shall not cast more than one vote for any one candidate;</li> <li>c) a member shall clearly indicate the voter's choice in one of the appropriate places on the electronic ballot to indicate the voter's choice;</li> <li>d) the electronic vote shall be received by 4 pm on the date indicated in the notice of election and voting guide; and</li> <li>e) the electronic vote will not be counted in the election unless it has been received in accordance with the instructions for voting.</li> </ul>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.21	On the date of the election, the registrar or his/her agent shall tally the votes for each candidate in each electoral district with a contested election.	On the date of the election, the registrar or <del>his/her</del> <u>an</u> agent designated by the registrar, shall tally the votes for each candidate in each electoral district with a contested election.	DEI: gender neutral language
6.22	The counting of the electronic votes shall be conducted so that no person knows for whom any member voted.		
6.23	Candidates or their representatives may be present when the electronic votes are counted.		
6.24	If there is a tie in an election of members to the Council, the registrar shall break the tie by lot.		
6.25	A candidate may require a recount by giving a written request and <del>deposition</del> the sum or \$150 with the registrar no more than 15 days after the date of an election.	A candidate may require a recount by giving a written request and <del>deposition</del> <u>depositing</u> the sum or \$150 with the registrar no more than 15 days after the date of an election.	To correct typographical error
6.26	The registrar shall hold the recount no more than 10 days after receiving the request.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.27	If the recount changes the election result, the full amount of the deposit shall be refunded to the candidate. If the recount does not change the election result, CCO will keep the deposit to partially offset recount costs, including staff time.		
6.28	When there is an interruption of communications during a nomination or election, the registrar shall extend the holding of nominations and election for such minimum period of time as the registrar considers necessary to compensate for the interruption.		
6.29	<p>The Council shall disqualify an elected member from sitting on Council if the elected member:</p> <p>(a) is subject of any disciplinary or incapacity proceeding;</p> <p>(b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;</p>	<p>The Council shall disqualify an elected member from sitting on Council if the elected member:</p> <p>(a) is subject of any disciplinary or incapacity proceeding;</p> <p>(b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;</p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;</p> <p>(d) fails to attend two consecutive meetings of the Council or of a committee or of a subcommittee in which he/she is a member, without reasonable cause in the opinion of Council;</p> <p>(e) fails to attend a hearing or review of a panel for which he/she has been selected, without reasonable cause in the opinion of Council;</p> <p>(f) becomes an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC;</p> <p>(g) in the case of a Council member from District 7, ceases to be a member of the faculty of CMCC;</p>	<p>(c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;</p> <p>(d) fails to attend two consecutive meetings of the Council or of a committee or of a subcommittee <del>in on</del> which <del>he/she</del> <u>is a the</u> member <u>sits</u>, without reasonable cause in the opinion of Council;</p> <p>(e) fails to attend a hearing or review of a panel for which <del>he/she</del> <u>the member</u> has been selected, without reasonable cause in the opinion of Council;</p> <p>(f) becomes an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC;</p> <p>(g) in the case of a Council member from District 7, ceases to be a member of the faculty of CMCC;</p>	<p>DEI: gender neutral language</p> <p>DEI: gender neutral language</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(h) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC and UQTR;</p> <p>(i) becomes a member of the Council or a committee of the College of any other health profession;</p> <p>(j) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;</p> <p>(k) fails to discharge properly or honestly any office to which he/she has been elected or appointed or engages in conduct unbecoming of a Council member, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p>	<p>(h) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC and UQTR;</p> <p>(i) becomes a member of the Council or a committee of the College of any other health profession;</p> <p>(j) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member <del>an</del> <u>a reasonable</u> opportunity to respond to the concern;</p> <p>(k) fails to discharge properly or honestly any office to which <del>he/she</del> <u>the member</u> has been elected or appointed or engages in conduct unbecoming of a Council member, in the opinion of the Council, after being given notice of the concern and <del>an</del> <u>a reasonable</u> opportunity to respond;</p>	<p>Best practices: procedural fairness requires only a reasonable opportunity to respond</p> <p>DEI: gender neutral language</p> <p>Best practices: procedural fairness requires only a reasonable opportunity to respond</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(l) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by a CCO committee or court of law;</p> <p>(m) becomes in default of completing and returning any form required by CCO; or</p> <p>(n) with the exception of District 7 (Academic), becomes a member of the faculty of an accredited educational institution.</p>	<p>(l) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by a CCO committee or court of law;</p> <p>(m) becomes in default of completing and returning any form required by CCO; or</p> <p>(n) with the exception of District 7 (Academic), becomes a member of the faculty of an accredited educational institution;</p> <p><u>(o) (new) becomes an adverse party in litigation against CCO, the Council of CCO, a committee of CCO, or any of CCO's directors, officers, employees or agents, on a matter related to CCO business;</u></p> <p><u>(p) (new) is charged with a criminal offence contrary to the Criminal Code of Canada; and</u></p>	<p>Best practices: a member who litigates against CCO is in a real or perceived conflict of interest</p> <p>Best practices: A member charged with a criminal offence is in a conflict of interest with the public interest mandate of CCO</p>
6.30	A council member shall resign from Council prior to applying for any CCO staff position.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.31	The seat of an elected Council member shall be deemed to be vacant upon the death, resignation or disqualification of the Council member.		
6.32	<p>If the seat of an elected council member becomes vacant in an electoral district no more than 12 months before the expiry of the member's term of office, the Council may,</p> <p>(a) leave a seat vacant;</p> <p>(b) appoint as an elected member the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of council members for that electoral district; or</p> <p>(c) direct the registrar to hold an election in accordance with this by-law for that electoral district.</p>	<p>If the seat of an elected council member becomes vacant in an electoral district <del>no more</del> <u>less</u> than 12 months before the expiry of the member's term of office, the Council may,</p> <p>(a) leave a <u>the</u> seat vacant;</p> <p>(b) appoint as an elected member the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of council members for that electoral district; or</p> <p>(c) direct the registrar to hold an election in accordance with this by-law for that electoral district.</p>	Clarity
6.33	If the seat of an elected council member becomes vacant in an electoral district more than 12 months before the expiry of the member's term of office, the registrar shall hold an election in accordance with this by-law for that electoral district.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.34	The term of a member appointed under By-law 6.32(b) or elected in an election under By-law 6.32(c) shall continue until the time the former council member's term would have expired.		
6.35	<p>Despite By-law 6.32, 6.33, and 6.34, where vacancy would result in the Council not being properly constituted, the Council (in anticipation of the event before it is not properly constituted) or the Executive Committee (after the Council is not properly constituted) may appoint as an elected member for that district an eligible member in that electoral district, where feasible. The appointed member shall serve until the vacancy can otherwise be filled for that district. When temporarily filling the vacancy in this way, the Council or the Executive Committee shall:</p> <p>(a) solicit interest from eligible members where feasible<sup>1</sup>,</p> <p>(b) take into account the criteria set out in By-law 12.5,</p>		

<sup>1</sup> There may not be sufficient time to solicit interest in every case and Council should be reconstituted as soon as possible.



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	(c) require the prospective appointed member to sign an undertaking to not seek or accept a nomination in the next election for the electoral district before the appointment becomes final <sup>2</sup> .		
6.36	If, within 90 days from the date of the election, the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any member of Council, the Council shall hold an inquiry and decide whether the election of the member is valid and, if an election is found to be invalid, the Council shall direct another election to be held.	If, within 90 days <del>from</del> <u>after</u> the date of the election, the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any member of Council, the Council shall hold an inquiry and decide whether the election of the member is valid and, if an election is found to be invalid, the Council shall direct another election to be held.	To clarify an ambiguity
6.37	The election in District 1 in 2020 shall be for approximately a one-year term commencing with the first regular meeting of Council immediately following the election.	<del>The election in District 1 in 2020 shall be for approximately a one-year term commencing with the first regular meeting of Council immediately following the election.</del>	Not necessary anymore

<sup>2</sup> This is intended to preserve the neutrality of the process. Where a person intends to run in the next election, they would receive a distinct advantage in being appointed to fill the vacancy until the election is held.

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
6.38	Where insufficient candidates are nominated for a district by the close of nominations, the Council may nominate a member even though the member does not have his/her primary practice and is not engaged in the practice of chiropractic in the district, and for District 7, is not a member of the faculty of the CMCC.	6.37 Where insufficient candidates are nominated for a district by the close of nominations, the Council may nominate a member <del>even though the member who</del> does not <del>practice</del> have his/her primary practice and is not engaged in the practice of chiropractic in the district, and for District 7, is not a member of the faculty of the CMCC.	For clarity

## BY-LAW 7: ELECTIONS (WITHIN COUNCIL)

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
7.1	<p>An elected member of the Council is eligible:</p> <p>(a) to vote for elections within Council;</p> <p>(b) for election to the position of president, vice-president or treasurer; and</p> <p>(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.</p>	<p>An elected member of the Council, <u>who is not disqualified under By-law 6.29</u> is eligible:</p> <p>(a) to vote for elections within Council;</p> <p>(d) for election to the position of president, vice-president or treasurer; and</p> <p>(c) for election to the position of chair or member of a statutory or non-statutory committee; <del>if the member is eligible for election to Council as of that date.</del></p>	For clarity
7.2	<p>An appointed member of the Council is eligible:</p> <p>(a) to vote for elections within Council;</p> <p>(b) for election to the position of president, vice-president or treasurer; and</p> <p>(c) for election to the position of chair or member of a statutory or non-statutory committee.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.	The Council shall at the <del>its</del> first meeting of <del>Council</del> 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.	For clarity
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.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.	The president is the chief officer of CCO and the vice-president shall assist the president in the discharge of <del>his/her</del> <u>the president's</u> duties.	DEI: gender neutral language
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.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.	The president of the Council shall be the chair of the Executive Committee <u>and shall participate in the Nominating Committee.</u>	The President generally has the greatest experience with all Council members. The details of the Nominating Committee are reflected in policy.
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.	The Council shall at <del>the</del> its first meeting of <del>Council</del> 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.	For clarity

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.	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 <del>this</del> <u>these</u> procedures shall be repeated until each nominee receives a majority of the votes cast.	To correct a typographical error
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.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
7.19	<p>The duties and powers of the Council include:</p> <p>(a) administering the <i>RHPA</i>, <i>Chiropractic Act</i> and the regulations and by-laws under those acts;</p> <p>(b) reviewing the activities of statutory and non-statutory committees of the Council and requiring committees to provide reports and information to the Council;</p> <p>(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 <i>RHPA</i>, <i>Chiropractic Act</i>, and the regulations under those acts;</p> <p>(d) finalizing and proposing amendments to regulations and by-laws under the <i>RHPA</i> or the <i>Chiropractic Act</i>.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
7.20	<p>The duties and powers of the president of the Council include:</p> <ul style="list-style-type: none"> <li>(a) facilitating the activities of CCO;</li> <li>(b) chairing meetings of Council;</li> <li>(c) chairing meetings of the Executive Committee;</li> <li>(d) participating in the preparation of agendas of the meetings of Council and meetings of the Executive Committee;</li> <li>(e) supervising the arrangements for the annual meeting;</li> <li>(f) taking all reasonable steps to ensure that directions of the Council and the Executive Committee are implemented;</li> <li>(g) ensuring CCO is represented at all appropriate meetings;</li> <li>(h) presenting an Executive report at each Council meeting;</li> <li>(i) acting as a liaison between CCO and other professional organizations as appropriate; and</li> </ul>	<p>The duties and powers of the president of the Council include:</p> <ul style="list-style-type: none"> <li>(a) facilitating the activities of CCO;</li> <li>(b) chairing meetings of Council;</li> <li>(c) chairing meetings of the Executive Committee;</li> <li>(d) participating in the preparation of agendas of the meetings of Council and meetings of the Executive Committee;</li> <li>(e) supervising the arrangements for the annual meeting;</li> <li>(f) taking all reasonable steps to ensure that directions of the Council and the Executive Committee are implemented;</li> <li>(g) ensuring CCO is represented at all appropriate meetings;</li> <li>(h) presenting an Executive report at each Council meeting;</li> <li>(i) acting as a liaison between CCO and other professional organizations as appropriate; and</li> </ul>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	(j) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.	(j) performing all acts and deeds pertaining to <del>his/her</del> <u>the office of president</u> and such other acts and deeds as may be decided by Council.	DEI: gender neutral language
7.21	The president, while chairing a Council meeting or Executive Committee meeting, votes only to break a tie.	The president, while chairing a Council meeting or Executive Committee Meeting, votes <del>only to break a tie</del> <u>after all others have voted.</u>	Allowing the president to vote is consistent with a number of other colleges.  Having the President vote last reduces potential undue influence and facilitates all Council members having a voice
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.	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 <del>his/her</del> <u>the office of vice-president</u> and such other acts and deeds as may be decided by Council.	DEI: gender neutral language

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.	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 <del>his/her</del> the office of <u>treasurer</u> and such other acts and deeds as may be decided by Council.	DEI: gender neutral language
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;	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;	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(c) giving or causing to be given notice of all council meetings and statutory and non-statutory committees; and</p> <p>(d) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.</p>	<p>(c) giving or causing to be given notice of all council meetings and statutory and non-statutory committees; and</p> <p>(d) performing all acts and deeds pertaining to <del>his/her</del> office of <u>secretary</u> and such other acts and deeds as may be decided by Council.</p>	<p>DEI: gender neutral language</p>
7.28	<p>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.</p>		
7.29	<p>The registrar shall be the secretary of the Council.</p>		
7.30	<p>The duties and powers of the chairs of each committee shall include:</p> <p>(a) facilitating the activities of the committee and reporting to Council;</p> <p>(b) chairing meetings of the committee;</p>	<p>The duties and powers of the chairs of each committee shall include:</p> <p>(a) facilitating the activities of the committee and reporting to Council;</p> <p>(b) chairing meetings of the committee;</p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(c) participating in the preparation of agendas of the meetings of the committee;</p> <p>(d) taking all reasonable steps to ensure that directions of the committee are implemented;</p> <p>(e) acting as a liaison between the Council or Executive Committee and the committee;</p> <p>(f) reporting to the Executive Committee upon reasonable request by the Executive;</p> <p>(g) reporting in writing to the Council at the meetings of Council on the activities of the committee for the preceding year;</p> <p>(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;</p>	<p>(c) participating in the preparation of agendas of the meetings of the committee;</p> <p>(d) taking all reasonable steps to ensure that directions of the committee are implemented;</p> <p>(e) acting as a liaison between the Council or Executive Committee and the committee;</p> <p>(f) reporting to the Executive Committee upon reasonable request by the Executive;</p> <p>(g) reporting in writing to the Council at the meetings of Council on the activities of the committee for the preceding year;</p> <p>(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;</p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	(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.	(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 <del>his/her</del> <u>the office of chair</u> and such other acts and deeds as may be decided by Council.	DEI: gender neutral language
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 AND COMMITTEE MEETINGS**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
8.1	<p>The Council shall hold,</p> <p>(a) an annual meeting which shall be called by the president between April 1 and June 30 of each year;</p> <p>(b) regular meetings which shall be called by the president from time to time; and</p> <p>(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.</p>		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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, <ul style="list-style-type: none"> <li>(a) 30 days before an annual meeting;</li> <li>(b) 14 days before a regular meeting; and</li> <li>(c) five days before a special meeting.</li> </ul>		
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.		
8.4.1 (New)		<u>The registrar shall cause to be included in or with the notification to council members of the first meeting, and any other meeting if appointment of a chair or member of a committee is on the agenda, a copy of the Competencies for Council and Committee Members and Peer Assessors</u>	Best practices: This should encourage Council members to remind themselves of the competencies before electing the chair and members of each committee

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
8.4.2	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.	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 <del>him/her</del> <u>the registrar</u> to permit the member to form a reasonable judgment.	DEI: gender neutral language
8.5	The registrar shall cause the public to be notified of council meetings in accordance with any provisions under the <i>RHPA</i> and, if there are not applicable regulations or not otherwise specified, in a generally accepted manner.	The registrar shall cause the public to be notified of council meetings in accordance with <del>any provisions</del> <u>requirements prescribed under the <i>RHPA</i>, if any,</u> and, if <del>there are not applicable regulations or not otherwise specified,</del> <u>none,</u> in a <del>generally accepted</del> <u>similar</u> manner.	For clarity
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.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.	<u>Subject to By-law 8.18, every meeting</u> 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 <del>as close as he/she can reasonably select</del> <u>close to the place, date and time designated requested</u> by the person or people calling the meeting.	For clarity and consistency with By-law 8.18
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.	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, <del>and, if there is an equal number of votes on a question, the chair may cast a deciding vote.</del> <u>including the President who votes last on every question.</u>	Allowing the president to vote is consistent with a number of other colleges.  Having the President vote last reduces potential undue influence and facilitates all Council members having a voice
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.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
8.11	<p>The Council shall consider or transact at the annual meeting:</p> <ul style="list-style-type: none"> <li>(a) the annual report for the preceding year;</li> <li>(b) the reports of the committees established under the <i>RHPA</i>;</li> <li>(c) the financial statement of CCO;</li> <li>(d) the report of the auditor; and</li> <li>(e) the appointment of the auditors for the ensuing year.</li> </ul>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
8.12	<p>The Council may consider or transact at a regular meeting:</p> <p>(a) matters brought by the Executive Committee;</p> <p>(b) reports by statutory committees;</p> <p>(c) reports by non-statutory committees which have received prior review by the Executive Committee;</p> <p>(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</p> <p>(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.</p>		
8.13	<p>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.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
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 <i>Statutory Powers Procedure Act</i> , 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.		

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
8.21	The chair of any committee conducting meetings by conference call shall:  (a) consult with CCO to staff in the calling of a meeting and the preparation of an agenda for the meeting;  (b) ensure minutes are kept; and  (c) record the time spent on the meetings.		



**BY-LAW 9: REMUNERATION**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
9.1	The per diems and reasonable expenses paid by CCO to committee members are intended to partially off-set the cost of a contribution to the profession of chiropractic rather than to pay for services rendered or to compensate for lost income or the opportunity to earn income. "Committee members" means elected council members and non-council members of statutory and non-statutory committees.		
9.2	Subject to other direction by Council, the president of the Council will receive an annual honorarium of thirty-five thousand dollars (\$35,000) payable no later than one year after the date the president takes office. In the event the president's tenure is less than one year, the president will receive a pro-rated amount		
9.3	Committee members are entitled to the remuneration outlined in the chart below:		

By-law	Current CCO By-law		Recommended Amendments	Public Interest Rationale
	<b>Description</b>	<b>Allowable Claim</b> effective September 24, 2009		
	1Committee members; full-day meeting or hearing; meeting in excess of three hours	Attendance per diem: \$400 Preparation per diem: Chairs: \$350 Others: \$200		
	2Committee members; meeting or hearing lasting less than three hours	One-half attendance per diem: \$200 One-half preparation per diem: Chairs: \$175 Others: \$100		
	3Conference call meetings: applicable full or one-half day attendance and preparation per diem and reasonable expenses			

By-law	Current CCO By-law		Recommended Amendments	Public Interest Rationale
	(e.g., long distance charges, as outlined in CCO Internal Policy I-012)			
	4Travel time of more than three hours (round trip) for all committee members	Travel per diem: \$300		
	5Travel time of more than one hour and less than three hours (round trip) for all committee members	One-half travel per diem: \$150		
9.4	By-law 9.3, as it relates to payment of per diems and reasonable expenses, applies to Discipline Committee and Fitness to Practise Committee members who perform duties, such as conducting pre-hearing conferences or hearing pre-hearing motions.			

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
9.5	<p>A member who is the principal author of a Discipline, Inquiries, Complaints and Reports or Fitness to Practise Committee decision may charge one attendance per diem for at least three accumulated hours of work to a maximum of three per diems, but no preparation per diem, travel per diem or meal expenses.</p>	<p>A member who is the principal author of a <u>decision of the Discipline Committee, Inquiries, Complaints and Reports Committee or the Fitness to Practise Committee</u> <del>decision</del> may charge one attendance per diem for at least three accumulated hours of work to a maximum of three per diems, but no preparation per diem, travel per diem or meal expenses.</p>	For clarity
9.6	<p>The following conditions apply to the remuneration entitlement of committee members:</p> <p><b>Per Diems and Reasonable Expenses</b></p> <p>Committee members may claim for a full day attendance per diem when a meeting or hearing is in excess of three hours.</p> <p>Committee members may claim for a half day attendance per diem when a meeting or hearing is in excess of one hour but is not in excess of three hours.</p> <p>In extenuating circumstances, and subject to the approval of the Executive Committee, two attendance per diems may be claimed for one calendar day.</p>	<p>The following conditions apply to the remuneration entitlement of committee members:</p> <p><b>Per Diems and Reasonable Expenses</b></p> <p>Committee members may claim for a full day attendance per diem when a meeting or hearing is in excess of three hours.</p> <p>Committee members may claim for a half day attendance per diem when a meeting or hearing is in excess of one hour but is not in excess of three hours.</p> <p>In extenuating circumstances, and subject to the approval of the Executive Committee, two attendance per diems may be claimed for one calendar day.</p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>Extenuating circumstances include committee members being called to an emergency meeting with less than 48 hours notice which requires them to forfeit office time.</p> <p><b>Attendance for Full Duration of Scheduled Meeting</b></p> <p>In order to be eligible for the appropriate attendance per diem, a council or committee shall attend the full duration of the scheduled meeting. If extenuating circumstances apply which necessitate leaving a meeting earlier than the scheduled end time, the council or committee member shall communicate this in writing to the Chair of the meeting.</p> <p>Reasonable expenses, as outlined in CCO Internal Policy I-012, and attendance per diems may be claimed to attend conferences, educational sessions, speaking engagements or other functions directly related to CCO business provided prior approval is obtained from the Executive Committee.</p>	<p>Extenuating circumstances include committee members being called to an emergency meeting with less than 48 hours notice which requires them to forfeit office time.</p> <p><b>Attendance for Full Duration of Scheduled Meeting</b></p> <p>In order to be eligible for the appropriate attendance per diem, a council or committee <u>member</u> shall attend the full duration of the scheduled meeting. If extenuating circumstances apply which necessitate leaving a meeting earlier than the scheduled end time, the council or committee member shall communicate this in writing to the Chair of the meeting.</p> <p>Reasonable expenses, as outlined in CCO Internal Policy I-012, and attendance per diems may be claimed to attend conferences, educational sessions, speaking engagements or other functions directly related to CCO business provided prior approval is obtained from the Executive Committee.</p>	<p>To correct error</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p><b>Cancellation of Meetings/Hearings</b></p> <p>A one-half attendance per diem may be claimed in the event of the cancellation or adjournment of an official meeting without one week's advance notice being given, subject to the discretion of the Executive Committee:</p> <p>(a) A full attendance per diem but no travel per diem or meal expenses may be claimed in the event of the cancellation or adjournment of a Discipline or Fitness to Practise hearing, without four weeks advance notice being given, provided that the committee member was required, as a result of the scheduled hearing, to make alternate office arrangements in order to be available for the hearing. Unless the committee member ordinarily has office time on Saturdays or Sundays, no per diem will be permitted for the cancellation or adjournment of hearings scheduled on Saturdays or Sundays.</p>	<p><b>Cancellation of Meetings/Hearings</b></p> <p>A one-half attendance per diem may be claimed in the event of the cancellation or adjournment of an official meeting without one week's advance notice being given, subject to the discretion of the Executive Committee:</p> <p>(a) A full attendance per diem but no travel per diem or meal expenses may be claimed in the event of the cancellation or adjournment of a Discipline or Fitness to Practise hearing, without four weeks advance notice being given, provided that the committee member was required, as a result of the scheduled hearing, to make alternate office arrangements in order to be available for the hearing. Unless the committee member ordinarily has office time on Saturdays or Sundays, no per diem will be permitted for the cancellation or adjournment of hearings scheduled on Saturdays or Sundays.</p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(b) A full attendance per diem including a travel per diem and meal expenses may be claimed in the event a Discipline or Fitness to Practise Committee member attends what he/she anticipates to be a full day hearing even if the hearing is disposed of prior to the expiration of three hours, provided the committee member was required as a result of the scheduled hearing to make alternate office arrangements in order to be available for a full day hearing.</p> <p><b>Conference Calls</b></p> <p>Committees are encouraged to conduct meetings wherever possible and practicable by conference call; committee members will receive the appropriate attendance and preparation per diems and reasonable expenses for such meetings and payment of long-distance charges but will not receive a travel per diem.</p> <p><b>Preparation Time</b></p> <p>Preparation time may only be claimed if preparation is in fact required for the meeting/event/hearing being attended.</p>	<p>(b) A full attendance per diem including a travel per diem and meal expenses may be claimed in the event a Discipline or Fitness to Practise Committee member attends what <del>he/she anticipates is</del> <u>anticipated</u> to be a full day hearing even if the hearing is disposed of prior to the expiration of three hours, provided the committee member was required as a result of the scheduled hearing to make alternate office arrangements in order to be available for a full day hearing.</p> <p><b>Conference Calls</b></p> <p>Committees are encouraged to conduct meetings wherever possible and practicable by conference call; committee members will receive the appropriate attendance and preparation per diems and reasonable expenses for such meetings and payment of long-distance charges but will not receive a travel per diem.</p> <p><b>Preparation Time</b></p> <p>Preparation time may only be claimed if preparation is in fact required for the meeting/event/hearing being attended.</p>	<p>DEI: gender neutral language</p>

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
9.7	At the discretion of Council, this by-law 9 applies to Non-Chiropractic Committee Members with necessary modifications.		



**BY-LAW 10: INDEMNIFICATION**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
10.1	<p>Every member of the Council, Committee member, officer, employee, agent and appointee of CCO, including assessors, investigators and inspectors, and each of his or her heirs, executors and administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of CCO from and against:</p> <p>(a) all costs, charges, expenses, awards and damages whatsoever that he or she sustains or incurs in any action, suit or proceeding that is brought, commenced or prosecuted against him or her, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by him or her, in the execution of the duties of his or her office; and</p> <p>(b) all other other reasonable costs, charges, expenses, awards and damages that he or she sustains or incurs in or in relation to the affairs of CCO, except such costs, charges, expenses, awards or damages as are occasioned by their own willful neglect or default.</p>	<p><del>Every member of the Council</del> <u>members</u>, <del>Committee members,</del> <u>officers,</u> <del>employees,</del> <u>agents</u> and <del>appointees</del> <u>of CCO,</u> including assessors, investigators and inspectors, and each of <del>his or her</del> <u>their</u> heirs, executors and administrators and estates, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of CCO from and against:</p> <p>(a) all costs, charges, expenses, awards and damages whatsoever that <del>he or she</del> <u>they</u> sustains or incurs in any action, suit or proceeding that is brought, commenced or prosecuted against <del>him or her</del> <u>them</u>, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by <del>him or her</del> <u>them</u>, in the execution of the duties of <del>his or her</del> <u>their</u> office; and</p> <p>(b) all other <del>other</del> reasonable costs, charges, expenses, awards and damages that <del>he or she</del> <u>they</u> sustains or incurs in or in relation to the affairs of CCO, except such costs, charges, expenses, awards or damages as are occasioned by their own willful neglect or default.</p>	DEI: gender neutral language

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
10.2	CCO will purchase and maintain insurance to protect itself and its members of Council, Committee members, officers, employees, agents or appointees and to provide coverage for the indemnity referred to in By-law 10.1		

**BY-LAW 11: COMMITTEE COMPOSITION**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
11.1	The Executive Committee, inclusive of the president, vice-president and treasurer, shall be composed of the following:  (a) Four members of Council who are members of CCO;  (b) Three members of Council who are appointed by the Lieutenant Governor in Council;		
11.2	The president of the Council shall be the chair of the Executive Committee.		
11.3	The Registration Committee shall be composed of:  (a) two members of Council who are members of CCO; and  (b) two members of Councils appointed to the Council by the Lieutenant Governor in Council.		

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
11.4	The Inquiries, Complaints and Reports Committee shall be composed of:  (a) two members of Council who are members of CCO;  (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and  (c) one member of CCO who is not a member of Council.		
11.5	The Discipline Committee shall be composed of:  (a) every member of Council; and  (b) up to three members of CCO who are not members of Council.		
11.6	The Fitness to Practise Committee shall be composed of every member of Council.		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
11.7	<p>The Quality Assurance Committee shall be composed of:</p> <ul style="list-style-type: none"> <li>(a) two members of Council who are members of CCO;</li> <li>(b) two members of Council appointed to Council by the Lieutenant Governor in Council; and</li> <li>(c) one member of CCO who is not a member of Council.</li> </ul>		
11.8	<p>The Patient Relations Committee shall be composed of:</p> <ul style="list-style-type: none"> <li>(a) one member of Council who is a member of CCO;</li> <li>(b) two members of Council appointed to Council by the Lieutenant Governor in Council; and</li> <li>(c) two members of CCO who are not members of Council.</li> </ul>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
11.9	Council may, by resolution, establish non-statutory committees. For each non-statutory committee, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.	Council may, by resolution, establish non-statutory committees, <u>to include but not be limited to a Nominating Committee.</u> For each non-statutory committee, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.	Inclusion of reference to Nominating Committee in by-laws
11.10	A committee is still properly constituted if it has vacancies so long as a quorum remains. Unless otherwise specified by the Code, three members of a committee constitute quorum.		
11.11	By-laws 8.18 to 8.21 (electronic meetings) applies to committee meetings.		
11.12	In By-law 11, despite the use of a definite number of committee members in any category, Council may appoint additional committee members in any category, except for the Executive Committee or the Discipline Committee.	<del>In By-law 11,</del> Despite the use in this By-law <u>11</u> of a definite number of committee members in any category, Council may appoint additional committee members in any category, except for the Executive Committee or the Discipline Committee.	For clarity

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
11.13	In By-law 11, despite the use of a definite number of committee members in any category, Council may appoint alterative committee members in any category. An alternative committee member may attend meetings and participate in discussions but shall not vote unless a full committee member in the same category as the alternative is unable to participate in the matter, including if he/she has a conflict of interest.	<del>In By-law 11,</del> Despite the use <u>in this By-law 11</u> of a definite number of committee members in any category, Council may appoint alterative committee members in any category. An alternative committee member may attend meetings and participate in discussions but shall not vote unless a full committee member in the same category as the alternative is unable to participate in the matter, including if <del>he/she</del> <u>the full committee member</u> has a conflict of interest.	For clarity  DEI: gender neutral language
11.14	Despite any other provision of this By-Law 11, the Council may also appoint one or more Non-Chiropractic Committee Members to any committee other than the Executive Committee.		

**BY-LAW 12: APPOINTMENT OF NON-COUNCIL MEMBERS**

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
12.1	This by-law applies with respect to the appointment of members who are not members of the Council to a committee of CCO.		
12.2	The Council shall appoint members to committees in the numbers prescribed by By-law 11.		
12.3	The Council shall make the appointments at the first regular council meeting after each regular council election or as soon thereafter as is practicable.		
12.4	The Council may make appointments from time to time to fill any vacancy created by the disqualification, death or resignation of a member appointed under this by-law.		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
12.5	In making the appointments, the Council shall take into account location and type of practice, experience, professional qualifications and skills, and other qualifications and characteristics of members to complement the attributes of members of the committees who are members of Council.		
12.6	The term of office of a committee member who is not a member of the Council is approximately one year starting on the date the appointment is made, except where an appointment is made to fill a vacancy in which the person appointed shall complete the term of the previous appointee.		
12.7	A non-council member may only serve on CCO committees for nine consecutive years, whether the time is served as a council member or as a non council member.	A non-council member may <del>only</del> serve on CCO committees for <u>only</u> nine consecutive years, whether the time is served as a council member or as a non council member.	For clarity

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
12.8	A non-council member who has served on CCO committee (s) for nine consecutive years is not eligible to be re-appointed to any CCO committee until at least three years have passed since the member last served on a CCO Committee.		
12.9	<p>A member is eligible for appointment to a committee if, on the date of the appointment:</p> <p>(a) The member has his/her primary practice of chiropractic located in Ontario, or if the member is not engaged in the practice of chiropractic, has his/her primary residence located in Ontario;</p> <p>(b) the member is not in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law;</p> <p>(c) the member is not in default in completing and returning any form required by CCO;</p>	<p>A member is eligible for appointment to a committee if, on the date of the appointment <u>the member meets the requirements prescribed in By-law 6.9 for election to Council.</u></p> <p><del>(a) The member has his/her primary practice of chiropractic located in Ontario, or if the member is not engaged in the practice of chiropractic, has his/her primary residence located in Ontario;</del></p> <p><del>(b) the member is not in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law;</del></p> <p><del>(c) the member is not in default in completing and returning any form required by CCO;</del></p>	Best practices: the risk of inconsistency can be reduced by cross-referencing rather than repeating the requirements

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(d) the member is not subject of any disciplinary or incapacity proceeding;</p> <p>(e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years;</p> <p>(e.1 )the member has not resigned from a position on Council, before completing their term, within the last three years and four months.</p> <p>(f) the member is not an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC.</p> <p>(g) the member is not an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;</p>	<p><del>(d) the member is not subject of any disciplinary or incapacity proceeding;</del></p> <p><del>(e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years;</del></p> <p><del>(e.1 )the member has not resigned from a position on Council, before completing their term, within the last three years and four months.</del></p> <p><del>(f) the member is not an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC.</del></p> <p><del>(g) the member is not an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;</del></p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(h) the member has not been disqualified from the Council or a committee of the Council in the previous six years;</p> <p>(i) the member is not a member of Council or of a committee of the College of any other health profession; and</p> <p>(j) the member has not been a member of CCO's staff at any time within the preceding three years.</p>	<p><del>(h) the member has not been disqualified from the Council or a committee of the Council in the previous six years;</del></p> <p><del>(i) the member is not a member of Council or of a committee of the College of any other health profession; and</del></p> <p><del>(j) the member has not been a member of CCO's staff at any time within the preceding three years.</del></p>	
12.10	<p>The Council shall disqualify a member appointed to a committee from sitting on the committee if the member:</p> <p>(a) is the subject of any disciplinary or incapacity proceeding;</p> <p>(b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;</p> <p>(c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;</p>	<p>The Council shall disqualify a member appointed to a committee from sitting on the committee <u>if the member: for any reason prescribed in By-law 6.29.</u></p> <p><del>(a) is the subject of any disciplinary or incapacity proceeding;</del></p> <p><del>(b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;</del></p> <p><del>(c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;</del></p>	<p>Best practices: the risk of inconsistency can be reduced by cross-referencing rather than repeating the requirements</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(d) fails to attend two consecutive meetings of the committee or of a subcommittee in which he/she is a member, without reasonable cause in the opinion of Council;</p> <p>(e) fails to attend a hearing or review of a panel for which he/she has been selected; without reasonable cause in the opinion of the Council;</p> <p>(f) becomes an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC;</p> <p>(g) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;</p> <p>(h) becomes a member of the Council of CCO or a committee of any other health profession;</p>	<p><del>(d) fails to attend two consecutive meetings of the committee or of a subcommittee in which he/she is a member, without reasonable cause in the opinion of Council;</del></p> <p><del>(e) fails to attend a hearing or review of a panel for which he/she has been selected; without reasonable cause in the opinion of the Council;</del></p> <p><del>(g) becomes an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC;</del></p> <p><del>(g) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;</del></p> <p><del>(h) becomes a member of the Council of CCO or a committee of any other health profession;</del></p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(i) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;</p> <p>(j) fails to discharge properly or honestly any office to which he/she has been appointed or engages in conduct unbecoming of a committee member, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;</p> <p>(k) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by the Discipline Committee; or</p> <p>(l) becomes in default of completing and returning any form required by CCO.</p>	<p><del>(i) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;</del></p> <p><del>(j) fails to discharge properly or honestly any office to which he/she has been appointed or engages in conduct unbecoming of a committee member, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;</del></p> <p><del>(k) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by the Discipline Committee; or</del></p> <p><del>(l) becomes in default of completing and returning any form required by CCO.</del></p>	
12.11	A non-council committee member shall resign from a committee prior to applying for any CCO staff position.		

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
12.12	A member who is disqualified under this by-law from sitting on a committee ceases to be a member of the committee.		

**BY-LAW 13: FEES**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
13.1	<p>The fee for applying for each class of certificate of registration is as follows:</p> <p>(a) General certificate: \$52</p> <p>(b) Temporary certificate: \$52</p> <p>(c) Retired certificate: NIL</p> <p>(d) Inactive certificate: \$52, unless the applicant already has a general certificate, in which case the application is NIL</p> <p>The application fee is non-refundable.</p>	<p>The fee <del>for applying</del> <u>payable to apply</u> for each class of certificate of registration is as follows:</p> <p>(a) General certificate: \$52</p> <p>(b) Temporary certificate: \$52</p> <p>(c) Retired certificate: NIL</p> <p>(d) Inactive certificate: \$52, unless the applicant already has a general certificate, in which case the application is NIL</p> <p><u>(e) Emergency certificate: \$52</u></p> <p>The application fee is non-refundable.</p>	<p>For clarity</p> <p>Addition of certificate fee for Emergency certificate</p>



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
13.2	<p>In addition to the application fee and the annual fee, an applicant for registration must pay the following initial certificate fee.</p> <p>(a) For a general certificate of registration: \$340</p> <p>(b) For a temporary certificate to actively practise chiropractic in Ontario of registration: \$155</p> <p>(c) For a temporary certificate of registration to participate in a specific event in Ontario: NIL</p> <p>(d) For an inactive certificate of registration: \$340</p> <p>(e) For a retired certificate of registration: NIL</p>	<p>In addition to the application fee and the annual fee, an applicant for registration must pay the following initial certificate fee:</p> <p>(a) For a general certificate of registration: \$340</p> <p>(b) For a temporary certificate of <u>registration</u> to actively practise chiropractic in Ontario <del>of registration</del>: \$155</p> <p>(c) For a temporary certificate of registration to participate in a specific event in Ontario: NIL</p> <p>(d) For an inactive certificate of registration: \$340</p> <p>(e) For a retired certificate of registration: NIL</p> <p><u>(f) For an emergency certificate of registration: \$340</u></p>	<p>To correct typographical errors</p> <p>Addition of application fee for Emergency certificate</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
13.3 (new)		<u>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.</u>	Exemption from general certificate and application fees if emergency certificate and application fees have already been paid
13.3 <u>13.4</u>	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.	An applicant for a general certificate of registration who, <u>within six months prior to making the application,</u> <del>has</del> completed the requirements for graduation from a chiropractic education program that is accredited or <u>received</u> <del>the subject of</del> reciprocal recognition by the CCEC <del>within the six months prior to his/her application</del> is exempted from paying the prescribed annual fee for the year in which the certificate is issued.	For clarity  DEI: gender neutral language
13.4 <u>13.5</u>	A member who holds a general certificate of registration is exempted from paying the prescribed certificate and annual fees for an inactive certificate of registration for the year in which the inactive certificate is issued.		
13.5 <u>13.6</u>	Every member except a member who holds a temporary certificate shall pay an annual fee.	Every member except a member who holds a temporary certificate <u>of registration</u> shall pay an annual fee.	Consistent language

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
<p>13.6  <u>13.7</u></p>	<p>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.</p>	<p>The annual fee is \$1100 for a member who holds a general certificate of registration, \$550 for the first renewal of 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.</p>	<p>For clarity                       DEI: gender neutral language</p>
<p>13.7  <u>13.8</u></p>	<p>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).</p>		
<p>13.8  <u>13.9</u></p>	<p>The annual fee for a member who holds a general certificate of registration may be paid in two instalments on January 1<sup>st</sup> and June 1<sup>st</sup> of each year in amounts to be set by the registrar.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
<p>13.9  <u>13.10</u></p>	<p>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:</p> <p>(a) the amount of the annual fee or, if the member is paying by instalment, the amounts of the first and second instalments;</p> <p>(b) the date on which the annual fee or each of the instalments is due; and</p> <p>(c) the penalty for late payment.</p>		
<p>13.10  <u>13.11</u></p>	<p>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.</p>		
<p>13.11  <u>13.12</u></p>	<p>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.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
<p>13.12  <u>13.13</u></p>	<p>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.</p>		
<p><u>13.14</u>                      (new)</p>		<p><u>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.</u></p>	<p>There may be fees associated with SCERPs                       The cost burden should be born by the member</p>
<p>13.13  <u>13.15</u></p>	<p>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:</p> <p>(a) the fee the member failed to pay;</p> <p>(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</p> <p>(c) any applicable penalty.</p>		

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
<p>13.14  <u>13.16</u></p>	<p>A member whose certificate of registration was revoked for failure to pay a fee and who applies to be reinstated is required to pay:</p> <p>(a) an application fee of \$52;</p> <p>(b) the annual fees and any applicable penalties the member failed to pay up to the date of revocation; and</p> <p>(c) the annual fee for the year in which the member wishes to be reinstated.</p>		
<p>13.15  <u>13.17</u></p>	<p>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.</p>		
<p>13.16  <u>13.18</u></p>	<p>The amount payable by a member who applies for reinstatement of a retired certificate of registration is \$52.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
<p>13.17  <u>13.19</u></p>	<p>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:</p> <p>(a) to make available the members' professional portfolio to the Quality Assurance Committee,</p> <p>(b) to participate in the peer and practice assessment component of the Quality Assurance Program,</p> <p>(c) to explain an advertisement that does not appear to comply with CCO regulations or guidelines despite previous advice or caution to the member,</p> <p>is \$52 per letter.</p>	<p><del>The</del> A fee of \$52 is payable for <u>each</u> follow-up letters, emails or other notifications to a member who has not complied with a request from CCO, such as a request:</p> <p>(a) to make available the members' professional portfolio to the Quality Assurance Committee,</p> <p>(b) to participate in the peer and practice assessment component of the Quality Assurance Program,</p> <p>(c) to explain an advertisement that does not appear to comply with CCO regulations or guidelines despite previous advice or caution to the member.  <del>is \$52 per letter.</del></p>	<p>For clarity</p>
<p>13.18  <u>13.20</u></p>	<p>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.</p>	<p><del>Where</del> <u>If</u> 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.</p>	<p>For clarity</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
13.19 <u>13.21</u>	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.	<del>The A fee of \$52 is payable for the each application for a certificate of authorization of a professional corporation, including on any and for each application for reinstatement of a certificate of authorization., for a professional corporation is \$52.</del>	For clarity
13.20 <u>13.22</u>	The fee for the issuance of a certificate of authorization is \$625.	<del>The A fee of \$625 is payable for the each issuance of a certificate of authorization of a professional corporation. is \$625.</del>	For clarity
13.21 <u>13.23</u>	The fee for the annual renewal of a certificate of authorization is \$210.	<del>The A fee of \$210 is payable for the each annual renewal of a certificate of authorization of a professional corporation. is \$210.</del>	For clarity
13.22 <u>13.24</u>	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.		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
<p>13.23  <u>13.25</u></p>	<p>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.</p>	<p><del>The</del> <u>A fee of \$52 is payable</u> for the <del>issuing</del> <u>issuance</u> of a document or certificate respecting a professional corporation, other than the first certificate of authorization or one annual renewal <del>of a certificate of authorization</del>, is \$52.</p>	<p>For clarity</p>
<p><u>New By-law</u>  <u>13.26</u></p>		<p><u>A fee of \$750 is payable by a person whose certificate of registration has been revoked or suspended as a result of a disciplinary or incapacity proceeding and who applies in writing to the registrar to have a new certificate issued or the suspension removed.</u></p>	<p>The process for reviewing applications for reinstatement is time consuming and expensive                       The cost burden should be born by the applicant</p>

**BY-LAW 14: PROFESSIONAL CORPORATIONS**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
14.1	<p>Every member of CCO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms for a certificate of authorization, upon the written request of the registrar within 30 days and upon any change in the information within 30 days of the change:</p> <p>(a) the name of the professional corporation as registered with the Ministry of Government Services;</p> <p>(b) any business names used by the professional corporation;</p> <p>(c) the name, as set out in the register, and registration number of each shareholder of the professional corporation;</p>	<p>Every member of CCO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms for a certificate of authorization, upon the written request of the registrar within 30 days and upon any change in the information within 30 days of the change:</p> <p>(a) the name of the professional corporation as registered with the <del>Ministry of Government Services</del> <u>Ontario Business Registry</u>;</p> <p>(b) any business names used by the professional corporation;</p> <p>(c) the name <u>of each beneficial owner as required to be recorded by the Ontario Business Registry</u>; <del>as set out in the register,</del> and registration number of each shareholder of the professional corporation;</p>	<p>Update regarding registration of Ontario business corporations</p> <p>Every individual or family group with a beneficial interest of 25% or more: <a href="https://www.ontario.ca/page/beneficial-ownership-information-requirements">https://www.ontario.ca/page/beneficial-ownership-information-requirements</a></p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;</p> <p>(e) the principal practice address, telephone number, facsimile number and e-mail address of the professional corporation;</p> <p>(f) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and</p> <p>(g) a brief description of the professional activities carried out by the professional corporation.</p>	<p><u>(d) (new) the professional corporation's business registration number issued by the Canada Revenue Agency;</u></p> <p>(e) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;</p> <p>(f) the principal practice address, telephone number, facsimile number and e-mail address of the professional corporation;</p> <p>(g) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and</p> <p>(h) a brief description of the professional activities carried out by the professional corporation.</p>	<p>A corporation's business number is issued by the CRA. The Ontario Business Registry uses the same number.  <a href="#">O. Reg. 400/21</a> under the Corporations Information Act</p>

## BY-LAW 15: THERAPY AND COUNSELING

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
15.1	CCO shall require a therapist or counselor who is providing therapy or counseling that is funded through the program required under By-law 85.7 of the <i>Code</i> to provide a written statement signed by him/her containing details of his/her training and experience and confirming that the therapy or counseling is being provided and that the funds received are being devoted only to that purpose.	CCO shall require a therapists <del>or and counselor</del> <u>counsellors</u> who is <del>providing</del> <u>provide</u> therapy or <del>counseling</del> <u>counselling</u> that is funded <del>through</del> <u>pursuant to</u> the program required under <del>By-law</del> <u>section</u> 85.7 of the <i>Code</i> to provide a written statement signed by <del>him/her</del> <u>them</u> containing details of <del>his/her</del> <u>their</u> training and experience and confirming that the therapy or <del>counseling</del> <u>counselling</u> is being provided and that the funds received are being devoted only to that purpose.	For clarity and spelling  DEI: gender neutral language
15.2	CCO shall require a person who is receiving therapy or counseling that is funded through the program required under By-law 85.7 of the <i>Code</i> to provide a written statement signed by him/her acknowledging that he/she is aware of the details of the training and experience of the therapist or counselor and confirming that the therapy or counseling is being provided and that the funds received are being devoted only to that purpose.	CCO shall require a <del>every</del> <u>every</u> person who is receiving therapy or <del>counseling</del> <u>counselling</u> that is funded <del>through</del> <u>pursuant to</u> the program required under <del>By-law</del> <u>section</u> 85.7 of the <i>Code</i> to provide a written statement signed by <del>him/her</del> <u>them</u> acknowledging that <del>he/she is</del> <u>they are</u> aware of the details of the training and experience of the therapist or <del>counselor</del> <u>counsellor</u> and confirming that the therapy or <del>counseling</del> <u>counselling</u> is being provided and that the funds received are being devoted only to that purpose.	For clarity  DEI: Gender neutral language

**BY-LAW 16: PROFESSIONAL LIABILITY PROTECTION OR INSURANCE**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
16.1	<p>Each member holding a general or temporary certificate of registration must carry and provide evidence satisfactory to the registrar of carrying professional liability protection or insurance in the applicable minimum amount per occurrence and minimum aggregate amount per year, including coverage for claims after the member ceases to hold a certificate relating to occurrences while holding a certificate, or membership in a protective association that provides equivalent protection. A member who is or will be when registered, an employee of a member, a health facility or other body that has equivalent professional liability insurance coverage or membership in a protective association that provides equivalent protection is deemed to comply with this section.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
16.2	The professional liability protection or insurance referred to in By-law 16.1 must have:  (a) a minimum amount of \$5,000,000 per occurrence, and  (b) a minimum aggregate amount of \$5,000,000 per year.		
16.3	When applying for a general or temporary certificate of registration or a renewal of a general or temporary certificate of registration, an applicant must sign a declaration that they comply with By-laws 16.1 and 16.2.		
16.4	A member holding a general or temporary certificate of registration must have available in their office, in written or electronic form, evidence that they comply with By-laws 16.1 and 16.2, or may have the provider of the protection under By-law 16.1 provide regular updates to CCO confirming compliance with By-laws 16.1 and 16.2.		

**BY-LAW 17: PUBLIC REGISTER**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
17.1	Subject to By-law 17.2, a member's name in the register shall be the full name indicated on the document used to support the member's initial registration with the College		
17.2	<p>The Registrar may enter a name other than the name referred to in By-law 17.1 in the register if the Registrar:</p> <p>(a) has received a written request from the member;</p> <p>(b) is satisfied that the member has legally changed his or her name; and</p> <p>(c) is satisfied that the name change is not for any improper purpose.</p>	<p>The Registrar may enter a name other than the name referred to in By-law 17.1 in the register if the Registrar:</p> <p>(a) has received a written request from the member;</p> <p>(b) is satisfied that the member's <u>name</u> has <u>been</u> legally changed <del>his or her name</del>; and</p> <p>(c) is satisfied that the name change is not for any improper purpose.</p>	DEI: gender neutral language

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
17.3	Subject to By-law 17.6(q)(i), a member's business address in the register shall be the address of the location in Ontario where the member is employed or self-employed as a chiropractor. In the event that the member is employed or self-employed as a chiropractor in more than one location in Ontario, the member's business address shall be then member's primary practice. In the event that the member is not employed or self-employed in Ontario as a chiropractor, the registrar shall enter as the member's business address the location designated by the member.	<del>Subject to By-law 17.6(q)(i), a</del> A member's business address in the register shall be the address of the location in Ontario where the member is employed or self-employed as a chiropractor. In the event that the member is employed or self-employed as a chiropractor in more than one location in Ontario, the member's business address shall be then <u>location of the member's primary practice</u> . In the event that the member is not employed or self-employed in Ontario as a chiropractor, the registrar shall enter as the member's business address the location designated by the member <u>for communication with CCO</u> .	Deleting of non-existent provision  For clarity



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
17.4	<p>A member's business telephone number shall be the telephone number of the location in Ontario where the member is employed or self-employed as a chiropractor. In the event that the member is employed or self-employed as a chiropractor in more than one location in Ontario, the member's business telephone number shall be the telephone number of the member's primary practice. In the event that the member is not employed or self-employed in Ontario as a chiropractor, the register shall not contain a business telephone number for the member.</p>	<p>A member's business telephone number shall be the telephone number of the location in Ontario where the member is employed or self-employed as a chiropractor. In the event that the member is employed or self-employed as a chiropractor in more than one location in Ontario, the member's business telephone number shall be the telephone number of the member's primary practice. In the event that the member is not employed or self-employed in Ontario as a chiropractor, the register shall not contain a business telephone number <del>for the member</del> designated by the member for communication with CCO.</p>	
17.5	<p>The Registrar shall maintain a register in accordance with section 23 of the <i>Code</i>.</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
17.6	<p>In addition to the information set out in subsection 23(2)<sup>iii</sup> of the Code, the register shall contain the following publicly available information with respect to each member:</p> <p>(a) Where a decision of a panel of the Discipline Committee has been published by the College with the member's or former member's name included,</p> <p>(i) a notation of that fact; and</p> <p>(ii) identification of, a link to, or a copy of the specific publication containing that decision.</p> <p>(b) For every caution required by a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and for any specified continuing education or remediation programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1),</p> <p>i. the date of the panel's decision,</p> <p>ii. a synopsis of its content, and</p> <p>iii. if applicable, a notation that the panel's decision is subject to review and is not yet final, which notation shall be</p>	<p>In addition to the information set out in subsection 23(2)<sup>iii</sup> of the Code, the register shall contain the following <del>publically</del> <u>publicly</u> available information with respect to each member:</p> <p>(a) Where a decision of a panel of the Discipline Committee has been published by the College with the member's or former member's name included,</p> <p>(i) a notation of that fact; and</p> <p>(ii) identification of, a link to, or a copy of the specific publication containing that decision.</p> <p>(b) For every caution required by a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1) <u>of the Code</u>, and for any specified continuing education or remediation programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1) <u>of the Code</u>,</p> <p>i. the date of the panel's decision,</p> <p>ii. a synopsis of its content, and</p> <p>iii. if applicable, a notation that the panel's decision is subject to review and is</p>	<p>Typographical error</p> <p>For clarification</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>removed once the review and any reconsideration by the Inquiries, Complaints and Reports Committee is finally disposed of.</p> <p>(c) For every acknowledgement and undertaking in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect, in addition to the synopsis,</p> <p>i. the date of the panel's decision, and</p> <p>ii. if applicable, a notation that the panel's decision is subject to review or appeal and is not yet final, which notation shall be removed once the review or appeal and any reconsideration by the panel is finally disposed of.</p>	<p>not yet final, which notation shall be removed once the review and any reconsideration by the Inquiries, Complaints and Reports Committee is finally disposed of.</p> <p>(c) For every acknowledgement and undertaking <u>that a member has given to CCO</u> in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee <del>that a member has entered into with the College</del> and that <u>are remain</u> in effect, in addition to the synopsis,</p> <p>i. <u>the date that the panel accepted the member's acknowledgment and undertaking;</u></p> <p>ii. <u>a synopsis of the acknowledged facts; and</u></p> <p>iii. <u>the terms of the member's undertaking</u></p> <p><del>I the date of the panel's decision, and</del></p> <p><del>ii. if applicable, a notation that the panel's decision is subject to review or appeal and is not yet final, which notation shall be removed once the review or appeal and any reconsideration by the panel is finally disposed of.</del></p>	<p>The member's acknowledgement should waive all rights of appeal and judicial review.</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(d) A notation of any finding of guilt for a criminal offence or an offence under the <i>Health Insurance Act, 1990</i>, of which the College is aware, made by a court after July 1, 2016, against a member.</p> <p>(e) A notation of any finding of guilt for a criminal offence or an offence under the <i>Health Insurance Act, 1990</i>, of which the College is aware, made by a court after July 1, 2016, against a member.</p> <p>(f) A notation that a member is registered or licensed to practise a profession inside or outside of Ontario of which the College is aware.</p> <p>(g) For every term, condition and limitation that is in effect on each certificate of registration, information about the date it was imposed, the committee that imposed it and circumstances surrounding its imposition.</p>	<p>(d) A notation of any finding of guilt for a criminal offence or an offence under the <i>Health Insurance Act, 1990</i>, of which the College is aware, made by a court after July 1, 2016, against a member.</p> <p><del>(e) A notation of any finding of guilt for a criminal offence or an offence under the <i>Health Insurance Act, 1990</i>, of which the College is aware, made by a court after July 1, 2016, against a member.</del></p> <p>(e) A notation that a member is registered or licensed to practise a profession inside or outside of Ontario of which the College is aware.</p> <p>(f) For every term, condition and limitation that is in effect on each certificate of registration, information about the date it was imposed, the committee that imposed it and circumstances surrounding its imposition.</p>	<p>(e) is a duplication of (d)</p>

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(h) A notation of every bail condition or other restriction imposed on, or agreed to, by the member in connection with a charge for a criminal offence or an offence under the Health Insurance Act of which the College is aware.</p> <p>(i) The following practice information related to a member:</p> <p>(i) The business address, business telephone number and business email of up to three practice locations;</p> <p>(ii) The member’s gender;</p> <p>(iii) the name of the chiropractic education program graduated by the member and year of graduation from that program;</p> <p>(iv) the year of initial registration with CCO; and</p> <p>(v) up to three languages in which the member offers professional services, as identified by the member.</p>	<p><u>(g)</u> A notation of every bail condition or other restriction imposed on, or agreed to, by the member in connection with a charge for a criminal offence or an offence under the Health Insurance Act of which the College is aware.</p> <p><u>(h)</u> The following practice information related to a member:</p> <p>(i) The business address, business telephone number and business email of up to three practice locations;</p> <p>(ii) The member’s gender;</p> <p>(iii) the name of the chiropractic education program graduated by the member and year of graduation from that program;</p> <p>(iv) the year of initial registration with CCO; and</p> <p>(v) up to three languages in which the member offers professional services, as identified by the member.</p>	

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
17.7	<p>If requested, the member shall immediately provide the College with the following information, in the form requested by the College:</p> <p>(a) information required to be maintained in the register in accordance with subsection 23(2) of the <i>Code</i> and By-law 17.6;</p> <p>(b) the address and telephone number of the member’s primary residence in Ontario and, if the member does not reside in Ontario, the address and telephone number of the member’s primary residence;</p> <p>(c) The member’s email addresses;</p> <p>(d) Proof of professional liability insurance;</p> <p>(e) The member’s areas of practice and categories of clients seen;</p> <p>(f) Information regarding the member’s employment including:</p> <p>(i) the member’s title and position,</p> <p>(ii) a description of the member’s role, duties, and responsibilities, and</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(iii)the member’s employment category and status.</p> <p>(g) any nicknames or abbreviations that the member uses in any place of practice;</p> <p>(h) information about the member’s registration with any other body that governs a profession, whether inside or outside of Ontario, including the name of the governing body, the member’s registration or license number and the date the member first became registered;</p> <p>(i) information about any finding of professional misconduct or incompetence or similar finding that has been made against the member by a body that governs a profession, inside or outside of Ontario, where the finding has not been reversed on appeal, including;</p> <p>(i) the finding,</p> <p>(ii) the name of the governing body that made the finding,</p> <p>(iii) a brief summary of the facts on which the finding was based,</p>		

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
	<p>(iv) the penalty and any other orders made relative to the finding,                      (v) the date the finding was made, and                      (vi) information regarding any appeals of the finding.</p> <p>(j) information about any finding of incapacity or similar finding that has been made against the member by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:                      (i) the finding                      (ii) the name of the governing body that made the finding,                      (iii) the date the finding was made,                      (iv) a summary of any order made, and                      (v) information regarding any appeals of the finding.</p> <p>(k) information about the member’s participation in the Quality Assurance Program,</p> <p>(l) information for the purpose of compiling statistical data,</p>		



By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
17.8	<p>The member shall notify the College, in writing, of any changes to the following information within 30 days of the effective date of the change:</p> <p>(a) the member’s name,</p> <p>(b) the address and telephone number of the member’s primary residence in Ontario and, if the member does not reside in Ontario, the address and telephone number of the member’s primary residence,</p> <p>(c) the member’s business address or business telephone number.</p>		
17.9	<p>All of the information in the register is designated, under subsection 23(6) of the <i>Code</i>, as information that may be withheld from the public if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual.</p>		

**BY-LAW 18: APPOINTMENT OF NON-CHIROPRACTIC COMMITTEE MEMBERS**

By-law	Current CCO By-law	Recommended Amendments	Public Interest Rationale
18.1	<p>An individual is eligible for appointment to a committee as a Non-Chiropractic Committee Member if, on the date of the appointment:</p> <p>(a) The individual resides in Ontario;</p> <p>(b) The individual has not been disqualified from serving on Council or a committee within the six years immediately preceding the appointment;</p> <p>(c) The individual has never been a Member;</p> <p>(d) The individual does not have a conflict of interest in respect of the committee to which they are to be appointed; and</p> <p>(e) The individual would not be disqualified from serving as a Non-Council Member if the individual were a Member.</p>		

<b>By-law</b>	<b>Current CCO By-law</b>	<b>Recommended Amendments</b>	<b>Public Interest Rationale</b>
18.2	The Council may remove or disqualify a Non-Chiropractic Committee Member from a committee with or without cause.		

<sup>i</sup> Section 23(2) The register shall contain the following:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.
3. The name, business address and business telephone number of every health profession corporation.
4. The names of the shareholders of each health profession corporation who are members of the College.
5. Each member's class of registration and specialist status.
6. The terms, conditions and limitations that are in effect on each certificate of registration.
7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1).
8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved.
10. Every result of a disciplinary or incapacity proceeding.
11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.
12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
13. A notation of every revocation or suspension of a certificate of registration.
14. A notation of every revocation or suspension of a certificate of authorization.
15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
17. Where, during or as a result of a proceeding under section 25, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1), the outcomes of inspections conducted by the college.
19. Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991*.
20. Information that is required to be kept in the register in accordance with the by-laws.

<sup>ii</sup> Section 23(14) For the purpose of this section and section 56,  
"result",

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- (a) when used in reference to a disciplinary proceeding, means the panel's finding that the member committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made, and
- (b) when used in reference to an incapacity proceeding, means the panel's finding that the member is incapacitated and the order made by the panel.

<sup>iii</sup> Section 23(2) The register shall contain the following:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.
3. The name, business address and business telephone number of every health profession corporation.
4. The names of the shareholders of each health profession corporation who are members of the College.
5. Each member's class of registration and specialist status.
6. The terms, conditions and limitations that are in effect on each certificate of registration.
7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1).
8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved.
10. Every result of a disciplinary or incapacity proceeding.
11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.
12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
13. A notation of every revocation or suspension of a certificate of registration.
14. A notation of every revocation or suspension of a certificate of authorization.
15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
17. Where, during or as a result of a proceeding under section 25, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1), the outcomes of inspections conducted by the college.
19. Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991*.
20. Information that is required to be kept in the register in accordance with the by-laws.

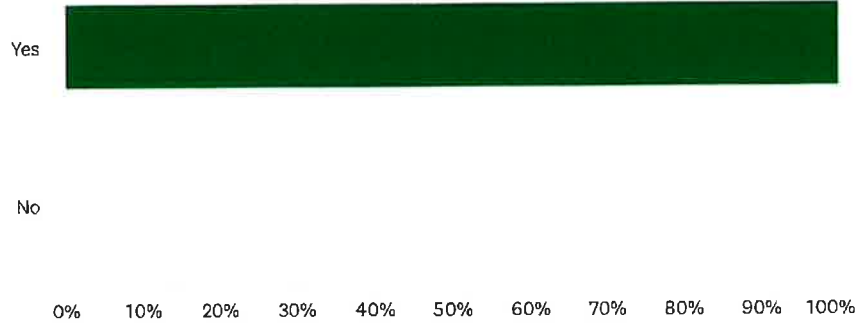
# ITEM 4.1.41

Proposed By-law Amendments - September 19, 2023

559

## Q1 Are you a Member of CCO

Answered: 14 Skipped: 0



### ANSWER CHOICES

Yes

No

TOTAL

### RESPONSES

100.00%

0.00%

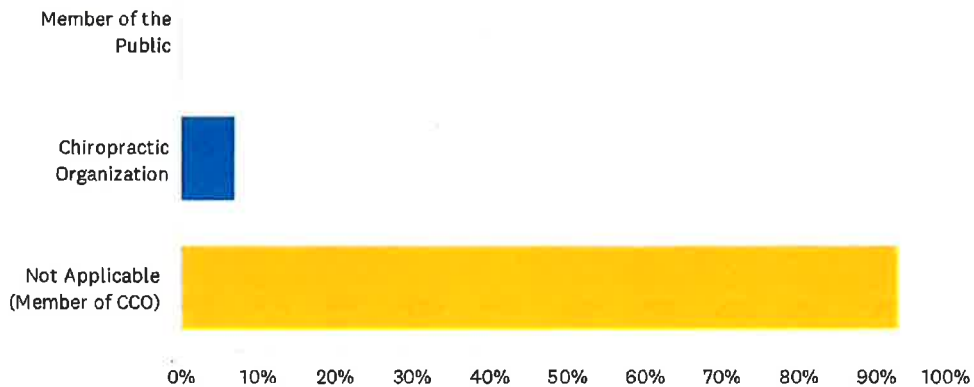
14

0

14

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

Answered: 14 Skipped: 0



**ANSWER CHOICES**

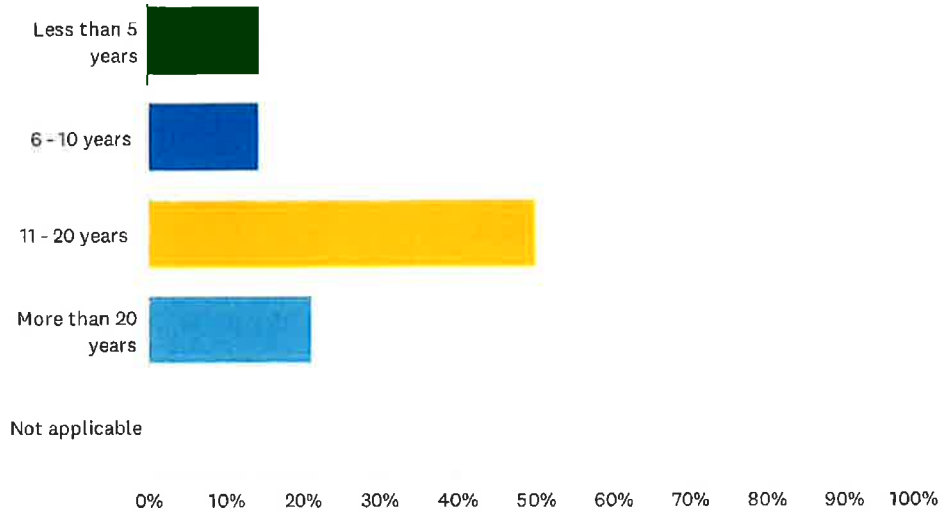
**RESPONSES**

Member of the Public	0.00%	0
Chiropractic Organization	7.14%	1
Not Applicable (Member of CCO)	92.86%	13
<b>TOTAL</b>		<b>14</b>



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

Answered: 14 Skipped: 0



**ANSWER CHOICES**

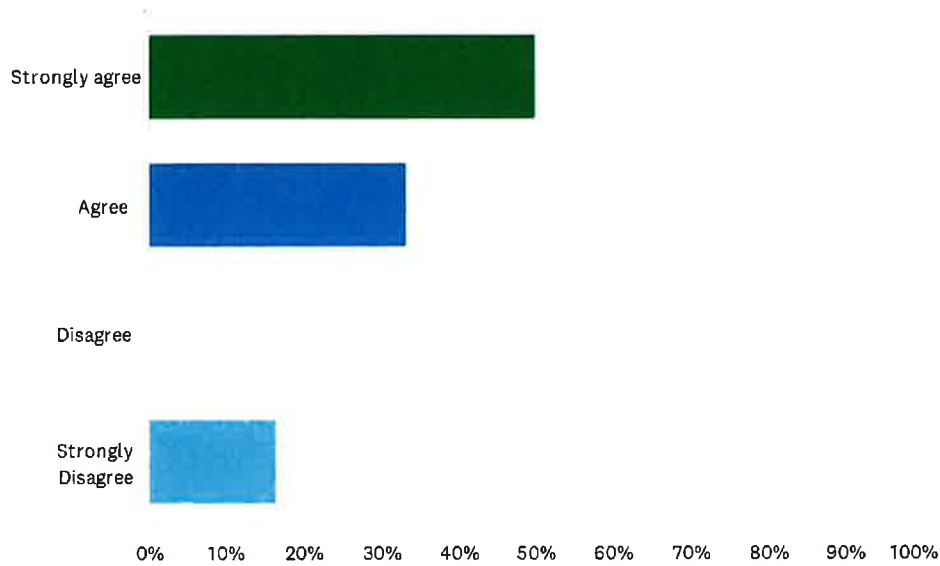
- Less than 5 years
- 6 - 10 years
- 11 - 20 years
- More than 20 years
- Not applicable
- TOTAL

**RESPONSES**

Less than 5 years	14.29%	2
6 - 10 years	14.29%	2
11 - 20 years	50.00%	7
More than 20 years	21.43%	3
Not applicable	0.00%	0
TOTAL		14

**Q5 I agree/disagree with the draft proposed amendments to various by-laws that include gender neutral language, make minor grammatical changes for sentence clarity, ensure consistency with related by-laws, or to correct typographical errors**

Answered: 12 Skipped: 2



**ANSWER CHOICES**

Strongly agree  
Agree  
Disagree  
Strongly Disagree  
TOTAL

**RESPONSES**

50.00%	6
33.33%	4
0.00%	0
16.67%	2
	12

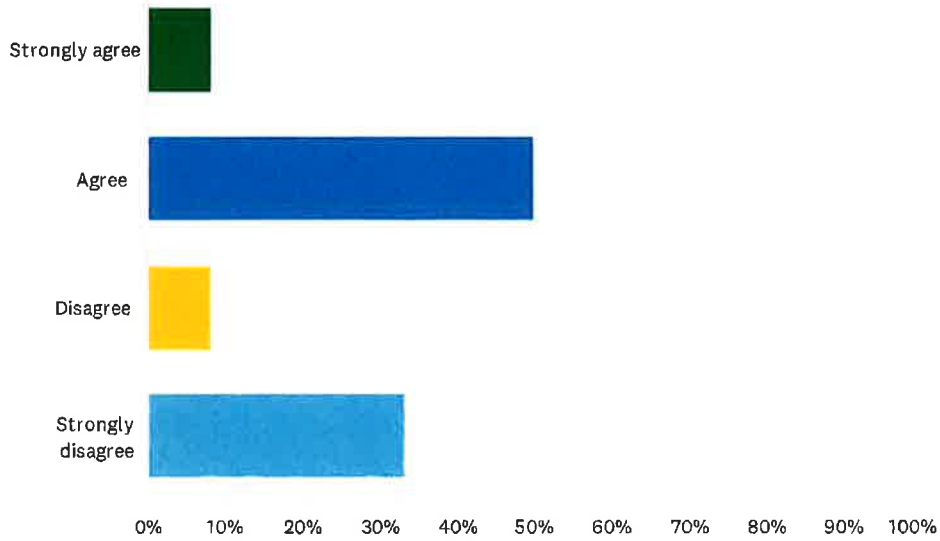
## Q6 Comments - Explain why relating to CCO's public interest mandate

Answered: 2 Skipped: 12

#	RESPONSES	DATE
1	GENDER EXISTS , AND IT'S NOT DISRESPECTFUL TO USE GENDER PRONOUNS	9/20/2023 9:11 AM
2	Spinal manipulation is incredibly archaic and is such a small portion of the profession. I'm not sure who is trying to hang on to spinal manipulation therapy as the only thing chiropractors do but there are many other things as a health care practitioner that we should be allocation CE hours to.	9/19/2023 9:49 PM

### Q7 I agree/disagree with the draft proposed amendments to By-law 6: Election of Council Members

Answered: 12 Skipped: 2



**ANSWER CHOICES**

Strongly agree  
Agree  
Disagree  
Strongly disagree  
TOTAL

**RESPONSES**

8.33%	1
50.00%	6
8.33%	1
33.33%	4
	12

## Q8 Comments - Explain why relating to CCO's public interest mandate

Answered: 7 Skipped: 7

#	RESPONSES	DATE
1	Although I understand that finding consistently in the bylaws is appropriate, 3 years would be an effective amount of time to make sure that conflict of interest is not taking place. The interesting thing about our profession is that it is a small minority of DCs that get involved. By making it 6 years, it makes those highly motivated and skilled people have to sit out of serving the profession and the public for a very long time.	10/17/2023 12:18 PM
2	I strongly disagree with the proposal to extend the "cooling off period" to from 3 to 6 years, for anyone who is involved with OCA/CCA/CMCC/ etc. These are often individuals who are volunteer and service minded people. They are not criminals and have not been found to break any rules. In a career, 6 years is a significant amount of time, and unnecessarily long time between roles. The current 3 years is plenty of time for a "cooling off period"	10/13/2023 5:17 PM
3	I think this is too all encompassing. Six years seems excessive for what may not need a cooling off period.	10/2/2023 10:30 AM
4	n/a	9/22/2023 1:12 AM
5	3 years is an adequate amount of 'cool off' time for a member before reengaging if they so wish with the college. Six years is a lifetime for most of us and far too long to reengage with the political culture.	9/20/2023 10:05 AM
6	3 years is long enough	9/19/2023 9:49 PM
7	6 years cooling off period, particularly for those involved in the educational sector is an unreasonable amount of time. We would want those at the precipice of education to be involved in a timely manner so as to be able to provide appropriate feedback relevant to today's practice atmosphere and research.	9/19/2023 3:28 PM

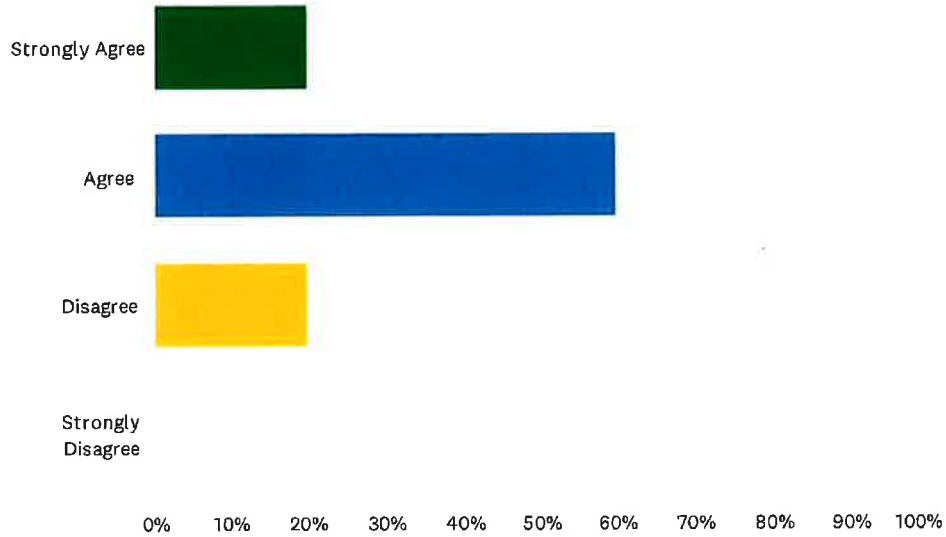
## Q10 Comments - Explain why relating to CCO's public interest mandate

Answered: 3 Skipped: 11

#	RESPONSES	DATE
1	The President should be on the nominating committee because they have the best view of all aspects of council and they will be more effective at succession planning which in the best interest of the CCO and the public it serves. I do worry about the President being able to vote and if they will still have the same abilities to build consensus when they will have to takes sides on issues.	10/17/2023 12:18 PM
2	n/a	9/22/2023 1:12 AM
3	The president is a nominated position and is not elected directly to their role by the people/members of CCO. Therefore the president should not be a member of the nominating committee nor should they have an additional vote. This should be up to the elected members. T	9/19/2023 3:28 PM

### Q11 I agree/disagree with the draft proposed amendments to By-law 11: Committee Composition

Answered: 10 Skipped: 4



**ANSWER CHOICES**

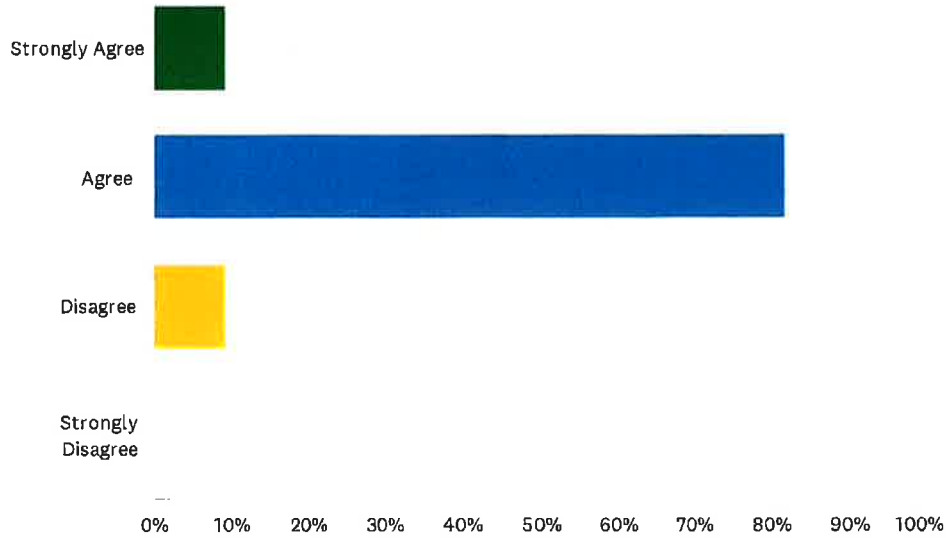
Strongly Agree  
Agree  
Disagree  
Strongly Disagree  
TOTAL

**RESPONSES**

20.00%	2
60.00%	6
20.00%	2
0.00%	0
	10

**Q13 I agree/disagree with the draft proposed amendments to By-law 12:  
Appointment of Non-Council Members**

Answered: 11 Skipped: 3



**ANSWER CHOICES**

**RESPONSES**

Strongly Agree	9.09%	1
Agree	81.82%	9
Disagree	9.09%	1
Strongly Disagree	0.00%	0
<b>TOTAL</b>		<b>11</b>



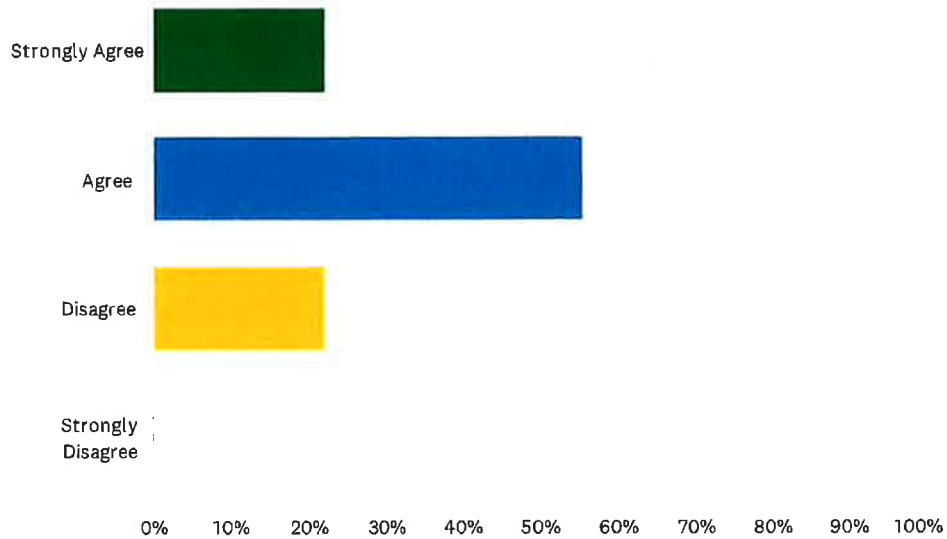
## Q14 Comments - Explain why relating to CCO's public interest mandate

Answered: 2 Skipped: 12

#	RESPONSES	DATE
1	n/a	9/22/2023 1:12 AM
2	I have no issue with this as it is reducing repetition.	9/19/2023 3:28 PM

### Q15 I agree/disagree with the draft proposed amendments to By-law 13: Fees

Answered: 9 Skipped: 5



**ANSWER CHOICES**

Strongly Agree  
Agree  
Disagree  
Strongly Disagree

**RESPONSES**

22.22%	2
55.56%	5
22.22%	2
0.00%	0
<b>TOTAL</b>	<b>9</b>

## Q16 Comments - Explain why relating to CCO's public interest mandate

Answered: 2 Skipped: 12

#	RESPONSES	DATE
1	No clear what the application fee is	9/20/2023 7:57 PM
2	Test	9/19/2023 12:52 PM

**Q17 The following overall amendments would better protect the public interest:**

Answered: 3 Skipped: 11

#	RESPONSES	DATE
1	I only disagree with the amendment to include mandatory 5 hours hands on manipulation continuing education. I see this is wholly unnecessary for those who are practicing daily. There is no need for me to be randomly adjusted when I am not in therapeutic need. Those seminar normally require us to donate our bodies as practice dummies. I wont do it.	9/22/2023 1:12 AM
2	They wouldn't and your time would be better spent looking at things that actually matter than this flim-flam.	9/20/2023 10:05 AM
3	Test	9/19/2023 12:52 PM

## Q18 Further Comments

Answered: 3 Skipped: 11

#	RESPONSES	DATE
1	Regarding the 6 year "cooling off" time, I think that duration is too long and 3 years is sufficient. The duration of a career is about 30 years. A 6 year cooling off time is 20% of their career, there is not much time to then pursue any role at the CCO. 3 years is more than enough time between roles. Currently when I read 6 years, I feel the intent is to completely eliminate the ability for a chiropractor to move from the OCA/CCA/CMCC to the CCO, and I'm sure that is not the CCO council's intent.	9/20/2023 3:15 PM
2	Adding a 5 hour hands on requirement for adjustments is an other waste of time. We Adjust every day in our clinics or should be anyways and courses don't really and can't make us proficient in this skill and most of it entails mock adjusting anyways. If the college finds a member deficient in this skill they can always recommend courses at that time based on complaints made against the member. Otherwise leave it alone.	9/20/2023 10:05 AM
3	Test gf fg fg fg fg fg f gf gfgmfglmfg f gf fg g fg fg f gf gf	9/19/2023 12:52 PM

**From:** [redacted]  
**Sent:** Sunday, October 1, 2023 11:31 AM  
**To:** cco.info  
**Subject:** Competitive Advantage.

**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. This news article compels me to to ask my college to perhaps join the discussion...or at least inform me of how we are becoming more competitive of late.

It seems the scopes of others expand...and then expand again months later and we seem to stay put. I am not suggesting we prescribe diaper rash cream but in many jurisdictions around the world we have the scope to rx basic meds for acute msk conditions. Are there any current initiatives in this regard ? Perhaps I missed them.

<https://www.cp24.com/mobile/news/ontario-expands-pharmacists-prescription-powers-1.6584473>

----- Original message -----

From: College of Chiropractors of Ontario <cco.info@cco.on.ca>  
 Date: 2023-09-19 1:31 p.m. (GMT-05:00)  
 To: jgetsos@rogers.com  
 Subject: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback




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***President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback***

**Update – Council Meeting September 8, 2023 and Strategic Planning Sessions September 9, 10, 2023**

CCO Council and staff have just returned from a successful Council meeting and strategic planning sessions. Here is an update on some of our initiatives, and two opportunities for you to have input into items being considered by Council.

**Potential Amendment to Standard of Practice S-003: Professional Portfolio**

# Ontario expands pharmacists' prescription powers



**Abby O'Brien**, CTV News Toronto Multi-Platform Writer  
@abbyjobrien

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Published Sunday, October 1, 2023 5:00AM EDT  
Last Updated Sunday, October 1, 2023 9:33AM EDT

Ontario residents can now access treatment and medication for six additional common ailments at pharmacies across the province.

The move was announced by Deputy Premier and Minister of Health Sylvia Jones in Etobicoke Sunday morning.

"Expanding the list of common ailments pharmacists can treat, people will now get faster, more convenient access to the care they need closer to home, while helping to further reduce wait times at our community clinics and hospitals," Jones said Sunday.

ADVERTISEMENT

The six new ailments – acne, canker sores, diaper rash, yeast infections, parasitic worms, and pregnancy nausea – will be added to the list of existing 16, of which a list can be found on the ministry's website.

Pharmacists in Ontario have been able to prescribe medications and treat common ailments since Jan. 1, 2023. According to the Ministry of Health, 89 per cent of pharmacies in Ontario have opted into the program, providing over 400,000 assessments.

Jones underlined Saturday that residents would only need their OHIP card to access the services, "never your credit card."

"Under Premier Ford, that will never change," she said.

Recent changes by the province have also allowed pharmacists to administer select injections and inhalation treatments, such as insulin, B12 shots, or osteoporosis treatments, for a "professional fee."

### PHOTOS



A pharmacy worker can be seen counting pills above. THE CANADIAN PRESS/Ryan Remiorz

### TOP VIDEOS



**100+ tenants at 2 Toronto buildings go on a rent strike**



**Jays for face Twins in AL wild-card series**



**13 people are dead after a nightclub fire in Spain**

LOCAL NEWS

WORLD NEWS

REAL ESTATE NEWS



**Police search for suspects following armed robbery at Dixie Outlet Mall**

Nearly 500 tenants from 5 apartment buildings in Toronto are now on rent strike

Ontario expands pharmacists' prescription powers



**Spain's king begins a new round of talks in search of a candidate to form government**

**NEW** Pakistan launches anti-polio vaccine drive targeting 44M children amid tight security

**NEW** The Supreme Court justices are taking the bench for the first time since June



**Turning offices into homes could help address the housing crisis, but can it be done?**

CMHC reports annual pace of housing starts down 1% in August

National home sales fall 4% between July and August as market slows: CREA

**SPORTS NEWS**



**Taylor Swift watches Travis Kelce's Chiefs take on the Jets at MetLife Stadium**

Playoff-bound Blue Jays persevered after a wobbly September, next up is the Twins

Flames assistant GM Chris Snow dies at 42 after lengthy public battle with ALS

**ENTERTAINMENT NEWS**



**Late-night shows return after writers strike as actors resume talks that could end their standoff**

David Beckham reflects on highs and lows in 'Beckham' doc, calls it an 'emotional rollercoaster'

Taylor Swift watches Travis Kelce's Chiefs take on the Jets at MetLife Stadium

**LIFESTYLE NEWS**



**Arizona's biggest city has driest monsoon season since weather service began record-keeping in 1895**

Pakistan officials consider a new way to boost polio vaccination: prison

Promoting tradition as well as beans, Ethiopian coffee shops find fans far from home

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**Subject:** FW: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback

**From:** (redacted)  
**Sent:** Tuesday, September 19, 2023 2:11 PM  
**To:** cco.info <[cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)>  
**Subject:** Re: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback

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are comments on proposals anonymous, or are they linked specifically to the person making the comments (feedback).?

On Tue, Sep 19, 2023 at 1:31 PM College of Chiropractors of Ontario <[cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)> wrote:



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

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***President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback***

**Update – Council Meeting September 8, 2023 and Strategic Planning Sessions September 9, 10, 2023**

CCO Council and staff have just returned from a successful Council meeting and strategic planning sessions. Here is an update on some of our initiatives, and two opportunities for you to have input into items being considered by Council.

**Rose Bustria**

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**Subject:** FW: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback

**From:** L  
**Sent:** Tuesday, September 19, 2023 1:45 PM  
**To:** cco.info <[cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)>  
**Subject:** Re: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback

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

Hello,

I practice technique with a colleague every week. It adds up to well over 5 hours every six years. Does this count?

Kind Regards,

On 2023-09-19 1:30 p.m., College of Chiropractors of Ontario wrote:

**Subject:** FW: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback

**From:**  
**Sent:** Thursday, September 21, 2023 1:10 PM  
**To:** cco.info <[cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)>  
**Subject:** RE: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback

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

Dr Green,

Kudos to your council and your QA committee on their decision to include hands on technique as part of our CE requirements. As a past peer assessor, it was always something that was never evaluated or addressed. This is a significant moment for the public of Ontario.

Keep up the good work.

**From:** College of Chiropractors of Ontario [<mailto:cco.info@cco.on.ca>]  
**Sent:** Tuesday, September 19, 2023 1:31 PM  
**To:** [docshankar99@gmail.com](mailto:docshankar99@gmail.com)  
**Subject:** President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback



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

- 11.7 The Quality Assurance Committee shall be composed of:
- (a) two members of Council who are member of CCO;
  - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
  - (c) one member of CCO who is not a member of Council.
- 11.8 The Patient Relations Committee shall be composed of:
- (a) one member of Council who is a members of CCO;
  - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
  - (c) two members of CCO who are not members of Council.
- 11.9 Council may, by resolution, establish non-statutory committees. For each non-statutory committee, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.
- 11.10 A committee is still properly constituted if it has vacancies so long as a quorum remains. Unless otherwise specified by the Code, three members of a committee constitute quorum.
- 11.11 By-laws 8.18 to 8.21 (electronic meetings) applies to committee meetings.
- 11.12 In By-law 11, despite the use of a definite number of committee members in any category, Council may appoint additional committee members in any category, except for the Executive Committee~~or the Discipline Committee.~~
- 11.13 In By-law 11, despite the use of a definite number of committee members in any category, Council may appoint alterative committee members in any category. An alternative committee member may attend meetings and participate in discussions but shall not vote unless a full committee member in the same category as the alternative is unable to participate in the matter, including if he/she has a conflict of interest.
- 11.14 Despite any other provision of this By-Law 11, the Council may also appoint one or more Non-Chiropractic Committee Members to any committee other than the Executive Committee.

**BY-LAW 11: COMMITTEE COMPOSITION**

*Approved by Council: February 24, 2001*

*Amended: September 24, 2009, November 30, 2012, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), August 14, 2020 (came into effect September 4, 2020), November 25, 2021 (came into effect February 25, 2022)*

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- 11.1 The Executive Committee, inclusive of the president, vice-president and treasurer, shall be composed of the following:
- (a) Four members of Council who are members of CCO;
  - (b) Three members of Council who are appointed by the Lieutenant Governor in Council;
- 11.2 The president of the Council shall be the chair of the Executive Committee.
- 11.3 The Registration Committee shall be composed of:
- (a) two members of Council who are members of CCO; and
  - (b) two members of Councils appointed to the Council by the Lieutenant Governor in Council.
- 11.4 The Inquiries, Complaints and Reports Committee shall be composed of:
- (a) two members of Council who are members of CCO;
  - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
  - (c) one member of CCO who is not a member of Council.
- 11.5 The Discipline Committee shall be composed of:
- (a) every member of Council; and
  - (b) up to three members of CCO who are not members of Council.
- 11.6 The Fitness to Practise Committee shall be composed of every member of Council.

**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))**

- 585**
- (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;



- (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;
- (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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and your inquiry will be directed appropriately.

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**From:** Doug Ford <[Premier.Correspondence@ontario.ca](mailto:Premier.Correspondence@ontario.ca)>

**Sent:** Thursday, September 14, 2023 10:21 AM

**To:** cco.info <[cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)>

**Subject:** An email from the Premier of Ontario

**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.

Thank you for sharing the College of Chiropractors of Ontario's (CCO) 2022 annual report. Congratulations on another successful year.

Please pass along my best wishes to your incoming president, Dr. Sarah Green, on her new role. I have no doubt that she will serve the college well and carry on your excellent work in the year ahead.

Sincerely,

Doug Ford  
Premier of Ontario

This email account is not monitored. Please do not reply directly to this email. For further inquiries, please direct your online message through the Premier's [contact form](#).

This email contains information intended only for the use of the individual named above. If you have received this email in error, we would appreciate it if you could advise us through the Premier's [contact form](#). Thank you.



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

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CCO CPMF Reporting Tool – March 31, 2023

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

Version Date: March 31, 2023

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## Introduction

### The College Performance Measurement Framework (CPMF)

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

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

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

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

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

**CPMF Model**

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

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

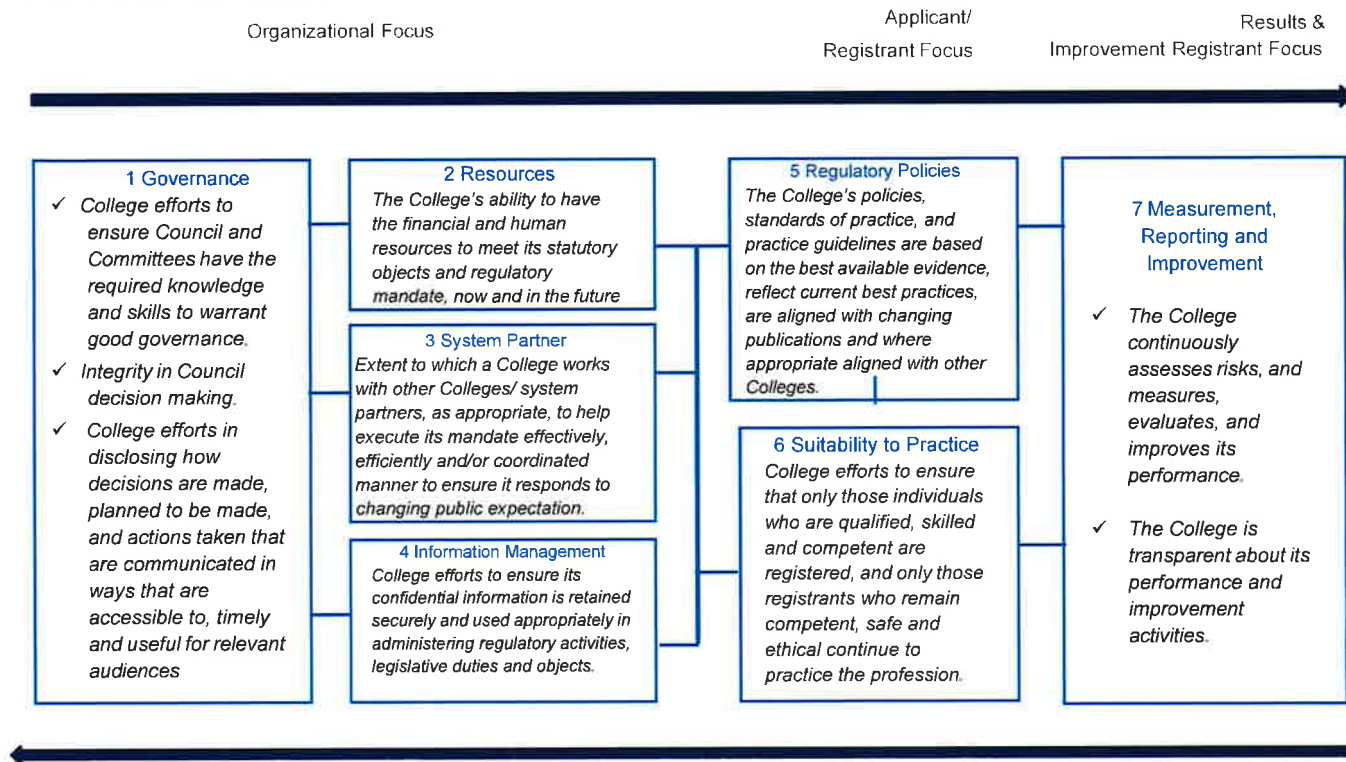




Figure 2: CPMF Domains and Standards

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

## The CPMF Reporting Tool

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

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

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

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

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

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

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

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

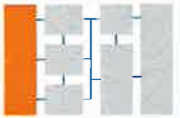
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

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

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

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

Part 1: Measurement Domains

		<p>Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</p>	
		<p><b>Required Evidence</b></p> <p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. Meeting pre-defined competency and suitability criteria; and</p> <p><u>Benchmarked Evidence</u></p>	<p><b>College Response</b></p> <p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>CCO identifies competencies for candidates for election to Council and appointment of non-council committee members in the following documents:</p> <ul style="list-style-type: none"> <li><a href="#">Competencies for Council and Committee Members</a> - this document was passed by CCO Council on November 25, 2021 to identify competencies for Council and committee members, including competencies that candidates may already possess and competencies that can be learned and developed through CCO orientation and educational opportunities.</li> <li><a href="#">2022 Notice of Election</a> - the Notice of Election identifies the criteria for being eligible for election to Council. In the 2022 Notice of Election, CCO has identified various competencies that candidates are encouraged to include in their election material, including: knowledge, expertise, skills and attributes related to: chiropractic care of patients, including patients from different backgrounds, protection of the public interest, serving on boards in an oversight role, interpersonal and communication skills, previous roles and experience in business, organizational planning, human resources, health and safety, policy development, risk management, education and research, financial or accounting, information technology and any other roles relevant to CCO's mandate and functions. This document is <a href="#">available to the public</a>.</li> <li>CCO <a href="#">By-law 6</a> and <a href="#">By-law 12</a> identify criteria and requirements for being eligible to be a Council or committee member.</li> </ul>
<p>DOMAIN 1:</p> <p>GOVERNANCE</p>	<p>STANDARD 1</p>		


			<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Candidates, Council and Committee members are required to participate in various orientation and training sessions throughout the year. These include:</p> <ul style="list-style-type: none"> <li>• In April 2021, Council approved a <a href="#">mandatory orientation session</a> (communicated to members and stakeholders as part of the 2022 Notice of Election) for candidates for CCO Council for the 2022 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 23, 2022 from 6 pm - 8 pm.</li> <li>• On April 21, 2022, 8:30 am - 1 pm, Council and committee members participated in an <a href="#">orientation</a> on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel.</li> <li>• At various times in May - June 2022, each <a href="#">committee</a> held an introduction to its committee at its first meeting.</li> <li>• On September 9 - 11, 2022 - Council and staff attended strategic planning and educational sessions related to best practices on CPMF, conflict of interest, Diversity, Equity and Inclusion and Cyber Security.</li> <li>• On November 25, 2022, 8:30 am - 11:30 am, Council and committee members attended an educational session on regulatory practices led by outside legal counsel and staff.</li> <li>• New Council and Discipline committee members are required to complete the discipline training sessions conducted by the <a href="#">Health Professions Regulators of Ontario (HPRO)</a>.</li> </ul>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>	

	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Yes</li> <li><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> <li><a href="#">Competencies for Council and Committee Members</a> - this document was passed by Council on November 25, 2021 to identify competencies for Council and Committee members.</li> <li>CCO <a href="#">By-law 7</a> and <a href="#">By-law 12</a> identify duties and powers of executive officers and committee chair and criteria for appointing committee members. Candidates interested in all committee positions are required to submit a letter of intent and curriculum vitae, identifying their interest, relevant competencies, skills and qualifications for committees. Committee members may also speak to their interest, competencies, skills and qualifications to Council, prior to the appointment to committee.</li> <li>CCO Council passed a policy, <a href="#">Internal Policy I-019: Policy on Nominations and Election Procedures for Committee Positions</a> (page 168 of April 21, 2022 public Council package), on November 25, 2021, to outline the policies and procedures for the nomination and election procedures for committee positions. CCO applied this policy to elections of committee members, which took place on <a href="#">April 21, 2022</a>.</li> <li>Consistent with the CPMF-inspired move toward competency-based selection and appointments process for all members of Council or committees, CCO, like many health regulators in Ontario, has <a href="#">amended its by-laws</a> to permit the appointment of an individual who is neither a member of the college nor a public member appointed by government, but who demonstrates the competencies, skills and judgement to contribute to the work of a specific committee. Mr. MacKay was reappointed to the Discipline Committee on <a href="#">April 21, 2022</a>, consistent with this policy.</li> <li>With respect to evidencing the suitability of nominees, in keeping with the aspirational objectives of Measure 1.1 of the CPMF this year the CCO Executive Committee directed all Council members to provide their interest, and relevant background and skills for any desired Committee position. These responses were compiled for Council's consideration at the meeting on <a href="#">April 21, 2022</a>. Matching interest with skills and competency for committee membership is a recognized best practice, supported by the MOHLTC and highlighted in the landmark 2018 inquiry into the BC College of Dental Surgeons undertaken by Harry Cayton (known as the 'Cayton Report').</li> </ul>	<p>Yes</p>
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		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="617 586 1686 630">The College fulfills this requirement:</td> <td data-bbox="1686 586 1995 630">Yes</td> </tr> <tr> <td colspan="2" data-bbox="617 630 1995 1260"> <ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> <li>• Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 23, 2022.</li> <li>• Committee members are required to attend an <a href="#">orientation session</a>, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel.</li> <li>• At various times in May - June 2022, each <a href="#">committee</a> held an introduction to its committee at its first meeting.</li> <li>• New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the <a href="#">Health Professions Regulators of Ontario (HPRO)</a>.</li> <li>• All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others.</li> </ul> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> <li>• Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 23, 2022.</li> <li>• Committee members are required to attend an <a href="#">orientation session</a>, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel.</li> <li>• At various times in May - June 2022, each <a href="#">committee</a> held an introduction to its committee at its first meeting.</li> <li>• New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the <a href="#">Health Professions Regulators of Ontario (HPRO)</a>.</li> <li>• All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others.</li> </ul>	
The College fulfills this requirement:	Yes					
<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> <li>• Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 23, 2022.</li> <li>• Committee members are required to attend an <a href="#">orientation session</a>, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel.</li> <li>• At various times in May - June 2022, each <a href="#">committee</a> held an introduction to its committee at its first meeting.</li> <li>• New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the <a href="#">Health Professions Regulators of Ontario (HPRO)</a>.</li> <li>• All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others.</li> </ul>						



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

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> <li>• Once appointed to Council, new public members participate in informal communication with the President, Registrar and General Counsel, and outside legal counsel on the College's mandate and expectations pertaining to the appointee's role and responsibilities.</li> <li>• Council members, including public members, are required to attend an <a href="#">orientation session</a>, which took place on April 21, 2022, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel.</li> <li>• New Council and Discipline committee members are required to complete the discipline training sessions conducted by the Health Professions Regulators of Ontario (HPRO).</li> <li>• All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others.</li> </ul>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional):</i>				

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	<p>The College fulfills this requirement:</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">Partially</p> <ul style="list-style-type: none"> <li>Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>Evaluation and assessment results are discussed at public Council meeting: <b>No</b></li> <li><i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p>As part of its strategic planning sessions on September 9 – 11, 2022, CCO Council and staff attended educational sessions on practices of other colleges related to evaluating Council performance, led by CCO outside consultants and legal counsel. CCO will continue to receive training and education on evaluating Council effectiveness and implementing a framework for evaluation in 2023.</p> <p>Evaluation and assessment of Council will be a priority at the September 2023 strategic planning sessions and will be reported on further in the 2023 CPMF.</p> </div>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p style="text-align: right;">Yes</p>
	<p><i>Additional comments (or clarification) (optional).</i></p> <p>CCO will continue to receive training and education on evaluating Council effectiveness and will be further exploring options of implementing a framework for Council evaluation in 2023.</p> <p>Evaluation and assessment of Council will be a priority at the September 2023 strategic planning sessions and will be reported on further in the 2023 CPMF.</p>	

	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? No</li> <li>• <i>If yes, how often do they occur?</i></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul> <p>Although CCO has not engaged a third party for a formal review of the Council’s effectiveness in 2022, CCO has brought in outside consultants, including regulatory consultants, legal counsel and communication experts to facilitate education sessions on issues related to governance, best practices for regulators, evaluating Council performance, and duties of Council. On September 9 - 11, 2022 , Council and committee members attended an educational session on evaluating Council performance, led by CCO outside consultants and legal counsel.</p> <p>CCO last updated its missions, vision, values, and strategic objectives using an outside facilitator in 2017 (last full strategic planning to update CCO’s mission, vision, values, and strategic objectives).</p> <p>Evaluation and assessment of Council will be a priority at the September 2023 strategic planning sessions and will be reported on further in the 2023 CPMF.</p>	<p>Partially</p>
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		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to receive training and education on evaluating Council effectiveness and will be further exploring options of implementing a framework for Council evaluation in 2023.</p> <p>Evaluation and assessment of Council will be a priority at the September 2023 strategic planning sessions and will be reported on further in the 2023 CPMF.</p>	


	<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>Council and committee education and training are informed by council and committee member feedback and direction. Specific education and training in 2022 took place at various times during the year – in February and April for orientation, September for strategic planning and November for an end of year educational sessions. Topics included introduction to CCO and professional regulation, duties of council and committee members, governance, best practices of colleges with respect to CPMF, avoidance of conflict of interest, diversity, equity and inclusion training, cyber security training, lessons learned from the COVID-19 pandemic and reflections on professional regulation.</p> <p>CCO staff also participated in various education and training, including presenting and attending the CNAR Conference in October 2022, attending the HPRO EDI consultation sessions in December 2022, attending an educational session “Equality, Diversity and Inclusion: Cultural Competence Skills for Legal Professionals”, put on by York University on November 15, 2022, “Changing Tides: The Ebb and Flow of Administrative Justice” put on by the Society of Ontario Adjudicators and Regulators on November 3, 2022, continuing education on prosecuting and defending discipline cases on April 19, 2022, and various Administrative Law continuing professional development events. Materials from educational sessions are often included in <a href="#">public Council packages</a>.</p>	<p>Partially</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>CCO will continue to hold education and training sessions for Council and committee informed by Council and committee member feedback.</p>	

	<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <ul style="list-style-type: none"> <li>• In April 2021, Council approved a <a href="#">mandatory orientation session</a> (communicated to members and stakeholders as part of the 2022 Notice of Election) for candidates for CCO Council for the 2022 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 23, 2022 from 6 pm - 8 pm.</li> <li>• On April 21, 2022, 8:30 am - 1 pm, Council and committee members participated in an <a href="#">orientation</a> on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel.</li> <li>• At various times in May - June 2022, each <a href="#">committee</a> held an introduction and orientation to its committee at the first meeting of each committee. Depending on the committee, staff and outside legal counsel provided this orientation.</li> <li>• On September 9 - 11, 2022 - 8:30 am - 11:30 am, Council and committee members attended a strategic planning session, which addressed topics such as: best practices of colleges with respect to CPMF, avoidance of conflict of interest, diversity, equity and inclusion training, cyber security training led by CCO outside consultants and legal counsel.</li> <li>• On November 25, 2022, 8:30 am - 11:30 am, Council and committee members attended educational sessions on lessons learned from the COVID-19 pandemic and messages around professional regulation, led by outside legal counsel Richard Steinecke.</li> <li>• New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the <a href="#">Health Professions Regulators of Ontario (HPRO)</a>.</li> <li>• CCO staff also participated in various education and training, including presenting and attending the CNAR Conference in October 2022 and attending the HPRO EDI consultation sessions in December 2022.</li> <li>• Review of standards of practice, policies and guidelines continue to be informed by emerging regulatory issues, input from the Inquiries, Complaints and Reports Committee based on trends and emerging issues in complaints, and correspondences from system partners, such as chiropractic professional associations.</li> </ul>	<p>Partially</p>
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	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
	<p><i>Additional comments for clarification (optional):</i></p> <p>Education and training sessions for Council members, committee members and staff will continue to be informed by emerging issues, public expectations, and risk management, with input provided by Council and committee members and emergency regulatory issues.</p>	




DOMAIN 1: GOVERNANCE  STANDARD 2	Measure: 2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
	Required Evidence	College Response		
	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: <ul style="list-style-type: none"> <li>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</li> </ul> <p><u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center; width: 20%;">Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>• Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated.</li> <li>• Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review.</li> </ul> <p>CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include:</p> <ul style="list-style-type: none"> <li>• <a href="#">Code of Conduct</a> (public document on CCO's website, reviewed on an annual basis, last amended April 2016)</li> <li>• <a href="#">Confidentiality Undertaking</a> (public document on CCO's website, reviewed on an annual basis, last amended April 2018)</li> <li>• <a href="#">Internal Policy I-015: Zero Tolerance for Abuse, Neglect and Harassment</a> (internal policy, reviewed on an annual basis, last amended September 2018)</li> </ul> <p>Included in every <a href="#">Council and committee information package</a>, are the mission, vision, values and strategic objectives of CCO and the duties and objects of the College under the <i>Regulated Health Professions Act, 1991 (RHPA)</i> and the code of conduct for Council and committee members. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training.</p> <p>CCO also has a <a href="#">Policy on Conflict of Interest for Council and Non-Council Committee Members</a> which is included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website.</p> <p>CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents.</p>		Yes
	Yes			

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

	ii. accessible to the public.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>Included in every <a href="#">Council and committee information package</a>, are the mission, vision, values and strategic objectives of CCO and the duties and objects of the College under the <i>Regulated Health Professions Act, 1991 (RHPA)</i> and the code of conduct for Council and committee members. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training.</p> <p>CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include:</p> <ul style="list-style-type: none"> <li><a href="#">Code of Conduct</a> (public document on CCO's website, reviewed on an annual basis, last amended April 2016)</li> <li><a href="#">Confidentiality Undertaking</a> (public document on CCO's website, reviewed on an annual basis, last amended April 2018)</li> <li><a href="#">Internal Policy I-015: Zero Tolerance for Abuse, Neglect and Harassment</a> (internal policy, reviewed on an annual basis, last amended September 2018)</li> </ul>	Yes
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	

	<i>Additional comments for clarification (optional)</i>	
<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <li>• Cooling off period is enforced through: By-law</li> <li>• Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>• Please provide the length of the cooling off period.</li> <li>• How does the College define the cooling off period?               <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>– Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>– Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p>CCO <a href="#">By-law 6: Election of Council Members</a> and <a href="#">By-law 12: Appointment of Non-Council Members</a> identify “cooling off” periods as follows:</p> <ul style="list-style-type: none"> <li>• A member may be on CCO council or a committee for a maximum of nine years and then is required to be off CCO council or a committee for at least three years until being eligible for election again to Council or appointment to a committee.</li> <li>• A member may only be chair of Council or a committee for a maximum of two consecutive years.</li> <li>• A member is required to not be an employee, officer or director of a professional chiropractic organization that is identified as having a conflict of interest with CCO for a period of at least three years before being eligible for election to CCO Council</li> <li>• On December 2, 2022, proposed amendments to By-law 6 and By-law 12 were circulated to stakeholders, including members, for feedback on increasing the cooling off period from to six years from three years the amount of time that must have elapsed since a disciplinary finding or disqualification from serving against any prospective Council candidate or committee appointee. This circulation is available at the <a href="#">following link</a>. Feedback and final approval for these amendments were reviewed and considered in January 2023.</li> </ul>	

		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional Comments for clarification (optional)</i>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>NO</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <p>CCO has a <a href="#">Policy on Conflict of Interest for Council and Non-Council Committee Members</a> and <a href="#">Code of Conduct</a> which are included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website. At the beginning of every Council and committee meetings, council and committee members are required to identify any conflict of interest that may arise with any item on the agenda, based on the criteria of this policy. The remainder of Council and committee members will then make a determination of whether this member has a conflict and whether they should be absent from the meeting for this agenda item. Legal advice may also be sought, depending on the issue.</p> <p>CCO Council members complete and sign a code of conduct, confidentiality undertaking, Internal Policy on Zero Tolerance for Abuse, Neglect and Harassment, and elected member undertaking on an annual basis. All of these forms, in addition to the Policy on conflict of interest, identify potential conflicts of interest issues <a href="https://cco.on.ca/wp-content/uploads/2023/04/Council-Orientation-Elections-Public-Package-April-20-2023.pdf">https://cco.on.ca/wp-content/uploads/2023/04/Council-Orientation-Elections-Public-Package-April-20-2023.pdf</a> (pages 313 - 323)</p> <p>Although these forms are completed annually, all council and committee members are required to identify any potential conflicts of interest for council or committee agenda items, at the beginning of a meeting, prior to review of those items.</p> <p>CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents. CCO Council received training on conflict of interest as part of its strategic planning sessions on September 9 – 11, 2022.</p>	

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

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Yes	
			<ul style="list-style-type: none"> <li>Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul> <p>Council materials include committee reports that describe the public interest rationale, as well as processes, research and background materials for any motion that is made for approval from Council. Reports to Council often includes research on practices and procedures of other jurisdictions and Ontario regulators in Ontario, feedback from distributions from members, patients and stakeholders and government regulations and priorities. Public Council packages can be found at the <a href="#">following link</a>.</p>		
			<i>If the response is "partially" or "no" is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
<i>Additional comments for clarification (if needed)</i>					


	<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations.</p> <p><u>Further clarification:</u>          Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number.</li> </ul> <p>CCO regularly reviews, assesses, and manages internal and external risks in the following manner:</p> <ul style="list-style-type: none"> <li>• CCO reviews all standards of practice, policies and guidelines on an annual basis. This review involves how assessing internal and external risks may inform the review and any amendments considered for these documents. Review of standards of practice, policies and guidelines are also informed by internal communication, such as communication from the Inquiries, Complaints and Reports Committee based on trends in complaints, and external communication, such as communication from system partners and stakeholders, as well as circulation of documents for feedback from stakeholders, including members, organizations and patients.</li> <li>• The Inquiries, Complaints and Reports Committee continued to apply <a href="#">risk management tools</a> developed in 2021, available to the public and posted on the complaints webpage, to identify, assess and manage risk associated with complaints.</li> <li>• In 2022, CCO continued to prioritize identifying, assessing, and managing risk associated with IT functions and cyber security, including obtaining enhanced cyber security insurance, requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO also amended record keeping standards, including <a href="#">Standard of Practice S-002: Record Keeping</a> and <a href="#">S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information</a> to include further requirements and resources related to protection of electronic records and cyber security.</li> </ul>	<p>Yes</p>
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			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 1: GOVERNANCE  STANDARD 3	Measure:	
	3.1 Council decisions are transparent.	
	Required Evidence	College Response
	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: <span style="float: right;">Yes</span> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>CCO posts on its <a href="#">"News &amp; Updates" page</a> and distributes to members and stakeholders President's Messages, which often include new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into effect following approval of the minutes. Status reports are also publicly communicated through committee reports as part of <a href="#">public Council packages</a>.</p> <p>CCO publishes <a href="#">Council minutes</a> once they are approved, in accordance with <a href="#">Policy I-017: Minutes for CCO Meetings</a> (page 493 of the April 14, 2021 public Council package).</p>
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span>	
<i>Additional comments for clarification (optional)</i>		

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council</li> </ul>	<p>The College fulfills this requirement:</p>	Yes
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p>CCO publishes Executive Committee meetings dates in its public Council packages, posts them on the CCO website on the <a href="#">Council meeting page</a>. The public Council package includes committee reports, including the Executive Committee report to Council, which includes all recommendations recommended to Council by the Executive Committee. Recommendations include a description of the recommendation, all relevant documents, including marked up copies of changes to existing documents, relevant information from other regulators, stakeholders and system partners, and feedback from members and stakeholders, if applicable. The Executive Committee report also includes any decisions or approvals made by the Executive Committee to be ratified by Council, if properly constituted.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

	<p>or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p><i>Additional comments for clarification (optional)</i></p>
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Measure: 3.2 Information provided by the College is accessible and timely.					
Required Evidence	College Response				
a. With respect to Council meetings: <ul style="list-style-type: none"> <li>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</li> <li>ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.</li> </ul>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">Yes</td> </tr> </table>	<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul>	Yes		
	<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul>	Yes			
	CCO posts its upcoming <a href="#">Council meeting dates and public council meeting materials</a> once they are prepared, general one week in advance.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td style="width: 20%; text-align: center; vertical-align: middle;">Choose an item.</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><i>Additional comments for clarification (optional)</i></td> </tr> </table>		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (optional)</i>	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				
<i>Additional comments for clarification (optional)</i>					
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">Yes</td> </tr> </table>	<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul>	Yes		
	<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul>	Yes			
<a href="#">Notices of discipline hearings</a> are posted both on the CCO website and under the <a href="#">member profile on the public register</a> . These postings include a link to the Notice of Hearing and discipline hearing dates once they are scheduled. Following the discipline hearing, an agreed statement of fact, discipline decision and suspension dates are posted.					


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

			<ul style="list-style-type: none"> <li>• CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on <a href="#">Diversity, Equity and Inclusion</a>.</li> <li>• Attendance at an educational session “Equality, Diversity and Inclusion: Cultural Competence Skills for Legal Professionals”, put on by York University on November 15, 2022 and “Changing Tides: The Ebb and Flow of Administrative Justice” put on by the Society of Ontario Adjudicators and Regulators on November 3, 2022.</li> <li>• DEI events for staff, including the celebration and education on various events and holidays throughout the year.</li> </ul>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:</p> <p><u>Diversity, Equity and Inclusion Plan</u></p> <ul style="list-style-type: none"> <li>• Direction to Committees to review standards of practice, policies and guidelines through a DEI lens.</li> </ul> <p><u>Guideline G-001: Communication with Patients</u></p> <ul style="list-style-type: none"> <li>• Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary</li> <li>• Members are to address the patient directly, even if an interpreter or support person is present</li> </ul> <p><u>Guideline G-009: Code of Ethics</u></p> <ul style="list-style-type: none"> <li>• Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability</li> </ul> <p><u>Guideline G-011: Accommodation of Human Rights and Disabilities</u></p> <ul style="list-style-type: none"> <li>• To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected;</li> <li>• To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to:             <ul style="list-style-type: none"> <li>○ provide health care services without discrimination; and</li> <li>○ accommodate patients who may face barriers to accessing care</li> </ul> </li> </ul> <p><u>Policy P-045: CCO's Legislation and Ethics Examination</u></p> <ul style="list-style-type: none"> <li>• CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities.</li> </ul>	<p>Partially</p>
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		<p><b><u>Policy P-057: Accessibility Policy</u></b></p> <ul style="list-style-type: none"> <li>• CCO is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services.</li> </ul> <p><b><u>Competencies for Council and Committee Members (November 25, 2021)</u></b></p> <ul style="list-style-type: none"> <li>• The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.</li> <li>• Council and committee members should demonstrate a commitment to diversity and inclusion.</li> </ul> <p>Amendments to document in 2022 related to DEI, included <a href="#">Standard of Practice S-002: Record Keeping</a> and <a href="#">Policy P-045: CCO's Legislation and Ethics Examination</a>, <a href="#">Guideline G-001: Communication with Patients</a>, and the <a href="#">Application Form for initial registration</a> to amend certain demographics and gender requirements and further describe CCO's accessibility policies for examinations.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to review and adopt DEI principles, including further review and revisions of CCO's DEI plan, participation and adoption of HRPO DEI resources, and further education and training related to DEI.</p>	

		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.		
DOMAIN 2: RESOURCES  STANDARD 4	Required Evidence	College Response		
	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.  <u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.</li> <li>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul> Among its strategic objectives is "Continue to meet CCO's statutory mandate resource priorities in a fiscally responsible manner".  Fiscal management is one criterion at which CCO has excelled, as evidenced by the following: <ul style="list-style-type: none"> <li>Through extensive efforts over many years, CCO built sufficient resources to purchase a new home for CCO headquarters in 2019 at Yonge and Bloor;</li> <li>CCO's new office space was built out on budget (despite many setbacks);</li> <li>CCO increased members' fees for 2023 renewal by the Cost-of-Living-Adjustment (COLA), as authorized in <a href="#">By-law 13: Fees</a>. This resulted in a \$50 increase to General members' fees for 2023 renewal. This was the first fee increase since 2011;</li> <li>The staff complement is small, competent, and loyal; there are 12 staff members for just over 5300 members.</li> </ul> CCO has operated in a fiscally responsible manner as evidenced in its financial reports published in its <a href="#">annual reports</a> and in every Council meeting package. 2021 audited financial statements are included in the <a href="#">2021 Annual Report</a> and 2022 financial statements will be posted in the 2022 Annual Report, once the auditing of them is complete. CCO has operated with a surplus in every year in the recent past and has reserves that are sufficient to operate CCO for at least one fiscal year.  At every Council meeting, CCO Council reviews its expenses vs. budget for every budget item ongoing during the fiscal year. CCO will review any budget items where the actual expenses may be in excess of the budgeted cost. This may occur for committees such as Inquiries, Complaints and Reports and Discipline where the costs of the committees are contingent on the number of complaints and discipline hearings and may be difficult to predict exactly when approving a budget. Since these are core functions, CCO has always been able to fulfill the mandate of these committees by increasing the budget line for that particular college committee or function. CCO will also use these increased figures as a guide for budgeting for the next year.		
	Yes			

		<p>Despite the requirement to increase particular budget items or committees as described above, CCO has not gone over budget as a whole during a fiscal year.</p> <p>At every Council and Executive meeting, actual financial results are compared with the budget and significant variances are reviewed and investigated further.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		b. The College:	The College fulfills this requirement:	Yes
		i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and	<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul>	
		ii. possesses the level of reserve set out in its “financial reserve policy”.	<p>CCO Council approved a <a href="#">financial reserve policy</a> (page 664 of the June 22, 2022 public Council package) on November 25, 2021, based on recommendations from the Executive Committee. This policy was developed in collaboration with CCO’s financial auditor.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item	
		<i>Additional comments for clarification (if needed)</i>		

	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>CCO includes detailed financial statements in the in-camera section of each Council package as well as each Executive Committee meeting package. At each meeting, the Treasurer provides a detailed report on CCO’s updated financial information, including assets and liabilities, yearly spending vs. budget items, details around various fixed costs and reports about human resources, staff and staff training updates.</p> <p>CCO’s financial and human resources information is publicly available in <a href="#">CCO’s annual reports</a>.</p>	<p>Yes</p>
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		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>Please insert a link to the College’s data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>In 2022, CCO continued to prioritize identifying, assessing and managing risk associated with IT functions and cyber security, including requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO obtained additional cyber security insurance, and continued requiring two factor authentication for remote access to CCO emails and files. CCO Council and staff received training in cyber security as part of its Strategic Planning sessions on September 9 – 11, 2022.</p> <p>CCO continues to review its use of technology as it applies to virtual council and committee meetings, <a href="#">virtual discipline hearings</a>, <a href="#">member and corporation renewal</a>, and reporting of <a href="#">quality assurance activities</a>.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
<p>Measure / Required evidence: N/A</p>	<p><b>College response</b></p> <p><i>Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>CCO actively engages with other health regulatory colleges, system partners and stakeholders to align the oversight of the practice of the profession and support execution of its mandate. The following is a description of several of those organizations and CCO's involvement in them. Specific initiatives with stakeholders and system partners are further described in standards 5 and 6.</p> <p>Health Professions Regulators of Ontario (HPRO): is an organization comprised of all health regulatory colleges governed under the <i>RHPA</i>. HPRO regularly has meetings of all its directors and Executive Committee, as well as several sub-committees, including Communications and Corporate Services. HPRO conducts training and seminars for council and staff of regulatory colleges, such as governance training, basic and advanced discipline training and prevention of sexual abuse of patients. The <u>discipline training</u> is a requirement for CCO Council and committee members to complete before sitting on a Discipline panel. Additionally, HPRO has conducted many virtual meetings in 2022, primarily to communicate with the</p>



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

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

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

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

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

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

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

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

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

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

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

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

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

	<p>CCO received and participated in communication with various chiropractic associations on topics related to <a href="#">orthotics</a> and <a href="#">assistive devices</a> with respect to <a href="#">business practices</a>, chiropractic care of animals and <a href="#">expansion of cooling off periods</a> related to elections to CCO Council.</p>
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**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

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

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

Health Professions Regulators of Ontario (HPRO): CCO Council and committee members attended various training sessions conducted by HRPO related to conducting discipline hearings, governance and other professional regulatory topics. Staff participated in various HRPO meetings, committees and educational sessions related to the COVID-19 pandemic, communications with the Ministry of Health, Quality Assurance, Practice Advisory, CPMF and DEI training. Council and committee members applied the knowledge from discipline training to serve on [seven discipline panels in 2022](#), which were all uncontested hearings, decided by agreed statement of fact and penalty. CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on [Diversity, Equity and Inclusion](#). Participating in the Quality Assurance and Practice Advisory groups has helped inform amendments to CCO's [Quality Assurance program](#), including introducing more [mandatory continuing education programs](#) for the July 1, 2022 – June 30, 2024 CE cycle, updating a [second version](#) of the [Self Assessment](#) for more experienced practitioners, and updating [Peer and Practice Assessment 2.0](#) to include more examples and case scenarios to be analyzed as part of Peer and Practice Assessment.

CCO filed its [2021 Annual Report](#) to the OFC, posted on CCO's website. CCO continues to meet its key performance indicators for registering applicants in a timely, consistent and transparent manner, as reported to the OFC, including those registering under labour mobility and from other jurisdictions outside of Canada. CCO regularly communicates with other regulators inside and outside Canada to obtain letters of standing and other information relevant to registration of applicants.

CCO discussed and reviewed practices of other Ontario health regulatory colleges in implementing and revoking policies related the [COVID-19 pandemic](#). These updates were then communicated to members and stakeholders and posted on the CCO website to be implemented.

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


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

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

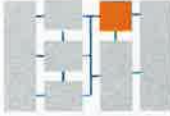
CCO received communications from chiropractic professional associations on business practices as they related to orthotics and assistive devices and recent discipline decision on this topic. CCO's Quality Assurance Committee reviewed this issue and CCO Council approved amendments to [Standard of Practice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

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

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

		<b>Measure:</b> 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.		
		<b>Required Evidence</b>	<b>College Response</b>	
DOMAIN 4: INFORMATION MANAGEMENT  STANDARD 7	a. The College demonstrates how it:	The College fulfills this requirement:	Yes	
	i. uses policies and processes to govern the disclosure of, and requests for information;	<ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> </ul> <p>CCO has various policies and by-laws intended to maintain privacy and the prevent unauthorized disclosure of information:</p> <ul style="list-style-type: none"> <li>CCO has a <a href="#">Privacy Code</a> outlining the privacy practices of the College, available on the CCO website.</li> <li>CCO Council and committee members and peer assessors are required to sign annually a <a href="#">confidentiality undertaking</a>.</li> <li>CCO staff members have all signed a <a href="#">confidentiality undertaking</a> with regard to working remotely. This undertaking outlines the expectations of maintaining privacy and confidentiality specific to remote work.</li> <li>CCO staff members have participated in various continuing education events related to confidentiality and privacy in the face of the COVID-19 pandemic, specifically addressing working remotely.</li> </ul> <p>CCO makes member information public in accordance with the public register requirements of the Health Professions Procedural Code and <a href="#">By-law 17: Public Register</a>.</p>		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.	
	Additional comments for clarification (optional)			

	<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>CCO implemented several cyber security initiatives in 2022:</p> <ul style="list-style-type: none"> <li>CCO conducted an internal audit of its information technology and cyber security processes</li> <li>CCO continued to apply and expand its use of two-factor authentication access to CCO emails and files while working remotely.</li> <li>CCO approved several amendments to record keeping standards to enhance requirements for members' use of electronic record keeping and cyber security (referenced later in this document)</li> </ul> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>In conjunction with its IT providers, CCO will continue prioritizing IT and cyber security reviews in 2023, enhancing security, and performing independent assessments.</p>	<p>Yes</p>
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		<b>Measure:</b> 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).			
		<b>Required Evidence</b>	<b>College Response</b>		
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) <b>OR</b> please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</li> </ul> <p>At the first committee meeting, following the constitution of new committees annually, every committee reviews all of its standards of practice, policies, guidelines, policies and by-laws and identifies documents that should be reviewed and considered for amendments. Committees may recommend amendments to documents for various reasons, including receiving a memorandum from the Inquiries, Complaints and Reports Committee on recent complaints matters, complying with legislative and regulatory amendments, researching and applying best practices from other professional regulators and other jurisdictions and other communications from system partners such as the Office of the Fairness Commissioner, chiropractic professional associations and malpractice insurance providers and members of the public. The following are examples of revisions made to CCO documents in 2022:</p> <ul style="list-style-type: none"> <li><a href="#">Standard of Practice S-002: Record Keeping</a> and <a href="#">Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information</a> were amended to include the requirement to collect demographic information as necessary to identify, assess and treat patients, instead of requiring the collection of specific demographic information such as gender. This is a practice taken by many other Ontario health regulatory colleges in their record keeping standards. Members may exercise professional judgment in collecting and recording demographic information necessary to identify, assess and treat patients. Amendments to the electronic record keeping section of Standard of Practice S-002 and s-022 further emphasize the importance of the security, protection and confidentiality of patient personal health information maintained in electronic record keeping systems. This includes ensuring that electronic record keeping system are compliant with the Personal Health Information Protection Act, 2004 (PHIPA), having cyber security protections in place to protect personal health information from loss, tampering, interference and unauthorized use and access, and having protocols in place on steps to take in the event of a privacy breach. It is imperative that members have an understanding and are educated in their electronic record keeping systems and employ best practices to ensure the protection of patient personal health information. In the process of this review, practices and standards of other Ontario</li> </ul>		Yes
			Yes		
<hr style="border: 1px solid blue;"/> <p style="text-align: center; color: blue;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid blue;"/>					





health regulatory colleges were researched and reviewed.

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

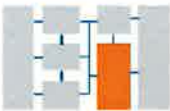


<p>schedule and based on a clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as documented in the patient health record.</p> <ul style="list-style-type: none"> <li>○ A member should familiarize themselves with a patient’s insurance company or third-party payor if any third-party is involved with reimbursement for services or products related to chiropractic care.</li> <li>○ Recommendations for amendments include the use of gender neutral pronouns.</li> </ul> <p>Review and amendments to these documents were conducted following communications from system partners, such as professional associations, and involved research from other Ontario health regulatory colleges.</p> <ul style="list-style-type: none"> <li>● CCO updated its <a href="#">COVID-19 guidance</a> for members and the public, based on changing directives from the Ontario Government and adopted <a href="#">COVID-19 protocols for hybrid meetings</a> (page 686 of the February 24, 2023 public Council package) reviewed and amended throughout the year.</li> </ul>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>CCO reviews all its by-laws, internal policies standards of practice, policies and guidelines on an annual basis or if there is a regulatory reason for review, such as a change in legislation, a direction from the Inquiries, Complaints and Reports Committee or Discipline Committee or a change in public health requirements (e.g., related to the COVID-19 pandemic). In its review, CCO committees will include as part of their review, as included in committee materials:</p> <ul style="list-style-type: none"> <li>• Evidence and data related to inquiries, complaints and discipline trends and results</li> <li>• Risk based analysis posed to patients and the public, including the review of journal and academic articles</li> <li>• Comparable documents from other Ontario Health regulatory colleges and other chiropractic regulators across Canada and sometimes in other jurisdictions (USA, Australia, UK)</li> </ul> <p>Submissions and responses to distributions and requests for feedback from members, patients, stakeholders, system partners, professional associations, academic institutions, and professional malpractice insurance providers.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>			

	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:</p> <p><b><u>Diversity, Equity and Inclusion Plan</u></b></p> <ul style="list-style-type: none"> <li>• Direction to Committees to review standards of practice, policies and guidelines through a DEI lens.</li> </ul> <p><b><u>Guideline G-001: Communication with Patients</u></b></p> <ul style="list-style-type: none"> <li>• Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary</li> <li>• Members are to address the patient directly, even if an interpreter or support person is present</li> </ul> <p><b><u>Guideline G-009: Code of Ethics</u></b></p> <ul style="list-style-type: none"> <li>• Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability</li> </ul> <p><b><u>Guideline G-011: Accommodation of Human Rights and Disabilities</u></b></p> <ul style="list-style-type: none"> <li>• To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected;</li> <li>• To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to:             <ul style="list-style-type: none"> <li>○ provide health care services without discrimination; and</li> <li>○ accommodate patients who may face barriers to accessing care</li> </ul> </li> </ul> <p><b><u>Policy P-045: CCO's Legislation and Ethics Examination</u></b></p> <ul style="list-style-type: none"> <li>• CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities.</li> </ul> <p><b><u>Policy P-057: Accessibility Policy</u></b></p> <ul style="list-style-type: none"> <li>• CCO is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services.</li> </ul>	<p>Yes</p>
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		<p><b><u>Competencies for Council and Committee Members (November 25, 2021)</u></b></p> <ul style="list-style-type: none"> <li>• The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.</li> <li>• Council and committee members should demonstrate a commitment to diversity and inclusion.</li> </ul> <p>Various amendments to CCO standards of practice, policies and guidelines reflect DEI principles as discussed further in this document. Amendments include <a href="#">Standard of Practice S-002: Record Keeping</a>, <a href="#">Standard of Practice S-013: Consent</a>, <a href="#">Guideline G-001: Communication with Patients</a>, <a href="#">Policy P-045: CCO's Legislation and Ethics Examination</a>, and <a href="#">CCO's initial registration forms</a>.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to review its by-laws, standards of practice, policies and guidelines as well as its processes and educational opportunities for short term and long term objectives in enhancing DEI related issues.</p>	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9		Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>1</sup> .	<table border="1" data-bbox="613 527 1971 565"> <tr> <td data-bbox="613 527 1612 565">The College fulfills this requirement:</td> <td data-bbox="1612 527 1971 565">Yes</td> </tr> </table> <ul data-bbox="613 565 1971 706" style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link and indicate the page number <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul> <p data-bbox="613 738 1971 828">CCO's <a href="#">Prospective Members section of its website</a> includes all regulations, by-laws, policies, application forms, decision-making charts for requirements for registration and links to outside organizations, such as educational accrediting agencies and the clinical competency examining board.</p> <p data-bbox="613 860 1971 966">CCO's Registration Coordinator receives completed applications from prospective members and verifies them to determine if all the requirements for registration are included. As part of the registration application submission, CCO will receive documents from outside organizations, such as transcripts from accredited chiropractic educational institutions, examination results from the CCEB and Vulnerable Sector Police Checks from police departments.</p> <p data-bbox="613 998 1971 1088">Once a completed application is received and reviewed by the Registration Coordinator, it will then be reviewed by the Registrar and General Counsel. The Registration Coordinator and Registrar and General Counsel will review each application to ensure that all requirements for registration in CCO's <a href="#">Registration Regulation</a> and various registration by-laws and polices have been met.</p> <p data-bbox="613 1120 1971 1177">If any application is missing a requirement or if there is a question as to the completeness of an application, the applicant will be asked to provide additional information.</p>
The College fulfills this requirement:	Yes		

		<p>Only after review and approval from the Registrar and General Counsel, will an application for registration be approved and the applicant be issued a certificate of registration. Approximately 95% of applications are approved by the Registrar and General Counsel.</p> <p>If there is a question whether the applicant meets the requirements for registration, the application and additional information will be referred to the Registration Committee for review and a decision. Review of the application may include additional information for review, such as a member's professional portfolio, outlining their quality assurance and continuing education activities, letters of good standing from other regulated jurisdictions in which the member practised and any applicable letters from medical or legal practitioners or experts. The Registration Committee will also review CCO <a href="#">regulations</a> and <a href="#">policies</a> as well as decision-making charts based on specific criteria and past precedents to help guide its decisions for <a href="#">previous members</a> and <a href="#">new applicants</a>.</p> <p>Following review of an application and all applicable information, the Registration Committee may make the following decisions:</p> <ul style="list-style-type: none"> <li>• Register the applicant</li> <li>• Register the applicant with terms, conditions and limitations</li> <li>• Not register the applicant</li> <li>• Require the applicant to complete further requirements to be eligible for registration</li> <li>• Request further information</li> </ul>
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<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The Registration Committee annually reviews its regulations, policies and by-laws related to criteria and processes for registration. CCO also reviews its annual recommendations from the Ontario Fairness Commissioner for ways to further ensure its registration processes are fair, impartial, and transparent. CCO's bi-annual meetings with the Federation of Canadian Chiropractic often include discussions and sharing of best practices regarding registration issues, accreditation and movement of members and applicants across jurisdictions within Canada.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	



Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p> </td> <td style="width: 55%; vertical-align: top;"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>Please briefly describe how the College identified currency and competency requirements.</li> <li>Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p>The Registration Committee reviews its annual renewal processes each year to ensure that members self-declare on various aspects of their practice, including their business addresses, preferred methods of communications with CCO, professional malpractice insurance provider and coverage, mental and physical competency to practise chiropractic, good character reporting, reporting of any criminal charges or convictions or findings of professional negligence and other practice information. Every two years, during the same renewal period, members are also required to report on their compliance with CCO's Quality Assurance requirements, such as compliance with self assessment and continuing education. Quality Assurance requirements and reporting are found in the Quality Assurance section of this document. Information related to 2022 renewal can be found at the <a href="#">following link</a>.</p> <p>CCO's Registration Committee reviews legislation and regulation, specifically the <i>RHPA</i> and its regulations, for any updates to registration, renewal or public register requirements to ensure its renewal process is compliant with existing legislation and regulation. As well, in its review, the Registration Committee will review all relevant <a href="#">by-laws</a>, <a href="#">regulations</a> and <a href="#">policies</a> for any updates to the renewal process. If necessary, CCO will consult with outside legal counsel for any advice.</p> <p>For the 2023 renewal process, the Registration Committee met in July 2022 to review the 2023 renewal memorandum and online questionnaire and made recommendations to Council, which were approved in September 2022.</p> <p>If a member answers certain questions, such as disclosing that they have a criminal offence or charge or that they lack the mental or physical capacity to practise chiropractic, CCO's Registration Coordinator will automatically be notified by email through the renewal system, and that member's renewal will be pending a review by the Registrar and if necessary, the Registration Committee. Following review, the renewal status of the member may be approved, denied or approved with terms, conditions and limitations.</p> </td> <td style="width: 20%; text-align: center; vertical-align: top;"> <p>Yes</p> </td> </tr> </table>	<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>Please briefly describe how the College identified currency and competency requirements.</li> <li>Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p>The Registration Committee reviews its annual renewal processes each year to ensure that members self-declare on various aspects of their practice, including their business addresses, preferred methods of communications with CCO, professional malpractice insurance provider and coverage, mental and physical competency to practise chiropractic, good character reporting, reporting of any criminal charges or convictions or findings of professional negligence and other practice information. 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<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>Please briefly describe how the College identified currency and competency requirements.</li> <li>Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p>The Registration Committee reviews its annual renewal processes each year to ensure that members self-declare on various aspects of their practice, including their business addresses, preferred methods of communications with CCO, professional malpractice insurance provider and coverage, mental and physical competency to practise chiropractic, good character reporting, reporting of any criminal charges or convictions or findings of professional negligence and other practice information. Every two years, during the same renewal period, members are also required to report on their compliance with CCO's Quality Assurance requirements, such as compliance with self assessment and continuing education. Quality Assurance requirements and reporting are found in the Quality Assurance section of this document. Information related to 2022 renewal can be found at the <a href="#">following link</a>.</p> <p>CCO's Registration Committee reviews legislation and regulation, specifically the <i>RHPA</i> and its regulations, for any updates to registration, renewal or public register requirements to ensure its renewal process is compliant with existing legislation and regulation. As well, in its review, the Registration Committee will review all relevant <a href="#">by-laws</a>, <a href="#">regulations</a> and <a href="#">policies</a> for any updates to the renewal process. If necessary, CCO will consult with outside legal counsel for any advice.</p> <p>For the 2023 renewal process, the Registration Committee met in July 2022 to review the 2023 renewal memorandum and online questionnaire and made recommendations to Council, which were approved in September 2022.</p> <p>If a member answers certain questions, such as disclosing that they have a criminal offence or charge or that they lack the mental or physical capacity to practise chiropractic, CCO's Registration Coordinator will automatically be notified by email through the renewal system, and that member's renewal will be pending a review by the Registrar and if necessary, the Registration Committee. Following review, the renewal status of the member may be approved, denied or approved with terms, conditions and limitations.</p>	<p>Yes</p>			

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

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

Measure:							
9.3 Registration practices are transparent, objective, impartial, and fair.							
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; padding: 5px;">The College fulfills this requirement:</td> <td style="width: 25%; padding: 5px; text-align: center;">Yes</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p>CCO's OFC reports can all be found at the <a href="#">following link</a>.</p> <p>CCO has continuously updated the "Prospective Members" section of its website to ensure that its registration practices are transparent, objective, impartial and fair. These updates, based on its meetings and self assessments with the OFC, have included more links to outside organizations, costs associated with the registration process, lists of requirements and forms to be completed for registration with CCO, links to all relevant by-laws, regulations and policies associated with registration, and flowcharts to visualize requirements for registration for different types of applicants, depending on their circumstances.</p> <p>CCO's meetings with chiropractic stakeholders, such as educational accrediting boards and clinical competency examination providers include discussions and meetings to ensure that CCO's registration practices, including those administered by third parties, are transparent, objective, impartial and fair.</p> </td> </tr> <tr> <td style="padding: 5px;"> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> </td> <td style="padding: 5px;">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p>CCO's OFC reports can all be found at the <a href="#">following link</a>.</p> <p>CCO has continuously updated the "Prospective Members" section of its website to ensure that its registration practices are transparent, objective, impartial and fair. These updates, based on its meetings and self assessments with the OFC, have included more links to outside organizations, costs associated with the registration process, lists of requirements and forms to be completed for registration with CCO, links to all relevant by-laws, regulations and policies associated with registration, and flowcharts to visualize requirements for registration for different types of applicants, depending on their circumstances.</p> <p>CCO's meetings with chiropractic stakeholders, such as educational accrediting boards and clinical competency examination providers include discussions and meetings to ensure that CCO's registration practices, including those administered by third parties, are transparent, objective, impartial and fair.</p>		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Yes						
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		<p><i>Additional comments for clarification (if needed)</i></p>
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DOMAIN 6: SUITABILITY TO PRACTICE  STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.				
	Required Evidence	College Response			
	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).  <u>Further clarification:</u>  Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	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This is a practice taken by many other Ontario health regulatory colleges in their record keeping standards. Members may exercise professional judgment in collecting and recording demographic information necessary to identify, assess and treat patients. Amendments to the electronic record keeping section of Standard of Practice S-002 and s-022 further emphasize the importance of the security, protection and confidentiality of patient personal health information maintained in electronic record keeping systems. This includes ensuring that electronic record keeping system are compliant with the Personal Health Information Protection Act, 2004 (PHIPA), having cyber security protections in place to protect personal health information from loss, tampering, interference and unauthorized use and access, and having protocols in place on steps to take in the event of a privacy breach. It is imperative that members have an understanding and are educated in their electronic record keeping systems and employ best practices to ensure the protection of patient personal health information. In the process of this review, practices and standards of other Ontario health regulatory colleges were researched and reviewed.</li> <li>• <a href="#">Standard of Practice S-003: Professional Portfolio</a> was amended to require members registered in the General (i.e., Active) class of registration to attend the CCO Virtual Regulatory Excellence Workshop at least once every three CE cycles (or once every six years) as part of their structured CE hours. Members may complete this requirement over the next three CE cycles or until June 30, 2028. 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of the regulation of chiropractic in Ontario. This virtual workshop is typically offered three times per year and is free for all CCO members.

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

- Review and amendments to these documents were conducted following communications from system partners, such as professional associations, and involved research from other Ontario health regulatory colleges.
- CCO updating its [COVID-19 guidance](#) for members and the public, based on changing directives from the Ontario Government.
  - CCO communicates and actively supports implementation of new and amended documents through [President's Messages and communications to stakeholders, including members](#), the [Regulatory Excellence Workshop](#) and updates to its Peer and Practice Assessment [1.0](#) and [2.0](#) checklists and programs. Further statistics about these initiatives can be found in the Quantitative section of this document related to Quality Assurance initiatives.
  - As of July 1, 2022, the Regulatory Excellence Workshop (REW) has become a mandatory component of [CE requirements](#), to be completed once every six years. The REW is continuously updated to include the most recent version of standards of practice, policies and guidelines, as they related to all aspects of professional regulation and patient care, as well as new and amended documents and how they apply to practice.
  - CCO staff is always available to respond to questions from members, stakeholders, and members of the public. If there is a novel issue raised, this may be brought to the attention of the appropriate committee for further review.

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>1</sup> .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: Yes</li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul> <p>The QA Program is described on CCO's website and consists of many components, including <a href="#">Professional Portfolio</a>, <a href="#">Self Assessment</a>, <a href="#">Continuing Education</a>, <a href="#">Peer and Practice 1.0</a>, <a href="#">Peer and Practice Assessment 2.0</a> and <a href="#">Regulatory Excellence Workshops</a> and the <a href="#">Core Competencies Document</a>.</p> <p>All members are required to participate in the quality assurance program and are required within a two-year Continuing Education (CE) cycle to complete a self assessment, participate in continuing education and report these activities to CCO through the <a href="#">member portal</a>. The requirements of the quality assurance program are described in <a href="#">Standard of Practice S-003: Professional Portfolio</a>. As well, approximately 250 – 500 members are selected for either Peer and Practice Assessment 1.0 or 2.0 each year. These selections are random in nature; however, there are several factors which may trigger a member being selected for a peer and practice assessment, a requirement to attend a record keeping workshop or additional educational activities:</p> <ul style="list-style-type: none"> <li>• Members re-entering the General (i.e., active) class of registration after a period of at least two years are required to attend a record keeping workshop and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in <a href="#">Policy P-053: Returning to the General Class of Certificate of Registration</a>.</li> <li>• Members who are subject to the inquiries, complaints and reports or discipline process are often required to participate in various components of the quality assurance program, such as a record keeping workshop and peer and practice assessment, through undertakings and discipline decision. These activities are intended to remediate deficiencies found as a result of the complaints or discipline processes.</li> </ul>	<p>Yes</p>



		<p>CCO receives feedback on its quality assurance program through several mechanisms:</p> <ul style="list-style-type: none"> <li>• CCO holds an annual peer and practice assessment workshop with all its peer assessors. In 2021, CCO did not hold this workshop due to the COVID-19 pandemic; however, it did conduct a virtual workshop on January 29, 2022. This workshop provided an opportunity for peer assessors to offer valuable feedback on both versions of the PPA program. Each peer assessor conducts approximately 10 – 20 peer assessments per year and, as representatives of CCO who have the opportunity to assess and interact with members in an educational setting, they provide invaluable feedback on strengths, weaknesses and areas of improvement for the PPA program and the quality assurance program in general. Peer Assessors can provide feedback to the program through a number of exercises and all feedback is brought back to the QA Committee for review and consideration of further changes to the program.</li> <li>• Each peer and practice assessment includes a feedback form that is completed by the member being assessed. All feedback is reviewed by the QA Committee for the purposes of improving the program.</li> <li>• All substantive new or amended by-laws, regulation, standards of practice, policies and guidelines are distributed to members and stakeholders for feedback, as well as posted publicly on the “News &amp; Updates” section of the CCO website providing an opportunity for the public and patients to provide feedback as well. All feedback related to quality assurance initiatives is reviewed by the Quality Assurance Committee and Council for further amendments.</li> <li>• The Quality Assurance Committee reviewed in detail the “Right Touch” regulation document and will be including it in all committee information packages. In late 2021, the Quality Assurance Committee reviewed the principles of the document to be applied to the review of standards of practice, policies, guidelines and processes. The current Peer and Practice Assessment program utilizes the “Right Touch” principles as it is clearly an educational and remediation program and not punitive in nature. Only continued non-compliance has resulted in punitive measures, such as referral to the Inquiries, Complaints and Reports Committee.</li> </ul>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of various Ontario health regulatory colleges. This sharing of best practices assists in identifying areas for improvement for CCO’s QA Program. CCO will also continue to review the “Right Touch” model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.</p>	

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

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable).</li> </ul> <p>The Quality Assurance Committee reviewed the Right Touch regulation document in detail at several meetings in Fall 2021 and reported on this as part of the <a href="#">Quality Assurance report to Council</a> on November 25, 2021. As part of its review, the Quality Assurance Committee applied the following principles:</p> <ul style="list-style-type: none"> <li>• Using a risk-based approach, primarily risk to the patient, in reviewing standards of practice, policies and guidelines as well as programs and processes of Quality Assurance.</li> <li>• Reviewing relevant information in the review of standards of practice, policies and guidelines, including but not limited to: comparable documents from other Ontario health profession and other chiropractic regulators from other jurisdictions, memoranda from the Inquiries, Complaints and Reports Committee, statistics related to complaints and discipline, feedback from members, stakeholders, patients and organizations, and research and academic articles.</li> <li>• Amendments to various CCO documents and programs such as the Regulatory Excellence Workshop are reported on elsewhere in this document.</li> </ul> <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <ul style="list-style-type: none"> <li>- Public Yes</li> <li>- Employers Yes</li> <li>- Registrants Yes</li> <li>- other stakeholders Yes</li> </ul>	<p>Yes</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Yes</p>	
<p><i>Additional comments for clarification (optional)</i></p> <p>CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of various Ontario health regulatory colleges. This sharing of best practices assists in identifying areas for improvement for CCO's QA Program. CCO will also continue to review the "Right Touch" model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.</p>			

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul> <p>As described above, the Quality Assurance program and specifically Peer and Practice Assessment is primarily an educational and remediation program, and punitive measures, such as referral to the Inquiries, Complaints and Reports Committee have only occurred in situations of non-compliance. Individual peer and practice assessments may result in additional remediation or member requirements, such as re-submitting patient health records for review.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
		CCO updates its peer and practice assessment materials annually to reflect new and amended standards of practice, policies and guidelines and will continue to review and update these materials to incorporate "Right Touch" regulation principles.		

		<i>Additional comments for clarification (optional)</i>	
<b>Measure:</b>			
<b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:		Yes
	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul>		
	Both peer and practice assessment (PPA) streams are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Additionally, the QA Committee reviews the summary reports and provides all members with an official Disposition Report. This report would include, if appropriate, specific remediation recommendations for the member to follow. Further remediation follow-up is scheduled on a case-by-case basis and CCO staff follows up with these members to ensure remediation recommendations are incorporated into their practices. This can occur through resubmission of updated record keeping forms.		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (if needed)</i>	

DOMAIN 6: SUITABILITY TO PRACTICE  STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.		
	Required Evidence	College Response	
	a. The different stages of the complaints process and all relevant supports available to complainants are: <ul style="list-style-type: none"> <li>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</li> <li>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</li> </ul>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p>CCO has several pages on its website describing the complaints process, including how to file a complaint, the information to be included in a complaint, template letters involved in the complaints process, the various steps of the complaints process and the possible outcomes of the complaints process. Any complaint involving allegations of sexual abuse involve communication from CCO staff informing the complainant of their ability to apply for funding for therapy and counselling and direction to the webpage with the appropriate information and forms. These are included at the following links, under both the “Members of the Public” and “Members of CCO” tab on the website:</p> <ul style="list-style-type: none"> <li>• <a href="https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/">https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/</a></li> <li>• <a href="https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-complaints-process-2/">https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-complaints-process-2/</a></li> <li>• <a href="https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/appointment-and-powers-of-investigators/">https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/appointment-and-powers-of-investigators/</a></li> <li>• <a href="https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-discipline-process/">https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-discipline-process/</a></li> <li>• <a href="https://cco.on.ca/members-of-the-public/funding-for-therapy-and-counselling/">https://cco.on.ca/members-of-the-public/funding-for-therapy-and-counselling/</a></li> </ul> <p>CCO staff will often correspond with potential complainants by phone and/or email to assist them with the complaints process.</p>	
	Yes		

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

	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>All committee, including the Inquiries, Complaints and Reports Committee, review their policies and procedures on an annual basis, or if there is any regulatory amendment or committee or stakeholder feedback that will result in changes, to reflect any updated policies and processes.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<a href="#">see Companion Document: Technical Specifications for Quantitative CPMF Measures</a>).</p> <p>Responses to inquiries from the public or members regarding the filing of an inquiry, complaint or report, are provided within one to five business days. Emails and phone inquiries are directed to the staff member associated with the question or concern. If staff are away for a period of time, an auto response is provided by email or phone to contact another staff member who will be able to assist the individual.</p> <p>College staff will also inform individuals of the timeline associated with a response to their inquiry, complaint or report. This includes the date of the next Inquiries, Complaints and Reports Committee meeting, an upcoming investigation or other process within the complaints committee.</p>	<p>Yes</p>



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

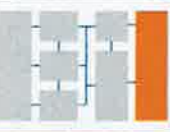
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>The College supports the public in a number of ways:</p> <ul style="list-style-type: none"> <li>• Communicating with the member of the public by phone and/or email to aid in understanding the existing standards of practice, policies and guidelines of the College;</li> <li>• Communications to members and members of the public involve the complaint process, possible outcomes of a complaint and links to relevant tools used by the Inquiries, Complaints and Reports Committee. Information and sample letters are included in the <a href="#">inquiries, complaints and reports webpages</a>.</li> <li>• Assisting the member of the public with information on how to draft a letter of complaint and what accompanying information is to be included;</li> <li>• Assisting the member of the public in understanding the various steps of the complaints process, such as communication with the member, review by the ICRC, investigation including the collection and review of clinical notes and records, timelines of the complaints process and possible outcomes for complaints;</li> <li>• CCO has assisted members of the public who are unable to write a letter of complaint. An example of this is CCO taking a recording of the individual's complaint through a telephone conversation and transcribing this as a letter of complaints.</li> <li>• CCO has provided members with translated documents upon request.</li> </ul> <p>The College will inform a complainant who is making a complaint for an allegation on sexual abuse on the right of the complainant to apply to the College for funding for therapy or counselling. The College will inform the complainant on the process for this application and direct them to the various forms associated with the complaints process.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

<b>Measure:</b> <b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b>			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul>	Yes
		The College provides formal letters to the complainant and member within the timelines of the complaints process under the Health Professions Procedural Code under the <i>RHPA</i> . CCO will log and track complaints within the internal member database which includes key dates that are required for communications consistent with the <i>RHPA</i> requirements. Information and sample letters are included in the <a href="#">inquiries, complaints and reports webpages</a> .	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

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

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

DOMAIN 6: SUITABILITY TO PRACTICE  STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home').</li> </ul> <p>Historically, CCO has communicated and shared information with other authorities, such as law enforcement, criminal and civil courts, as authorized by governing legislation, when there are matters or concerns related to professional regulation as well as another governing authority. These matters may arise in the inquiries, complaints and reports, discipline, fitness to practise and registration processes when there are simultaneous investigations or decisions of other external system partners.</p> <p>CCO developed a "<a href="#">Transparency Principles</a>" policy document, available to the public, which outlines this framework of transparency and disclosure to outside parties.</p>	Yes
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

 Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.			
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response
		a. Outline the College's KPIs, including a clear rationale for why each is important.	<p>The College fulfills this requirement: <span style="float: right;">Yes</span></p> <ul style="list-style-type: none"> <li>Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>In addition to its <a href="#">mission, vision, values and strategic objectives</a> and <a href="#">committee objectives</a>, CCO approved the <a href="#">Key Performance Indicators</a> document for core CCO functions. KPIs are regularly included in Council and committee packages, and are intended to identify the core objectives of certain statutory committees and the annual review of standards of practice, policies and guidelines.</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">Choose an item.</p>

		<p><i>Additional comments for clarification (if needed)</i></p>	
	<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</li> </ul> <p><u>Public Council packages</u> include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.</p>	
		<p><i>if the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.</p>	



<b>Measure:</b> <b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b>		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul> <p><u>Public Council packages</u> include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.</p>	
<b>Measure:</b> <b>14.3 The College regularly reports publicly on its performance.</b>		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <li>Please insert a link to the College's dashboard or relevant section of the College's website.</li> </ul> <p>All decisions addressing these issues are included in <u>public Council package</u> and communicated to members, stakeholders and system partners and posted on the CCO website under the "<u>New &amp; Updates</u>" section.</p>	

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

## Part 2: Context Measures

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

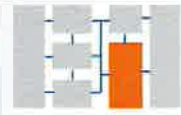
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	
<p><b>1. Regulatory Excellence Workshops</b></p> <p>CCO, for many years, has mandated that all members attend a mandatory, in-person and interactive record-keeping workshop within the first year of registering with CCO. This workshop is led by CCO staff, including one member of the profession, the Director of Professional Practice. This workshop is also available to all CCO members to refresh and review updates to standards, policies and guidelines and their implementation strategies. It also provides an opportunity, for the College to communicate to members, key messages about expectations related to advertising, social media, and prevention of sexual abuse. These workshops are also used as a remediation tool for QA, ICRC and Discipline Committee decisions and undertakings.</p> <p>In 2022, CCO changed the name of this workshop to the Regulatory Excellence Workshop (REW), since it includes so much more material related to chiropractic care of patients and professional regulation. CCO continued to provide these workshops, (three in total) for members to attend virtually. The interactive workshops continue to be a very good opportunity for the college to set member expectations, to talk about</p>	<p><b>3 Workshops</b> <b>351 Members</b></p>	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>

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

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

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

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

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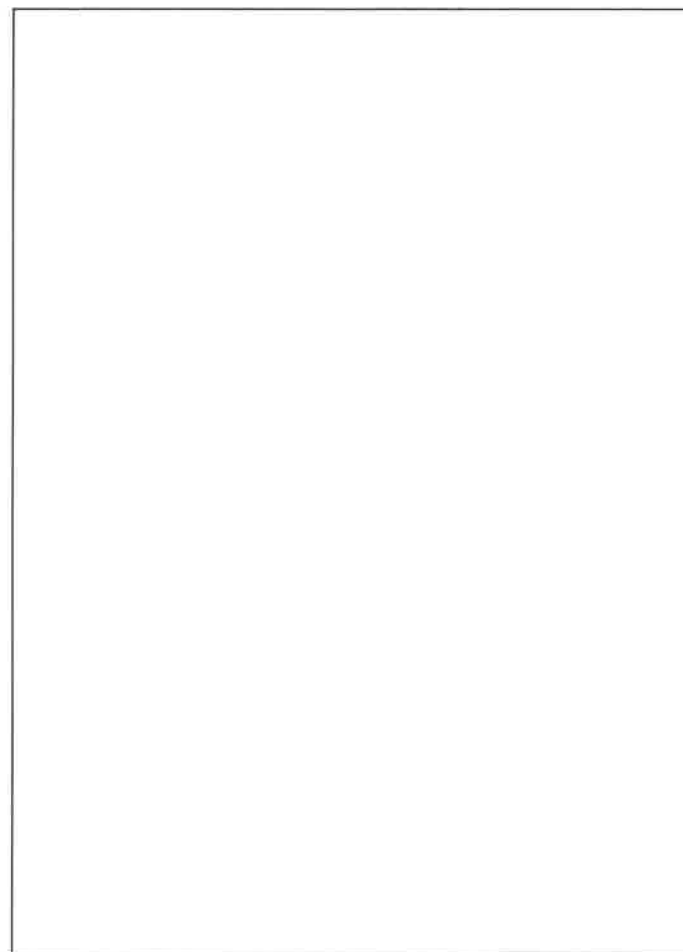
During the assessment, peer assessors can flag any deficiencies noted with the members' record keeping and/or knowledge of the College's standards of practice, policies, and guidelines. This process also allows the member to engage in conversations with their peer assessor regarding any noted deficiencies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

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

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

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

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



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

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

**PPA 1.0 2022,  
members selected**

**Totals**

<b>PPA1.0</b>	<b>263</b>
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**PPA 2.0 2022,  
members selected**

**Totals**

<b>PPA2.0</b>	<b>294</b>
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**Participation is Mandatory**

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

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

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



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

### **Member Selection**

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

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

### **Peer Assessors, Training and Support**

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

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

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

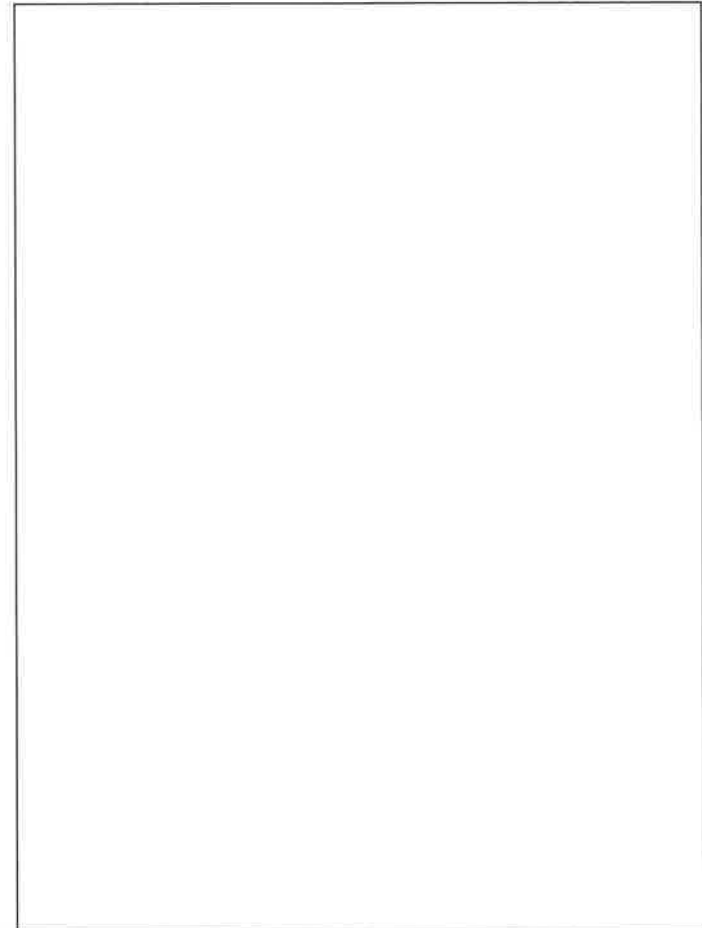


- Review of updates to regulations, standards of practice, policies and guidelines related to the practice of chiropractic;
- Review of changes to the PPA programs to accommodate the above updates;
- Gathering front-line feedback from assessors on their experiences of the past year's PPA cycle;
- Group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

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

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

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



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

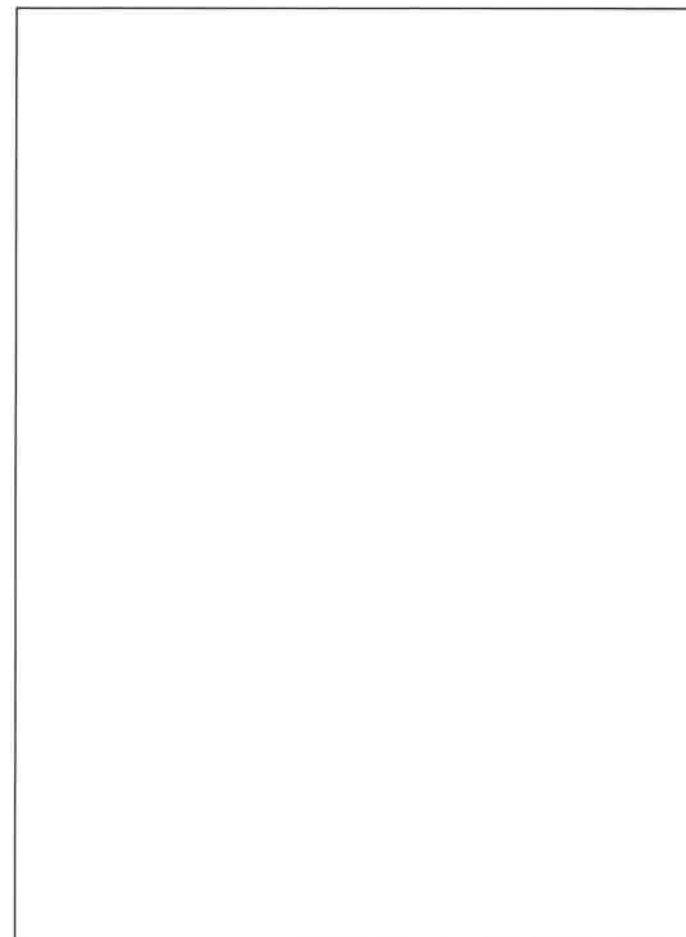
#### **New Peer Assessors**

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

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

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

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



from having an assigned assessor for that region.

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

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

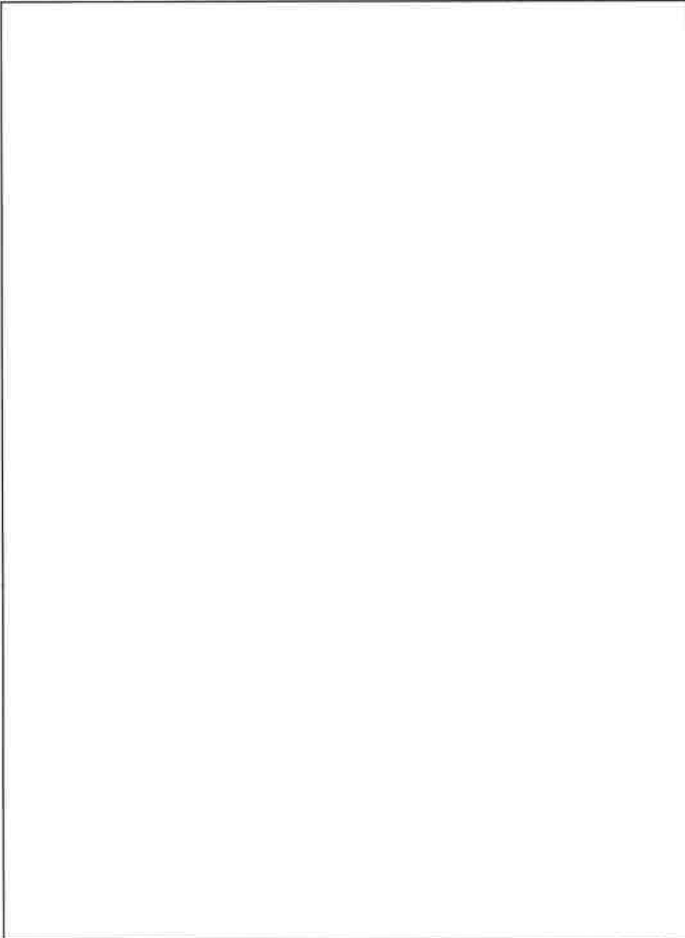
Training for the new assessors continued into 2023 with an Orientation Day, as well as being required to attend the Peer Assessor Workshop the following day. Finally, in-field training will take place once again where AITs will, this time, be observed by a current peer assessor as they conduct two assessments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

**3. Professional Portfolio and Continuing Education**

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

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

Approximately  
4892 Members



All professional portfolio information is available at the following links:

- <https://cco.on.ca/members-of-cco/quality-assurance/professional-portfolio/>
- [https://cco.on.ca/wp-content/uploads/2017/10/PP\\_handbook\\_Jan2017.pdf](https://cco.on.ca/wp-content/uploads/2017/10/PP_handbook_Jan2017.pdf)

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

#### ***Self-Assessment***

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

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

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

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

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

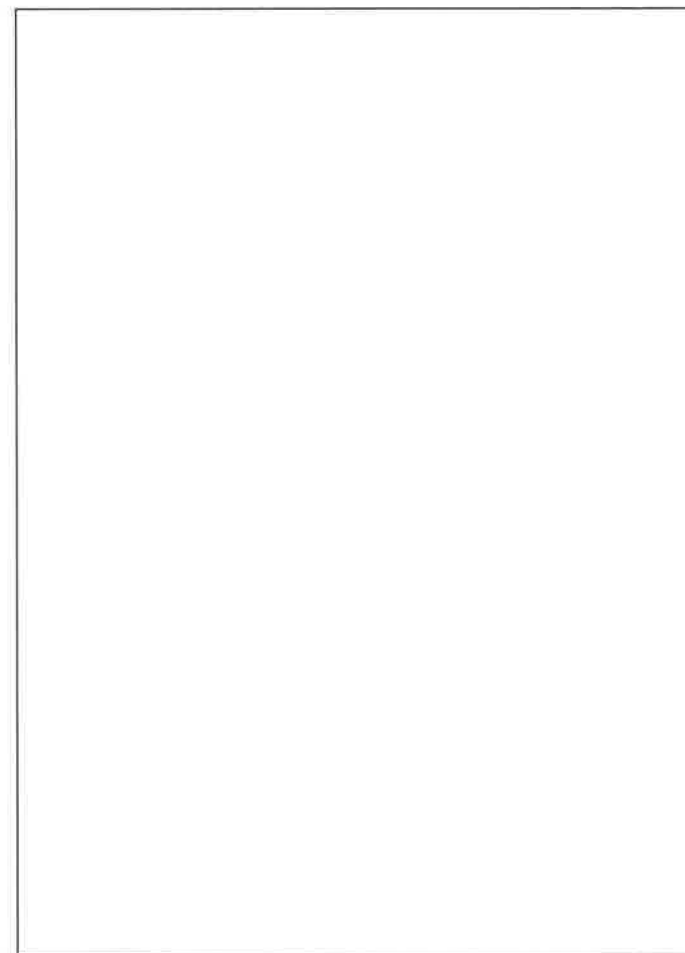
In 2022, the QA Committee revised the latest draft of SA 2.0 to better reflect the needs and expectations of the experienced chiropractor, and common issues that might arise related to each core competency. Members were notified of the new Self-Assessment Questionnaire via the [President’s Message dated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

#### ***Continuing Education Requirements***

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

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

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



record keeping skills.

#### 4. Peer Mentoring Program

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

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

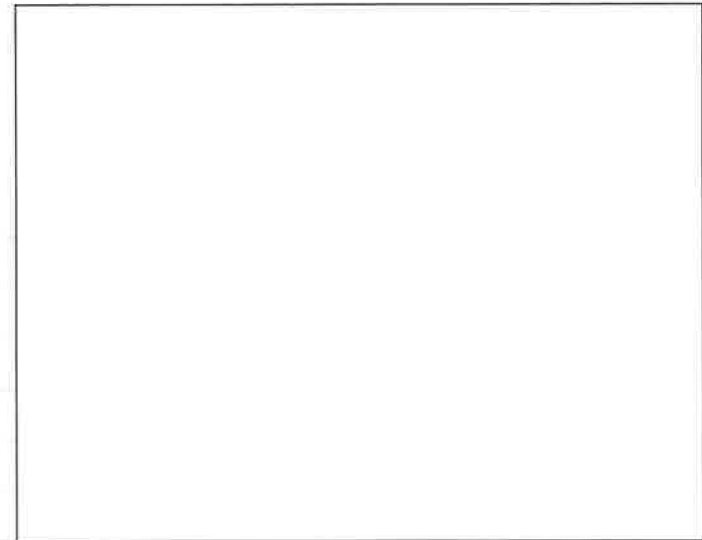
A formal training session for the Peer Mentoring Program took place on November 9, 2022 as a joint endeavor between the Discipline, ICR, and QA Committees. A guest speaker, who practices in regulatory law, attended the workshop, along with 13 peer mentors: a group of individuals who are current/former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

7 Members

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

In 2022, a total of seven members began the Peer Mentoring Program. Members are complying with the process and all participating mentors have commented on the positive attitude and feedback from the members.

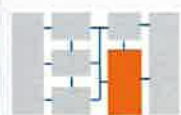
- v. <Insert QA activity or assessment>
- vi. <Insert QA activity or assessment>
- vii. <Insert QA activity or assessment>
- viii. <Insert QA activity or assessment>
- ix. <Insert QA activity or assessment>
- x. <Insert QA activity or assessment>





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

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2022	Regulatory Excellence Workshop: 351 members  Peer and Practice Assessment 1.0: 263 members  Peer and Practice Assessment 2.0: 294 members  Self Assessment, Professional Portfolio and Continuing	Regulatory Excellence Workshop: 7.2%  Peer and Practice Assessment 1.0: 5.4%  Peer and Practice Assessment 2.0: 6.0%  Self Assessment, Professional Portfolio and Continuing	<p><i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i></p> <p><i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i></p>

	Education: Approximately: Approximately 4892 Members (Members registered in the General class of registration)	Education: 100% of members registered in the General class of registration
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	7	0.14%
<u>NR</u>		
<i>Additional comments for clarification (if needed)</i>		

Table 3 – Context Measure 4

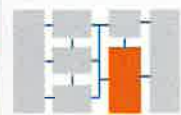
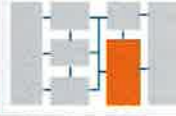
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2022:**			<i>What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	3	42.86%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	4	57.14%	
<u>NR</u> * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. ** This measure may include any outcomes from the previous year that were carried over into CY 2022.			
<i>Additional comments for clarification (if needed)</i>			

Table 4 – Context Measure 5

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

[Formal Complaints](#)

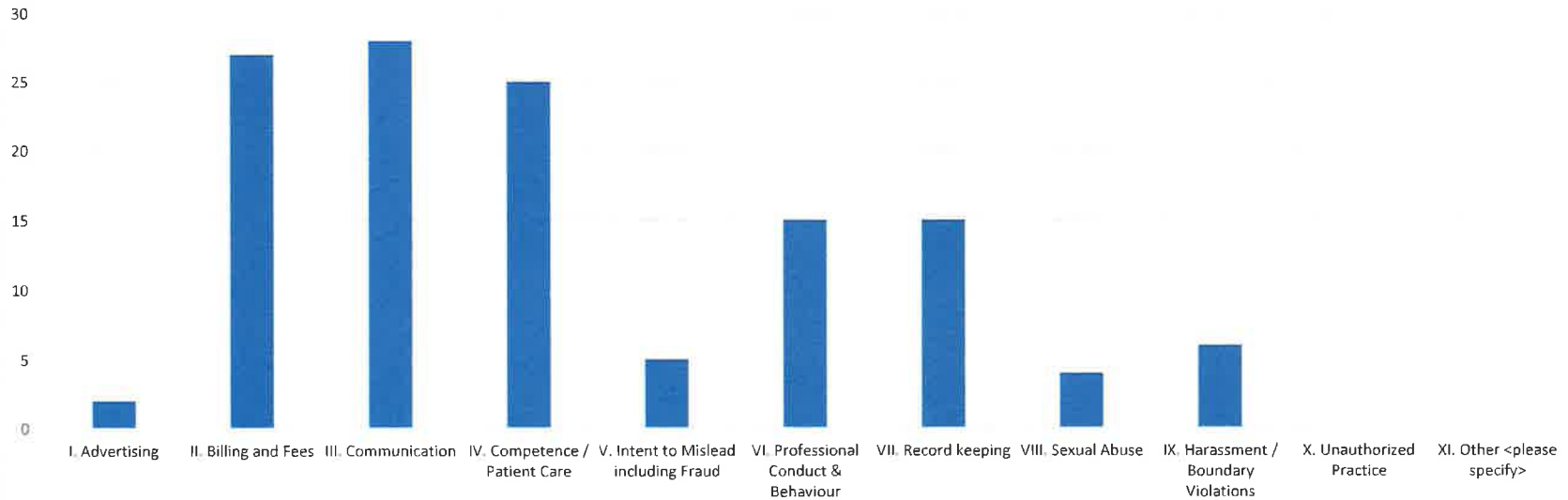
[NR](#)

[Registrar's Investigation](#)

**\*\*The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.**

Additional comments for clarification (if needed)

Formal Complaints



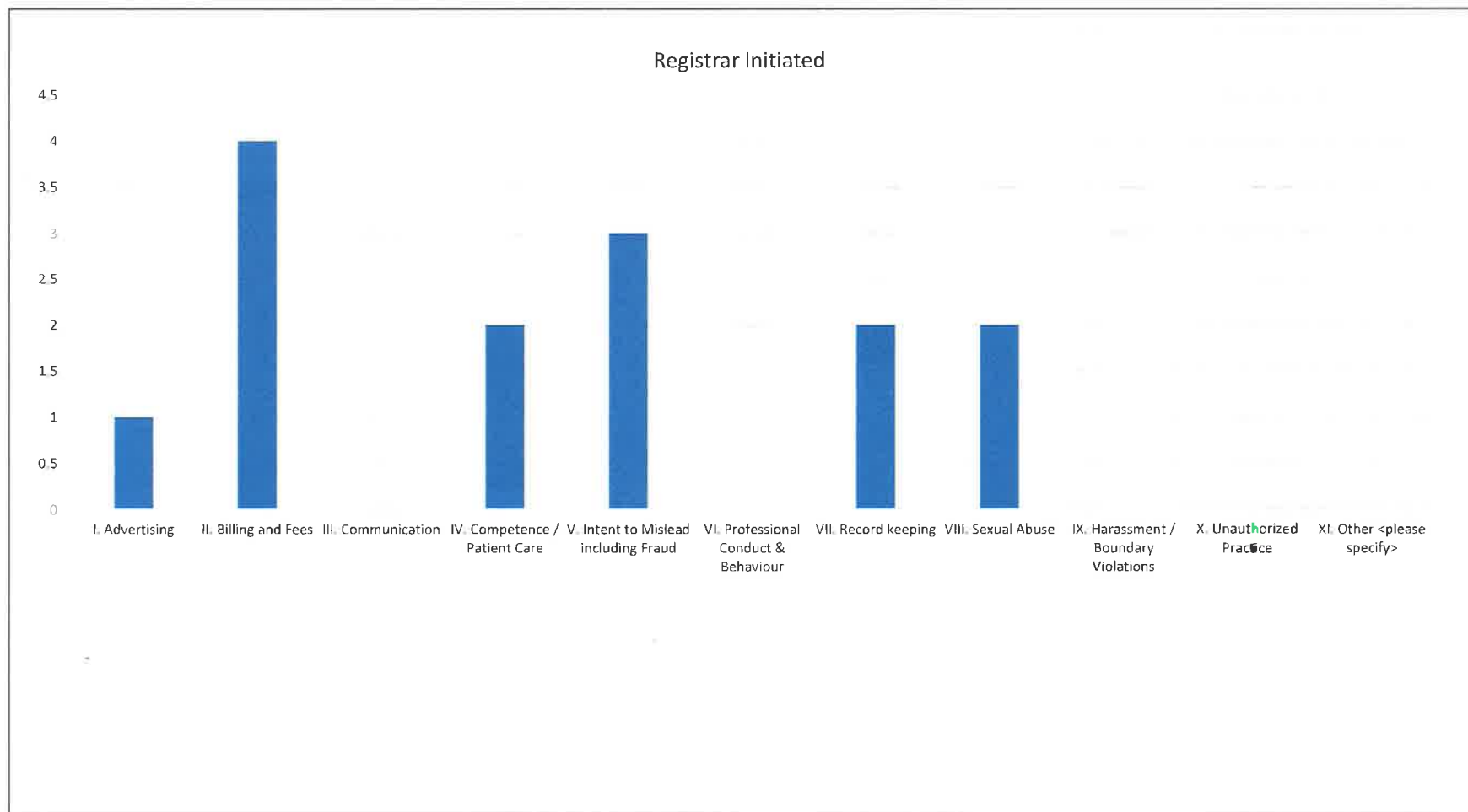


Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	99	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	11	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022	8	
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	82	82
IV. Formal complaints that proceeded to ICRC and are still pending	17	17
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.</i>		



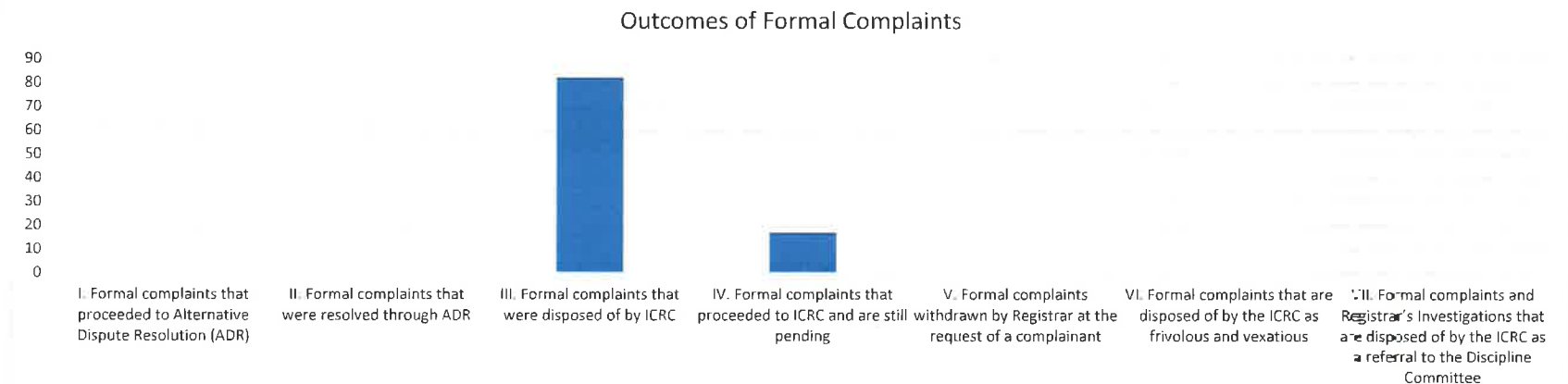
VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
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[ADR](#)  
[Disposal](#)  
[Formal Complaints](#)  
[Formal Complaints withdrawn by Registrar at the request of a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

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

\*\* The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Additional comments for clarification (if needed)



**Table 6 – Context Measure 10**

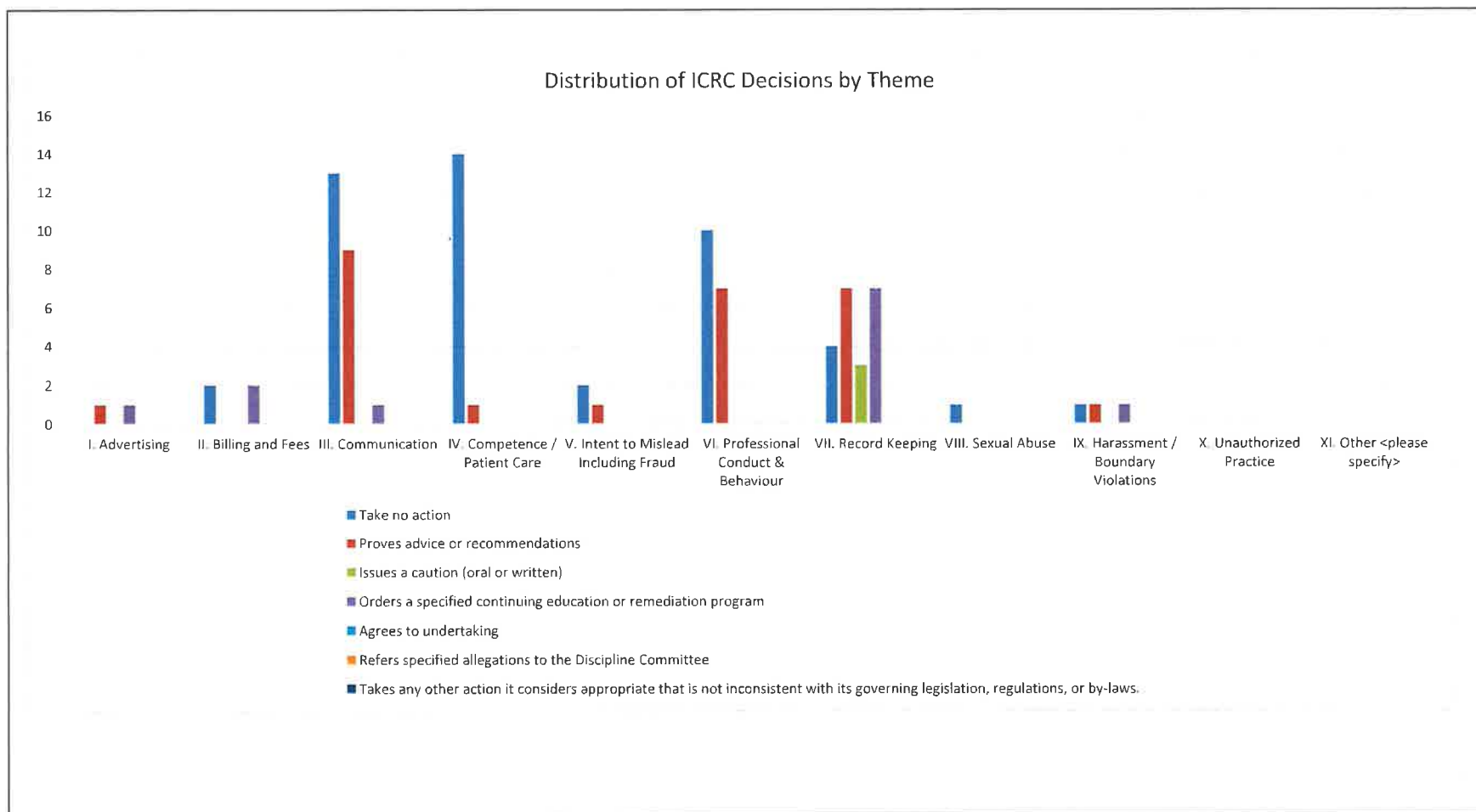
DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*							
Nature of Decision	# of ICRC Decisions++						
	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	1	0	1	0	0	0
II. Billing and Fees	2	0	0	2	0	0	0
III. Communication	13	9	0	1	0	0	0
IV. Competence / Patient Care	14	1	0	0	0	0	0
V. Intent to Mislead Including Fraud	2	1	0	0	0	0	0
VI. Professional Conduct & Behaviour	10	7	0	0	0	0	0
VII. Record Keeping	4	7	3	7	0	0	0
VIII. Sexual Abuse	1	0	0	0	0	0	0
IX. Harassment / Boundary Violations	1	1	0	1	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	0	0	0	0	0	0	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.  
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.  
[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)



**Table 7 – Context Measure 11**

Context Measure (CM)		
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b> <b>STANDARD 12</b>		
Statistical data collected in accordance with the recommended method or the College own method: <b>R e c o m m e n d e d</b> <i>If College method is used, please specify the rationale for its use:</i>		
<b>CM 11. 90<sup>th</sup> Percentile disposal of:</b>		<b>Days</b>
I. A formal complaint in working days in CY 2022	139	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.</i>  <i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.</i>
II. A Registrar's investigation in working days in CY 2022	199	
<a href="#">Disposal</a>		
<i>Additional comments for clarification (if needed)</i>		

**Table 8 – Context Measure 12**

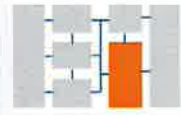
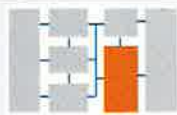
DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>			
<b>CM 12.</b> 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>	
I. An uncontested discipline hearing in working days in CY 2022	231		
II. A contested discipline hearing in working days in CY 2022	N/A		
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>			
<i>Additional comments for clarification (if needed)</i>  -			

Table 9 – Context Measure 13

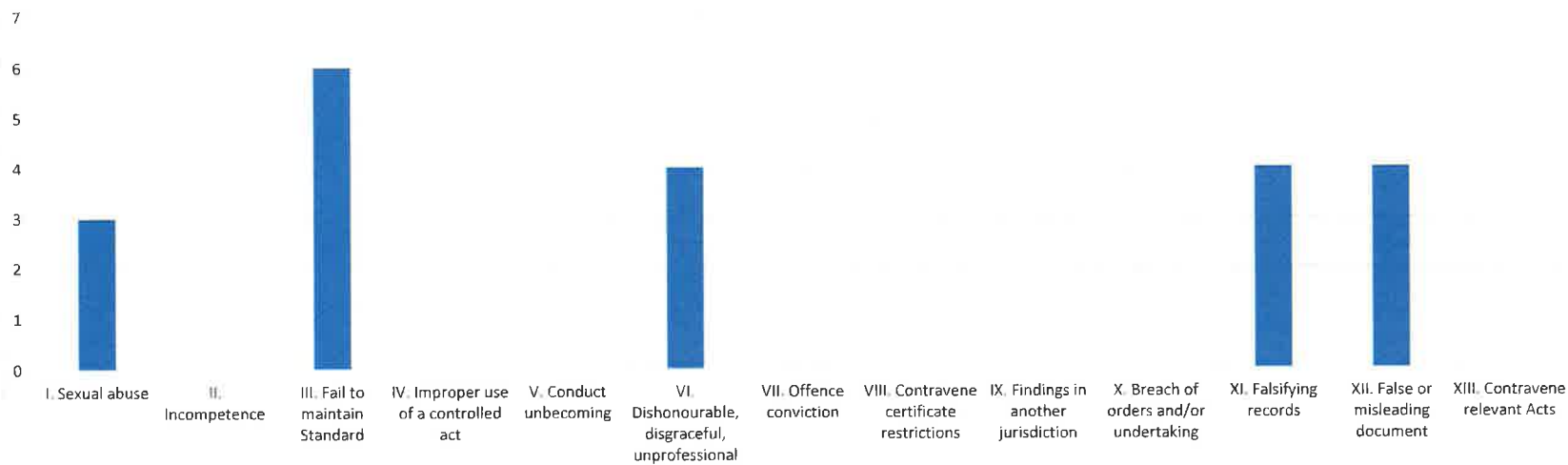
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d		
<i>If College method is used, please specify the rationale for its use:</i>		
Discipline decisions may have more than one finding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

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

NR

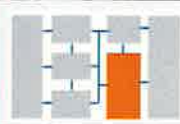
Additional comments for clarification (if needed)

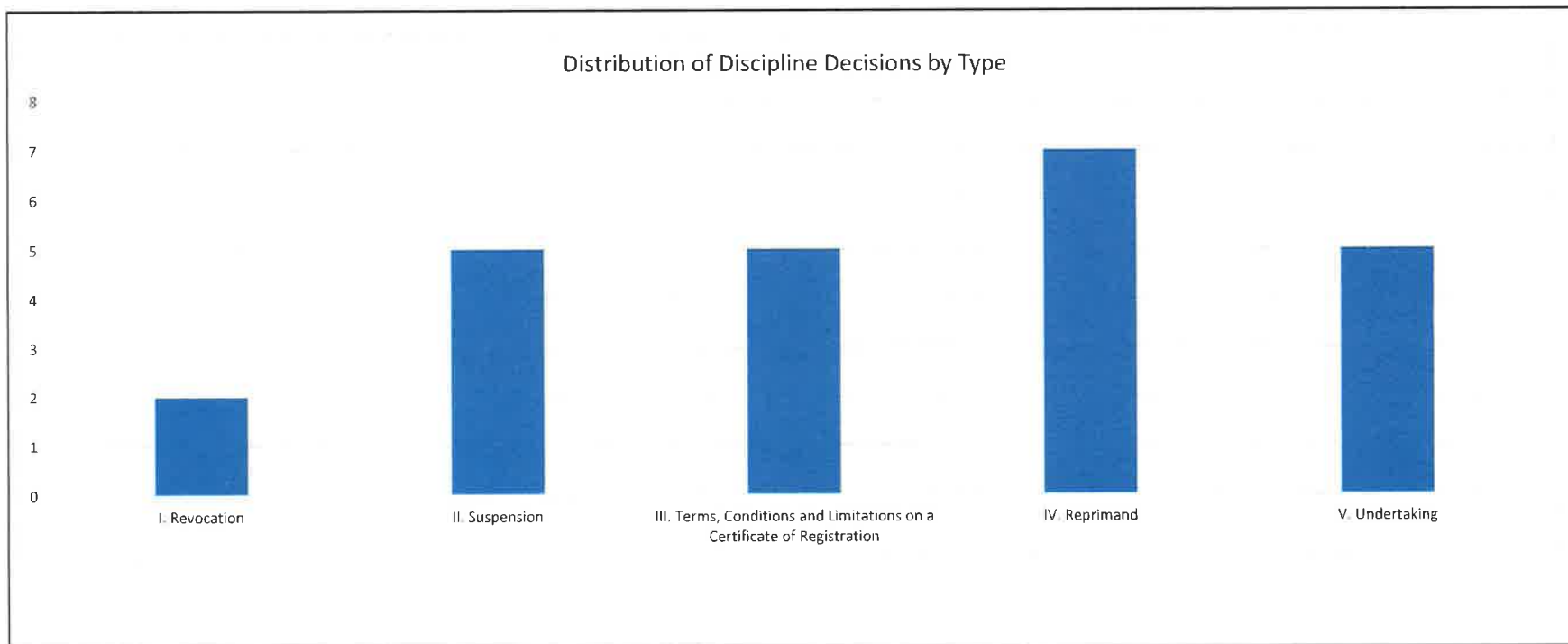
Distribution of Discipline Decisions by Type





**Table 10 – Context Measure 14**

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



## Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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



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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)



# COLLEGE OF CHIROPRACTORS OF ONTARIO

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## MEMORANDUM

## ITEM 4.1.52

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

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

**Date:** Approved by Council: June 21, 2023

**Re:** CCO's College Performance Measurement Framework  
(CPMF) Action Plan - 2023

The chart in this document summarizes the measures and required evidence from CCO's 2023 CPMF where CCO reported on partially fulfilling the listed measures. For each measure that was partially fulfilled, is summarized proposed objectives, relevant committees and target dates for addressing each measure, with a goal to having these areas identified as fulfilled for the 2023 CPMF Report. Council and committees will also continue their ongoing work in several areas that have been reported as met in 2022 (e.g., cyber security, enhancing communication with system partners, stakeholders, and members).

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council</li> </ul> <p>b. The framework includes a third-party assessment of Council effectiveness at a minimum ever three years.</p> <p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> <li>i. the outcome of relevant evaluation(s);</li> <li>ii. the needs identified by Council and Committee members; and/or</li> <li>iii. evolving public expectations including risk management and Diversity, Equity and Inclusion</li> </ul>	<p>CCO will be reviewing options and third parties to conduct evaluations building on the training at the September 2023 Strategic Planning.</p>	<p>Executive Committee/ Council</p>	<p>Fall/Winter 2023</p>	

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>The College has a Diversity, Equity and Inclusion (DEI) Plan</p>	<p>a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p> <p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p>	<p>CCO will continue to review and update its DEI plan, review and update standards of practice, policies and guidelines and CCO programs using a DEI lens, and participate and implement DEI-related resources from HPRO</p>	<p>All committees and Council</p>	<p>Ongoing</p>	



CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
<p>Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</p>	<p>The College regularly reports to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> <li>i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);</li> <li>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</li> <li>iii. its risk management approach.</li> </ul>	<p>CCO will continue to apply a risk based approach in reviewing and updating KPIs and reviewing standards of practice, policies and guidelines, based on training received as part of September 2023 Strategic Planning.</p>	<p>All committees and Council</p>	<p>Ongoing</p>	

CPMF Measure	CPMF Required Evidence	CCO Objective	CCO Committee	Target Date (approved by Council or other implementation)	Progress
Council directs action in response to College performance on its KPIs and risk reviews.	Council uses performance and risk review findings to identify where improvement activities are needed.	CCO will continue to apply a risk based approach in reviewing and updating KPIs and reviewing standards of practice, policies and guidelines, based on training received as part of September 2023 Strategic Planning.	All committees and Council	Ongoing	

**Key Performance Indicators**

Approved by Council: November 25, 2021

**Registration**

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

**Inquiries, Complaints and Reports**

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

**Quality Assurance**

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

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

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

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

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

### BACKGROUND

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

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

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

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

### IMPLEMENTATION OF DEI, TO DATE

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

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

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

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

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

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

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

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

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

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

**Committee Specific DEI Efforts**

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

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

- Available in nine (9) languages.

**Peer Assessor Workshop, 2022**

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

**Self-Assessment 2.0**

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

**Training/Consultations**

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

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

**Office Design**


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

**RECOMMENDATIONS FOR FUTURE DEVELOPMENT**

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

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

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

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

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

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

Other DEI suggestions to consider:

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

**INTERVIEWS**

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

**Kelly Malcolm – Staff Member and Investigator**

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

### ADDITIONAL INFORMATION

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

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

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

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Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
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**Sent:** November 4, 2023 8:02 AM  
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**Voting is open: Cast your vote now for the OCA's Board of Directors**



## Voting is open: Cast your vote now for the OCA's Board of Directors

Dear Dr. Willson,

We're excited to announce that voting for the [2024-2027 OCA Board Elections](#) is now open! Please read about this year's candidates and cast your vote for who will help lead the future of the OCA and our profession.

You should have received or will be receiving an email from Simply Voting for instructions on how to cast your vote. Please be sure to check you spam/junk folders if you have not received this email.

Read below to learn more about the election process, who is running and instructions on how to vote.

### Who is the Board of Directors?

The OCA's [Board of Directors](#) are our association's team of chiropractic leaders. Each of the 12 board members are working chiropractors and OCA members and they're responsible for governing OCA's strategic and policy priorities. Successful candidates work closely with OCA's leadership to advance chiropractic care in Ontario.

### Who is running?

This year's election includes three incumbents and five new candidates. We encourage you to learn about all candidates to ensure your vote is as informed as possible. You can learn more about each of these candidates by reading their profiles below:

[Dr. Nardine Bekhit](#)

[Dr. Andrew Cregg](#)

[Dr. Janet D'Arcy](#)

[Dr. Nick Green](#)

[Dr. Erika Kuehnel](#)

[Dr. Nobel Malhotra](#)

[Dr. Keshena Malik](#)

[Dr. Patricia Tavares](#)

### **Where can I vote?**

Follow the instructions in your email from Simply Voting. This link will take you to a secure webpage where you can cast your verified vote. Each OCA member is entitled to four votes.

Voting will remain open until 5 p.m. on **Saturday, November 25, 2023**. If you did not receive a link from Simply Voting or have questions about the election process, please contact Deborah Gibson at [dgibson@chiropractic.on.ca](mailto:dgibson@chiropractic.on.ca).



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**We're here for you:**

Contact us via your [Self-Serve Member Portal](#) or  
Tel: [416-860-0070](tel:416-860-0070) (local) | [1-877-327-2273](tel:1-877-327-2273) (toll-free)  
Email: [oca@chiropractic.on.ca](mailto:oca@chiropractic.on.ca)

**Our mailing address is:**

Ontario Chiropractic Association  
Business Building  
70 University Ave Suite 201  
Toronto, ON M5J 2M4  
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Council.

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**Sent:** Wednesday, October 25, 2023 9:30 AM  
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After over a year of development and testing, we are excited to share the [www.cceb.ca](http://www.cceb.ca) facelift!  
Cheers,  
The CCEB team*

*Bonjour à tous et à toutes,  
Suite à plus d'un an de développement et de tests, nous sommes ravis de vous présenter le [www.cceb.ca](http://www.cceb.ca) renouvelé!  
Bien à vous,  
L'équipe du CCEB*





**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](http://www.cceb.ca)

**901**

***In the spirit of reconciliation and with the reverence and respect that is due, we acknowledge the First Peoples on whose territories we work, live, and recreate. We give thanks to and honour Indigenous People and communicates for their stewardship of the land from time immemorial.***

***Dans un esprit de réconciliation, et avec la révérence et le respect que l'on doit observer, nous reconnaissons les Premiers Peuples sur les territoires desquels nous œuvrons, vivons et pratiquons des loisirs. Nous remercions et honorons les peuples et les communautés Autochtones pour leur intendance de la terre depuis des temps immémoriaux.***

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## THE CCEB SOCIAL RESPONSIBILITY ACTION STATEMENT

The CCEB is committed to taking purposeful actions on Truth and Reconciliation (T&R), Diversity, Equity, and Inclusion (DEI), and Sustainability. We maintain accountability in these three areas by celebrating our actions and milestones while planning and implementing defined steps toward further growth and development. We recognize the importance of remaining current in terms of societal expectations around human responsibility in an evolving and advancing social environment. The CCEB's strategic planning, operational planning and day-to-day operations walk hand in hand with environmental, social, and governance considerations.

### TRUTH AND RECONCILIATION

- CEO completed the University of Alberta Indigenous Canada course.
- Interpersonal reflective focus (facilitated) incorporated into 2022-2027 strategic planning session.
- Honour September 30 as the National Day of Truth and Reconciliation.
- Active Land Acknowledgments at every meeting geared to reconciliation.
- Participation in National Indigenous Cultural Competence Working Group.
- Senior leadership Indigenous Cultural Safety certification achieved.

### DIVERSITY, EQUITY, AND INCLUSION

- CCEB staff and Board of Governors attended Diversity, Equity, and Inclusion training.
- Members of the Exemption review and Appeal Committee and the CEO attended Unconscious Bias training.
- Use of gender-neutral language for Exemption Review and Appeal Committee decisions.
- Volunteer survey seeking to understand lived experiences of CCEB volunteers.
- New CCEB website design underway with a focus on language and imagery through a DEI lens.
- Appointment of diverse thinker for each board meeting.
- CCEB joined Government of Canada 50:30 challenge.
- Human resources Policy review - gender neutral language and DEI lens.
- Resubmit Registration obtained.

### SUSTAINABILITY

- Paperless work environment for operational processes including all financial processes and audit.
- Significant reduction in printing and shipping requirements due to introduction of remote proctoring.
- Reduced administrative footprint by moving to a 50% smaller office space.
- Promotion and support of remote work.
- Significant reduction in air and other travel by staff and candidates due to the written administration offering remote proctoring.



### WE REMAIN COMMITTED TO ADVANCING OUR WORK:

- The CCEB will continue to research and use inclusive and respectful language and imagery and to leverage a diverse personnel and volunteer pool.
- The CCEB will hold an in-person training and writing workshop relative to Indigenous Cultural Safety (ICS).
- The CCEB will continue to review exam items from a DEI perspective.
- The CCEB will launch its new website and database with an inclusive lens.
- The CCEB will launch examiner training modules for DEI and ICS.
- The CCEB will conduct a comprehensive volunteer diversity survey.

## DÉCLARATION D'ACTION SUR LA RESPONSABILITÉ SOCIALE DU CCEB

Le CCEB s'engage à prendre des mesures concrètes en matière des enjeux sociaux. Nous nous montrons responsables dans ces trois domaines en célébrant nos actions et nos étapes importantes tout en planifiant et en mettant en œuvre des étapes définies pour une croissance ultérieure. Nous reconnaissons l'importance de rester au courant en termes de la responsabilité humaine dans un environnement social qui évolue et avance. La planification stratégique, la planification opérationnelle et les opérations quotidiennes du CCEB vont de pair avec les considérations environnementales, sociales et de gouvernance.

### VÉRITÉ ET RÉCONCILIATION

- La Directrice générale (DG) a suivi le cours *Indigenous Canada* de l'Université de l'Alberta.
- Une réflexion intentionnelle (facilitée) a été intégrée à la session de planification stratégique 2022-2027.
- Nous honorons le 30 septembre, la Journée nationale de la vérité et la réconciliation.
- Déclarations des reconnaissances de la terre lors de chaque réunion, axée sur les actions de réconciliation.
- Participation à un groupe national de compétence culturelle indigène.
- Certification en Sécurité culturelle indigène complétée par la direction du CCEB.

### DIVERSITÉ, ÉQUITÉ ET INCLUSION

- Le personnel du CCEB et le Conseil des gouverneurs ont participé à une formation sur la diversité, l'équité et l'inclusion.
- Les membres du Comité d'examen et d'appel des exemptions et la DG ont suivi une formation sur les préjugés inconscients.
- Utilisation d'un langage non sexiste pour les décisions du Comité d'examen et d'appel des exemptions.
- Enquête sur les bénévoles visant à comprendre l'expérience vécue des bénévoles du CCEB.
- Nouvelle conception du site Internet du CCEB en français, avec une attention particulière au langage et à l'imagerie dans une optique de DEI.
- On continue un(e) penseur(euse) en diversité pour l'équipe exécutive du Conseil des gouverneurs.
- Inscription au défi 50:30 mené par le gouvernement du Canada.
- Revue de la Politique des ressources humaines d'un perspective non sexiste et d'EDI.
- Certification Accidental obtenu.

### ENVIRONNEMENT

- Environnement de travail sans papier pour les opérations y compris tous les processus financiers et la vérification.
- Réduction significative de la demande d'impression et d'expédition grâce à la surveillance à distance.
- Empreinte administrative a été réduite suite au déménagement à un espace de bureau 50% plus petit.
- Promotion et soutien du travail à distance.
- Le offre de la surveillance à distance pour des examens écrits a provoqué une réduction importante des vols d'avion et d'autres voyages.



### NOUS RESTONS ENGAGÉS À FAIRE AVANCER NOTRE TRAVAIL :

- Le CCEB continuera à rechercher et à utiliser un langage et une imagerie inclusifs et respectueux et à tenir parti d'un personnel et d'un groupe de bénévoles diversifiés.
- Le CCEB organisera une formation et un atelier de réaction d'articles concernant la sécurité culturelle autochtone.
- Le CCEB continuera à fournir les questions d'examen à la fin de cours de la DEI.
- Le CCEB lancera son nouveau site Web et sa nouvelle base de données dans une optique d'inclusion.
- Le CCEB lancera des modules de formation des examinateurs pour la DEI et la sécurité culturelle autochtone.
- Le CCEB menait une enquête exhaustive sur la diversité des bénévoles.





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[Home](#) [Exam Information](#) [Candidate Handbook](#) [Resources](#) [Volunteering](#)

## Welcome to our website!

The Canadian Chiropractic Examining Board (CCEB) develops and administers the written multiple choice and objective structured clinical examinations (OSCE) that are part of the qualifying licensing requirements for chiropractors in Canada. Please click on the tabs at the top right of the page to gather the practical information needed to apply for CCEB exams and to learn about the structure of our exams and our organization or explore the tabs below to learn more about the principles and history that provide the foundation for our work.

**Diversity, Equity, and  
Inclusion**

**Truth and Reconciliation**

**904**

**Values**

**Mission**

**Vision**

**History**

## **Diversity, Equity, and Inclusion**

The CCEB is committed to providing an inclusive, safe, and respectful environment. This organizational culture is backed by policies, procedures, and ongoing evaluation.

The CCEB reports our actions and intentions using the CCEB Social Responsibility Action Statement, our way of holding ourselves accountable and sharing our progress. You can view the Action Statement here (**PDF attached**).

The CCEB is proud to have received our Rainbow Registration in 2023 and has a continued commitment to being a 2SLGBTQ+

welcoming space.



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(403) 230-5997

exams@cceb.ca

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### Territorial Acknowledgement

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In the spirit of reconciliation and with the reverence and respect that is due, we acknowledge the First Peoples on whose territories we work, live, and recreate.

We give thanks to and honour Indigenous people and communities for their stewardship of the land from time immemorial.

**From:** Jo-Ann Willson  
**Sent:** October 17, 2023 11:54 AM  
**To:** Rose Bustria  
**Subject:** FW: Information video for members from Gemma | Vidéo de renseignement faite par Gemma pour membres  
**Attachments:** CCEB 20230918 Member Video.mp4  
**Importance:** High

Registration and Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
Registrar & General Counsel  
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Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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

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 <[suzettem@cceb.ca](mailto:suzettem@cceb.ca)>  
**Sent:** Monday, October 16, 2023 7:06 PM  
**To:** Suzette Martin-Johnson <[suzettem@cceb.ca](mailto:suzettem@cceb.ca)>  
**Subject:** Information video for members from Gemma | Vidéo de renseignement faite par Gemma pour membres  
**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.

Good evening | **Bonsoir,**

Please find attached a short, bilingual greeting and information video prepared by our CEO, Gemma Beierback, on our new website (launching next week) and blueprint-based exam changes. She prepared it for use at your AGMs or other meetings as needed. | **Nous vous envoyons une courte vidéo bilingue de salutation et de renseignement préparée par notre**

Directrice générale Gemma Beierback concernant notre nouveau site web (qui sera lancé la semaine prochaine) et les changements d'examen. Elle l'a préparée pour utilisation lors de vos AGA et aussi pour d'autres réunions au besoin.

Have a great evening! Bonne soirée!

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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](http://www.cceb.ca)

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**From:** Jo-Ann Willson  
**Sent:** September 28, 2023 11:22 AM  
**To:** Rose Bustria  
**Subject:** FW: CCGI Update Report - Sept 2023  
**Attachments:** CCGI update report\_Sept 2023.pdf

Exec and Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
Registrar & General Counsel  
**College of Chiropractors of Ontario**  
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**From:** Carolina Cancelliere <Carolina.Cancelliere@ontariotechu.ca>  
**Sent:** Thursday, September 28, 2023 11:20 AM  
**To:** Jo-Ann Willson <jwillson@cco.on.ca>; cco.info <cco.info@cco.on.ca>  
**Cc:** Clark R. Mills <clarkmills@gmail.com>  
**Subject:** CCGI Update Report - Sept 2023

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

Dear Dr. Green and Ms. Wilson,

We hope you are doing well.

We're pleased to share the Canadian Chiropractic Guideline Initiative (CCGI) Update Report for the period of May to September 2023.

Warm regards,

Dr. Clark Mills, DC



Chair, Guideline Steering Committee  
Canadian Chiropractic Guideline Initiative (CCGI)

**909**

Dr. Carol Cancelliere, DC, MPH, PhD  
CCGI Project Lead  
Scientist, Institute for Disability and Rehabilitation Research  
Faculty of Health Sciences, Ontario Tech University  
<https://www.ccgi-research.com/>  
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*Enhancing the health of Canadians by fostering excellence in chiropractic care.*

## Canadian Chiropractic Guideline Initiative (CCGI) Update Report

Reporting Period: May 2023 – September 2023

### Highlights

- **Successful grant application to WCB-Alberta Research Program:** The CCGI, alongside the University of Alberta and the Canadian Injured Workers Alliance, is launching a rapid review on the effectiveness of self-help interventions for workers with musculoskeletal, anxiety, or depressive issues. Sponsored by WCB-Alberta and the CCRF, the research aims to understand how these strategies can enhance health outcomes and reduce work disability. The team will review both quantitative and qualitative studies to gauge the interventions' impact and gather workers' insights. This study, in partnership with affected workers, seeks to promote better health and work results through effective self-help methods (Sept. 2023 – Feb. 2025).
- **Submitted research grant application to the Chronic Pain Centre of Excellence for Canadian Veterans:** This research proposal entitled "*Improving Chronic Pain and Mental Illness Management in Canadian Veterans: Development of Tailored Resources*" seeks to address chronic pain and mental health challenges, like PTSD, prevalent among Canadian Armed Forces (CAF) veterans. The study will assess the needs of veterans, caregivers, and practitioners, then develop and refine resources tailored to these needs. The goal is to enhance care quality and support for CAF veterans by understanding their unique challenges and providing relevant resources (submitted Aug. 2023).

### Project/Activity Status

#### **Strategic Goal 1: *Develop, adopt, or adapt clinical practice guidelines / systematic reviews to inform guidelines***

1. **Rehabilitation after lumbar disc herniation surgery in adults (systematic review):** updating literature search in fall 2023 prior to next journal submission.
2. **Back pain rehabilitation in children (systematic review):** literature search updated August 2023; manuscript submission planned in fall 2023.
3. **Living concussion guidelines:** published (<https://concussionsontario.org/>) (Carol served as an expert panel member).
4. **Evidence syntheses for WHO chronic low back pain guideline:** 7 manuscripts accepted in the Journal of Occupational Rehabilitation (to be published Dec. 2023).

#### **Strategic Goal 2: *Engage in knowledge translation activities and research***

1. **Concussion assessment, diagnosis, and management in adults and children (online learning module):** first draft developed.
2. **Chiropractors in concussion care: an evidence-based perspective in Canada:** This paper emphasizes the role of chiropractors in the assessment and diagnosis of concussions, which are increasingly common in sports and daily activities. This paper argues against limiting

concussion diagnosis to only medical doctors and nurse practitioners, highlighting the potential for chiropractors (alongside other competent practitioners) to improve patient outcomes, healthcare equity and efficiency. Submitted to JCCA September 15, 2023.

3. **Integrating patient preferences into decision-making** (clinician resource in partnership with OCA): developed first draft; working with CMCC resident on projects to inform this resource (scoping review, qualitative study of chiropractors and patients).
4. **Enhancing patient experience in chiropractic care** (a quality improvement initiative in partnership with the CCA): In 2021, the CCA launched an initiative to develop 'best practices' for improving patient experiences in chiropractic care. Collaborating with chiropractic stakeholders and patients, 57 'best practice' statements were formulated. Our current project aims to assess the needs of Canadian chiropractors in implementing these practices, identifying barriers and facilitators. The findings will guide strategies to facilitate effective integration of these 'best practices' into daily chiropractic practice, promoting quality and patient-centered care. The Theoretical Domains Framework will be employed to understand chiropractors' behavior and knowledge application. Target completion: December 2023.
5. **Clinician and patient resources (based on practice guidelines) available for:** chronic pain, concussion/mTBI in adolescents, concussion/mTBI in adults, epicondylitis, headache, knee pain and mobility impairments, low back pain, lumbar spinal stenosis, mental health, mental health in children/adolescents, neck pain, osteoarthritis, patellofemoral pain, physical activity throughout pregnancy, shoulder pain, sleep, temporomandibular disorder, ankle sprain, plantar heel pain.
6. **Exercise videos and forms available for:** low back pain, neck pain, shoulder pain.
7. **Validated outcome measurements available for:** arthritis, balance, concussion, disability, generic, headache, low back pain, lower extremity, mental health, neck pain, pain, psychosocial, health-related quality of life, sleep, upper extremity, social determinants of health.
8. **Research Talks video series available for:** key components of randomized controlled trials, interpreting treatment effects, diagnostic accuracy, predictive values.
9. **Free online learning modules available for:** management of shoulder soft-tissue disorders, clinical decision-making for adults with low back pain (assessing risk for serious pathology).
10. **Links to patient decision aids, virtual care, etc.**
11. **Presentations:**
  - PIE 2023 (CMCC): Carol gave a plenary presentation on the WHO chronic low back pain guidelines; workshop on critical appraisal of diagnostic accuracy studies.
12. **Collaborations:**
  - CCBC rapid reviews: initiating review on 'validity/reliability of screening tools for mental health disorders in primary health care settings'.
  - WHO World Rehabilitation Alliance (Carol is a member of the 'integrating rehabilitation into primary care' working group).

## Metrics

Website (last 6 months)	Other
Total sessions: 17,868 Unique visitors: 7,722 Returning visitors: 1,372	<b>YouTube:</b> 5,900+ subscribers 1,400,000+ views
Visitors by country (top 5): 1. Canada: 14,223 2. USA: 1,657 3. France: 748 4. Switzerland: 273 5. Australia: 198	<b>Facebook:</b> 1,167 members  <b>Twitter:</b> 39 followers (new account)

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## Publications for 2023

### Systematic Reviews

1. Southerst D, Hincapié CA, Yu H, Verville L, Bussièrès A, Gross DP, Pereira P, Mior S, Tricco AC, Cedraschi C, Brunton G, Nordin M, Wong JJ, Connell G, Shearer HM, DeSouza A, Muñoz Laguna J, Lee J, To D, Lalji R, Stuber K, Funabashi M, Hofstetter L, Myrtos D, Romanelli A, Guist BP, Young JJ, da Silva-Oolup S, Stupar M, Wang D, Murnaghan K, Cancelliere C (supervisory author). **Systematic review to inform a World Health Organization (WHO) clinical practice guideline: Benefits and harms of structured and standardized education or advice for chronic primary low back pain in adults.** Journal of Occupational Rehabilitation (accepted May 26, 2023).
2. Verville L, Hincapié CA, Southerst D, Yu H, Bussièrès A, Gross DP, Pereira P, Mior S, Tricco AC, Cedraschi C, Brunton G, Nordin M, Connell G, Shearer HM, Wong JJ, Hofstetter L, Romanelli A, Guist BP, To D, Stuber K, da Silva-Oolup S, Stupar M, Myrtos D, Lee J, DeSouza A, Muñoz Laguna J, Murnaghan K, Cancelliere C (supervisory author). **Systematic review to inform a World Health Organization (WHO) clinical practice guideline: Benefits and harms of transcutaneous electrical nerve stimulation (TENS) for chronic primary low back pain in adults.** Journal of Occupational Rehabilitation (accepted May 26, 2023).
3. Yu H, Wang D, Verville L, Southerst D, Bussièrès A, Gross DP, Pereira P, Mior S, Tricco AC, Cedraschi C, Brunton G, Nordin M, Shearer HM, Wong JJ, Connell G, Myrtos D, da Silva-Oolup S, Young JJ, Funabashi M, Romanelli A, Lee JGB, Stuber K, Guist B, Muñoz Laguna J, Hofstetter L, Murnaghan K, Hincapié CA, Cancelliere C (supervisory author). **Systematic review to inform a World Health Organization (WHO) clinical practice guideline: Benefits and harms of needling therapies for chronic primary low back pain in adults.** Journal of Occupational Rehabilitation (accepted June 15, 2023).
4. Verville L, Ogilvie R, Hincapié CA, Southerst D, Yu H, Bussièrès A, Gross DP, Pereira P, Mior S, Tricco AC, Cedraschi C, Brunton G, Nordin M, Connell G, Wong JJ, Shearer HM, Lee JGB, Wang D, Hayden JA, Cancelliere C (supervisory author). **Systematic review to inform a World Health Organization (WHO) clinical practice guideline: Benefits and harms of structured exercise programs for chronic primary low back pain in adults.** Journal of Occupational Rehabilitation (accepted June 15, 2023).

### Primary Research

1. Mior S, Cancelliere C, Hofkirchner C, Connell G, Sutton D, Vogel E, Côté P, French SD, Nordin M, Laporte A. **Developing an Evidence-Based Program of Care for Community-based Chiropractors**



**Managing Spinal Pain in the Canadian Armed Forces Personnel: A feasibility study.** Journal of Military, Veteran and Family Health (accepted Aug. 28, 2023).

**Brief Reports / Commentaries**

1. Cancelliere C, Hincapié CA. **Management of adults with chronic primary low back pain: Introduction to the special series of systematic reviews to inform a World Health Organization (WHO) standard clinical guideline.** Journal of Occupational Rehabilitation (accepted July 2023).
2. Cancelliere C, Verville L, Southerst D, Yu H, Hayden JA, Ogilvie R, Bussièrès A, Gross DP, Pereira P, Mior S, Tricco AC, Cedraschi C, Brunton G, Nordin M, Wong JJ, Shearer HM, Connell G, Hincapié CA. **Systematic review procedures for the World Health Organization (WHO) evidence syntheses on benefits and harms of structured and standardized education/advice, structured exercise programs, transcutaneous electrical nerve stimulation (TENS), and needling therapies for the management of chronic low back pain in adults.** Journal of Occupational Rehabilitation (accepted July 2023).
3. Cancelliere C, Hainan Y, Southerst D, Connell G, Verville L, Bussièrès A, Gross DP, Pereira P, Mior S, Tricco AC, Cedraschi C, Brunton G, Nordin M, Shearer HM, Wong JJ, Hayden JA, Ogilvie R, Wang D, Côté P, Hincapié CA. **Improving Rehabilitation Research to Optimize Care and Outcomes for People with Chronic Primary Low Back Pain: Methodological and Reporting Recommendations from a WHO Systematic Review Series.** Journal of Occupational Rehabilitation (accepted Sept. 2023).

Thank you for your ongoing support.

Best regards,

Dr. Clark Mills, DC  
Chair, Guideline Executive Committee (GEC)  
Canadian Chiropractic Guideline Initiative (CCGI)  
[clarkmills@gmail.com](mailto:clarkmills@gmail.com)

Dr. Carol Cancelliere, DC, MPH, PhD  
Project Lead, CCGI  
Scientist, Institute of Disability and Rehabilitation Research (IDRR) and Faculty of Health Sciences  
Ontario Tech University  
[Carolina.Cancelliere@ontariotechu.ca](mailto:Carolina.Cancelliere@ontariotechu.ca)

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**Members of the Guideline Executive Committee (GEC):**

Dr. Ayla Azad  
Dr. Elli Morton  
Dr. Aaron Puhl  
Dr. Patricia Tavares  
Dr. Shawn Thistle

**CCGI Core Team:**

Dr. Gaelan Connell, BHK, DC, MRSc  
Dr. Danielle Southerst, DC, FCCS(C)  
Dr. Hainan Yu, MBBS, MSc  
Ms. Poonam Cardoso, BHSc, PMP

**From:** Jo-Ann Willson  
**Sent:** October 27, 2023 5:51 AM  
**To:** Rose Bustria  
**Subject:** FW: RSVP Chiropractic Stakeholders Summit and Registration for CCA NCT'24

**Importance:** High

Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
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Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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**From:** Sarah Perry <[SPerry@chiropractic.ca](mailto:SPerry@chiropractic.ca)>  
**Sent:** Wednesday, October 25, 2023 3:19 PM  
**Cc:** Ayla Azad <[aazad@chiropractic.ca](mailto:aazad@chiropractic.ca)>  
**Subject:** RSVP Chiropractic Stakeholders Summit and Registration for CCA NCT'24  
**Importance:** High

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*Sent on behalf of Dr. Ayla Azad, CCA CEO*

To view this email as a web page, go [here](#).



CCA  
NCT'24

Learn. Connect. Engage.

**REGISTRATION  
NOW OPEN!**

April 19<sup>th</sup>-20<sup>th</sup>, 2024

915

Good afternoon,

We are thrilled to announce that registration is now open for the 2024 CCA National Convention & Tradeshow (NCT'24) taking place in Toronto from April 19-20, 2024.

This year's theme, '**A Team Approach for a Healthy Future**,' underscores the importance of inter-professional collaboration in healthcare, and the profession's critical role in advancing patient-centred care, innovation, and excellence.

On the Thursday ahead of NCT, April 18th, the **CCA will host the bi-annual in-person Chiropractic Stakeholder Summit from 8:00 a.m. – 5:00 p.m.** at the Regatta meeting Room, Westin Harbour Castle Hotel in Toronto. **Please consider your attendance for this meeting when booking your hotel and flights for the National Convention.**

The Summit Meeting brings together all chiropractic organizations and stakeholders to discuss issues and opportunities of mutual interest. **Up to three representatives from each organization can attend the 2024 Summit.** Please note, organizations will be billed back for meeting rental, F&B and AV for the meeting per attendee.

**Please RSVP your organization's representatives to Sarah Perry at [sperry@chiropractic.ca](mailto:sperry@chiropractic.ca) by Friday February 9<sup>th</sup>, 2024.**

Watch your inbox for more registration and event details. This event will be hosted in-person; space is truly limited, and tickets are expected to sell fast! Don't delay registering and make a vacation of it.

---

**For a limited time, save \$100 on in-person NCT'24 registration with early-bird rates** to ensure you don't miss out on invaluable insights and discussions!

For the latest event updates, **visit [cca-nct.ca](http://cca-nct.ca)** for speakers and programs as they are announced.

---

Learn more about NCT'24 below:

- **NEW Program Categories**
- **What's Included in Registration**
- **2024 Gala & Awards Ceremony Theme**



## Tailor Your CE with NEW Program Categories

Elevate your **clinical knowledge** through plenary sessions, **earn CE credits\*** for **professional development**, and choose from diverse **program categories for a personalized learning** experience at NCT'24, including:



Interprofessional  
Care



Chronic  
Pain



Mental Health  
and Inclusivity



Clinical and  
Hands-on Skills



Women's Health  
and Pediatrics



Research



Sports Rehab



Radiology



Business

[Explore NCT Programs & Categories](#)



## Your NCT'24 Registration Includes:

- Access to more than **40 intensive breakout sessions**.
- Entry to the **opening ceremonies, evening tradeshow happy hour event, and other networking opportunities**, as well as an inspiring group of **keynote presenters**.
- The opportunity to meet innovative chiropractic and healthcare-related **exhibitors** from across North America on our **tradeshow floor**.



- All **food and non-alcoholic beverages** served at the convention and during tradeshow hours.
- **Discounted hotel rates** at the Westin Harbour Castle Hotel in downtown Toronto.

**Save \$100 on in-person registration with early-bird rates!**

[Learn More & Register](#)



**PROUDLY SPONSORED BY: The Canadian Chiropractic Research Foundation (CCRF)**

Don't miss an unforgettable evening at the Chiropractic 'Hall of Fame' Gala and Awards Ceremony, where excellence meets elegance.

Join CBC comedian and NCT'24 Gala and Awards Ceremony host, Ali Hassan, as we celebrate and honour many all-stars of the chiropractic profession and their notable contributions to creating a healthier future for all Canadians. Add your Gala and Awards Ceremony ticket(s) when purchasing an NCT'24 ticket!

**You're invited to the Chiropractic Hall of Fame**

[Register](#)



I look forward to seeing you for this groundbreaking event in Toronto!

918

Dr. Ayla Azad, DC, MBA (She/Her)  
CCA, Chief Executive Officer



***The CCA acknowledges the enduring and vibrant presence, culture, history and inherent rights of First Nations people, Métis and Inuit across Canada on whose traditional territories CCA members live and work, as well as where the CCA has its head office in Toronto.***

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184 Front St. East, Suite 200, Toronto, ON, M5A 4N3

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**From:** Jo-Ann Willson  
**Sent:** September 20, 2023 5:56 AM  
**To:** Rose Bustria  
**Subject:** FW: Important Update

Registration and Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
 Registrar & General Counsel  
**College of Chiropractors of Ontario**  
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 Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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**From:** The National Board of Chiropractic Examiners (NBCE) <[communications@nbce.org](mailto:communications@nbce.org)>  
**Sent:** Tuesday, September 19, 2023 10:20 PM  
**To:** Jo-Ann Willson <[jpwillson@cco.on.ca](mailto:jpwillson@cco.on.ca)>  
**Subject:** Important Update

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On behalf of the National Board of Chiropractic Examiners we are reaching out to the chiropractic community to share with you some important updates.

**924**

Over the past few years, the NBCE has listened to the growing student voice and counsel from our academic partners speaking to the need to improve access to testing. As an organization the NBCE takes our role in helping safeguard the integrity of licensure testing seriously, which is why we engaged in a period of research and introspection to answer two critical questions:

- How do we improve access to testing without sacrificing the integrity of NBCE Exams?
- Since the current cost of test development is high, are there smarter systems we can implement that will allow us to increase exam production without increasing costs?

And because our commitment to excellence compels us to go one step further:

- Can we accomplish both while maintaining the accuracy, integrity, and validity of testing?

Asking smarter questions led the NBCE to research best practices from other regulated health fields, identify potential technology partners, model the cost and testing schedules at different locations, renegotiate contracts, and integrate a new comprehensive Item Bank that optimized form development and expanded our exam delivery options.

This path of inquiry led the NBCE to the conclusion that only by upgrading our computer-based testing systems for the Part I and II exams and rethinking our approach to the Part IV exam, can we remain responsive to student voices while maintaining the integrity of exams. Through diligent research and the engagement of our stakeholders, we have developed the following proposals.

### **Computer-Based Testing Advancement and Development (CBT)**

Goal: Triple the number of testing opportunities annually for the Parts I, II, III and Physiotherapy exams.

**Proposed Solution:**

Moving towards adaptive exam delivery and increasing the number of unique exam forms while also reducing the resources required to produce exam forms. This requires providing a single score for Part I and a single score for the Part II exam instead of the current practice of providing scores for each domain. This will allow us to better utilize our item bank and decrease the overall length of these exams while maintaining exam validity.

**Part IV Advancement and Development (PAD)**

**Goal:** Produce a more efficient exam that better mimics real-world patient encounters while maintaining fairness, reliability, and validity of the exam and providing more testing opportunities.

**Proposed Solution:**

- Developing a blueprint for the Part IV exam that reduces the number of stations while increasing the amount of content covered in each station.
- Researching the benefits and impact of a centralized testing location through financial analysis and obtaining feedback from stakeholders.

The innovations possible as a result of these initiatives have the potential to transform testing for Chiropractors for decades to come.

As essential partners, we seek to engage academic leadership, faculty, NBCE test site staff, students, and State Board members in this important process. Over the next few weeks we will reach out to provide further information as well as opportunities to provide feedback.

We welcome your engagement as we embark on this process and thank you for your time.

Respectfully,

926

*Norman Ouzts D.C.*

*Karlos Boghosian D.C.*

**Dr. Norman Ouzts**

**Dr. Karlos Boghosian**

*Chief Executive Officer*

*President - Board of Directors*

National Board of Chiropractic  
Examiners

National Board of Chiropractic Examiners

---

The National Board of Chiropractic Examiners (NBCE) | 901 54th Ave, Greeley, CO 80634

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**From:** Jo-Ann Willson  
**Sent:** September 1, 2023 5:13 PM  
**To:** Rose Bustria  
**Subject:** FW: [Registrars] FW: "As of Right" Guidance Document Now Available Online  
**Attachments:** ATT00001.txt

Exec and Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
Registrar & General Counsel  
**College of Chiropractors of Ontario**  
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Fax: (416) 925-9610  
E-mail: [jwillson@cco.on.ca](mailto:jwillson@cco.on.ca)  
Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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**From:** Registrars <[registrars-bounces@regulatedhealthprofessions.on.ca](mailto:registrars-bounces@regulatedhealthprofessions.on.ca)> **On Behalf Of** Beth Ann Kenny  
**Sent:** Friday, September 1, 2023 11:56 AM  
**To:** Beth Ann Kenny <[bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)>  
**Subject:** [Registrars] FW: "As of Right" Guidance Document Now Available Online

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Hi All:

I believe this was sent to the organizations with professions directly affected by "As of Right" legislation at this time. We're sharing with everyone in case you haven't seen it yet.

Wishing you a great long weekend!!

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](mailto:bakenny@regulatedhealthprofessions.on.ca)  
 Web: [www.regulatedhealthprofessions.on.ca](http://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](mailto:chiefofnursing@ontario.ca)>  
**Sent:** Friday, September 1, 2023 10:10 AM  
**To:** [nwhitmore@cpsy.on.ca](mailto:nwhitmore@cpsy.on.ca); [tterzis@cpsy.on.ca](mailto:tterzis@cpsy.on.ca); [scrawford@cnomail.org](mailto:scrawford@cnomail.org); [etilley@cnomail.org](mailto:etilley@cnomail.org); [hamp@crto.on.ca](mailto:hamp@crto.on.ca); [walsh@crto.on.ca](mailto:walsh@crto.on.ca); [john.tzountzouris@cmlto.com](mailto:john.tzountzouris@cmlto.com); Beth Ann Kenny <[bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)>; [Dara.Laxer@OMA.org](mailto:Dara.Laxer@OMA.org); [Linda.Petersen@OMA.org](mailto:Linda.Petersen@OMA.org); [Tim.Lenartowych@oma.org](mailto:Tim.Lenartowych@oma.org); [Jennifer.Gold@oma.org](mailto:Jennifer.Gold@oma.org); [Samantha.Tyberg@oma.org](mailto:Samantha.Tyberg@oma.org); [bernier@ona.org](mailto:bernier@ona.org); [andreak@ona.org](mailto:andreak@ona.org); [CLeonard@cnps.ca](mailto:CLeonard@cnps.ca); [asemenova@cnps.ca](mailto:asemenova@cnps.ca); [thall@hiroc.com](mailto:thall@hiroc.com); [cgaulton@hiroc.com](mailto:cgaulton@hiroc.com); [domenic.crolla@gowlingwlg.com](mailto:domenic.crolla@gowlingwlg.com); [mandy.lawson@gowlingwlg.com](mailto:mandy.lawson@gowlingwlg.com); [info@npao.org](mailto:info@npao.org); [dmartin@werpn.com](mailto:dmartin@werpn.com); [Andrew.Drummond@ipc.on.ca](mailto:Andrew.Drummond@ipc.on.ca); [dgrinspun@RNAO.ca](mailto:dgrinspun@RNAO.ca)  
**Cc:** Velji, Karima (MOH) <[Karima.Velji@ontario.ca](mailto:Karima.Velji@ontario.ca)>; Henry, Allison (She/Her) (MOH) <[Allison.Henry@ontario.ca](mailto:Allison.Henry@ontario.ca)>; Cheng, Stephen (MOH) <[Stephen.Cheng@ontario.ca](mailto:Stephen.Cheng@ontario.ca)>  
**Subject:** "As of Right" Guidance Document Now Available Online

Dear Colleagues,

I am pleased to inform you that the "As of Right" Guidance Document is now available on the [Ontario.ca website](https://www.ontario.ca).

Under the "As of Right" initiative, the Ontario government will allow physicians, nurses, medical laboratory technologists, and respiratory therapists registered in other Canadian jurisdictions to immediately start working in Ontario's hospitals and long-term care homes, without having to first register with one of Ontario's health regulatory colleges.

The Guidance Document is a plain-language resource that may be used by those who seeking to understand the "As of Right" initiative. It is not a substitute for 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.

Sincerely,  
 Karima



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, 19<sup>th</sup> Floor, Toronto, M7A 2J3  
Email: [Karima.Velji@ontario.ca](mailto:Karima.Velji@ontario.ca)  
Phone: 416-212-5494  
Cell: 647-534-4874

**932**

## Careers in health care

Learn about building a rewarding career in health care and the support available for you to do so.

---

### Overview

Working in health care provides an opportunity to:

- develop a broad skillset to meet the growing needs of Ontarians across the province
- work as part of a highly specialized team
- develop long-lasting relationships with both patients and their families

Professions in health care are in high demand all across Ontario. See what opportunities are available for a future career in health care and the supports available to help you along the way.

---

### Nursing

#### Become a registered nurse (RN)

Registered nurses (RN) working in health care provide comprehensive care to patients with ever-increasing levels of complex needs.

They are clinical leaders in assessment, care planning, carrying out care and measuring what's working or not for all patients. Registered nurses are also responsible for leading patient care teams, which can include a number of different designations and specialities.

To become a registered nurse, you must:

- complete a Bachelor of Science in Nursing degree offered by a university, college or through a college-university partnership
- complete the national registration examination
- be registered and in good standing with the College of Nurses of Ontario (<https://www.cno.org/>)

## Education

In Ontario, Bachelor of Science in Nursing programs are provided by:

- university stand-alone programs
- collaborative university-college programs
- college stand-alone programs

Click here to find a nursing program (<https://www.cno.org/en/become-a-nurse/approved-nursing-programs/rn-programs/>) .

Admission generally requires:

- an Ontario Secondary School Diploma (OSSD) or equivalent
- a minimum academic achievement average
- individual college or university program prerequisites

Programs are typically four years in length. However, some compressed and accelerated options are available for students with prior education and experience.

Financial aid may be available. Find more information about:

- Ontario Student Assistance Program (OSAP) (<https://www.ontario.ca/page/osap-ontario-student-assistance-program>)
- Tuition Support Program for Nurses (<https://www.health.gov.on.ca/en/pro/programs/northernhealth/nursetuition.aspx>)
- Canadian Nurses Foundation Scholarship program (<https://cnf-fiic.ca/scholarships/>)

- Registered Nurses Foundation of Ontario Annual Awards and Scholarships (<https://www.rnfoo.org/awards-a-scholarships/annual-awards/how-to-apply.html>)

## Next steps

- Apply directly to an approved nursing program (<https://www.cno.org/en/become-a-nurse/approved-nursing-programs/rn-programs/>), the Ontario Universities' Application Centre (OUAC) (<https://www.ouac.on.ca/>) or the Ontario Colleges Application Service (OCAS) (<https://www.ontariocolleges.ca/en/>).
- Find information on the NCLEX-RN examination (<https://www.ncsbn.org/nclex.htm>).
- Nursing Graduate Guarantee ([https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/early\\_career.aspx](https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/early_career.aspx)) — If you are within 12 months of registering with the College of Nurses of Ontario, and approved to participate in this program, Ontario will guarantee you have the opportunity for full time employment.
- Community Commitment Program for Nurses ([https://www.healthforceontario.ca/en/Home/All\\_Programs/Community\\_Commitment\\_Program\\_for\\_Nurses](https://www.healthforceontario.ca/en/Home/All_Programs/Community_Commitment_Program_for_Nurses)) — New nurses may be eligible to receive \$25,000 in exchange for a two-year commitment to an employer.

## Become a registered practical nurse (RPN)

Registered practical nurses provide comprehensive care to patients across multiple health care settings. The level of autonomy they may exercise in practice can vary depending on such things as patient complexity, their own individual level of experience and competence and the nature of the environment in which they work (such as practice supports and consultation resources).

To become a registered practical nurse, you must:

- complete an approved program of practical nursing
- complete the national registration examination
- be registered and in good standing with the College of Nurses of Ontario (<https://www.cno.org/>)

Registered practical nurse programs (<https://www.cno.org/en/become-a-nurse/approved-nursing-programs/practical-nursing-programs-in-ontario/>) approved by the College of Nurses of Ontario, are offered at publicly-assisted colleges, as well as some Indigenous institutes (<https://www.ontario.ca/page/indigenous-institutes>) in partnership with publicly-assisted colleges.

Admission generally requires:

- Ontario Secondary School Diploma (OSSD) or equivalent academic achievement
- individual college or program prerequisites

Programs are two-years long and lead to an Ontario college diploma.

Financial aid may be available. Find more information about:

- Ontario Student Assistance Program (OSAP) (<https://www.ontario.ca/page/osap-ontario-student-assistance-program>)
- Tuition Support Program for Nurses (<https://www.health.gov.on.ca/en/pro/programs/northernhealth/nursetuition.aspx>)
- Nursing Education Initiative ([https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/all\\_nurses.aspx](https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/all_nurses.aspx))
- WeRPN bursaries (<https://www.werpn.com/learn/funding/education-trust-fund/>)
- Canadian Nurses Foundation scholarship program (<https://cnf-fiic.ca/scholarships/>)
- Registered Nurses Foundation of Ontario Annual Awards (<https://www.rnfoo.org/awards-a-scholarships/annual-awards/how-to-apply.html>)

**Next steps**

- Apply directly to colleges or Indigenous institutes offering the practical nurse program (<https://www.cno.org/en/become-a-nurse/approved-nursing-programs/practical-nursing-programs-in-ontario/>) or through the Ontario Colleges Application Service (OCAS) (<https://www.ontariocolleges.ca/en/>).

- Find information about the Canadian Practical Nurse Registration Examination (<https://home.pearsonvue.com/cpnre>) .
- Nursing Graduate Guarantee ([https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/early\\_career.aspx](https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/early_career.aspx))  
— If you are within 12 months of registering with the College of Nurses of Ontario, and approved to participate in this program, Ontario will guarantee you have the opportunity for full time employment.
- Community Commitment Program for Nurses ([https://www.healthforceontario.ca/en/Home/All\\_Programs/Community\\_Commitment\\_Program\\_for\\_Nurses](https://www.healthforceontario.ca/en/Home/All_Programs/Community_Commitment_Program_for_Nurses)) — New nurses may be eligible to receive \$25,000 in exchange for a two-year commitment to an employer.

## Supports for a career in nursing

### Supervised Practice Experience Partnership (CNO)

For Internationally Educated Nurses, this partnership program between the College of Nurses of Ontario (CNO), Ministry of Health (MOH) and Ontario Health (OH) offers internationally trained nurses the opportunity to undertake a supervised practice experience to demonstrate current nursing knowledge while allowing them to meet their evidence of practice and/or language proficiency requirements to enter practice as a nurse.

Learn more about the Supervised Practice Experience Partnership (<https://www.cno.org/en/become-a-nurse/registration-requirements/evidence-of-practice/supervised-practice-experience/>)

### Enhanced Extern Program

This program supports hospitals in building capacity and health workforce by offering clinical learners an employment opportunity to work as externs in hospitals across Ontario. Hospitals recruit and onboard clinical learners to work as part of a team under the supervision of a regulated health care professional. Externs work in an unregulated care provider role and can build on their training and experience working in a hospital-setting.

To learn more about the Enhanced Extern Program, contact Ontario Health (<mailto:practiceontario@ontariohealth.ca?subject=Enhanced%20Extern%20Program>) .

The Bridging Educational Grant In Nursing (BEGIN) initiative is jointly offered by the Ministry of Health, Ministry of Long-Term Care and the WeRPN (Registered Practical Nurses Association of Ontario) to provide tuition support to personal support workers and registered practical nurses so they can pursue further education to become registered practical nurses and registered nurses respectively.

Eligible personal support workers will receive up to \$6,000 a year and eligible registered practical nurses will receive up to \$10,000 a year in financial support. Candidates with additional needs may also be eligible for further supports that include a maximum of \$5,000 per year to cover subsidies for course materials, tutoring, childcare, and travel costs.

Applicants to the BEGIN Program would be required to sign a Return of Service Agreement committing to working in the long-term care or home and community care sectors following graduation.

Learn more about the WeRPN Bridging Program (<https://begin.werpn.com/>)

### **Critical Care Nursing Upskilling (RN Certification Program)**

This program allows nurses to train to work in critical areas of hospital service delivery. Ontario will fund specialized nursing education in critical care for 500 more nurses across the province. We are working with seven colleges and universities on programming to upskill nurses at priority hospitals to work in critical care.

Learn more about Critical Care Nursing Upskilling  
(<https://budget.ontario.ca/2021/fallstatement/chapter-1a.html#s-4>)

### **Nursing Enrollment Expansion**

This program will add 1,500 registered practical nurses (RPNs) and 1,000 registered nurses (RN) to the health care system by 2026.

Beginning fall 2022 and winter 2023, 500 RPNs and 1,000 RN education seats will be added to college and university nursing programs across the province.

### **Clinical Scholar Program**

This program pairs an experienced front line nurse as a dedicated mentor with newly graduated nurses, internationally educated nurses and nurses wanting to upskill to ensure they have the support they need to confidently transition into the nursing profession. Nurses interested in the program should contact their hospital organization's management and Professional Practice team.

Learn more about Clinical Scholar Program

(<https://news.ontario.ca/en/release/1003310/ontario-doing-even-more-to-grow-its-health-care-workforce>)

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### **Personal support workers (PSW)**

Personal support workers are the backbone of the health care sector. On a day-to-day basis, they make the biggest difference to the patients' quality of life and are involved in every aspect of care planning, including:

- personal care
- social and emotional well-being
- housekeeping
- culturally-specific supports

Given the support they provide across a wide range of needs, becoming a personal support worker in health care is a great opportunity to develop a wide range of valued skills like inter-personal communications, teamwork, adaptability and collaboration.

To become a PSW you must have:

- a high school diploma or equivalent (such as mature student status)
- a personal support worker program certificate

### **Education**



Personal support worker education programs are offered by:

- publicly-assisted colleges (<https://www.ontariocolleges.ca/en/programs/health-food-and-medical/personal-support-worker-psw>)
- private career colleges (<https://www.pcc.tcu.gov.on.ca/PARISSearchWeb/search.xhtml>)
- district school boards (<https://ontarioschoolboardpsw.ca/>)
- Indigenous institutes (<https://www.ontario.ca/page/indigenous-institutes>)

Programs take from five months to a year to complete.

Find more information about:

- Financial support for PSW courses offered by District School Boards (<https://news.ontario.ca/en/release/1000019/ontario-helps-train-more-personal-support-workers>)
- Ontario Student Assistance Program (OSAP) (<https://www.ontario.ca/page/osap-ontario-student-assistance-program>)
- Second Career program (<https://www.ontario.ca/page/second-career>)
- PSW Return of Service Program ([https://www.healthforceontario.ca/en/Home/All\\_Programs/PSW\\_Return\\_of\\_Service](https://www.healthforceontario.ca/en/Home/All_Programs/PSW_Return_of_Service))

## Supports for a career as a PSW

### PSW Education Financial Incentive and Enrollment Expansion

In 2021-22, the government invested more than \$200 million in financial assistance for students at publicly-assisted colleges, private career colleges and district school boards to train up to 16,200 new PSWs in the health and long-term care sectors.

The government's 2021 Fall Economic Statement announced additional funding (<https://budget.ontario.ca/2021/fallstatement/chapter-1a.html#s-4>) to support training another 8,000 PSWs in 2022-2023.

### Supportive Care Worker Program

This tuition-free, employer-driven model of training is delivered at Conestoga College and is designed to prepare students to provide basic supportive care services and increase the pool of trained supportive care workers for the home and community care and long-term care sectors.

Graduates of the Supportive Care Worker program are eligible for advanced standing in Conestoga College's PSW program.

Learn more about the Supportive Care Worker program  
(<https://www.conestogac.on.ca/subsidized-training/health/supportive-care>)

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## Physicians

As a physician in Ontario, you'll join a diverse profession of regulated health care providers that offer safe, professional and ethical care to patients across the province.

To become a physician, you must:

- complete an undergraduate degree offered by a university or college
- complete a postgraduate medical degree from an approved medical school
- pass all necessary qualifying exams of the Medical Council of Canada  
(<https://mcc.ca/>)
- be licensed to practise medicine in the province of your practice

## Licensing

All physicians practising in Ontario must be registered with the College of Physicians and Surgeons of Ontario (CPSO).

Learn more about licensing  
(<https://health.gov.on.ca/en/pro/programs/hhrsd/physicians/licensing.aspx>)

## Education

Medical education in Ontario includes undergraduate, postgraduate and continuing professional development.

Undergraduate medical education is a three-year or four-year program of classroom learning and clinical training (clerkship). Graduates receive a Medical Doctor, or MD, degree.

942

Postgraduate residency programs provide clinical training in an area of specialization (for example, family medicine, surgery or psychiatry). Residents work and are paid during their training. Those who successfully complete their residency become eligible to take the national certification exams, which are necessary to enter practice.

The following universities offer both undergraduate and postgraduate medical education in Ontario:

- McMaster University (<https://healthsci.mcmaster.ca/>)
- Northern Ontario School of Medicine (<http://www.normed.ca/>)
- Queen's University (<http://meds.queensu.ca/education/postgraduate>)
- University of Ottawa (<http://www.medicine.uottawa.ca/postgraduate/eng/>)
- University of Toronto (<https://pgme.utoronto.ca/about-pgme/>)
- Western University (<http://www.schulich.uwo.ca/medicine/postgraduate/>)

## **Supports for a career as a physician or physician assistant**

### **International Medical Graduates (IMG)**

IMGs are a valuable part of Ontario's health care system and play an important role in providing care to Ontarians. There are a range of supports for IMGs seeking to practise medicine in Ontario.

Learn more about International Medical Graduates (IMG)

([https://health.gov.on.ca/en/pro/programs/hhrsd/physicians/international\\_medical\\_graduates.aspx](https://health.gov.on.ca/en/pro/programs/hhrsd/physicians/international_medical_graduates.aspx))

### **Physician Return of Service (ROS) Programs**

These programs are part of Ontario's strategy to help ensure a stable physician supply, improve retention and enhance distribution to provide better care for Ontarians.

Learn more about Physician Return of Service (ROS) programs  
(<https://health.gov.on.ca/en/pro/programs/hhrsd/physicians/ros.aspx>)

### **Northern and Rural Recruitment and Retention Initiative**

The Northern and Rural Recruitment and Retention (NRRR) Initiative offers taxable financial incentives to each eligible physician who establishes a full-time practice in an eligible community of the province. The grants range between \$80,000 and \$117,600 paid over a four-year period. The grants will be awarded based on eligibility criteria and considerations related to total NRRR Initiative budget allocations.

Learn more about the Northern and Rural Recruitment and Retention Initiative  
(<https://health.gov.on.ca/en/pro/programs/uap/nrrr.aspx>)

### **Practice Ready Ontario Program**

This program breaks down barriers for internationally educated physicians by removing the requirement to complete lengthy re-education programs, allowing them to practice in Ontario immediately. This program will add more than 50 new physicians to the province's workforce by 2024.

Learn more about the Practice Ready Ontario program  
(<https://touchstoneinstitute.ca/assessment/practice-ready-ontario/>)

### **Ontario Health-HealthForceOntario**

Ontario Health-HealthForceOntario helps health care professionals find employment opportunities in Ontario communities.

Learn more about Ontario Health-HealthForceOntario  
(<http://www.healthforceontario.ca/>) .

### **Practice Ontario**

Practice Ontario is a free career-planning service for postgraduate medical residents created by the Ontario Health-HealthForceOntario Marketing and Recruitment Agency.

Learn more about Practice Ontario

([https://www.healthforceontario.ca/en/Home/All\\_Programs/Practice\\_Ontario](https://www.healthforceontario.ca/en/Home/All_Programs/Practice_Ontario))

**944**

### **Supplemental Emergency Medicine Experience**

The Supplemental Emergency Medicine Experience

(<https://www.dfc.utoronto.ca/supplemental-emergency-medicine-experience-seme>)

is funded through the Ministry of Health and the University of Toronto to provide family physicians practising in smaller and rural communities with a three-month, full-time, remunerated fellowship in emergency medicine.

Learn more about the Supplemental Emergency Medicine Experience

(<https://www.dfc.utoronto.ca/supplemental-emergency-medicine-experience-seme>)

### **Physician Assistant Career Start Program**

Helps recent graduates from Ontario's Physician Assistant programs find positions in the province's health care system.

Learn more about the Physician Assistant Career Start program

([https://health.gov.on.ca/en/pro/programs/hhrsd/physicians/physician\\_assistant\\_career\\_start.aspx](https://health.gov.on.ca/en/pro/programs/hhrsd/physicians/physician_assistant_career_start.aspx))

### **Other professional development opportunities**

Other organizations offering professional development opportunities include:

- Ontario Medical Association (<https://www.oma.org/>)
- Royal College of Physicians and Surgeons of Canada (<https://www.royalcollege.ca/rcsite/home-e>)
- College of Physicians and Surgeons of Ontario (<https://www.cpso.on.ca/>)
- Ontario College of Family Physicians (<https://www.ontariofamilyphysicians.ca/>)
- College of Family Physicians of Canada (<https://www.cfpc.ca/en/home>)

### **As of Right rules**

As of Right rules allow physicians, nurses, respiratory therapists and medical laboratory technologists registered in other Canadian provinces and territories who meet specific conditions to immediately start working in Ontario, without having to

first register with one of the province's health regulatory colleges. These changes will help health care workers overcome bureaucratic delays and begin caring for Ontarians sooner.

**945**

Read the guidance (<https://files.ontario.ca/moh-as-of-right-guidance-document-en-2023-08-29.pdf>) .

Updated: September 01, 2023

Published: May 03, 2022

**From:** Jo-Ann Willson  
**Sent:** October 10, 2023 11:37 AM  
**To:** Rose Bustria  
**Subject:** FW: [Registrars] Registration Now Open for HPRO's Discipline Orientation Workshop - Basic (November 3) and Advanced (November 20) Sessions  
**Attachments:** HPRO Discipline Orientation Workshop - Fall 2023 - Basic Session - Flyer.pdf; HPRO Discipline Orientation Workshop - Fall 2023 - Advanced Session - Flyer.pdf; ATT00001.txt

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](mailto:jwillson@cco.on.ca)  
Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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

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:** Registrars <[registrars-bounces@regulatedhealthprofessions.on.ca](mailto:registrars-bounces@regulatedhealthprofessions.on.ca)> **On Behalf Of** Beth Ann Kenny  
**Sent:** Tuesday, October 10, 2023 11:34 AM  
**To:** Beth Ann Kenny <[bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)>  
**Subject:** [Registrars] Registration Now Open for HPRO's Discipline Orientation Workshop - Basic (November 3) and Advanced (November 20) Sessions

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

Hi All:

Registration is now open for HPRO's Discipline Orientation Workshop's Sessions. **NEW** – [Click Here to go to the Discipline Orientation Workshop Online Form](#) to register up to 10 participants from your College. Once we have your forms, the participants will receive an email, asking for additional information, i.e., accommodation needs and hearings experience. (We recognize this is the first time using this new

system and we anticipate questions or bugs to be worked out; don't hesitate to contact me if you have any questions or run into issues with the form or system.)

**947**

Here is information about the two sessions with detailed flyers attached.

**Basic**

Date: November 3, 2023  
 Time: 9:00 a.m.-4:00 p.m.  
 Format: Zoom Webinar

**Advanced**

Date: November 20, 2023  
 Time: 9:00 am.-4:00 p.m.  
 Format: Zoom Meeting

<b>RATES (HST INCLUDED)</b>		<b>By October 27</b>	<b>After October 27</b>
Basic Session (November 3 only)	HPRO Member*	\$475	\$550
Basic Session (November 3 only)	Non-Member	\$600	\$700
Advanced Session (November 20 only)	HPRO Member*	\$475	\$550
Advanced Session (November 20 only)	Non-Member	\$600	\$700
Basic & Advanced Sessions (both days)	HPRO Member*	\$900	\$975
Basic & Advanced Sessions (both days)	Non-Member	\$1,00	\$1,250
Basic Session Binder Only (by courier)	Only 'til October 27	\$200	N/A

Please let me know if you have any questions or need any additional information.

Thank you, and 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](mailto:bakenny@regulatedhealthprofessions.on.ca)  
 Web: [www.regulatedhealthprofessions.on.ca](http://www.regulatedhealthprofessions.on.ca)  
 Phone: 416-493-4076 / Fax: 1-866-814-6456





## Discipline Orientation Workshop Basic Session—November 3, 2023 Webinar

### Conducting a Discipline Hearing

#### Program Objectives

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

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

*Note: scheduled subject to change*

#### Faculty

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

#### Discipline Orientation Committee Members

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

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

*All registration will be confirmed within five (5) business days. If you do not receive confirmation, please contact HPRO at [info@regulatedhealthprofessions.on.ca](mailto:info@regulatedhealthprofessions.on.ca) or by phone at 416-493-4076. See Registration Form for rates and payment information.*

Conducting a Discipline Hearing - In-Person and Online Hearings

**Program Description**

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

*Note: scheduled subject to change*

**Faculty**

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

**Discipline Orientation  
Committee Members**

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

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

# ITEM 4.1.78

Rose Bustria

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989

**From:** Jo-Ann Willson  
**Sent:** October 18, 2023 10:47 AM  
**To:** Blenkinsop, Robert (OMAFRA)  
**Cc:** Rose Bustria  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

Hello Robert:

Nice to meet you virtually. I am out of the country right now, but I have copied Joel Friedman, Deputy Registrar, so we can respond to your inquiry promptly. My thought is that we communicate with the members identified as providing chiropractic care to animals, which we can do based on our registry, and ask them the question. We will get back to you asap. Thank you.

**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](mailto:jpwillson@cco.on.ca)  
Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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

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**From:** Blenkinsop, Robert (OMAFRA) <Robert.Blenkinsop@ontario.ca>  
**Sent:** Wednesday, October 18, 2023 9:02 AM  
**To:** Jo-Ann Willson <jpwillson@cco.on.ca>  
**Cc:** Rose Bustria <RBustria@cco.on.ca>  
**Subject:** Question re: chiropractic and acupuncture care to animals

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Dear Ms. Willson,

I hope this message finds you well. As you are aware, the Ministry of Agriculture, Food and Rural Affairs (OMAFRA) administers the *Veterinarians Act*. This Act is the legislative framework that governs the licensing of veterinarians in Ontario, the practice

of veterinary medicine, as well as the accreditation of the facilities used to practice veterinary medicine. Earlier this year, OMAFRA engaged with stakeholders and the public on a proposal to modernize the *Veterinarians Act*. It can be viewed on the Regulatory Registry of Ontario at the following link: [A Proposal to Modernize the Veterinarians Act \(ontariocanada.com\)](#). The consultation period for this proposal closed on May 30, 2023. During this period, you had provided some feedback in relation to the proposal.

We have worked through all of the consultation feedback and more recently have had a conversation with the Ontario Chiropractic Association (OCA) on the subject of chiropractors who provide chiropractic and acupuncture services to animals. In follow-up to that conversation we had some additional questions, which the OCA has referred us to you as the regulator.

In your letter to Minister Thompson from May 4<sup>th</sup> of this year, you had shared that 129 of the province's 5,354 registered chiropractors indicated to the CCO on their 2023 renewal form that they provide chiropractic care to animal patients as part of their practice. The additional questions for which we are seeking a response are:

- 1) How many of the 129 chiropractors provide acupuncture to animals; and,
- 2) How many of the 129 chiropractors use forms of energy in animal treatment

Is this information that the CCO would collect, and if so, is there a rostering process for these activities?

This information, if available, would be useful for informing our policy analysis work. I would appreciate hearing from you, if possible by this Friday.

Thank you in advance for your assistance.

Kind regards,  
Robert

Robert Blenkinsop, Ph.D. (*he/him*)  
Manager, Protection and Assurance Policy  
Food Safety and Environmental Policy Branch  
Ontario Ministry of Agriculture, Food and Rural Affairs  
1 Stone Road West, 2 SE  
Guelph, ON N1G 4Y2  
Tel.: 519.766.5402  
Email: [robert.blenkinsop@ontario.ca](mailto:robert.blenkinsop@ontario.ca)

**Please Note:** As part of providing [accessible customer service](#), please let me know if you have any accommodation needs or require communication supports or alternate formats.

**From:** Blenkinsop, Robert (OMAFRA) <Robert.Blenkinsop@ontario.ca>  
**Sent:** Thursday, October 19, 2023 10:27 AM  
**To:** Joel Friedman; Jo-Ann Willson  
**Cc:** Rose Bustria  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

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Good morning Joel and thank you for the update. I appreciate your follow-up on this.

If you have any questions, please feel free to contact me.

Kind regards,  
Robert

**From:** Joel Friedman <JFriedman@cco.on.ca>  
**Sent:** Thursday, October 19, 2023 9:56 AM  
**To:** Blenkinsop, Robert (OMAFRA) <Robert.Blenkinsop@ontario.ca>; Jo-Ann Willson <jpwillson@cco.on.ca>  
**Cc:** Rose Bustria <RBustria@cco.on.ca>  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

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Good Morning,

CCO is conducting a survey of members who provide chiropractic care to animals to collect this information. We will follow up further with this information next week.

Regards,

**Joel D. Friedman, BSc, LL.B**  
Deputy Registrar  
**College of Chiropractors of Ontario**  
59 Hayden Street, Suite 800  
Toronto, Ontario M4Y 0E7  
Tel: (416) 922-6355 ext. 104  
Toll Free: 1-877-577-4772  
Fax: (416) 925-9610  
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**From:** Blenkinsop, Robert (OMAFRA) <[Robert.Blenkinsop@ontario.ca](mailto:Robert.Blenkinsop@ontario.ca)>  
**Sent:** Wednesday, October 18, 2023 12:41 PM  
**To:** Jo-Ann Willson <[jpwillson@cco.on.ca](mailto:jpwillson@cco.on.ca)>  
**Cc:** Rose Bustria <[RBustria@cco.on.ca](mailto:RBustria@cco.on.ca)>  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

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Thank you Ms. Willson for your response and for forwarding this along to Mr. Friedman.

Much appreciated,  
Robert

Robert Blenkinsop, Ph.D. (*he/him*)  
Manager, Protection and Assurance Policy  
Food Safety and Environmental Policy Branch  
Ontario Ministry of Agriculture, Food and Rural Affairs  
1 Stone Road West, 2 SE  
Guelph, ON N1G 4Y2  
Tel.: 519.766.5402  
Email: [robert.blenkinsop@ontario.ca](mailto:robert.blenkinsop@ontario.ca)

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**From:** Jo-Ann Willson <[jpwillson@cco.on.ca](mailto:jpwillson@cco.on.ca)>  
**Sent:** Wednesday, October 18, 2023 10:47 AM  
**To:** Blenkinsop, Robert (OMAFRA) <[Robert.Blenkinsop@ontario.ca](mailto:Robert.Blenkinsop@ontario.ca)>  
**Cc:** Rose Bustria <[RBustria@cco.on.ca](mailto:RBustria@cco.on.ca)>  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

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Hello Robert:

Nice to meet you virtually. I am out of the country right now, but I have copied Joel Friedman, Deputy Registrar, so we can respond to your inquiry promptly. My thought is that we communicate with the members identified as providing chiropractic care to animals, which we can do based on our registry, and ask them the question. We will get back to you asap. Thank you.

**Jo-Ann Willson**, B.Sc., M.S.W., LL.B.  
Registrar & General Counsel  
**College of Chiropractors of Ontario**  
59 Hayden Street, Suite 800  
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Web Site: [www.cco.on.ca](http://www.cco.on.ca)



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

***Communication and Survey from CCO to Members who  
Provide Chiropractic Care to Animals - October 19, 2023***

This communication is being sent from the College of Chiropractors of Ontario (CCO) to members who responded on their 2023 renewal that they provide chiropractic care to animals.

CCO received a communication on October 18, 2023 from the Ontario Ministry of Agriculture, Food and Rural Affairs (OMFRA) related to the proposal to modernize the *Veterinarians Act*.

Please see the following links for the [letter dated May 4, 2023](#) from Ms Jo-Ann Willson, CCO Registrar and General Counsel to the Honourable Lisa M. Thompson, Minister of Agriculture, Food and Rural Affairs, regarding CCO and the Regulation of the Chiropractic Care of Animals, as well as the [communication dated October 18, 2023](#) from Robert Blenkinsop, Manager, Protection and Assurance Policy, Food Safety and Environmental Policy Branch, from the OMFRA requesting a response from CCO.

**Please advise of the following information by October 24, 2023 in the [survey at the following link](#):**

- Do you provide acupuncture care as part of your chiropractic care to animals?
- Do you apply forms of energy as part of your chiropractic care to animals

In addition, the Ontario Chiropractic Association (OCA) has been providing advocacy with respect to the chiropractic care of animals by chiropractors, so we would appreciate knowing if you consent to CCO sharing your contact details with the OCA to facilitate their ongoing advocacy efforts.

Thank you very much for your prompt response which will allow CCO to respond to OMFRA within their time line.

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

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

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



May 4, 2023

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

Via e-mail ([Lisa.Thompsonco@pc.ola.org](mailto:Lisa.Thompsonco@pc.ola.org)) and mail

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

Dear Minister:

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

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

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

CCO Council approved S-009: Chiropractic Care of Animals (S-009) on April 25, 1998. S-009 makes it clear that the primary responsibility for the health care of animals is with registrants of the CVO, and that consent to the chiropractic care of animals must be fully informed and voluntarily given. To comply with S-009, CCO members are required to have successfully completed a program in animal chiropractic. Maintenance of separate office spaces are also required, although as you can appreciate there are instances in which the member goes directly to the animal to assess and treat conditions consistent with the chiropractic scope of practice.





S-009 has been reviewed annually since its approval by Council in 1998, with each revision intended to better protect the public. You will note from the document attached, that S-009 was amended February 19, 2008, December 4, 2015, and November 24, 2022. Amendments are based on recommendations from the Quality Assurance Committee and appropriate consultation. CCO's Quality Assurance Program includes an in-person peer assessment component which requires peer assessors to meet with members to ensure, in a proactive way, that members are complying with CCO's standards or practice, policies and guidelines.

In addition to a quality assurance program, CCO, like other regulators, has a complaints and discipline procedure designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *Regulated Health Professions Act, 1991*. Since approval of S-009, there has not been a complaint from any animal owner concerning the chiropractic care of their animal. In total, there have been five complaints involving animal chiropractic to CCO - two complaints were from the CVO, two complaints were from one chiropractor complaining against another, and one was from a veterinarian (without concern being expressed by the animal owner). All matters were addressed by CCO's Inquiries, Complaints and Reports Committee (formerly the Complaints Committee).

To summarize:

- There has been a standard of practice in place relating to the chiropractic care of animals since 1998;
- CCO has not received any complaints from the public about the chiropractic care of animals; complaints from others have been addressed by the ICRC;
- The Quality Assurance Program, and in particular the peer assessment component includes a review of all standards of practice, including S-009 to ensure members are practicing in a manner consistent with CCO's standards, policies and guidelines;
- CCO is committed to ongoing dialogue and collaboration with the CVO and other stakeholders to ensure public interest protection in the chiropractic care of animals;
- To date, animal owners have had the choice of where to receive chiropractic care for their animals, and many of them have chosen to receive chiropractic care from members of CCO as well as members of the CVO.



We would be pleased to answer any questions or provide further input into your important task of revising and revising the *Veterinarians' Act*. I know the advocacy association for chiropractors in Ontario, namely the Ontario Chiropractic Association, has and will be making submissions on behalf of its members. CCO thinks it important that you also have the perspective of the regulator in terms of how the issues have been addressed to date, and what information is gathered and maintained by CCO consistent with its public interest mandate.

Jo-Ann Willson,

Registrar and General Counsel

- c. Ms Jan Robinson, Registrar, CVO
- Ms Caroline Brereton, CEO, OCA

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## CHIROPRACTIC CARE OF ANIMALS



**Standard of Practice S-009**

**Quality Assurance Committee**

**Approved by Council: April 25, 1998**

**Amended: February 19, 2008, December 4, 2015, November 24, 2022 (came into effect February 24, 2023)**

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

### INTENT

To advise members on when and how they can conduct chiropractic care of animals, and to remind them that the primary responsibility for the health care of animals is with veterinarians.

### OBJECTIVES

- To promote professionalism, safety and effectiveness in the chiropractic care of animals.
- To inform members of CCO of their obligations relating to the chiropractic care of animals.
- To ensure appropriate coordination and consultation between chiropractors and veterinarians in the chiropractic care of animals.
- To educate the public as to the appropriate nature of the chiropractic care of animals.

### DESCRIPTION OF STANDARD

A member is advised that:

- The primary responsibility for the health care of animals is with registrants of the CVO, who are responsible for appropriate history taking, comprehensive examination, including clinical pathology, and imaging, and the overall care/management of animals.
- Consent to the chiropractic care of animals must be fully informed and voluntarily given by the owner of the animal, and members are required to comply with all standards of practice and applicable legislation relating to chiropractic.

In providing chiropractic care to an animal, a member shall:

- demonstrate successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas: anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;

- ensure the record of care includes the name of the treating registrant of CVO and the relevant portions of the veterinary record;
- provide, upon request and only with the consent from the owner of the animal or otherwise in accordance with the *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)*<sup>1</sup> a copy of relevant portions of the record to the treating registrant of CVO within a reasonable time of providing chiropractic care to an animal;
- maintain separate appointment books, separate health and financial records and, where animals are provided with chiropractic care in the same office as humans, maintain a separate portion of the office devoted to animal chiropractic<sup>2</sup>; and
- ensure that the owner of the animal(s) is fully informed about the member's insurance coverage<sup>3</sup>.

### Exemption

A member will be exempted from the first bulleted item above if she/she:

- is enrolled and participating in an approved program in animal chiropractic, leading to the successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas, anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;
- completes the approved program in animal chiropractic within two years of their enrolment;
- provides chiropractic care to animals within the parameters of their course of study; and
- informs the owner of the animal(s) that they have enrolled and are participating in but have not yet graduated from an approved program in animal chiropractic.

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<sup>1</sup> Since the chiropractic care of animals does not involve human health care, the *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)* and not the *Personal Health Information Protection Act, 2004 (PHIPA)* would apply to the collection, use and disclosure of information related to the chiropractic care of animals.

<sup>2</sup> Maintenance of separate office space is a minimum requirement for health and sanitation reasons, particularly in light of the various communicable diseases common to human and animals.

<sup>3</sup> This requires the member to advise the owner of the animal if the member's policy of insurance or membership in a protective association does not provide coverage for the chiropractic care of animals. The owner should be informed about the member's insurance coverage as part of the general requirement that there be "informed" consent.

## **LEGISLATIVE CONTEXT**

The governing legislation as it relates to human health care is the *Regulated Health Professions Act, 1991*, as amended (*RHPA*) and the *Chiropractic Act, 1991*. The governing legislation as it relates to animal health care is the *Veterinarians Act, 1990*. Specific relevant provisions are outlined below. The *RHPA* and the *Chiropractic Act* are administered by CCO and the *Veterinarians Act* is administered by CVO.

### **Sections of the RHPA**

#### **Objects and Duty of the CCO – Section 3 of the Regulated Health Professions (Code), Schedule 2 to RHPA (Code):**

(1) [CCO] has the following objects:

- To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
- To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members.

(2) In carrying out its objects, the [CCO] has a duty to serve and protect the public interest.”

### **Sections of the Chiropractic Act**

#### **Section 3: Chiropractic Scope of Practice**

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- dysfunctions or disorders arising from the structures or functions of the joints.”

#### **Section 9: Restricted Titles for Chiropractic**

- “(1) No person other than a member shall use the title ‘chiropractor’, a variation or abbreviation or an equivalent in another language.
- (2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a chiropractor or in a specialty of chiropractic.
- (3) In this section, ‘abbreviation’ includes an abbreviation of a variation.”

**Sections of Regulation 852/93 under the *Chiropractic Act***

**Section 1 (2): Definition of Professional Misconduct for Chiropractors (Standards of Practice)**

“The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code: Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.”

**Sections of the *Veterinarians Act***

**Subsection 1 (1): Definition of Veterinary Medicine**

“The ‘practice of veterinary medicine’ includes the practice of dentistry, obstetrics (including ova and embryo transfer) and surgery in relation to an animal other than a human being.”

**Section 3: Objects of CVO**

- “(1) The principal object of the [CVO] is to regulate the practice of veterinary medicine and to govern its members in accordance with this Act, the regulations and the by-laws so as to serve and protect the public interest.
- (2) For the purpose of carrying out its principal object, the [CVO] has the following additional objects:
- establish, maintain and develop standards of knowledge and skill among its members; and
  - establish, maintain and develop standards of qualification and standards of practice for the practice of veterinary medicine.”

**Subsection 11 (1): Licence Required to Practice Veterinary Medicine**

“No person shall engage in the practice of veterinary medicine or hold himself/herself out as engaging in the practice of veterinary medicine unless the person is the holder of a license.”

**Sections of Regulation 1093 (General – Part II Practice Standards) under the *Veterinarians Act***

**Section 17: Definition of Professional Misconduct for Veterinarians (Standards of Practice)**

“For the purposes of the Act, professional misconduct includes the following: Failing to maintain the standard of practice of the profession.”

College of  
Chiropractors  
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February 24, 2017

## APPENDIX B

*Via E-mail and Ordinary Mail*

Ms Jan Robinson  
Registrar and Chief Executive Officer  
College of Veterinarians of Ontario  
2106 Gordon Street  
Guelph, Ontario N1L 1G6

**Re: Dialogue Concerning Animal Chiropractic between the College of Veterinarians of Ontario (CVO) and College of Chiropractors of Ontario (CCO)**

Dear Ms Robinson:

I wanted to follow up on our informal lunch on December 2, 2016 to express our continuing interest in a dialogue relating to any proposed legislative amendments to the current legislation governing the chiropractic care of animals.

As you know, this has been a topic of discussion between our respective colleges for many years. CCO's current S-009: Chiropractic Care of Animals (enclosed) was originally approved by CCO Council on April 25, 1998 following extensive discussions with a former Registrar of CVO, namely the late Dr. John Henry. The standard has been reviewed on a regular basis, with the most recent amendments being approved December 4, 2015. A number of CCO members provide animal chiropractic care, and to date, there hasn't been a complaint about animal chiropractic care by a member of CCO from the public (there was one complaint many years ago from a veterinarian but the animal owner did not wish to pursue the complaint).

CCO's Quality Assurance Committee is responsible for reviewing S-009 on a regular basis, and would be pleased to receive any feedback from CVO concerning the standard. In addition, we would be pleased to review and comment on any proposed legislative changes being considered or recommended by CVO either before or after more broad scale public consultation. If you think it would be helpful, we would be pleased to host a joint meeting to discuss any public interest issues consistent with our respective mandates.

CCO has received various inquiries from members who practise chiropractic requesting information about CVO's current efforts, and we expect to have a communication strategy to address any issues. We are open to a joint communication to our respective members if you think it would be both efficient and helpful.



In the interim, the QA Committee is in the process of gathering further background information about the members who practice animal chiropractic, and for that purpose is considering a brief survey asking information about how long they have been practising animal chiropractic, where they were trained, and what formal or informal arrangements they have with veterinarians. This information will be helpful in terms of confirming how many members are involved in the chiropractic care of animals.

There is an opportunity here for interprofessional collaboration and we look forward to hearing from you about what would be most helpful as the CVO continues its efforts to modernize and update its legislation, potentially with the controlled and authorized acts model of the *Regulated Health Professions Act, 1991* being a basis for discussion. We look forward to an ongoing dialogue about these and any other issues. The CVO is to be applauded for taking steps to modernize legislation that has not kept pace with other legislative changes.

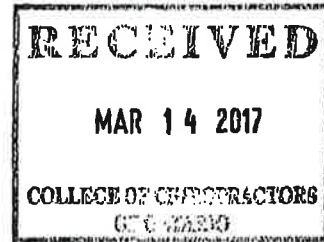
Yours truly,

JoAnn Willson  
Registrar and General Counsel  
College of Chiropractors of Ontario





THE COLLEGE OF  
VETERINARIANS  
OF ONTARIO



1003

March 13, 2017

Ms. Jo-Ann Willson  
Registrar and General Counsel  
College of Chiropractors of Ontario  
130 Bloor Street West  
Suite 902  
Toronto, ON M5S 1N5

Dear Ms. ~~Willson~~ *Jo-Ann*:

**Re: Dialogue Concerning Animal Chiropractic between the College of Veterinarians of Ontario (CVO) and College of Chiropractors of Ontario (CCO)**

Thank you very much for your letter of February 24, 2017 outlining the CCO's interest in animal chiropractic care and the work of your Quality Assurance Committee.

As you are aware our College is in the middle of a full legislative review of the *Veterinarians Act*, inclusive of the scope of practice of veterinary medicine. Within this work we have acknowledged the history of the dialogue between our two organizations and the CCO's longstanding standard of practice S-009: Chiropractic Care of Animals. In addition, I have appreciated our informal discussions regarding the mutual aim to recognize the scope of practice of chiropractors within a proposed new scope model for veterinarians.

Our Council is meeting on March 22/23 to discuss the proposed model prior to public consultation. At present the proposal is focused on identified authorized activities rather than an exclusive scope of practice. Further, it seeks to exempt chiropractors for both the use of the title doctor (with conditions) and the performance of spinal manipulation on animals. Once Council has approved the proposal, we will be moving to a public consultation phase in April and May. We will reach out to you directly for a formal response.

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Ms. Jo-Ann Willson  
Page 2

Your invitation to meet with members of your Quality Assurance Committee is welcomed. I would suggest we perhaps wait to set a time after the consultation period is complete and we better understand any public concerns with what is proposed. You may also have the results of your member survey regarding animal chiropractic and we would certainly be interested in any information you can share.

Thank you so much. We too look forward to an ongoing dialogue.

Sincerely,  
COLLEGE OF VETERINARIANS OF ONTARIO

A handwritten signature in black ink, appearing to read 'Jan Robinson', with a long horizontal flourish extending to the right.

Jan Robinson  
Registrar and CEO

June 9, 2009

*Via e-mail, facsimile (1-519-824-6497) and courier*

Ms Susan Carlyle  
Registrar  
College of Veterinarians of Ontario  
2106 Gordon Street  
Guelph, Ontario  
N1L 1G6

**Re: Comments from the College of Chiropractors of Ontario (CCO) on the College of Veterinarians of Ontario (CVO) Draft Position Statement entitled *The Practice of Complementary and Alternative Veterinary Medicine (Draft Position Statement)***

Dear Ms Carlyle:

**I Introduction**

Thank you for the opportunity to comment on the above noted document, and for the extension of time on which to file a response.

This correspondence is further to my correspondence dated October 21, 2008 (copy attached) and enclosures.

In summary, CCO's view is that the Draft Position Statement is inconsistent with the law of Ontario, public policy and the interests of the public. The Draft Position Statement appears to be based on an advocacy position for the purpose of expanding veterinarian jurisdiction, rather than the public interest.

## II Background

CCO and CVO worked collaboratively for many years in addressing the issue of animal chiropractic. I set out the chronology in my correspondence dated October 21, 2008 (copy enclosed). CCO and CVO worked together between 1992 and 1999 to develop a joint approach regarding animal chiropractic. CCO Standard of practice, S-009: Chiropractic Care of Animals (copy enclosed) was approved by CCO Council in 1998, following an extensive consultation period with members and stakeholders. That consultation included six years of collaboration with CVO. S-009 was subsequently circulated to members and stakeholders and published on CCO's web site. Shortly thereafter, CVO passed a policy which included many of the same provisions as S-009. Since 1998, and in reliance on an agreed upon approach to the regulation of animal chiropractic, CCO members have been meeting the public demand for appropriate and effective chiropractic care of animals in accordance with S-009.

You notified me by way of a June 30, 2008 letter that the CVO Council was considering a Draft Position Statement and that, if it was approved, it would have a "significant" impact on CCO members, as any chiropractor would require a written referral from a licensed veterinarian prior to providing a chiropractic treatment to an animal. Absent a written referral, a chiropractor would be considered by the CVO to be engaging in the unauthorized practice of veterinary medicine, and, I took from your letter, presumably subject to prosecution by the CVO pursuant to section 40 of the *Veterinarians Act, R.S.O. 1990, Ch. V.3*. You also informed me that S-009 would "require immediate revision" so as to require a chiropractor to obtain a referral from a veterinarian before providing a chiropractic treatment to an animal. For reasons which are not clear, S-009 is not included in the list of documents reviewed in the development of the Draft Position Statement.

## III Statutory Framework

The practice of veterinary medicine in Ontario is defined in the *Veterinarians Act*, V.3, as including "the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being." The CVO's jurisdiction in Ontario is delineated by that statutory definition, as it is authorized by law to regulate the practice of veterinary medicine and to govern its members in accordance with the *Veterinarians Act*.

The CVO has based its Draft Position Statement on a definition of veterinary medicine (the "AIT definition") that is inconsistent with the *Veterinarians Act* and was created for a different purpose than the regulation of the practice of veterinary medicine in Ontario. The AIT definition is as follows:

*"Veterinary Medicine" means the practice of medicine, surgery and dentistry on animals, and includes the examining, diagnosing, prescribing, manipulating and treating for the prevention, alleviation or correction of a disease, injury, condition, deformity, defect, or lesion in an animal with or without the use of any instrument, applicant, drug, or biologics;<sup>1</sup>*

The footnote to this definition in the Draft Position Statement says the following:

*"This definition is based on that agreed to by all Canadian veterinary regulators as published in the 2001 Mutual Recognition Agreement under the pan-Canadian Agreement on Internal Trade (AIT)."<sup>2</sup>*

The AIT definition was agreed to by various regulators for the purpose of enabling a veterinarian qualified for that occupation in one part of Canada to have access to employment opportunities in that occupation in another part of Canada. The AIT definition of veterinary medicine cannot be used to define the practice of veterinary medicine for the purposes of the *Veterinarians Act*, and in particular, sections 11, 39, and 40 of that *Act*.

The practice of veterinary medicine, as that term is defined in the *Veterinarians Act*, does not include manipulation or animal chiropractic, and it is not within the jurisdiction of the CVO to claim exclusive jurisdiction over it, or to regulate the practice of chiropractic. In addition, as you are aware, legislation governs over any policies or position statements to the extent of any inconsistency pursuant to the doctrine of paramountcy.

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<sup>1</sup> Page 2, Draft Position Statement.

<sup>2</sup> Footnote 1, page 2, Draft Position Statement.

#### **IV The Public Interest**

The government of Ontario has promoted safe, effective, and efficient health care in Ontario by allowing regulated health care professionals to practise to the full extent of their competence, and by encouraging opportunities for regulated health professions to work together. This allows for a system where all health professionals can function to the fullest extent of their training and capability as part of an integrated and collaborative health care team. The government, and CCO, believes that interprofessional collaboration is key to improving access to seamless and effective care that is in the public interest.

This approach is also in the public interest because it allows members of the public the right to choose the appropriate care for their animals. The CCO has heard from many members of the public who value the treatment provided to their animals by chiropractors. They want to have the ability to choose the type of care provided to their animals, and consider it critically important to have access to chiropractic care for their animals. The Draft Position Statement, which requires a veterinarian to refer an animal to a chiropractor for chiropractic care, and then supervise that care, would have the effect of increasing the cost and limiting access to chiropractic care of animals.

CCO is aware of the number of letters forwarded to the CVO from the public setting out their strong support for being able to choose who delivers chiropractic care for their animals without such care being subject to "gate keeping" and supervision by veterinarians.

CCO's QA Committee has had an opportunity to review some of the feedback provided with respect to the draft position statement. The feedback was informative and appears to consistently support the status quo, namely, that animal owners in some instances choose to consult directly with chiropractors with training and expertise in animal chiropractic, and some animal owners choose to consult directly with veterinarians for the chiropractic treatment of animals. What was clear from the feedback reviewed is that there are chiropractors and veterinarians who have managed to establish and maintain healthy working relationships which are of benefit to their respective patients.

What appears to be missing from the Draft Position Statement is an identification of and articulation of the public interest issues that the statement is attempting to address. What evidence is there of harm to the public requiring changes to the status quo in terms of animal chiropractic? The question is important particularly given the regulator's role in protecting the public interest to be contrasted with the role of professional associations in advancing professional interests.

## V Conclusion

CCO Standard S-009 protects the public, allows for choice and access to care, and was developed in cooperation and collaboration with CVO. It includes a number of principles our colleges agreed upon, including that the primary responsibility for the health care of animals is with members of the CVO, who are responsible for appropriate history taking, comprehensive examination, including clinical pathology, imaging, and the overall treatment/management of animals. S-009 also stresses the importance of appropriate coordination and consultation between chiropractors and veterinarians in the chiropractic care of animals, as well as the need to promote professionalism, safety and effectiveness in the chiropractic care of animals. Chiropractors who provide chiropractic care to animals must have successfully completed specialized training, must ensure informed consent is given to treatment, and must maintain records in such a manner as to facilitate communication with the animal's treating veterinarian.

Moreover, CCO Standard S-009 has been in effect for more than 10 years. During that time, the CCO received only one complaint from a veterinarian about the care provided by a chiropractor to an animal, and the animal's owner was pleased with the care provided and would not agree to release any of the records or agree to participate in the complaint against the chiropractor. CCO does not have a history of concerns expressed by the public with respect to animal chiropractors, although S-009 provides a mechanism for dealing with any such concerns if they arise.

Such an integrated approach to health care is consistent with the philosophy and purpose of the legislation. Put differently, the *Veterinarians Act* does not provide that the exclusive care of animals other than humans rests with veterinarians.

Both of our colleges' members have special education, training and expertise. We each have members who provide health care services to animals. We would welcome the opportunity to work in collaboration with the CVO to resolve issues arising from animal chiropractic.

Thank you for hosting Mr. Friedman, Dr. Walton and I at our recent lunch. I reiterate the QA Committee's offer to meet with members of the committee of the CVO responsible for reviewing the feedback and making recommendations if it would be of assistance in resolving any outstanding issues.

I emphasize CCO's ongoing commitment to work with CVO and other regulators on matters of mutual interest, particularly given our respective mandates to regulate the professions of chiropractic and veterinary medicine in the public interest. We appreciate the opportunity to comment on the Draft Position Statement and look forward to further dialogue.

Yours truly,

Jo-Ann Willson  
Registrar and General Counsel  
B.Sc., M.S.W., LL.B.



October 21, 2008

*Via facsimile (1-519-824-6497) and courier*

Ms Susan Carlyle  
Registrar  
College of Veterinarians of Ontario  
2106 Gordon Street  
Guelph, Ontario  
N1L 1G6

**Re: Mutual Interest in Animal Chiropractic Between the College of Chiropractors of Ontario (CCO) and the College of Veterinarians of Ontario (CVO)**

Dear Ms Carlyle:

## **I Introduction**

I am writing to you with respect to our respective colleges' interest in animal chiropractic, and to reopen the dialogue concerning a possible resolution, in the public interest, of any remaining areas of controversy. Part of the delay in writing to you has been that I have had to track down the various communications between our colleges since at least the early 90's concerning the topic, and the various efforts made to resolve matters over the years. When I joined CCO in 1993, animal chiropractic was a topic of conversation between CCO and CVO, and fortunately (or unfortunately, depending on your perspective), I have been involved in many of those conversations.

## **II Background Information**

I am not aware of what background information you have concerning animal chiropractic and the numerous discussions, meetings and correspondence between CCO and CVO over the years. Therefore, I have set out below some of the relevant history, and have also enclosed with this correspondence, some background documents:

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**In 1992**, a task force was established consisting of veterinarians and chiropractors, and the task force agreed that some sort of training should be necessary for both professions, and that both professions should have a means to communicate with each other in the interest of the public and their animals.

**On February 24, 1994**, CVO's then President, Dr. John Reeve-Newson, wrote to the late Dr. Stan Stolarski, CCO Registrar, to invite the CCO Executive to meet with CVO's Executive to discuss the topic of animal chiropractic.

**In 1995**, members of the CVO Executive Committee and staff met with the CCO Executive Committee to discuss a possible press release from both colleges, but this press release was never finalized or published.

**In 1997**, I wrote to CVO's then Registrar, Dr. John Henry at least five times (May 6, 1997, May 12, 1997, June 4, 1997, August 27, 1997, and September 19, 1997), each time enclosing the updated draft of the Animal Chiropractic Standard of Practice.

**On May 9, 1997**, I met with CCO's then Registrar, Dr. Jerry Grod and Dr. Henry, in Dr. Henry's office overlooking the golf course, at the CVO in Guelph. At the time, I suggested that the two colleges come up with a joint standard of practice dealing specifically with animal chiropractic to provide guidance to the members of both colleges. My understanding is that a draft of this standard was reviewed and discussed by CVO Council in June 1997. Various drafts were later reviewed and amendments made, and in March 1998, CVO Council reviewed draft # 11.

**In November, 1997**, CCO's Quality Assurance (QA) Committee circulated to CCO Registrants and other stakeholders (including the CVO), a draft standard of practice relating to the Chiropractic Care of Animals. The memorandum from the late Dr. Bert Brandon, Chair, QA Committee, references the long consultation and discussion with the CVO in the development of the standard. It also references the importance of members of both colleges continuing to dialogue about the important issues relating to animal chiropractic, and that the draft was intended to provide guidance to the members of both colleges. This draft was to be circulated by both colleges, and on that basis, the CVO agreed to have its logo included on the draft, and to reference the obligations of CVO members in the document. I do not know if the CVO circulated this draft as was anticipated.

1013

**On March 2, 1998**, I wrote to Dr. Henry enclosing a further draft standard on animal chiropractic resulting from a number of telephone conversations between us and a review of the feedback received from the November 1997 circulation, and requesting further comments.

**On April 25, 1998**, CCO Council approved S-009: Chiropractic Care of Animals, on the recommendation of the QA Committee, which had reviewed all feedback received from members and stakeholders. The standard was subsequently circulated and posted on CCO's website.

**On May 22, 1998**, Dr. Henry forwarded to me a copy of his note to the CVO Executive and Council updating them on the animal chiropractic standard, and advising there may be a bit of a delay in further action because I was about to go on maternity leave (The particular daughter Dr. Henry is referencing is about to celebrate her 13<sup>th</sup> birthday).

**On November 13, 1998**, I again wrote to Dr. Henry to provide an update, and to advise that references to CVO members had been deleted from the standard, but otherwise, the standard was the same as had been forwarded to him on March 2, 1998.

**On January 20, 1999**, CVO Council passed a policy it intended to become a regulation which included many of the same provisions as in CCO's S-009, such as appropriate training in animal chiropractic, the name of the member of CCO and relevant portions of the chiropractic record, and a responsibility to provide, upon request, a copy or summary of relevant portions of the veterinary record to the CCO member. Similar to CCO's standard, there was to be an exemption for CVO registrants who were enrolled and participating in an approved program in animal chiropractic, such as the certificate program offered by the American Veterinary Chiropractic Association (AVCA) or its equivalent. I do not know whether the CVO proceeded to try to get such a regulation passed through the legislature.

**In the March/April 1999** CVO newsletter, Dr. Henry outlined the history of the CCO standard and CVO policy in an article entitled "Animal Chiropractic Update."

**On September 28, 2005**, the CVO Council approved a position statement entitled Animal Rehabilitation in Veterinary Practice which expressly excludes animal chiropractic.

1014

**In the December 2007 CVO Update, the Position Statement on Animal Rehabilitation in Veterinary Practice was returned to staff to be reworked along with the CVO policy on chiropractic therapy in order to draft a comprehensive policy for CVO Council's consideration.**

**On June 20, 2008, CCO Council approved minor amendments to S-009: Chiropractic Care of Animals, on the recommendation of the QA Committee, which had reviewed the standard as part of its ongoing review of all standards of practice and policies. In particular, the specific reference to the AVCA was deleted.**

### **III Your Correspondence dated June 30, 2008 and Enclosure**

On July 4, 2008, I received your correspondence dated June 30, 2008, enclosing CVO's draft Position Statement on Complementary and Alternative Veterinary Medicine. In your correspondence you indicate that the potential impact of the document on CCO membership is "significant." As I indicated to you, the CVO is responsible for regulating veterinarians in Ontario, and the CCO is responsible for regulating chiropractors in Ontario. The CVO, cannot by standard of practice, which arguably is inconsistent with the *Veterinarians Act*, adversely affect the members of another profession.

One of the significant difficulties is the definition of veterinary medicine contained in the *Veterinarians Act*, namely:

*"practice of veterinary medicine" includes the practice of dentistry, obstetrics including ova and embryo transfer and surgery in relation to an animal other than a human being".*

As you are aware, animal chiropractic is not specifically mentioned.

What is apparently new in the position statement is a requirement for chiropractors to obtain a written referral from a veterinarian. In addition, there appear to be some inconsistencies in defining the appropriate level of care and supervision. In your correspondence, you indicate that the CVO's new position statement will require immediate revision to CCO's S-009: Chiropractic Care of Animals to ensure CCO's standard is in line with the CVO policy. With respect, I disagree.

1015

Animal chiropractic continues to be practised by many chiropractors, not only in Ontario, but in many other provinces and jurisdictions. The AVCA program trains both chiropractors and veterinarians. Animal owners frequently seek chiropractic care for their animals directly from chiropractors. CCO has had a standard of practice relating to animal chiropractic in place for well over a decade, in an effort to provide guidance to members who practice animal chiropractic, and that standard was developed in consultation with the CVO. It may be that are changes are required, in the public interest, but fundamental changes cannot be made unilaterally.

In addition, since you have indicated the CVO position statement is a draft, and my understanding is that the draft will be considered by the CVO at an upcoming meeting, do I have your permission to share the draft with members of the chiropractic profession who practise animal chiropractic to solicit their input and constructive feedback? CCO certainly recognizes and applauds the CVO for looking at this issue again. Animal chiropractic is important, and given the history and mutual interest of our colleges in the issues, further discussion and consideration is required.

#### **IV Conclusion**

I am aware that in the past, CVO has received legal advice from Richard Steinecke on the topic of animal chiropractic. Mr. Steinecke also provides legal advice to CCO on occasion, and accordingly, it may be a conflict for him to act on this topic on behalf of either college. On the other hand, it may be that Mr. Steinecke may actually be able to try to mediate or broker an agreement between CCO and CVO. That issue can be discussed on another occasion.

1016

I will tell you that on a personal level, I have the upmost respect and admiration for veterinarians (and chiropractors as well). I am committed personally and professionally to trying to resolve any issues related to animal chiropractic. If you would like to meet with our respective QA Committees or even meet informally, I would be pleased to do so. I know the QA Committee supports inter-professional collaboration and dialogue, and we would be pleased to discuss how the two colleges can work collaboratively in the public interest within our respective mandates.

Yours truly,

Jo-Ann Willson  
B.Sc., M.S.W., LL.B.  
Registrar and General Counsel

Enclosures:

1. Correspondence dated February 24, 1994 to Dr. Stolarski from Dr. John Reeve-Newson.
2. Correspondence dated September 19, 1997 to Dr. John Henry from Ms Willson re: Chiropractic Care of Animals.
3. Memorandum dated November 7, 1997 to Registrants of CCO/Other Stakeholders from CCO QA Committee re: draft standards (including Chiropractic Care of Animals) and draft standard entitled Chiropractic Care of Animals (dated November 7, 1997).
4. Correspondence dated March 2, 1998 to Dr. Henry from Ms Willson.
5. Facsimile dated May 22, 1998 to Ms Joanne Wilson [sic] from John Henry.
6. Correspondence dated November 13, 1998 to Dr. Henry from Ms Willson (with S-009: Chiropractic Care of Animals enclosed).
7. CVO Chiropractic Care of Animals document (January 20, 1999).
8. Animal Chiropractic Update dated March/April 1999.
9. CVO Position Statement on Animal Rehabilitation in Veterinary Practice (September 28, 2005).
10. Extract from CVO Update December 2007.
11. CCO S-009: Chiropractic Care of Animals (amended: June 20, 2008).
12. Correspondence dated June 30, 2008 to Ms Willson from Ms Carlyle and enclosure.

Dear Ms. Willson,

I hope this message finds you well. As you are aware, the Ministry of Agriculture, Food and Rural Affairs (OMAFRA) administers the *Veterinarians Act*. This Act is the legislative framework that governs the licensing of veterinarians in Ontario, the practice of veterinary medicine, as well as the accreditation of the facilities used to practice veterinary medicine. Earlier this year, OMAFRA engaged with stakeholders and the public on a proposal to modernize the *Veterinarians Act*. It can be viewed on the Regulatory Registry of Ontario at the following link: [A Proposal to Modernize the Veterinarians Act \(ontariocanada.com\)](#). The consultation period for this proposal closed on May 30, 2023. During this period, you had provided some feedback in relation to the proposal.

We have worked through all of the consultation feedback and more recently have had a conversation with the Ontario Chiropractic Association (OCA) on the subject of chiropractors who provide chiropractic and acupuncture services to animals. In follow-up to that conversation we had some additional questions, which the OCA has referred us to you as the regulator.

In your letter to Minister Thompson from May 4<sup>th</sup> of this year, you had shared that 129 of the province's 5,354 registered chiropractors indicated to the CCO on their 2023 renewal form that they provide chiropractic care to animal patients as part of their practice. The additional questions for which we are seeking a response are:

- 1) How many of the 129 chiropractors provide acupuncture to animals; and,
- 2) How many of the 129 chiropractors use forms of energy in animal treatment

Is this information that the CCO would collect, and if so, is there a rostering process for these activities?

This information, if available, would be useful for informing our policy analysis work. I would appreciate hearing from you, if possible by this Friday.

Thank you in advance for your assistance.

Kind regards,  
Robert

Robert Blenkinsop, Ph.D. (*he/him*)  
Manager, Protection and Assurance Policy  
Food Safety and Environmental Policy Branch  
Ontario Ministry of Agriculture, Food and Rural Affairs  
1 Stone Road West, 2 SE  
Guelph, ON N1G 4Y2  
Tel.: 519.766.5402  
Email: [robert.blenkinsop@ontario.ca](mailto:robert.blenkinsop@ontario.ca)

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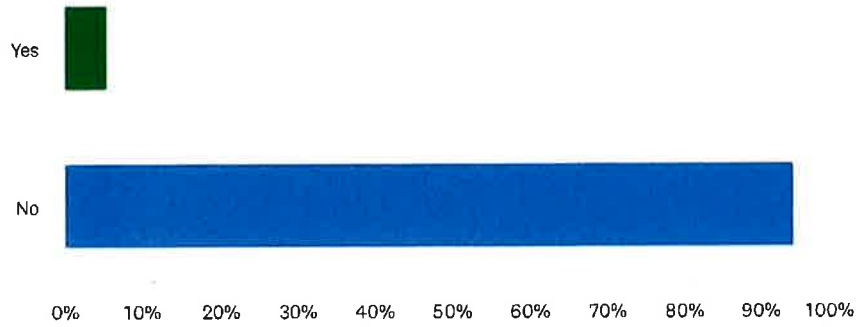
# ITEM 4.1.80

Survey on the Chiropractic Care of Animals - October 19, 2023

1018

## Q1 Do you provide acupuncture care as part of your chiropractic care to animals?

Answered: 55 Skipped: 0



### ANSWER CHOICES

Yes

No

TOTAL

### RESPONSES

5.45%

94.55%

3

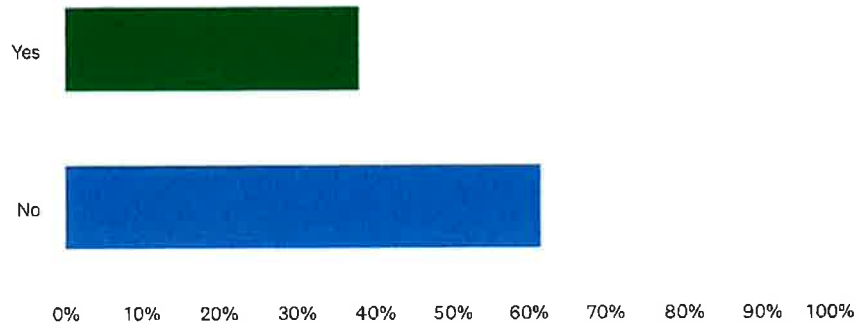
52

55



## Q2 Do you apply forms of energy as part of your chiropractic care to animals?

Answered: 55 Skipped: 0



**ANSWER CHOICES**

Yes

No

TOTAL

**RESPONSES**

38.18%

61.82%

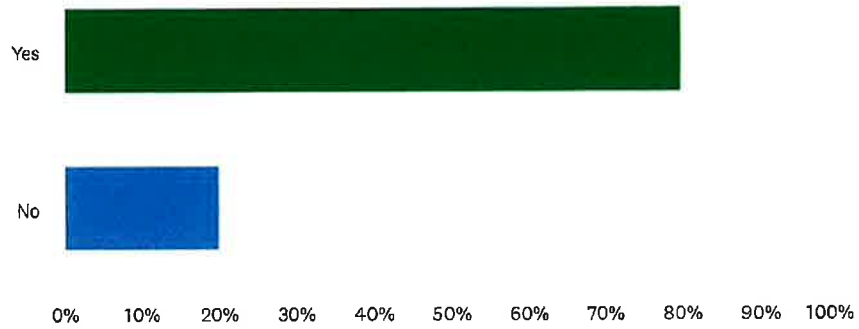
21

34

55

Q3 Do you consent to CCO sharing your name and contact information with the Ontario Chiropractic Association (OCA) for the purposes of the OCA's advocacy efforts with respect to the chiropractic care of animals?

Answered: 55 Skipped: 0



**ANSWER CHOICES**

Yes

No

TOTAL

**RESPONSES**

80.00%

20.00%

44

11

55

**From:** Jo-Ann Willson  
**Sent:** October 27, 2023 5:56 AM  
**To:** Rose Bustria  
**Subject:** FW: Question re: chiropractic and acupuncture care to animals

Quality Assurance 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](mailto:jwillson@cco.on.ca)  
Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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**From:** Joel Friedman <[JFriedman@cco.on.ca](mailto:JFriedman@cco.on.ca)>  
**Sent:** Thursday, October 26, 2023 9:20 AM  
**To:** Blenkinsop, Robert (OMAFRA) <[Robert.Blenkinsop@ontario.ca](mailto:Robert.Blenkinsop@ontario.ca)>; Jo-Ann Willson <[jwillson@cco.on.ca](mailto:jwillson@cco.on.ca)>  
**Cc:** Rose Bustria <[RBustria@cco.on.ca](mailto:RBustria@cco.on.ca)>  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

Good Morning,

Further to our correspondences below, CCO surveyed chiropractors who provide chiropractic care to animals with these questions. The following are the results received:

Chiropractors who provide acupuncture to animals:

Yes: 3

No: 52

Unknown: 74

Chiropractors who use forms of emergency in animal treatment:

Yes: 21

No: 34

CCO requires all chiropractors who provide chiropractic care to animals to comply with Standard of Practice S-009: Chiropractic Care of Animals <https://cco.on.ca/wp-content/uploads/2023/02/S-009Jan2023.pdf>, which includes completing 200 hours of formal training in animal chiropractic.

Chiropractors must also achieve, maintain and be able to demonstrate clinical competency in any diagnostic or therapeutic procedure used in practice, in accordance with Standard of Practice S-001: Chiropractic Scope of Practice <https://cco.on.ca/wp-content/uploads/2019/06/S-001April302019.pdf>.

Please let us know if you have any further questions.

Regards,

**Joel D. Friedman**, BSc, LL.B  
Deputy Registrar  
**College of Chiropractors of Ontario**  
59 Hayden Street, Suite 800  
Toronto, Ontario M4Y 0E7  
Tel: (416) 922-6355 ext. 104  
Toll Free: 1-877-577-4772  
Fax: (416) 925-9610  
E-mail: [jfriedman@cco.on.ca](mailto:jfriedman@cco.on.ca)  
Web Site: [www.cco.on.ca](http://www.cco.on.ca)

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**From:** Blenkinsop, Robert (OMAFRA) <[Robert.Blenkinsop@ontario.ca](mailto:Robert.Blenkinsop@ontario.ca)>  
**Sent:** Thursday, October 19, 2023 10:27 AM  
**To:** Joel Friedman <[JFriedman@cco.on.ca](mailto:JFriedman@cco.on.ca)>; Jo-Ann Willson <[jpwilson@cco.on.ca](mailto:jpwilson@cco.on.ca)>  
**Cc:** Rose Bustria <[RBustria@cco.on.ca](mailto:RBustria@cco.on.ca)>  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

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Good morning Joel and thank you for the update. I appreciate your follow-up on this.

If you have any questions, please feel free to contact me.

Kind regards,  
Robert

**From:** Joel Friedman <[JFriedman@cco.on.ca](mailto:JFriedman@cco.on.ca)>  
**Sent:** Thursday, October 19, 2023 9:56 AM  
**To:** Blenkinsop, Robert (OMAFRA) <[Robert.Blenkinsop@ontario.ca](mailto:Robert.Blenkinsop@ontario.ca)>; Jo-Ann Willson

**From:** Jo-Ann Willson  
**Sent:** October 27, 2023 5:58 AM  
**To:** Rose Bustria  
**Subject:** FW: Question re: chiropractic and acupuncture care to animals

QA and Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
Registrar & General Counsel

**College of Chiropractors of Ontario**

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**From:** Blenkinsop, Robert (OMAFRA) <Robert.Blenkinsop@ontario.ca>  
**Sent:** Thursday, October 26, 2023 10:14 AM  
**To:** Joel Friedman <JFriedman@cco.on.ca>; Jo-Ann Willson <jwillson@cco.on.ca>  
**Cc:** Rose Bustria <RBustria@cco.on.ca>  
**Subject:** RE: Question re: chiropractic and acupuncture care to animals

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Good morning Joel,

I appreciate you gathering and sharing these figures on members of the College who perform veterinary acupuncture or use forms of energy for treating animals. My interpretation is that the numbers associated with the category 'unknown' reflects that not all of the 129 members who were sent the survey responded.

I also appreciate you re-iterating the relevant Standards of Practice. My team had reviewed these in relation to the CCO's letter to the Minister back in May; these are helpful documents.

Thanks again for your follow-up on these questions. I will reach out if any further questions arise.

1028

Kind regards,  
Robert

Robert Blenkinsop, Ph.D. (he/him)  
Manager, Protection and Assurance Policy  
Food Safety and Environmental Policy Branch  
Ontario Ministry of Agriculture, Food and Rural Affairs  
1 Stone Road West, 2 SE  
Guelph, ON N1G 4Y2  
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**Cc:** Rose Bustria <[RBustria@cco.on.ca](mailto:RBustria@cco.on.ca)>  
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Good Morning,

Further to our correspondences below, CCO surveyed chiropractors who provide chiropractic care to animals with these questions. The following are the results received:

Chiropractors who provide acupuncture to animals:

Yes: 3

No: 52

Unknown: 74

Chiropractors who use forms of emergency in animal treatment:

Yes: 21

No: 34

Unknown: 74

CCO requires all chiropractors who provide chiropractic care to animals to comply with Standard of Practice S-009: Chiropractic Care of Animals <https://cco.on.ca/wp-content/uploads/2023/02/S-009Jan2023.pdf>, which includes completing 200 hours of formal training in animal chiropractic.

Chiropractors must also achieve, maintain and be able to demonstrate clinical competency in any diagnostic or therapeutic procedure used in practice, in accordance with Standard of Practice S-001: Chiropractic Scope of Practice <https://cco.on.ca/wp-content/uploads/2019/06/S-001April302019.pdf>.

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**College of Chiropractors of Ontario  
Discipline Committee Report to Council  
November 23, 2023**

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**1031**

**Committee Members:** Dr. Dennis Mizel, *Chair*  
Mr. Robert Chopowick (pending)  
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, the Discipline Committee has met once (In-Person) on October 11, 2023. Some policy recommendations have been deferred to a future meeting.

There are no recommendations from the committee at this time.

The Committee agrees with and supports the bylaw amendment referenced in the Executive Committee bylaw report to remove the reference to the Discipline Committee in bylaw 11.12.

Two uncontested hearings have been held since the last Council meeting.

- Dr. Gary Schoutsen – November 2, 2023 (Joint submissions accepted by the panel and are attached to this report)
- Dr. Samira Ramzy – November 3, 2023 (Joint submissions accepted by the panel and decision is attached to this report).

The recently released decision in the contested hearing with respect to Dr. Brian Moore matter is attached.

The Health Profession Regulators of Ontario (HPRO) held 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.

**1032**

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



DISCIPLINE COMMITTEE OF THE  
COLLEGE OF CHIROPRACTORS OF ONTARIO

COLLEGE OF CHIROPRACTORS OF ONTARIO

- and -

DR. GARY SCHOUTSEN

RESOLUTION AGREEMENT

EXHIBIT No. 2

EXAMINATION OF \_\_\_\_\_

CCO vs Dr. Schoutsen  
DATE November 2, 2022

COLLEGE OF CHIROPRACTORS OF ONTARIO

**PART 1 - AGREED STATEMENT OF FACTS**

**Background**

1. Dr. Gary Schoutsen ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1995.
2. At the relevant time, the Member was the owner, and sole chiropractor and treatment provider at Family Chiropractic in Hamilton, Ontario ("Clinic"). He acknowledges he was solely responsible for the Clinic's administration and billing.
3. In October 2021, Green Shield Canada ("GSC") received information from a plan member that the Clinic had submitted numerous claims on his behalf for treatment that had not been provided.
4. As a result of the information, GSC conducted an audit and reviewed all claims made by the Clinic during the period January 1, 2020 to October 31, 2021 for patients who were covered by a specific employer's extended health benefits plan ("Plan") where payment for claims had been made

directly to the Clinic. On February 17, 2022, GSC complained to the CCO that claims had been made by the Clinic either for services that were not provided or the services claimed were incorrect.

5. During the course of the investigation into the complaint, the Member indicated that the false billing issue arose because patients needed more care than they could afford and he wanted to help them out. He was of the view that GSC "nicked and dimed" claims and he thought it should pay for the full cost of his chiropractic treatments. He therefore approved a scheme whereby the Clinic would bill for treatments that were never provided so that GSC ultimately paid for the full cost of his chiropractic treatments.
6. Under the Plan, there was no insurance coverage for the first 15 chiropractic treatments and chiropractic treatments thereafter were reimbursed at \$20.00/chiropractic treatment. The Clinic charged \$40.00/chiropractic treatment.
7. In 2019, the Clinic gained access to the e-submission of claims to GSC through the GSC electronic portal and implemented a scheme. The Clinic began submitting 15 false claims for Plan members to "kickstart" their insurance coverage and then billed for 2 appointments for every 1 appointment attended by the patient so that the entire cost of their treatment would be covered by insurance. In some cases, if one family member maxed out their insurance coverage for chiropractic treatment, the Clinic would bill another family member who still had insurance coverage for their chiropractic treatment.
8. The Clinic received a number of referrals as a result of information about the scheme spreading to other Plan members.

9. Eventually, the Clinic was submitting false claims for 15 of the 20 patients with GSC coverage through the Plan.
10. The false claims total \$6,593.00.
11. The Member has reimbursed GSC \$800.00 for the false claims.

**Relevant CCO Standards of Practice and Guidelines**

12. CCO Guideline G-008 Business Practices requires that members:
  - charge fees for chiropractic care that reflect and are consistent with the examination and care that is recommended, provided and documented in the patient health record;
  - charge fees that are fair and reasonable;
  - only charge for care that is diagnostically or therapeutically necessary;
  - provide an account for professional services that is itemized where the account includes a fee for a product or device or a service other than care;
  - bill third-party payors the same fees as are billed to uninsured patients for similar services and bill all third-party payors the same amount, regardless of insurance coverage.

**Admissions**

13. The Member acknowledges that he is ultimately responsible for the false claims submitted by the Clinic to GSC and for the Clinic accepting payment from GSC for the false claims.
14. As a result of the facts set out above, the Member admits that he committed acts of professional misconduct described in the Notice of Hearing dated March 28, 2023 ("Notice of Hearing"), and in particular he:

- a. contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, as described in allegation #1;
- b. falsified a record or records relating to his practice as described in allegation #2;
- c. signed or issued, in his professional capacity, a document he knew contained a false or misleading statement, as described in allegation #3;
- d. submitted an account or charge to GSC for services that he knew were false or misleading as described in allegation #4; and
- e. engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional, as described in allegation #5.

15. The Member acknowledges that he received advice from his counsel, Joshua Perell, prior to entering into this Resolution Agreement, and affirms that he is signing this Agreed Statement of Facts freely and voluntarily.



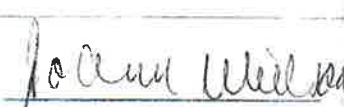



	<u>31 Oct 23</u>	
Dr. Schoutsen	Date	Witness
	<u>November 2, 23</u>	
OCO	Date	Witness
	<u>Nov. 1, 2023</u>	
Prehearing Chairperson	Date	Witness

EXHIBIT NO: 3

EXAMINATION OF

DISCIPLINE COMMITTEE OF THE

COLLEGE OF CHIROPRACTORS OF ONTARIO

DATE

November 2, 2023

COLLEGE OF CHIROPRACTORS OF ONTARIO

- and -

DR. GARY SCHOUTSEN

**RESOLUTION AGREEMENT****PART 2 - JOINT SUBMISSION ON PENALTY AND ON COSTS**

Further to the pre-hearing conference of September 22, 2023 held before Dr. Frazer Smith, and in view of the Agreed Statement of Facts and the findings of professional misconduct made by the panel of the Discipline Committee, and the Undertaking attached to this Joint Submission as Exhibit "A", the College of Chiropractors of Ontario ("CCO") and Dr. Gary Schoutsen ("Member") jointly request that the panel of the Discipline Committee make an Order:

1. Requiring the Member to appear before the panel to be reprimanded.
2. Directing the Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration for a period of 12 months ("Suspension"), with the Suspension to take effect on December 1, 2023.
3. Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - a. By September 1, 2024, the Member must:
    - i. Successfully complete at his own expense the Regulatory

Excellence Workshop;



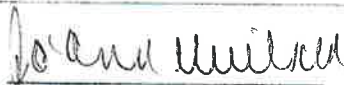

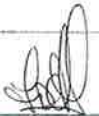
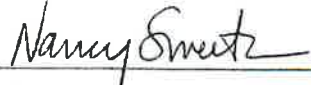
- ii. Review and undertake to the Registrar that he will comply with all CCO regulations, standards of practice, guidelines and policies, including but not limited to S-002: Record Keeping; G-008: Business Practices; G-009: Code of Ethics; and the business practices portion of the Professional Misconduct Regulation;
  - b. Requiring the Member to be peer assessed at his own expense within three months of returning to practice after the lifting of the Suspension;
  - c. Requiring the Member, at his own expense and at the CCO's discretion, to have his business practices reviewed no more than four times by an inspector ("Inspector") for a period not to exceed two years after he returns to practice after the Suspension is lifted. The Inspector must be a peer assessor who is in good standing with the CCO and be approved of in advance by the Registrar. The Inspector will review and evaluate the Member's documentation and billing practices, and provide written reports to the Registrar at a frequency determined by the Registrar. The Member will co-operate fully with the Inspector.
4. Directing the Registrar to suspend 3 months of the Suspension if the Member satisfactorily completes the Conditions set out in Paragraph 3a. by September 1, 2024.
5. Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the Annual Report or other publications at the discretion of the CCO.

**Costs**

The CCO and the Member also request that the Panel make the following order regarding costs:

1. Requiring the Member to pay \$15,000.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel, with the Member to pay \$7,500.00 on or prior to December 31, 2023 and the remaining \$7,500.00 by June 1, 2024.

Dr. Schoutsen acknowledges that he received advice from his counsel, Joshua Perell, prior to entering into this Resolution Agreement, and affirms that he is signing the Joint Submission on Penalty and on Costs freely and voluntarily.

 Dr. Schoutsen	<u>31 Oct 23</u> Date	 Witness
 CCO	<u>November 2, 23</u> Date	 Witness
 Prehearing Chairperson	<u>November 1, 2023</u> Date	 Witness

**UNDERTAKING**  
**Exhibit "A"**

**To: The Registrar and General Counsel ("Registrar")  
of the College of Chiropractors of Ontario ("CCO")**

I, Dr. Gary Schoutsen, undertake to the Registrar and agree to do the following:

1. On or before September 1, 2024, I will:
  - a. review, and undertake in writing to comply with all CCO regulations, standards of practice, policies and guidelines, including but not limited to: CCO Standard of Practice S-002: Record Keeping; CCO Guideline G-008: Business Practices; CCO Guideline G-009: Code of Ethics; and the business practices portion of the Professional Misconduct Regulation; and
  - b. provide evidence that I have successfully completed, at my own expense, the CCO's Regulatory Excellence Workshop.
2. Within three months of the lifting of the suspension of my certificate of registration ("Suspension"), I will be peer assessed at my own expense and will comply with any remedial requirements required by the peer assessor.
3. For a two year period after the lifting of the Suspension, I will, at my own expense and the CCO's discretion, have my business practices reviewed and evaluated by an inspector who has been approved in advance by the CCO Registrar, who will report on my business practices to the Registrar. I will cooperate fully with the inspector.
4. I will pay to the CCO a total of \$15,000.00 for the partial payment of its costs and expenses related to its investigation, hearing and legal costs and will pay the CCO \$7,500.00 on or before December 31, 2023 and \$7,500.00 on or before June 1, 2024.
5. I agree not to appeal or ask for a judicial review of the decision of the Discipline Committee.



- 6. I acknowledge that failure to abide by any of the terms of this Undertaking could result in the referral of specified allegations of professional misconduct to the Discipline Committee.
  
- 7. I acknowledge that I have been advised by the CCO to obtain legal advice prior to executing this Undertaking and have obtained the advice of my counsel, Joshua Perell. I am executing this Undertaking freely and voluntarily after reading and understanding its contents.

Signed this 31 day of October, 2023



Dr. Gary Schoutsen



Witness Signature

ITEM 4.2.2

Received  
November  
10, 2023

DISCIPLINE COMMITTEE OF THE COLLEGE  
OF CHIROPRACTORS OF ONTARIO

1042

PANEL:	Mr. Robert MacKay (Chair)	Council Appointed Member
	Ms. Zoe Kariunas	Public Member
	Dr. Dennis Mizel	Professional Member
	Mr. Shawn Southern	Public Member
	Dr. Matt Tribe	Professional Member

<b>BETWEEN:</b>	)	Appearances: <sup>1</sup>
	)	
<b>COLLEGE OF CHIROPRACTORS</b>	)	Mr. Chris Paliare and
	)	Ms. Karen Jones for the College
<b>OF ONTARIO</b>	)	of Chiropractors of Ontario
	)	
<b>- and -</b>	)	
	)	
<b>DR. SAMIRA RAZMY</b>	)	Mr. Robert Barbiero
(Registration #5540)	)	for Dr. Razmy
	)	
	)	
	)	Heard: November 3, 2023
	)	

**DECISION AND REASONS**

<sup>1</sup> Also, in attendance at the hearing were: Mr. Neil Wilson, Independent Legal Counsel to the Panel. Ms. Jo-Ann Willson, Registrar and General Counsel CCO; and Ms. Jennifer Weller, Court Reporter.

## DECISION AND REASONS

Introduction

This was a hearing before a panel of the Discipline Committee (the "Panel") of the College of Chiropractors of Ontario (the "College") held on November 3, 2023 (the "Hearing"). The College has a mandate to regulate the practice of the chiropractic profession and to govern its members and, in so doing, serve and protect the public interest.

The Hearing was held virtually using video conferencing with the consent of the parties.

The Allegations

The allegations against Dr. Samira Razmy (the "Member") were set out in the Notice of Hearing, dated April 28, 2023. The Notice of Hearing was entered as **Exhibit 1**. The allegations contained in the Notice of Hearing are attached as Appendix "A".

Mr. Paliare on behalf of the College stated that discussions with the Member had resulted in a Resolution Agreement. The College and the Member would therefore be jointly presenting an Agreed Statement of Facts and, if that were accepted by the Panel, a Joint Submission as to Penalty and Costs would then be made.

Agreed Statement of Facts

The Agreed Statement of Facts<sup>2</sup> which had been signed by the parties was entered as **Exhibit 2**. During the course of the submissions that followed, Mr. Paliare reviewed the Agreed Statement of Facts in its entirety. The Agreed Statement of Facts, **Exhibit 2**, provided as follows:

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<sup>2</sup> The evening before the Hearing, the anticipated exhibits 1, 2, and 3 were delivered to the Panel members in the interests of hearing economy, and on consent of the parties.

## Background

1. Dr. Samira Razmy ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 2008.
2. The Member has no prior history of complaints or discipline at the CCO.
3. At the relevant time, the Member was an owner and operator of WellCalm Health & Wellness, Inc. ("WellCalm") in Toronto. WellCalm is an on-line booking platform for persons wanting health services such as chiropractic, physiotherapy and massage to be provided in their homes or other locations. WellCalm maintains a pool of therapists who are available to provide such services. In addition, at the time, devices and equipment (i.e., bosu balls, Therabands, TENS units etc.) could be purchased on-line through the Clinic's website.
4. On February 2, 2022, Sun Life complained to the CCO about claims for extended health care benefits originating from WellCalm. In 2021, Sun Life noted a sharp increase in the number of claims for TENS units by employees of one of its plan members who were also WellCalm clients ("Insured"). According to Sun Life, during the period September 2017 – December 2020, one claim had been made by an Insured for a TENS Unit. In 2021, there were 127 claims by Insureds for TENS units.
5. TENS units were covered by the Insureds' extended health benefits plan ("Plan") for up to \$550.00 every 5 years. Hypervolt massage guns were not covered by the Plan. Orthotics were covered by the Plan for up to \$400.00 annually. Shoes were not covered by the Plan.
6. During the relevant time, the TENS units sold by WellCalm retailed for between \$35.00 and \$82.00. WellCalm sold Hypervolt massage guns on its website for \$269.99.
7. As part of its review of the claims, Sun Life obtained advertisements created by WellCalm for employees of the plan member which indicated the employees could:
  - a. Book an appointment with the Member and receive a WellCalm Recovery Kit consisting of a TENS unit and a complimentary Hypervolt massage gun. The value of the package was given as \$500.00, the cost of which could be 100% reimbursed by SunLife, usually within 48 hours; and

- b. Book an appointment with the Member and receive orthotics and complimentary shoes, the cost of which could be 100% reimbursed by SunLife.
8. During its claim review, Sun Life also obtained invoices provided to Insureds by WellCalm. It discovered that WellCalm had typically issued multiple invoices/receipts for clients who booked appointments with the Member and received the TENS Unit/ Hypervolt massage gun package and/or the orthotics/shoes package as follows:
  - a. The first was a receipt/invoice, which the Member referred to as Transaction Record, and which included a list of all of the items ordered by the client including items covered by insurance as well as complimentary items (i.e. a TENS Unit and a complimentary Hypervolt massage gun, and/or orthotics and complimentary shoes) and their cost. A payment form was attached to the receipt/invoice, which was sent to the client. Once the client paid any outstanding costs, the receipt/invoice was updated to include information about amount paid, and date and method of payment;
  - b. The second was an invoice for the item(s) covered by insurance that indicated the Insured had paid \$500.00 for a TENS Unit and/or \$400.00 for orthotics, indicated the date the device or product was dispensed, and listed the prescriber. This invoice was the one to be included with the patient's insurance submission;
  - c. A third was an invoice that listed the complimentary products and indicated their price was \$0.00.
9. Beginning at the start of the COVID-19 lockdown, the Member provided virtual one-on-one appointments with WellCalm clients.
10. During some virtual one-on-one sessions, the Member would discuss various approaches to self-care, including using TENS units. For some clients, the Member would recommend a plan of care that included a TENS unit, and she would recommend the clients speak to their doctors to see if the doctor would prescribe a TENS unit. The Member would provide clients with a summary of a diagnosis based on the discussion for the doctor to include in the prescription and details regarding how to make a submission to Sun Life for reimbursement so that clients could raise the issue with their physician. The decision to issue a prescription for the TENS Unit was up to the physician.
11. During some appointments, the Member would also discuss orthotics with clients. She would tell patients why they were experiencing pain and she would recommend the clients speak to their doctors to see if the doctor would prescribe orthotics. Once there was a prescription from the doctor, the Member would attend at the client's home to cast the orthotics. Clients could then select

a pair of free shoes from a web site and provide the details of their selection to the Member, who would order the shoes. WellCalm provided a pair of free shoes with the purchase of every pair of orthotics, unless the client declined the offer of free shoes. Typically patients wanted free shoes.

12. According to the WellCalm advertising material provided during the course of the CCO investigation, only Insureds were sent advertising material that advertised the Hypervolt massage gun with TENS units and indicated 100% coverage with Sun Life.
13. Had the Member testified, she would have said that WellCalm paid for the complimentary products out of WellCalm's marketing budget. The Member acknowledges that she has never provided any documentary evidence to support this claim.
14. During 2021, Insureds were reimbursed \$63,598.32 for 127 TENS units and \$24,500.00 for 61 pairs of orthotics.
15. In 2021 and 2022, the Member was dealing with a private health challenge. However, she was not incapacitated. As a result of the health challenge, in 2021 and 2022 the Member reduced work demands at WellCalm to focus on her health.
16. The Member's business partner, who is not a chiropractor, focussed on strategy and sales. Both the Member and her business partner were involved in the billing and invoicing of business. Had she testified, the Member would have said that neither she nor her business partner appreciated that the business practices at issue in this case were in breach of CCO rules and regulations.
17. The Member acknowledges that as a chiropractor, a regulated health professional, and owner of WellCalm, she had a duty to ensure that WellCalm's operations were conducted in accordance with all CCO rules and regulations.
18. The Member also acknowledges that providing products as incentives for patients to use their insurance coverage may result in excessive and unnecessary insurance claims. In addition, as the cost of incentives may be incorporated into claims submitted to insurers, the insurers may effectively pay for the incentives, even though they are not a benefit of the insurance coverage. Finally, if incentives are not included in invoices submitted to insurers, insurers will have no notice that part of the amount of a submitted claim may relate to the cost of a product that is not covered by insurance.

**Relevant CCO Standards of Practice and Guidelines**

19. CCO Standard of Practice S-012 Orthotics requires a member to comply with:

- a. the business practices provisions in the Professional Misconduct Regulation under the Chiropractic Act, 1991, including the requirement to disclose to a patient the fee for a service before the service is provided, including a fee not payable by the patient, and to itemize an account; and
- b. CCO Guideline G-008: Business Practices which provides that a member may not bill any payor fees in excess of his/her normal fee billed to a private patient for similar services.

In addition, the cost of the orthotics must reasonably relate to the time and expertise of, and cost to, the member. A member shall only issue a receipt for payments that have been received.

20. CCO Standard of Practice S-016: Advertising permits a chiropractor to advertise fees for chiropractic services under certain circumstances, including: the advertisement contains accurate, complete and clear disclosure of what is and what is not included in the fee; there are no hidden fees/costs; the member does not bill a third-party payor for the complimentary portion of the diagnostic or treatment service; and the advertisement is presented in a professional manner that maintains the dignity of the profession.

21. CCO Guideline G-008 Business Practices requires that members:

- a. charge fees for chiropractic care that reflect and are consistent with the examination and care that is recommended, provided and documented in the patient health record;
- b. charge fees that are fair and reasonable; only charge for care that is diagnostically or therapeutically necessary; provide an account for professional services that is itemized where the account includes a fee for a product or device or a service other than care;
- c. bill third-party payors the same fees as are billed to uninsured patients for similar services and bill all third-party payors the same amount, regardless of insurance coverage; and
- d. have a discussion with a patient of the member's involvement with billing third-party payors to ensure the patient is fully aware of their own responsibilities regarding reimbursement from any third-party payor.

## Admissions

22. As a result of the facts set out above, the Member admits that she committed acts of professional misconduct as described in the Notice of Hearing dated April 28, 2023 ("Notice of Hearing"), and in particular she:
- a. contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, as described in allegation #1;
  - b. signed or issued, in her professional capacity, a document she knew contained a false or misleading statement, as described in allegation #3; and
  - c. engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional, as described in allegation #4.
23. The CCO withdraws allegation #2 in the Notice of Hearing.
24. The Member acknowledges that she received advice from her counsel, Robert Barbiero, prior to entering into this Resolution Agreement, and affirms that she is signing this Agreed Statement of Facts freely and voluntarily.

A plea inquiry was conducted by the Panel Chair. At the conclusion of that process, the Panel was satisfied that the admissions of professional misconduct by the Member were voluntary, informed, and unequivocal.

## Decision

The Panel heard submissions by Mr. Paliare on behalf of the College, and Mr. Barbiero on behalf of the Member, with respect to the Agreed Statement of Facts. During the course of those submissions, the parties highlighted the admitted facts and invited the Panel to make findings against the Member. In addition, the Panel sought and obtained advice from its independent legal counsel, who reminded the Panel that only the Agreed Statement of Facts could form the basis for their findings at this Hearing.



After deliberation, the Panel accepted the Agreed Statement of Facts and was satisfied that the admissions of professional misconduct made by the Member were supported by the agreed-upon facts contained in the Agreed Statement of Facts.

Consequently, we made findings of professional misconduct against Dr. Samira Razmy in relation to the admitted allegations set out in the Notice of Hearing **Exhibit 1** and the admitted facts. In particular, the Panel found that the Member has:

- i. contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, as described in allegation #1;
- ii. signed or issued, in her professional capacity, a document she knew contained a false or misleading statement, as described in allegation #3; and
- iii. engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional, as described in allegation #4.

#### Withdrawn Allegation

The parties, by way of the Agreed Statement of Facts, had invited the Panel to withdraw allegation 2. As part of deliberations in considering the Agreed Statement of Facts, the Panel reviewed the withdrawn allegation 2. While being mindful of the admitted facts, the Panel considered the appropriateness of withdrawing the allegation. The Panel found the withdrawal to be appropriate in the circumstance.

In reaching its decision, the Panel reminded itself of s. 49 of the *Health Professions Procedural Code* and therefore relied exclusively on the evidence presented at the hearing as contained in the Agreed Statement of Facts, **Exhibit 2**. The Panel found the facts contained in it provided a sufficient foundation for the findings of professional misconduct that we have made.

## Penalty and Costs

Counsel for the College advised the Panel that a Joint Submission on Penalty and on Costs (the "JSP") had been agreed upon. The JSP was entered as **Exhibit 3**, it also contained an Undertaking marked as **Exhibit A**<sup>3</sup> in the JSP. Mr. Paliare and Mr. Barbiero made submissions in support of the Joint Submission. Defence counsel identified mitigating factors for the Panel, some of which were, the Member has no prior history of a complaint, Dr. Razmy has admitted these allegations, and she has saved the costs of a contested hearing. Mr. Paliare acknowledged there were no aggravating factors, beyond the facts in the ASF.

The Panel sought and obtained advice from its independent legal counsel concerning the approach that discipline panels should take when joint submissions are placed before them.

The Joint Submission invited the Panel to make an order regarding penalty:

1. Requiring the Member to appear before the panel to be reprimanded.
2. Directing the Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration for a period of 10 months ("Suspension"), with the Suspension to take effect on December 1, 2023.
3. Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - a. By July 1, 2024, the Member must:
    - i. Successfully complete at her own expense the Legislation and Ethics Examination and Regulatory Excellence Workshop; and
    - ii. Review and undertake to the Registrar that she will comply with all CCO regulations, standards of practice, guidelines and policies, including but not limited to S-002: Record Keeping; S-013: Consent; G-001: Communication with Patients; G-008:

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<sup>3</sup> The terms of the Undertaking, which had been signed by Dr. Razmy are attached to this Decision and Reasons for the Decision as Appendix B.

Business Practices; G-009: Code of Ethics; and the business practices portion of the Professional Misconduct Regulation.

- b. Requiring the Member to be peer assessed at her own expense within three months of returning to practice after the lifting of the Suspension.
4. Directing the Registrar to suspend 3 months of the Suspension if the Member satisfactorily completes the Conditions set out in Paragraph 3a. by July 1, 2024.
5. Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the Annual Report or other publications at the discretion of the CCO.

The College and the Member also requested that the Panel make the following order regarding costs:

Requiring the Member to pay \$15,000.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel, with the Member to pay \$7,500.00 by or prior to December 31, 2023 and the remaining \$7,500.00 by June 30, 2024.

The Joint Submission as to Penalty, which was signed by Dr. Razmy, also contained the following:

Dr. Razmy acknowledges that she received advice from her counsel, Robert Barbiero, prior to entering into this Resolution Agreement, and affirms that she is signing the Joint Submission on Penalty and on Costs freely and voluntarily.

#### Penalty Decision and Reasons

After rising to deliberate, the Panel was of the view that the parties had come to a fair and equitable resolution, having carefully considered the issues of protection of the public interest and the fact that this penalty serves as an appropriate specific deterrent to this Member and general deterrent to members of the profession. Also, the JSP contains several rehabilitation opportunities for Dr. Razmy.

The Panel therefore made an order with respect to penalty:

1. Requiring the Member to appear before the panel to be reprimanded.
2. Directing the Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration for a period of 10 months ("Suspension"), with the Suspension to take effect on December 1, 2023.
3. Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - a. By July 1, 2024, the Member must:
    - i. Successfully complete at her own expense the Legislation and Ethics Examination and Regulatory Excellence Workshop; and
    - ii. Review and undertake to the Registrar that she will comply with all CCO regulations, standards of practice, guidelines and policies, including but not limited to S-002: Record Keeping; S-013: Consent; G-001: Communication with Patients; G-008: Business Practices; G-009: Code of Ethics; and the business practices portion of the Professional Misconduct Regulation.
  - b. Requiring the Member to be peer assessed at her own expense within three months of returning to practice after the lifting of the Suspension.
4. Directing the Registrar to suspend 3 months of the Suspension if the Member satisfactorily completes the Conditions set out in Paragraph 3a. by July 1, 2024.
5. Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the Annual Report or other publications at the discretion of the CCO.

And further made an order:

Requiring the Member to pay \$15,000.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel, with the Member to pay \$7,500.00 by or prior to December 31, 2023 and the remaining \$7,500.00 by June 30, 2024.

Administration of Reprimand

It was noted on the record that the Joint Submission on Penalty contained an Undertaking<sup>4</sup> that expressly waived the right of the Member to appeal or ask for judicial review of any decision by the Discipline Committee in relation to the Notice of Hearing dated April 28, 2023, **Exhibit 1**. Further, the Panel confirmed that the Member was prepared for the oral reprimand to be administered immediately following the Hearing. Consistent with the Hearing occurring via videoconference, the Panel administered the oral reprimand in the same manner at the conclusion of the Hearing.

I, **Robert MacKay**, sign this decision and reasons for the decision as Chair of this Discipline Panel and on behalf of the members of the Discipline Panel listed below.



Mr. Robert MacKay, Chair

Date: November 11, 2023

Panel Members:

Mr. Robert MacKay  
Ms. Zoe Kariunas  
Dr. Dennis Mizel  
Mr. Shawn Southern  
Dr. Matt Tribe

<sup>4</sup> Exhibit 3, the Undertaking item 4.

## Appendix "A"

**TAKE NOTICE THAT IT IS ALLEGED THAT:**

1. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of *Ontario Regulation 852/93*, in that during 2021 and 2022, while owning and/or working as a chiropractor at WellCalm Health and Wellness Inc. in Toronto, Ontario, on one or more occasions, you contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to your:

- a. charging fees that were not fair and reasonable for custom orthotics and/or TENS machines;
- b. offering incentives to encourage patients to purchase custom orthotics and/or TENS machines;
- c. billing patients depending on their insurer and/or insurance coverage; and/or
- d. failing to provide accurate itemized invoices that included complimentary products.

2. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(20) of *Ontario Regulation 852/93*, in that during 2021 and 2022, while owning and/or working as a chiropractor at WellCalm Health and Wellness Inc. in Toronto, Ontario, on one or more occasions, you falsified a record or records relating to your practice with respect to invoices to be submitted to Sun Life Assurance Company of Canada ("Sun Life").

3. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(22) of *Ontario Regulation 852/93*, in that during 2021 and 2022, while owning and/or working as a chiropractor at WellCalm Health and Wellness Inc. in Toronto, Ontario, on one or more occasions, you signed or issued, in your professional capacity, a document or documents that you knew contained a false or misleading statement.

4. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of *Ontario Regulation 852/93*, in that during 2021 and 2022, while owning and/or working as a chiropractor at WellCalm Health and Wellness Inc. in Toronto, Ontario, on one or more occasions, you engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional with respect to your:

- a. charging fees that were not fair and reasonable for custom orthotics and/or TENS machines;
- b. offering incentives to encourage patients to purchase custom orthotics and/or TENS machines;
- c. offering goods and services and/or billing patients depending on their insurer and/or insurance coverage; and/or
- d. failing to provide accurate itemized accounts that included complimentary products.

**To: The Registrar and General Counsel ("Registrar")  
of the College of Chiropractors of Ontario ("CCO")**

I, Dr. Samira Razmy, undertake to the Registrar and agree to do the following:

1. On or before July 1, 2024, I will:
  - a. review, and undertake in writing to comply with, all CCO regulations, standards of practice, policies and guidelines, including but not limited to: review, and undertake in writing to comply with, all CCO regulations, standards of practice, policies and guidelines, including but not limited to the business practices portion of the Misconduct Regulation; CCO Standard of Practice S-002: Record Keeping; CCO Standard of Practice S-012 Orthotics; CCO Standard of Practice S-016 Advertising; CCO Guideline G-008: Business Practices; and CCO Guideline G-016: Advertising;
  - b. provide evidence that I have successfully completed, at my own expense, the CCO's Legislation and Ethics Examination and the Regulatory Excellence Workshop.
2. Within three months of the lifting of the suspension of my certificate of registration, I will be peer assessed at my own expense and will comply with any remedial requirements required by the peer assessor.
3. I will pay to the CCO a total of \$15,000.00 for the partial payment of its costs and expenses related to its investigation, hearing and legal costs and will pay the CCO \$7,500.00 on or before December 31, 2023 and \$7,500.00 on or before July 1, 2024.
4. I agree not to appeal or ask for a judicial review of the decision of the Discipline Committee.
5. I acknowledge that failure to abide by any of the terms of this Undertaking could result in the referral of specified allegations of professional misconduct to the Discipline Committee.
6. I acknowledge that I have been advised by the CCO to obtain legal advice prior to executing this Undertaking and have obtained the advice of my counsel,



Robert Barbiero. I am executing this Undertaking freely and voluntarily after reading and understanding its contents.

ITEM 4.2.3

Received  
November  
9, 2023

1058

DISCIPLINE COMMITTEE OF THE COLLEGE  
OF CHIROPRACTORS OF ONTARIO

PANEL:	Mr. Robert MacKay (Chair)	Public Member
	Dr. Kyle Grice	Professional Member
	Mr. Shawn Southern	Public Member
	Mr. Scott Stewart	Public Member
	Dr. Murray Townsend	Professional Member

<b>BETWEEN:</b>	)	Appearances:
	)	
<b>COLLEGE OF CHIROPRACTORS OF ONTARIO</b>	)	Ms. Megan Shortreed and
	)	Ms. Karen Jones for the College
	)	of Chiropractors of Ontario
<b>- and -</b>	)	
	)	
<b>DR. BRIAN MOORE (Registration #1542)</b>	)	Mr. Antoine D'Ailly and
	)	Mr. James Kitchen for
	)	Dr. Moore
	)	
	)	Heard over 28 days from
	)	December 12, 2022 to
	)	August 21, 2023. <sup>1</sup>

Also present at the hearing were:

Mr. Colin Stevenson<sup>2</sup> – Independent Legal Counsel to the Panel.

Ms. Jo-Ann Willson<sup>3</sup> – Registrar and General Counsel CCO.

Ms. Crystal Murray, Ms. Shari Corkum, and Ms. Sandrine Marineau-Lupien – Court Reporters.

Mr. Alex Werden and Mr. David Gordon – Video hearing administrators.

<sup>1</sup> December 12, 13, 14, 15, 16, 19, 20, 2022 & January 25, 26, February 7, 13, March 1, 2, 9, 21, April 11, 12, 17, 18, May 24, 29, June 2, August 14, 15, 16, 17, 18, and 21, 2023.

<sup>2</sup> Mr. Daniel McConville and Mr. Neil Wilson for part.

<sup>3</sup> Mr. Joel Freidman and Ms. Madeline Cheng for part.

## DECISION AND REASONS

### INTRODUCTION

This was a hearing into allegations of professional misconduct against Dr. Brian Moore (the "Hearing") which took place before a panel of the Discipline Committee (the "Panel") of the College of Chiropractors of Ontario (the "College") over 28 days December 12, 13, 14, 15, 16, 19, 20, 2022, January 25, 26, February 7, 13, March 1, 2, 9, 21, April 11, 12, 17, 18, May 24, 29, June 2, August 14, 15, 16, 17, 18, and 21, 2023. The College has a mandate to regulate the practice of the chiropractic profession and to govern its members and, in so doing, serve and protect the public interest.

### THE ALLEGATIONS

The allegations against Dr. Brian Moore ("Dr. Moore" or the "Member"), were stated in the Notice of Hearing, dated June 1, 2021 which was filed as **Exhibit 1** and set out the allegations against Dr. Moore as follows:

1. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to your assessment and/or treatment and/or documentation and/or billing regarding a patient known as "Patient A."
2. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(10) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing

- as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you gave information about a patient known as "Patient A." to a person other than the patient, her authorized representative, or your legal counsel or insurer, without the consent of the patient or her authorized representative or as required or allowed by law.
3. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(11) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you breached an agreement with a patient known as "Patient A." relating to professional services for the patient or fees for such services.
  4. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(19) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you failed to keep records as required by the regulations regarding a patient known as "Patient A."
  5. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(21) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you failed, without reasonable cause, to provide a report or certificate relating to an examination or treatment you performed for a patient known as "Patient A." within a reasonable time after the patient requested such report or certificate.
  6. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(22) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you signed or issued, in your professional capacity, a document that you knew contained a false or misleading statement.
  7. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph

1(23) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you submitted an account or charge for services that you knew was false or misleading regarding a patient known as "Patient A."

8. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(24) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, you failed to disclose to a patient known as "Patient A." the fee for a service before the service was provided, including a fee not payable by the patient.
9. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(25) of *Ontario Regulation 852/93*, in that on one or more occasions during the period August 2019 – February 21, 2020, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, with respect to a patient known as "Patient A." you charged a block fee when:
  - a. the patient was not given the option of paying for each service as it was provided; and/or
  - ii. no unit cost per service was specified; and/or
  - iii you did not agree to refund to the patient the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service.
10. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(26) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, with respect to a patient known as "Patient A.", you failed to itemize an account for professional services when requested to do so by the patient and/or the account included a fee for a product or device or a service other than a treatment.
11. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the

*Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93, in that on one or more occasions during the period August 2019 – February 21, 2020, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, with respect to a patient known as "Patient A.", you engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional with respect to your assessment and/or treatment and/or documentation and/or billing.*

## **RESPONSE TO ALLEGATIONS**

The Hearing proceeded on the basis that the Member was denying all the allegations contained in the Notice of Hearing, **Exhibit 1**.

## **PRELIMINARY MATTERS**

The Hearing had been scheduled for 7 days commencing on September 15, 2022. On September 12, 2022 the recently appointed, new counsel of Dr. Moore sought an adjournment which was granted until December 12, 2022.

In the wake of the adjournment the Member brought a motion to recuse Mr. MacKay from being on the panel which would be hearing this matter on the merits (the "Recusal Motion") and indeed for someone other than Mr. MacKay to hear the Recusal Motion itself. On October 18, 2022 after hearing arguments from the parties and receiving advice from Independent Legal Counsel (ILC) Mr. MacKay decided he could hear the recusal motion.

On November 4, 2022 the Recusal Motion was argued and the decision refusing the recusal request was released on November 15, 2022.

Dr. Moore unsuccessfully challenged this decision at the Divisional Court on November 9, 2022.

On December 2, 2022 the Member served notice of a motion for a further adjournment of this hearing, but he abandoned that motion on December 8, 2022.

At the outset of the Hearing on the merits on December 12, 2022 Mr. D'Ailly stated that Dr. Moore was proceeding under protest although he then sought to exclude Mr. MacKay from the Panel for the reasons argued and rejected on November 15, 2022. The full Panel heard arguments from both parties on this oral motion and received advice from its ILC. The Panel found the motion of the Member was essentially the same Recusal Motion heard on November 4, 2022, decision released November 15, 2022. The Panel saw no reason to reconsider a decided matter. The motion of Dr. Moore to exclude Mr. MacKay as a member of the Panel was dismissed.

The College also sought an order excluding witnesses, except for Dr. Moore and expert witnesses, from the Hearing. The Member did not object to this request. The Panel made that order.

The College then sought an order pursuant to section 45(3) of *the Regulated Health Professions Act, Schedule 2, Procedural Code (the RHPA Code)* prohibiting publication of the name and any information that could disclose the

identity of the patient who made the complaint in this matter. After clarifying for Mr. Kitchen that the order was aimed at prohibiting publication of personal patient details, counsel for the Member had no further objections. The Panel made the order.

## OVERVIEW

Although the allegations of professional misconduct relate only to one patient of Dr. Moore, Patient A, it is important to appreciate that Dr. Moore dealt throughout with the husband of Patient A as well as Patient A. The husband of Patient A testified in this hearing, rather than Patient A herself. The husband of Patient A also received some chiropractic care from Dr. Moore in the same timeframe that Patient A was receiving chiropractic care.

Patient A and her husband first attended together at the office of Dr. Moore on August 26, 2019. Patient A came to Dr. Moore with a complex health history and presentation. Dr. Moore recommended that Patient A should receive both decompression sessions, a form of traction known as Vax-D, and chiropractic care. On August 27, 2019 Patient A entered into a billing arrangement<sup>4</sup> with Dr. Moore and at the request of Dr. Moore pre-paid a \$7,720.00 block fee for her care.

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<sup>4</sup> Exhibit 8, Corrective Care Decompression Plan.



When Patient A was unable to have the proposed decompression care for reasons which are set out below, she received chiropractic care that did not include decompression sessions. On September 12, 2019 in-person care stopped. However, the doctor - patient relationship did not end. Interactions with Patient A continued primarily through text and phone calls between the husband of Patient A and Dr. Moore.

The principal issues at the Hearing involve consideration of the assessment and treatment of Patient A by the Member, informed consent, documentation, fees charged, the timely production of accounts, billing, delays in providing a refund, communications with a third party, Chase Bank, and a request for a "written Summary<sup>5</sup>".

Patient A filed a complaint<sup>6</sup> to the College dated December 19, 2019. The complaint was stamped received by the College on January 8, 2020.

### **SUMMARY OF EVIDENCE**

The Panel heard testimony from seven witnesses. Three were called by the College: The husband of Patient A, College employee Ms. Tina Perryman, and an expert, Dr. Brian Dower. The Member led evidence from four witnesses: Ms.

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<sup>5</sup> Exhibit 12, tab 7, page 87.

<sup>6</sup> Exhibit 2.

Helene Van Bommel, the Member Dr. Brian Moore, the investigator Dr Gauri Shankar, and an expert, Dr. Igor Steiman<sup>7</sup>.

74 documents and four audio files were entered into evidence and filed as Exhibits at the Hearing. The Panel considered carefully the evidence of all witnesses and reviewed and considered all the documents entered into evidence.

The following Exhibits were particularly useful to the Panel:

**Exhibit 1** The Notice of Hearing which provided the Panel with the allegations and thus provided guidance on where to focus its attention when considering the evidence.

**Exhibit 2** The complaint letter from Patient A to the College about her experience with the Member.

**Exhibits 6, 7, 10, and 19** Audio recordings from August 26 and 27, and December 12, 2019. The audio assisted the Panel in understanding how Patient A and Dr. Moore interacted and what was said leading up to consent and a later discussion about fees.

**Exhibit 8** The Corrective Care Decompression Plan which shows the billing arrangement, its terms, costs, and date entered into.

**Exhibit 11** A statement of account for Patient A, for the period August 26 to September 9, 2019. The husband of Patient A testified that the handwriting on the account was his. This reveals that Patient A had the account. Also, there

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<sup>7</sup> The Member also offered Dr. Marshall Deltoff to give opinion evidence, however, the Panel did not certify him as an expert in the matters at issue in this Hearing.

are charges for the initial exam, x-rays, the report of findings and chiropractic adjustments. It is worth noting there are no additional fees on this account.

**Exhibit 12** Text messages exchanged between the Member and the husband of Patient A, which deal primarily with Patient A.

**Exhibit 13** The intake forms in respect to the husband of Patient A (who also received chiropractic treatment in the same timeframe), which contains the document "Our Financial Policies", with a Fee Schedule. This is not found in the file of Patient A, although it was relied on by the Member as part of his defence.

**Exhibit 18** Account statement of Patient A for the period from August 26, 2019 through December 5, 2019. Dr. Moore and the husband of Patient A are in agreement this was received by the latter on December 6, 2019. It reveals what charges they all were aware of at that time.

**Exhibit 19** An audio recording of conversation between the husband of Patient A and Dr. Moore on December 12, 2019.

**Exhibit 21** A bundle of documents including account statements and intake forms, left for the husband of Patient A outside the offices of Dr. Moore.

**Exhibit 22** Letter from Patient A and her husband to Dr. Moore dated December 19, 2019.

**Exhibit 31** The patient record of Patient A. It includes the Corrective Care Decompression Plan, consent forms, and versions 2 and 3 (as they were referred to at the Hearing) of the patient charts and accounts.

**Exhibit 34** Letter to Chase bank from Dr. Moore, with enclosures about his care and billing of Patient A.

**Exhibit 40** Standard of Practice S002: Record Keeping.

**Exhibit 42** Guideline G-008: Business Practices.

**Exhibit 43** Standard of Practice S-013: Consent.

**Exhibit 45** Guideline G-013: Chiropractic Assessments.

**Exhibit 49** A colour copy of the record of Patient A obtained by the investigator. This contains all three versions of the assessment, treatment and SOAP notes, in respect of Patient A.

**Exhibit 50** The complete letter of response from Dr. Moore to the College's Inquiries, Complaints, and Reports Committee ("ICRC") with enclosures including versions 2 and 3 from the file of Patient A and the text messages between Dr. Moore and the husband of Patient A.

**Exhibit 54** Summary of Evidence of Dr. Dower.

**Exhibit 78** Summary of Evidence of Dr. Steiman.

### ***Onus and Standard of Proof***

The College bears the onus of proving the allegations. As for the standard of proof, we have applied the test set out in *F.H. v. McDougall*<sup>8</sup> where the Supreme Court of Canada has made it clear that there is only one standard of proof in civil cases at common law (which includes matters such as this discipline Hearing), and that is proof on the balance of probabilities, which can be expressed as whether it is more likely than not that the factual events underlying the allegations occurred. The evidence must be sufficiently clear, cogent and convincing to satisfy this test.

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<sup>8</sup> 2008 SCC 53

The Panel assessed the credibility of witnesses by reference to the principles set out in the Divisional Court's decision in *Re: Pitts and Director of Family Benefits Branch* (1985), 51 O.R. (2d) 302. In that case, the Court suggested that members of administrative tribunals, which includes Discipline Panels, should consider the same criteria as jurors do when called upon to assess credibility. The Court referred to the standard jury instruction on credibility. Consequently, in assessing credibility, the Panel considered the following:

1. Did the witness seem honest? Is there any reason why the witness would not be telling the truth, when it was important to tell the truth?
2. Does the witness have an interest in the outcome of this case? Does the witness exhibit any partisanship, any undue leanings towards the side which called him or her as a witness?
3. The appearance and demeanour of the witness and the manner in which he or she testified. Did the witness appear and conduct himself or herself in an honest and trustworthy manner? It may be that he or she was nervous or confused in circumstances in which he or she found himself or herself while testifying. Is he a man or is she a woman who has a poor or faulty memory, and may that have some effect on his or her demeanour while testifying, or on the other hand, did he or she appear to us to be a witness who is shifty, evasive and unreliable?
4. Was the witness able to make accurate and complete observations about the issues that he or she testified? What opportunities or observations did he or she in fact have? What are his or her powers of perception? Some people are very observant, and others are not very observant.

5. Does the witness's testimony make sound common-sense? Was it reasonable? Was it probable? Does the witness show a tendency to exaggerate in his or her testimony?
6. Did the witness have a good memory of the things about which he or she testified?
7. Was the witness's testimony reasonable and consistent with evidence that was provided on an earlier occasion?
8. Was the witness reporting on what they saw or heard or did they formulate evidence based on information received from other sources?

The Panel also considered guidance from recent Court of Appeal cases<sup>9</sup> which noted that demeanour should not be relied upon alone when assessing credibility but can be considered along with other factors<sup>10</sup>. The Panel weighed these considerations carefully when it considered the credibility and reliability of the witnesses.

In order of appearance:

College Witnesses

**The husband of Patient A**

The husband of Patient A gave evidence over three days, December 12, 13, and 14, 2022.

The evidence of the husband of Patient A was consistent over time and in different formats such as texts, recordings, and his testimony.

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<sup>9</sup> *R. v. Rhayel*, 2015 ONCA 377 (CanLII), <<https://canlii.ca/t/gj55b>>, at para. 89.

<sup>10</sup> *Law Society of Upper Canada v. Neinstein*, 2010 ONCA 193 (CanLII), <<https://canlii.ca/t/28llv>>, at para. 66.

For example, we considered the evidence of the husband of Patient A on whether Dr. Moore had disclosed fees he later attempted to charge Patient A for text messages and phone calls:

- In the audio recording of December 12, 2019<sup>11</sup> at time stamp 2:05 the husband of Patient A told Dr. Moore “you never once said you were going to bill us for your kindness”. This was a reference to the extra billing and was not challenged by Dr. Moore on the audio recording.
- In the letter from the Patients A and her husband to Dr. Moore<sup>12</sup> dated December 19, 2022 Page 1, item 6, “You never once mentioned your behind the scenes billing”. Again, this was a reference to the extra billing.
- In the letter of complaint<sup>13</sup> to the College dated December 19, 2019 received January 8, 2020. Page 1, paragraph 1. “We asked if there were any other fees and he [Dr. Moore] assured us there were none.”
- In the oral evidence in-chief of the husband of Patient A:

107127, (Pages 117:25 to 118:6)<sup>14</sup>

117

25 Q. And did he at any time tell you

118

1 that corresponding by text would result in an

2 additional fee to you?

3 A. No, never. He was very keen to

4 help, very accommodating, very kind, very considerate.

5 Always said I understand, and we're going to fix you

6 up. Yeah.

Although the evidence of the husband of Patient A was consistent (that these fees were not disclosed) his position (in the tapes, correspondence and indeed his testimony) was often stated in an emotional and sometimes angry tone. The Panel found this is an expected reaction to learning of the extra, undisclosed fees after the services had been rendered.

<sup>11</sup> Exhibit 19

<sup>12</sup> Exhibit 22.

<sup>13</sup> Exhibit 2.

<sup>14</sup> Transcript December 12, 2022.

We also note that the husband of Patient A was consistent in his dealing and his testimony concerning a "written summary" he had requested Dr. Moore to provide.

- The husband of Patient A first requested a "written summary" in the text messages<sup>15</sup> on page 87, dated September 28, 2019.
- He asked for a summary, not a report, in the Audio December 12, 2019 **Exhibit 19** at timestamp 3:06.
- In the letter from Patients A and her husband to Dr. Moore<sup>16</sup> dated December 19, 2022 Page 1, item 5, the requested document is referred to as "a brief synopsis".
- In the letter of complaint<sup>17</sup> to the College dated December 19 at Page 2, 3<sup>rd</sup> full paragraph he says he had requested, in person on October 16, 2019 a "brief summary".
- The husband of Patient A also testified at the Hearing to similar effect.

107127, (Pages 205:24 to 206:10)<sup>18</sup>

205  
 24 Q. And the question I asked you  
 25 before the break was your written texts asks Dr. Moore  
 206  
 1 for a written summary of what you've been saying so  
 2 that you can take it to a doctor.  
 3 A. Mm-hmm.  
 4 Q. Did you have a discussion with  
 5 Dr. Moore about what that written summary would look  
 6 like, would contain, anything about that?  
 7 A. I do recall talking about to him  
 8 about it and saying that the way he said it made the  
 9 most sense, and could I just have that in a couple of  
 10 sentences.

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<sup>15</sup> Exhibit 12.  
<sup>16</sup> Exhibit 22  
<sup>17</sup> Exhibit 2  
<sup>18</sup> Transcript December 12, 2022.



Thus, we saw a consistent position taken by the husband of Patient A on behalf of his wife in different formats, and over time. **1073**

In general, when we combine the husband of Patient A's consistency with his ample opportunity to observe what he was testifying to, that what he was saying makes sense, is reasonable and probable, accordingly we found the husband of Patient A to be credible and we rely on his evidence in respect to the matters to be decided.

**Ms. Tina Perryman**

Ms. Perryman is the manager of Inquiries, Complaints, and Reports at the College. She gave her testimony on December 14, 2022. The evidence of Ms. Perryman was clear, and consistent with that of other witnesses and with the relevant documents. During her evidence, Ms. Perryman explained the process of the College for handling complaints and her involvement in the Dr. Moore matter. **Exhibits 31** through **44** were entered during her testimony. This witness assisted the Panel in establishing the content and timing of the communications and requests made by the College to Dr. Moore. The Panel found her evidence to be truthful throughout. The evidence of Ms. Perryman in chief was substantially uncontradicted during cross examination. The Panel found her credible and relied on her testimony.

## Dr. Brian Dower

Dr. Dower gave evidence over four days, December 15, 16, 19, and 20, 2022. He is a chiropractor who was put forward by the College as an expert witness to give opinion evidence on the standards of practice and guidelines as they relate to assessment, treatment, documentation, consent, billing, ethics as they relate to the guidelines and standards, not in a broader context, and whether or not the Member met those standards and guidelines in this case. The curriculum vitae of Dr. Dower, which was entered as **Exhibit 46**, indicates that he was in private practice for 18 years, has been a CCEB<sup>19</sup> examiner since 2004, and a Peer and Practice Assessor, Mentor, and an occasional Chiropractic expert at the College of Chiropractors of Ontario since 2016.

Dr. Dower was honest and forthright about any limitations to his knowledge. For example, in cross examination at the qualification motion, he freely admitted to not knowing the details of decompression therapy<sup>20</sup>.

The Member objected to the qualification of Dr. Dower as an expert in two respects. First, it was argued that including Ethics in the scope of his expertise was too broad and because ethics was not expressly referenced in the witness' CV or oral evidence on the qualification motion. The second was difficult to understand and was described by Mr. Kitchen as:

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<sup>19</sup> Canadian Chiropractic Examining Board

<sup>20</sup> Transcript December 15, 2022. Page 50, line 24 through page 51 line 17

10 One is a very  
11 limited one on assessment and treatment, except as it  
12 involves disc decompression therapy and patients that  
13 may benefit from that therapy.

The Panel agreed with defence counsel on the first point that ethics could be limited to the guidelines and standards. However, the Panel did not limit the scope of expertise of Dr. Dower on disc decompression as Dr. Dower was not giving opinion evidence on how disc decompression works. He was testifying in his area of expertise on matters related to Patient A being asked to consent to that treatment, how she was billed for that treatment, and how this forms a part of her patient record.

Having heard from the parties, sought and received advice from ILC, the Panel qualified Dr. Dower as an expert to give opinion evidence on the standards of practice and guidelines as they relate to assessment, treatment, documentation, consent, billing, ethics as they relate to the guidelines and standards, not in a broader context, and whether or not the Member met those standards and guidelines in this case.

Having heard the opinion evidence of Dr. Dower the Panel found him credible and we rely on his evidence in establishing the minimum requirements of the standards of practice of the profession. The Panel did, however, find that at

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<sup>21</sup> Transcript December 15, 2022.

times, which we identify below, Dr. Dower would have imposed stricter adherence to these standards than might always be practical in all circumstances. For example, in his Summary of Evidence<sup>22</sup> and in his testimony concerning what Dr. Moore needed to do by way of patient assessment, Dr. Dower said the assessment should have included “extensive conversations” and ought to have done “extensive and thorough” examinations. In his testimony Dr. Dower suggested that all possible assessments should have been done. The Panel found that a member need only do enough to have sufficient evidence to support the “care / plan of care” as required by the Chiropractic Assessment Guideline<sup>23</sup>.

#### Defence Witnesses

##### **Ms. Helene Van Bommel**

Ms. Van Bommel testified on December 20, 2022. She is a patient of Dr. Moore and has been since 1991. On one occasion she was in the office of the Member when Patient A and her husband were also present. Ms. Van Bommel was in a position to observe what she testified to, appeared honest, her evidence made common sense and was aligned with the oral evidence of others. While we accept that she was credible, she had little to offer by way of relevant evidence. However, she did corroborate the evidence of Dr. Moore and the husband of Patient A about the amount of pain Patient A was in while under the care of the Member and the caring attitude of Dr. Moore.

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<sup>22</sup> Exhibit 54

<sup>23</sup> G-013, Exhibit 45.

Dr. Moore testified over nine days<sup>24</sup>. Dr. Moore genuinely appeared to care about, and showed compassion for Patient A. The Member freely admitted that he was responsible for the billing practices and patient records in his clinic.

When faced with questions about the issues in the Notice of Hearing, Dr. Moore was often evasive. Furthermore, what he said in his own contemporaneous documents was often contrary to what he said in his testimony.

One example can be seen in **Exhibit 31**, page 33 where the signature of Patient A to Consent to Examination is dated August 27, 2019 although everyone agrees the first examination occurred on August 26, 2019. In examination in-chief Dr. Moore tried to explain how he could have conducted an examination without a signed consent: "I did have a verbal consent to examine her and X-ray her that day<sup>25</sup>". He did admit<sup>26</sup> that the signature is dated August 27, 2019. In cross examination Dr. Moore argued with counsel and appeared to be making up his explanation as he spoke, saying that the consent form could have been signed on the 26<sup>th</sup> or 27<sup>th</sup>, despite the Consent to Examination being dated August 27, 2019.

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<sup>24</sup> December 20, 2022, January 25, and 26, March 1, 2, 9, and 21, and April 11, and 12, 2023.

<sup>25</sup> Transcript January 25, 2023, page 174 Lines 16-17.

<sup>26</sup> Transcript January 25, 2019, page 172 line 20 to page 174 line 21.

Another example arose when Dr. Moore was questioned in cross-examination<sup>27</sup> about his billing agreement with Patient A. Dr. Moore gave answers that were nonresponsive, evasive, did not make common sense, changed over time, and which were inconsistent with the document, "Corrective Care Decompression Plan". **Exhibit 8.**

In general terms the testimony of Dr. Moore was often inconsistent with the contemporaneous documents and when it conflicted with the evidence of other witnesses such as the husband of Patient A, we preferred the latter's evidence which we found reliable. The evidence of Dr. Moore was too often argumentative and did not make good common sense, what he was saying was not reasonable or probable and his answers were, at times, inconsistent with what he had said in emails or texts at the time of the events in dispute.

### **Dr. Gauri Shankar**

Dr. Shankar is the ICRC investigator in this matter. He was called as a witness by Dr. Moore and gave evidence on May 29, 2023. Dr. Shankar was asked primarily about his process in conducting investigations in general, and some specific questions in respect to this matter. His answers were clear and consistent with other witnesses and the Exhibits. The Panel found him to be a credible witness. However, his evidence has little relevance as he did not witness any of the central issues in this case. Dr. Shankar primarily spoke to the means

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<sup>27</sup> Transcript March 21, 2023, pages 235 through 247

by which documents were obtained. Dr. Shankar did interact with Patient A and her husband in 2020 and he confirmed what other witnesses had already said, namely, "they were genuinely upset. They felt that they were at a point where they needed to get help with their complaint, meaning going to the CCO."<sup>28</sup> His evidence is also somewhat helpful to understand some of the terminology used by Patient A and her husband in their communications to Dr. Moore and the College.

#### **Dr. Igor Steiman**

Dr. Steiman gave evidence over 5 days, August 14 through 18. He is a chiropractor called by Dr. Moore as an expert witness to give opinion evidence in this matter, substantially in response to the expert evidence of Dr. Dower. The curriculum vitae of Dr. Steiman, which was entered as **Exhibit 76**, shows he has been a professor at CMCC<sup>29</sup> since 1996. The research and other professional activities point to his ongoing involvement in clinical science matters. Dr. Steiman supervises interns seeing patients and sees patients himself, which includes chiropractic manipulations, taking a history, assessments and documenting the record.

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<sup>28</sup> Transcript, May 29, 2023 Page 78, lines 18 through 20.

<sup>29</sup> Canadian Memorial Chiropractic College

Throughout voir dire, including cross-examination, Dr. Steinman appeared honest and forthcoming. He did not seem to have an interest in the outcome of this Hearing.

The College did not object to Dr. Steinman being qualified as an expert in respect of the matters requested by the Member.

After hearing from the parties and receiving advice from ILC, the Panel qualified Dr. Igor Steiman as an expert in the assessment, treatment, documentation, scope of practice, consent, and ethics as it relates to the standards of practice, and whether or not the Member met those standards in this case.

The Panel found Dr. Steiman to be credible and honest. He demonstrated integrity and indeed he stuck with his beliefs even when on occasion it was at odds with a Standard of Practice. For example, during examination in chief<sup>30</sup> when asked if having the consent to examination signed the day after the examination and diagnostic imaging negates consent, Dr. Steiman said: "I don't think so". This despite the consent standard<sup>31</sup> saying the elements of consent include, being obtained "prior to any physical examination or diagnostic testing" and be "evidenced in a written form signed by the patient or otherwise documented in the patient health record". Neither element was evident in any of the records of the patient.

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<sup>30</sup> August 15, 2023. Page 136 lines 9 through 20.

<sup>31</sup> Exhibit 43. Standard of Practice S-013: Consent.



The Panel found Dr. Steman to be honest, we rely on his opinion in most areas. However, we rely less on the opinion evidence of Dr. Steiman where that opinion is inconsistent or at odds with the standards of practice.

### **CLOSING SUBMISSIONS**

On the final day of the Hearing, August 21, 2023 the Panel invited and heard closing submissions from counsel for the College and counsel for the Member, who were given equal time. The Panel also heard the advice of ILC and the parties' comments on that advice. The Panel accepted and relied on the advice of Mr. Stevenson, ILC.

### **FINDINGS OF FACT**

The Panel made the following findings of fact which it relied upon to come to its conclusions:

#### The 3 Records of Assessment Treatment and Progress

The Panel received into evidence three sets of patient records for Patient A. They were referred to at the Hearing as version 1 (Dr. Moore says<sup>32</sup> this is the version he filled out while in the session with Patient A), version 2 (Dr. Moore says<sup>33</sup> this is the version he filled out shortly afterwards, in the evening), and version 3 (Dr. Moore agrees with counsel<sup>34</sup> that he completed these notes right

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<sup>32</sup> Transcript March 21, 2023. Page 83 line 20 through page 84 line 5.

<sup>33</sup> Transcript March 21, 2023. Page 84 line 6 through page 85 line 1.

<sup>34</sup> Transcript March 21, 2023. Page 85 line 24 through page 86, line 18.

away or between clients or at the end of his shift). The versions 1 and 2 are commonly referred to as travel cards, and the three pages of version 3 are referred to as Subjective, Objective, Assessment, and Plan “SOAP” notes, or progress notes. The clearest and often referenced copy of these notes are in **Exhibit 49**, where version 1 is at pages 30 and 31, version 2 at pages 32 and 33, and version 3 at pages 27, 28, and 29.

During the course of the initial investigation the ICRC had requested copies of the patient records.<sup>35</sup> **Exhibit 31** is the file of Patient A that was sent to ICRC by the Member on February 10, 2020 and received February 20, 2020. It contains versions 2 and 3 of the files. In his testimony Dr. Moore<sup>36</sup> said that a “doc” coming in after the fact to see the same patient would have to look at all three versions to get an understanding of his care of Patient A. However, version 1 was not included when the record of Patient A was requested.

None of the 3 versions contain a key or legend even though a subsequent practitioner would need this to decipher the notes and records of the Member. The position of Dr. Moore as to why he did not provide the key or legend along with the file of Patient A, is simply that he was not asked for it.

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<sup>35</sup> Transcript December 14, 2022. Ms. Perryman in chief. Page 181, lines 3 through 15.

<sup>36</sup> Transcript March 21, 2023. Page 174 line 18 through page 175 line 12.

Versions 1 and 2: A side-by-side review of versions 1 and 2 reveals they are similar. Both contain all the same identifying personal information<sup>37</sup> about the Patient. Version 2 is largely a reproduction of the information (assessments and treatments) contained in version 1. However, some new information has been added at some of the dated entries for patient visits. Dr Moore admits that he added this information after the visit but explains this by saying he, that day, or within a day, created a new patient chart to add more information.

Version 3: This version is different from versions 1 and 2. The three pages that make up version 3 are exclusively SOAP notes. It largely reproduces what is in version 1, however adds more detail. Significantly, this version has the correct month and day when Patient A attended at the office of Dr. Moore for care. However, the year on all 3 pages of version 3, is 2020, not the correct year of care, 2019.

When taken to the dated entries in versions 1 and 2, Dr. Moore agrees repeatedly<sup>38</sup> that they duplicate most of the same information, but they also have different and, sometimes, contradictory information. Despite this, he continued to assert that dated entries of all three versions had been created on the same day to add new information even though he was a very busy practitioner.

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<sup>37</sup> First and last name, address (street, city, and postal code), DOB, marital status, gender, name of spouse, No. of children, occupation, Res phone, and referred by.

<sup>38</sup> Transcript March 21, 2023, page 108 line 2 through page 118 page 25.

Findings of fact in relation to the multiple versions

There is no dispute that the Member is responsible for his recordkeeping and that Standard of Practice S-002 Record Keeping<sup>39</sup> governs that responsibility. The parties agree Version 2 of the travel cards has more information than Version 1.

With respect to the areas where the parties do not agree, the Panel made the following findings of fact:

- Dr. Moore failed to provide the College with a complete copy of the patient record when version 1 was not initially provided instead he submitted versions 2 and 3 on February 10, 2020.
- Recreating the 13 items in the identifying personal information<sup>40</sup> section on the same day, on a new travel card, doesn't make sense.
- When adding further notes to a visit, on the same day, it makes no common sense to create a new travel card with all the same information.
- Additions could have been made under the existing entry as the notes for the next dated visit would not yet be present.
- If a new practitioner or the College were to look at all three versions, as the Member said needed to be done to understand his assessment and treatment, the Panel found that even all three versions together do not provide a complete record of care as they are incomplete, contradictory at times, and they create confusion.
- When codes or abbreviations are used by the Member in a patient record and the key or legend does not accompany the record it is not a complete patient record. Dr. Moore failed to provide the College with the complete patient record for Patient A when he failed to include his key or legend.
- It is improbable that the same error of recording 2020 is made three times over some 20 days in 2019. It is more probable version 3 was created sometime in early 2020 after Dr. Moore was aware of the complaint

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<sup>39</sup> Exhibit 40

<sup>40</sup> First and last name, address (street, city, and postal code), DOB, marital status, gender, name of spouse, No. of children, occupation, Res phone, and referred by.

against him and before his letter in reply of the complaint to the College dated February 10, 2020.

- The Panel found that versions 2 and 3 were not created contemporaneously.
- When Dr. Moore sent only versions 2 and 3 to the College when providing the records of Patient A, he was contravened paragraphs 20 and 22 of the record keeping standards<sup>41</sup>.
- The Panel also found that in reviewing Version 1 of the patient record it would not be sufficient for a visiting or a new chiropractor to provide care without first performing a new assessment.

As a result, the Panel made a finding that allegation 1 has been proven in that the documentation of the Member contravened the standard of practice expected of members of the profession, and the Panel also found that the College has proven allegation 4 that the Member failed to keep records as required. The latter issue will be discussed further below. Furthermore, we have also taken this conduct into account as a component in establishing allegation 11 which is discussed below.

#### Consent to Examination / Assessment – Plan of Care

When Dr. Moore first met with Patient A on August 26, 2019 she was fragile and in pain. Assessment, imaging, and even taking a history was a challenge.

Examination in chief of Dr. Moore, January 25, 2023:

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<sup>41</sup> Exhibit 40

107812, (Page 84:2 to 84:11)

84

2 Q. Okay. Were you concerned that she  
3 might not last a long time?

4 A. I was concerned that I had to move  
5 this process forward with her. She was not  
6 comfortable. She was not comfortable. And I would say  
7 both mentally and physically, she was fragile. And it  
8 was something that needed to be moved along as quickly  
9 as possible in the -- I'm going to say in the history  
10 and in the exam and in the imaging. This gal was only  
11 going to last so long.

In cross examination<sup>42</sup> Dr. Moore agreed that Patient A was not able to tolerate a long examination due to difficulties sitting and standing. The document he provided, "Instructions to Patients Undergoing Decompression" reveals that the decompression treatment time is 34-38 minutes per session and the patient has to lie still. Dr. Steiman agrees<sup>43</sup> that lying still would have been a significant challenge for Patient A, and he noted that Dr. Moore had observed that she could not even sit still for 5 minutes. Dr. Steiman goes on to give his opinion about it becoming obvious that Patient A would not be able to receive the decompression treatment:

109580, (Pages 177:20 to 178:3)<sup>44</sup>

177

20 Q. The entire tenor of that  
21 discussion with her was that it was going work for her  
22 and that it was going to be the thing that would help  
23 her with her pain, wasn't it, Dr. Steiman?

24 A. That part of the discussion,  
25 yes, but whether she definitely would be able to do

178

1 it, I mean obviously came a point where he notes that  
2 she was not able to even get on the table, so it's  
3 obvious she's not able to receive the treatment.

<sup>42</sup> Transcript March 21, 2023, page 11 line 17 through page 12 line 13.

<sup>43</sup> Transcript August 16, 2023, page 176 line 20 through page 177 line 19.

<sup>44</sup> Transcript August 16, 2023.

Nonetheless, the next day on August 27, 2019 when he provided Patient A with his report of findings, Dr. Moore presented a plan of care to Patient A that includes, among other things, 30 decompression sessions, with a pre-payment cost of \$7,720.00<sup>45</sup>.

No decompression treatment was ever provided because Patient A was unable to tolerate it. From August 27, 2019 through September 12, 2019 the patient did however have 10 visits with Dr. Moore for what he calls "CHIROPRACTIC ADJUSTMENT"<sup>46</sup> in his billing. However, her pain had not been relieved to the point where she could tolerate being still and she was still not able to lie on the decompression table for anywhere near the 34-38 minutes required.

- The Panel found that the plan of care did not relate to the condition and circumstances of the patient. This is in opposition to Standard of Practice S-013 Consent.

As a result, the Panel made a finding that allegation 1 has also been proven in that the Member contravened the standard of practice expected of members of the profession with respect to consent.

The assessment of Patient A by Dr. Moore led him to the diagnosis of VSC (Vertebral Subluxation Complex) which he recorded in the patient record. He does not record a diagnosis, differential diagnosis, or clinical impression of a herniated disc. The care plan Dr. Moore presents included decompression

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<sup>45</sup> Exhibit 8

<sup>46</sup> Exhibit 49 page 50.

sessions. The Member was either not able to recognize the complex challenges Patient A was facing, or he was unbelievably optimistic that he could treat her to the point that she would improve significantly in the near future so as to be able to lie still on the device to start decompression sessions.

- The Panel found that Dr. Moore sold Patient A a prepaid treatment which he knew she could not tolerate and that this was not patient centered care.
- The Panel found that the assessment of Patient A by Dr. Moore was not sufficient to support his plan of care.

As a result, the Panel made a finding that allegation 1 has been proven in that the assessment and treatment of Patient A contravened the standard of practice expected of members of the profession. Again, we have also taken this conduct into account as a component in establishing allegation 11 which is discussed below.

#### Consent to Examination / Assessment - Documentation

The parties agree that informed consent is required before an examination. They also agree that Dr. Moore's examination of Patient A occurred on August 26, 2019. They further agree the form, Consent to Examination<sup>47</sup> was signed by Patient A and is dated August 27, 2019.

Dr. Steiman opined that written consent prior to examination is optimal but "oral consent is acceptable". Dr. Steiman also said, "There is every indication from the audio recordings that the patient", "consented to assessment."<sup>48</sup>

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<sup>47</sup> Exhibit 31, page 33.

<sup>48</sup> Exhibit 78, paragraph 3.



The Panel noted that the Consent Standard requires that consent to examination is to be “evidenced in a written form signed by the patient or otherwise documented in the patient health record”. There is an exception where implied consent can occur in limited circumstances. The Panel considered this and found the Member had not met the onus to substantiate that the circumstances warranted a variation from this requirement. The written consent of Patient A could and should have been obtained on August 26, 2019.

The Panel notes that the audio recordings are not part of the health record of Patient A.

Therefore, the Panel did not accept the opinion of Dr. Steiman on this point and instead prefers the opinion of Dr. Dower whose opinion<sup>49</sup> was that Dr. Moore failed to meet the standard because the consent was documented as having been obtained after the assessment was done.

This further supports the finding by the Panel that allegation 1, was proven.

#### Consent to Care (Chiropractic Adjustment)

Dr. Dower also opined that the consent to care was deficient in a few ways including the lack of documentation that relates to the condition of the Patient, no indications of the number of adjustments being consented to, and no indication

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<sup>49</sup> Transcript December 15, 2022, page 190, lines 8 through 15.

that he had delivered the diagnosis. The patient chart reveals the diagnosis Dr Moore made was VSC<sup>50</sup> without indication that the proposed treatments were for VSC.

Notwithstanding the opinion of Dr. Dower here, the Panel found that the standard was met by virtue of the form "Informed Consent to Chiropractic"<sup>51</sup> which was signed and dated before chiropractic adjustment care began. This form contained adequate information and we accept Dr. Moore complied with the standard in this respect.

#### Consent to Care (Traction) and to the Plan of Care

##### Communications / Discussions

In his Summary of Evidence, Dr. Steiman wrote that nothing he had reviewed suggested the consent to care of Patient A was anything but informed, uncoerced, and given voluntarily<sup>52</sup>.

In oral evidence<sup>53</sup> Dr. Steiman agreed that all these elements are needed if a chiropractor is to obtain fully informed consent. In other words, a patient needs to be fully informed with complete and accurate information, not put under pressure, ("not even a little bit"), be informed of the risks, and consent must be voluntary.

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<sup>50</sup> Vertebral Subluxation Complex

<sup>51</sup> Exhibit 31, page 33.

<sup>52</sup> Exhibit 78, paragraph 11.

<sup>53</sup> Transcript August 16, 2023, page 76 line 1 through page 86 line 21.

When taken to the Consent standard, page 2, Dr. Steiman agreed<sup>54</sup> that this meant that all of the five items (below) are a necessary part of a proper consent.

In order to be informed, consent to examination, (including diagnostic imaging), care or a plan of care, shall include a discussion of these items:

- What is the recommended examination, care or plan of care?
- Why should the patient have the examination, care or plan of care?
- What are the alternatives to the examination, care or plan of care?
- What are the effects, material risks and side effects of the proposed examination, care or plan of care and how they compare to the alternatives?
- What are the likely consequences if the patient does not have the examination, care or plan of care?

Dr. Steiman agreed<sup>55</sup> that a requirement for informed consent is that a care plan needs to include the frequency of chiropractic care. He also agreed that the Corrective Care Decompression Plan<sup>56</sup> did not include the frequency of chiropractic care.

Dr. Steiman agreed that there should also have been a further discussion about the patient's consent after it turned out the decompression care could not be started, and that the care for the next 10 visits was primarily chiropractic

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<sup>54</sup> Transcript August 16, 2023 page 82 lines 7 through 24

<sup>55</sup> Transcript August 16, 2023, page 209 line 4 through page 210 line 4.

<sup>56</sup> Exhibit 8

adjustment care. Dr. Steiman agreed that Dr. Moore's failure to discuss this with Patient A fell below the standards of both recordkeeping and informed consent<sup>57</sup>. The Panel agreed with this opinion.

In his testimony on the topic of informed consent Dr. Moore said he was unsure if the information about decompression sunk in for Patient A. Examination in chief.

107812, (Page 168:11 to 168:25)<sup>58</sup>

168

- 11 Q. Were you confident that she was  
 12 adequately informed on what decompression was?  
 13 A. She was adequately informed.  
 14 Whether it sunk in, James, to the point to where I want  
 15 it to sink in, not sure. We never did get her on  
 16 decompression. We would've had an opportunity to  
 17 really have it sink in had we got her onto some of the  
 18 equipment.  
 19 Q. Right.  
 20 A. How much is any particular  
 21 individual -- when you ask me did it sink in, did she  
 22 fully understand, I would hope that she did. We  
 23 certainly went through it, an understanding on it, and  
 24 we went through the language. Did it sink in? I hope  
 25 so. We spent enough time on it.

### Risks

In examination in chief<sup>59</sup> Dr. Moore expressed the view that there are no risks with VAX-D. He did agree that there are red flags with some patients which might warrant not using this treatment:

107133, (Pages 178:25 to 179:8)

178

- 25 Q. Are there any risks associated  
 179

<sup>57</sup> Transcript August 16, 2023, page 210 line 12 through page 212 line 2.

<sup>58</sup> Transcript January 25, 2023.

<sup>59</sup> Transcript December 20, 2022, page 178 line 25 through page 179 line 8.

1 with the VAX-D decompression treatment?  
 2 A. So the FDA put out a statement on  
 3 this. There have been -- there is no risk, and there  
 4 has been no reported challenge to any VAX-D procedure  
 5 put together in the States. So in the actual VAX-D  
 6 process, that's the process. That said, there are  
 7 certain patients that are red flags that we wouldn't  
 8 take on.

Dr. Moore listed a variety of conditions that he sees as "red flags". Ultimately, he agreed with Mr. Kitchen that he supposes it is true, there are risks to any procedure<sup>60</sup>.

The husband of Patient A agreed with Dr. Moore that no risks associated with VAX-D were explained to them<sup>61</sup>.

Dr. Moore during his testimony about the information in his consent form said:

108377, (Page 259:12 to 259:19)<sup>62</sup>  
 259

12 Q. Okay. And, finally, you agree  
 13 with me, Dr. Moore, there's nothing on this form that  
 14 deals with risks, side effects, alternatives, or a  
 15 diagnosis that the patient would need to know in order  
 16 to consent to decompression treatment?  
 17 A. On this form?  
 18 Q. Yeah.  
 19 A. Not on this form.

There is no mention of risk in the audio recordings, **Exhibits 6, 7, and 10** which recorded a portion of the conversations on August 26 and 27, 2019 where Dr. Moore discussed VAX-D with Patient A and her husband.

<sup>60</sup> Transcript December 20, 2022, page 179 line 9 through page 180 line 18.

<sup>61</sup> Transcript December 12, 2022, page 121 lines 6 through 11.

<sup>62</sup> Transcript March 21, 2023.

The Panel found that despite admitting there are “red flags”, and that there are risks to any procedure<sup>63</sup> Dr. Moore did not communicate any risks to Patient A. Dr. Moore did not properly inform Patient A about the risks associated with VAX-D when he got her to sign the consent to the care plan that included VAX-D, as there are risks associated with any chiropractic assessment. Allegation 1 is again established by this breach of the standards of practice.

### The Representation on Success of Treatment

In the following extract from the audio recording of August 27, 2019 Dr. Moore was talking about VAX-D prior to seeking consent to care from Patient A:

At timestamp 13:00:

**Dr. Moore:** “So you move them a little bit in a little bit, a little bit in, a little bit in, a little bit. And at some point through that process, BING, we got enough pressure off the nerve that she goes from a nine to a four, almost overnight.”

**Patient A:** “And it stays?”

**Dr. Moore:** “And it stays. Okay.”

**Patient A:** “Wow.”

**Dr. Moore:** “Not everyone ... they go a little at a time”. “A year later they’re all doing fine”.

At timestamp 14:50:

**Dr. Moore:** “Go from a 9 to 3 in 5 weeks in 20 visits.”

At timestamp 15:45:

**Dr. Moore:** “Going to be 0 or 1, 11weeks. Can be off a little.”

At timestamp 16:45:

**Dr. Moore:** “We just have to keep going, it will ultimately break. The cycle will break because it does for everyone. I've not had one that it didn't break for us.”

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<sup>63</sup> Transcript December 20, 2022, page 179 line 9 through page 180 line 18.

In his testimony at the Hearing Dr. Moore continued to hold this view, and he expressed it in a couple of ways. First, he said it was ok for him to give assurances or guaranteed outcomes because he was reassuring Patient A having regard to her emotional state. Secondly, Dr. Moore said that he believed he could get Patient A to a pain level of 0 or 1. Dr. Moore seems to take the position that because he believed he would be successful, he can give Patient A assurances.<sup>64</sup>

The husband of Patient A confirmed he had understood from what Dr. Moore told them that at some point the pain would just magically disappear from one day to the next<sup>65</sup>.

In his defence the Member points to the "Corrective Care Decompression Plan", **Exhibit 8** second paragraph, "Please be aware that NO ONE can offer a guaranteed clinical response." However, the Panel found that this written statement cannot be used as a defence in circumstances where the Member misled Patient A with an oral guarantee of success in his discussions with her at the time of obtaining consent.

The Panel found that the evidence above demonstrates that:

- Dr. Moore was not sure if the patient understood the care proposed,
- Dr. Moore did not communicate any risks of VAX-D,

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<sup>64</sup> Transcript March 21, 2023, page 190 line 23 through page 193 line 14.

<sup>65</sup> Transcript December 12, 2022, page 105, lines 12 through 21.

- The Member conveyed a message of success, which was a misrepresentation of treatment, and
- Dr. Moore failed to meet the Consent Standard of Practice in relation to VAX-D and the plan of care.

As a result, the Panel made a finding that allegation 1 has been proven as a result of all these deficiencies in his conduct concerning obtaining informed consent and he has contravened the standard of practice expected of members of the profession with respect to Consent. Again, we have also taken this conduct into account as a component in establishing allegation 11 which is discussed below.

#### Disclosure of personal health information

There is no dispute that Dr. Moore sent a letter, with enclosures, **Exhibit 34**, regarding Patient A, to Chase bank, which was dealing with a dispute between the parties over a CIBC Visa charge for treatment. The husband of Patient A had used his Visa to pay the block fee of \$7720.00 (referred to above) for Patient A. and he was now disputing that charge.

Dr. Moore included with his responding letter an account he had given Patient A, which revealed her name, address, phone number, date of birth, and the type and frequency of treatments. None of this information was redacted.



In the letter itself, Dr. Moore says Patient A has a "lumbar herniated disc", a diagnosis he had not recorded in the patient record. The Member went on to assert that Patient A has a variety of mental health conditions including "significant anxiety, emotional, and suicidal tendencies", these diagnosis had not been made by any qualified medical practitioner. Dr. Moore also says he had been tasked with assisting her to find "psychiatric and medical care"<sup>66</sup>.

Throughout his evidence Dr. Moore referred to Chase bank as an agent of Patient A and her husband. There is nothing before the Panel that shows how or if Dr. Moore made any attempt to determine if a financial institution is an agent of its customers. He could have asked Chase bank, his own regulatory body, or a lawyer about this issue before sending sensitive personal health information to a third party. He did nothing in this regard.

The Member argues that section 37 (1) (i) of the Personal Health Information Protection Act (PHIPA) provides an exception which justifies his production of the Personal Health Information of Patient A. This section does not help Dr. Moore. It deals with the *use* (in certain circumstances which are not applicable here) of, not the *disclosure* of, personal health information. It is a different section, section 38, which deals with *disclosure* of personal health information, which is what

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<sup>66</sup> Exhibit 34 pages 152 and 153.

occurred in this case. The latter section sets out when disclosure is permitted under the Act. Those exceptions do not apply to this disclosure by Dr. Moore.

The Panel made the following findings in relation to the letter and enclosures which Dr. Moore sent to Chase bank:

- Dr. Moore contravened the Standard of Practice S-002 Record Keeping when he disclosed the personal health information of Patient A to a third party.

As a result, the Panel made a finding that allegation 2 has been proven in that Dr. Moore, without authorization to do so, gave information about Patient A to a third party. Again, we have also taken this conduct into account as a component in establishing allegation 11 which is discussed below.

#### The Agreement between Dr. Moore and Patient A

The agreement Dr. Moore had with Patient A, "Corrective Care Decompression Plan" **Exhibit 8**, third paragraph sets out how Dr. Moore's prepaid program fees were to work. It stipulates that, among other things, additional fees for consulting time and adjustments cannot be deducted (i.e., paid) from the prepaid, discounted, account balance. Notwithstanding this restriction in his own document, account statements show Dr. Moore deducted previously undisclosed administration fees<sup>67</sup>, a fee for a medical report, and even transferred funds out

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<sup>67</sup> Text messages, phone calls, research fees, etc. See Exhibit 31, page 41.

of the prepaid, discounted, account of Patient A to cover chiropractic care provided separately to the husband of Patient A.

- The Panel found that this was all improper and is a breach of the agreement with Patient A.

As a result, the Panel made a finding that allegations 3 and 8 had been proven in that Dr. Moore breached the agreement and also failed to disclose fees before a service was provided. Again, we have also taken this conduct into account as a component in establishing allegation 11 which is discussed below.

Record Keeping (this section addresses further the standard of practice issues discussed at pp. 24-28 above and also allegation 4)

Dr. Moore acknowledged that you need to look at both versions 1 and 2 of his records of Patient A to see all the treatments performed.

108377, (Page 99:7 to 99:21)<sup>68</sup>

99

- 7 Q. All right. And it does not  
8 contain all of the treatments that you've performed?  
9 A. I'd have to look at both charts.  
10 You're asking me to make a statement here. And I'd  
11 have to look at both charts and do a comparison to be  
12 able to comment on that.  
13 Q. Well, let's compare, Dr. Moore,  
14 the consultation and assessment notes, for example, in  
15 page 31, which is version 1, and page 33, which is  
16 version 2.  
17 You'll agree with me that on page 31  
18 under your consultation, you recorded different  
19 information in "Previous Therapy" than what you

<sup>68</sup> Transcript March 21, 2023.

20 recorded in the same space on page 33, correct?  
 21 A. Correct.

It is worth remembering here that Dr. Moore sent versions 2 and 3<sup>69</sup>, and not version 1 to the College when the patient record was requested by the College's ICRC.

Secondly, it was the opinion of Dr. Steiman that when Dr. Moore did not document Patient A's perceptions of her pain, he breached the Record Keeping Standard:

109580, (Page 146:1 to 146:10)<sup>70</sup>

146

1 Q. And he didn't document that  
 2 discussion, did he?  
 3 A. Not in the notes, no.  
 4 Q. Right. And he was required to  
 5 do so, wasn't he, Dr. Steiman?  
 6 A. Yes, according to  
 7 recordkeeping, he should.  
 8 Q. He breached the standard,  
 9 didn't he, Dr. Steiman?  
 10 A. In that case he did.

Thirdly, in his evidence<sup>71</sup> Dr. Steiman agreed that the record of Patient A was deficient because it does not include subjective and/or objective findings at various visit entries as required for SOAP<sup>72</sup> notes.

Fourthly, Dr. Steiman agreed there were inconsistencies in the recorded information between the three versions of notes in the chart and said that if there

<sup>69</sup> See Exhibit 50 Package received by the College February 20, 2020.

<sup>70</sup> Transcript August 16, 2023, page 146 lines 1 through 10.

<sup>71</sup> Transcript August 17, 2023, page 99 line 7 through page 107 line 19.

<sup>72</sup> Subjective, Objective, Assessment, and Plan.

was to be a correction in a record, it should be noted as a correction<sup>73</sup>. Dr.

Steiman agreed that Dr. Moore failed to meet the Record Keeping Standard in this regard.

The evidence of Dr. Steiman was that the discrepancies between the versions 1 and 2 of the patient charts (travel card) create confusion:

109581, (Pages 96:13 to 97:10)<sup>74</sup>

96

13 Q. Right. And Dr. Steiman, when you  
14 compare Version 1 on page 31, the standing circle at the  
15 bottom of the page, you see that "LUM" is at the top of  
16 the circle but "E" is at the bottom of the circle?

17 A. Yes.

18 Q. And what does "E" stand for?

19 A. Extension.

20 Q. And do you see in Version 1 the  
21 extension was 0 (zero)?

22 A. Yes.

23 Q. And in Version 2, on page 33, the  
24 extension is down 50 percent?

25 A. Yes.

97

1 Q. You agree with me that the Version  
2 recorded while he's doing the measurement is likely the  
3 accurate version?

4 A. Likely, but not necessarily.

5 Q. All right. And you agree that this  
6 process of having two sets of notes where the earlier  
7 notes do not align with the later notes creates confusion  
8 for any chiropractor coming in to take over treatment?

9 A. Yeah, it can. That kind of  
10 discrepancy should be counted.

<sup>73</sup> Transcript August 17, 2023, page 93, line 19 through page 95 line 4.

<sup>74</sup> Transcript August 17, 2023.

The Panel also found confusing inconsistencies. For example, for the August 29, 2019 visit we found “C ROT” in version 1, page 30, “C ROT L+R no adj” in version 2, and “C ROTation gentle L+R” in version 3.

Version 1 is so deficient and unreliable that it is difficult to see how another chiropractor could treat Patient A without performing their own complete assessment and compiling a new treatment plan. Each version on its own is insufficient, and when read together they are confusing. Even versions 2 and 3, sent by Dr. Moore to the College, are not an adequate record of assessment or care.

Dr. Dower was asked some specific questions about the records of Dr. Moore, but on at least two occasions<sup>75</sup>, Dr. Dower was, understandably, not able to fully understand the patient record because it contained abbreviations and symbols which were incomprehensible. Quite apart from abbreviations and symbols Dr. Steiman also could not understand the patient record at times, for example<sup>76</sup>, when asked about a reference to “four out of four” he agreed this reference was unclear as pain scales are commonly out of ten.

- When a patient record needs a Key or Legend to be accurately understood, the Panel found that the Key or Legend must be kept with the patient record wherever it might be, including when sent out of the office.

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<sup>75</sup> Transcript December 15, 2022, page 150 lines 7 through 20, and page 176 lines 16 through 25.

<sup>76</sup> Transcript August 15, 2023, page 111.

Otherwise, patient records are incomplete, not useful for the intended purpose, and inconsistent with the intent and objectives of Standard of Practice S-002.

This is a further basis upon which the Panel made a finding that allegation 1 has been proven in respect of the documentation of the Member contravening the standard of practice of the profession. It is also a further basis upon which the Panel found that allegations 4 and 11 have been proven.

#### Security of patient records

The Panel also found that the package<sup>77</sup> Dr. Moore left attached to the outside of his office, after hours, was left there contrary to the record keeping standard because it contained the identities of Patients A and her husband, some personal health information, and financial information.

- Having not taken reasonable steps to ensure records were protected in a secure location, the Panel found Dr. Moore did not comply with S-002 Record Keeping Standard of Practice.

This is a further basis for finding that allegation 1 has been proven in respect of the documentation of Dr. Moore, which contravened the standard or practice of the profession. And the Panel made a finding that allegation 4 has been proven having left a patient record outside. Also, this is contrary to the requirements under PHIPA and provided a further basis upon which the Panel found that allegation 2 had been proven.

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<sup>77</sup> Exhibit 21

Providing a report

The husband of Patient A requested a written summary by text<sup>78</sup> for the first time on September 28, 2019 of what Dr. Moore had discussed with Patient A. Dr. Moore testified that December 6, 2019 is when that report (summary) was finally provided.

108379, (Page 12:5 to 12:9)<sup>79</sup>

12

5 Q Dr. Moore, when you -- you told Dan  
6 Light he could pick up the report at your office on  
7 December 6th, and he did attend to do so, am I right  
8 about that?  
9 A Yes.

Record Keeping S-002, **Exhibit 40**, page 10, Paragraph 21 indicates that when a report or certificate relating to an examination or treatment is requested it is to be provided, "...within a reasonable time after a patient has requested such a report..."

The Record Keeping Standard references the Personal Health Information Protection Act, 2004. Section 54 (2) which gives us guidance on what a reasonable time is "... as soon as possible in the circumstances but no later than 30 days after receiving the request."

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<sup>78</sup> Exhibit 12, page 87.

<sup>79</sup> Transcript April 12, 2023.



Dr. Moore did not explain to Patient A why it took so long, although he testified at the Hearing that it was because of the complexity of the case and research he had to do.

- The Panel found Dr. Moore had no reasonable cause for the delay.
- The Panel found that two months and one week was not a reasonable time in the circumstances, to answer what was merely a request for a summary of Dr. Moore's dealing with Patient A.

As a result, the Panel made a finding that allegation 5 had been proven. Again, we have also taken this conduct into account as a component in establishing allegation 11 which is discussed below.

#### Issuing of Documents and Accounts

If the Member intended to charge for calls and texts, he was required to include details of them on his accounts to Patient A. There are however no such fees reported in **Exhibit 11**, which is the account covering August 26, 2019 through September 9, 2019.

The account<sup>80</sup> covering August 26, 2019 to December 5, 2019 for Patient A does refer to "Administration Fees" but these are not explained. The account reveals three "administration fees": \$2,620.00, \$20.00, and \$280.00. This reference is certainly inadequate if it was intended to bill for texts and phone calls. Indeed, the reference to administration fees is misleading, and Dr. Moore needed to say

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<sup>80</sup> Exhibit 11

expressly what these charges were for, and he needed to have explained them properly in advance.

Dr. Moore, in the documents he sent to Chase bank **Exhibit 34**, explaining to the bank his billing, at page 170 says that he billed a fee of \$750 to Patient A for “Research morphine and drugs” on September 20, 2019. This is, however, inconsistent with the account he issued to Patient A **Exhibit 18**, covering August 26, 2019 to December 5, 2019 which reveals no such fee. This research fee had not been seen in any of the statements prior to the letter to Chase bank.

Page 170<sup>81</sup> of the enclosures to Chase bank refers to Dr. Moore’s fees totalling \$280 to Patient A for texts and a phone call in the period September 2, 2019 through September 8, 2019. This can be contrasted to the account<sup>82</sup> issued by Dr. Moore to Patient A, with a date range August 26, 2019 to September 9, 2019 which makes no reference to any such fee.

The account issued by Dr. Moore December 5, 2019 **Exhibit 18**, has a fee of \$280, the same amount as above. However, that entry appears on November 30, 2019 and has the descriptions of Administration Fees. Dr. Moore provides the details of “texts” and a “phone call” to Chase bank, not Patient A.

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<sup>81</sup> Exhibit 34

<sup>82</sup> Exhibit 11

- The Panel found Dr. Moore had the account statements available and he knew the documents and accounts he issued and sent to Chase bank were false and misleading.
- The Panel found that when Dr. Moore provided the accounts (above) to Patient A for a fee, he failed to itemize it as required.

All of the above is the basis upon which the Panel finds that allegations 6, 7, and 10 have been proven.

In his letter to Chase bank, **Exhibit 34** pages 152-153, Dr. Moore not only improperly included health information about Patient A but also references medical conditions (see below) that Dr. Moore was not qualified or authorized to diagnose, because they were outside his scope of practice. In this regard Dr. Moore's letter to Chase bank improperly indicated that Patient A had "Suicidal tendencies" and referred to "her current emotional suicidal state"<sup>83</sup> In the letter he also says the husband of Patient A asked him for a medical report that would assist Patient A in "finding appropriate psychiatric and medical care". The evidence revealed this is not what was requested. What the husband of Patient A asked was; "Do you have a written summary of what you've been saying about what we need to do with her that I can give to a doctor should I be able to get her into a walk in clinic?". We find this in the text messages provided by Dr. Moore. **Exhibit 12**, page 87, dated September 28.

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<sup>83</sup> January 2, 2020, letter from Dr. Moore to Chase bank (financial institution).

The Panel found:

- When Dr. Moore communicated mental health information about Patient A he was attempting to undermining the credibility of Patient A; and
- he was acting outside the scope of practice in the sense that he was providing a medical opinion (to a third party) which he was not qualified to give in any event.

This is a further basis upon which the Panel made a finding that allegation 1 has been proven in respect of the documentation of the Member contravening the standard of practice of the profession.

The Panel also found:

- Dr. Moore was in breach of his confidentiality obligations under PHIPA, and in so doing he acted contrary to Standard of Practice S-002: Record Keeping, and
- Dr. Moore greatly and improperly exaggerated the nature of the report requested by Patient A and he tried to justify his billings, in part by giving a medical opinion outside his scope of practice.
- Dr. Moore knew the communications<sup>84</sup> he had with Chase bank were false and misleading.

This is a further basis upon which the Panel found that allegation 6 has been proven. Again, we have also taken all of this conduct into account as a component in establishing allegation 11 which is discussed below.

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<sup>84</sup> Exhibit 34

When Dr. Moore wrote his January 2, 2020 letter to Chase bank<sup>85</sup> he had available to him the account statement<sup>86</sup> with the date range of August 26, 2019 to January 1, 2020. However, what he enclosed to Chase bank was an earlier version of the account statement<sup>87</sup> with a date range of August 26, 2019 to November 22, 2019. These two accounts statements have different entries revealing changes were being made to the account of Patient A from November 22, 2019 to January 1, 2020. Including a November 22, 2019 admin fee of \$80 which no longer appears in the later account statement, and there is a so-called Professional Courtesy Discount added December 16, 2019. These and other differences, have the effect of altering the "Totals" of the "Bill" column of the statements.

Under "Bill" in the most current account<sup>88</sup> that Dr. Moore has, it shows Patient A was billed \$5,315.00. However, Dr. Moore uses the figure in the earlier account statement<sup>89</sup> which shows a Total Bill of \$5,865. The Member, in his letter to Chase bank, explains this by saying the higher amount includes the billed services of the husband of Patient A. However, the supporting document where the Total Bill is \$5,865 is the account of Patient A only. The account of the husband of Patient A is separate.

- The Panel found Dr. Moore knew that he was issuing accounts and documents that were false and misleading.

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<sup>85</sup> Exhibit 34

<sup>86</sup> Exhibit 49 Page 13

<sup>87</sup> Exhibit 34, page 168.

<sup>88</sup> Exhibit 49, page 13.

<sup>89</sup> Exhibit 34, page 168.

This is the further basis upon which the Panel found that allegations 6 and 7 had been proven. Again, we have also taken this conduct into account as a component in establishing allegation 11 which is discussed below.

#### Disclosure of Fees

The husband of Patient A received an account statement<sup>90</sup> on December 6, 2019. This was the first time he or his wife heard about administration fees. As a result, the husband of Patient A complained to Dr. Moore in person. In the audio recording of that interaction on December 12, 2019<sup>91</sup> at time stamp 2:35, the husband of Patient A confronted the Member saying that Dr. Moore was “billing like a Lawyer” but that in the case of lawyers you sign an agreement that says I’m going to pay that, upfront, “you never once<sup>92</sup>” said you were billing for your kindness, for the things that you were doing.

Despite having this opportunity to explain to the husband of Patient A how and when he had disclosed his fees for things like text messages and calls, Dr. Moore only responded: “I understand you’re upset on that.” and “Ok, I understand that”. Dr. Moore never says he had disclosed the fees. The Member then changed the conversation to the challenges he had creating his report.

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<sup>90</sup> Exhibit 18

<sup>91</sup> Exhibit 19

<sup>92</sup> Patient B says this twice.

Dr. Moore at the Hearing tried to argue (in his testimony) that he could not have disclosed the fees for texts and phone calls before rendering those services because he had not yet decided what those fees would be:

1111

108378, (Pages 138:24 to 139:19)<sup>93</sup>

138

24 Q. Okay. In fact, Dr. Moore, you  
25 didn't know what to charge for the texts and phone

139

1 calls as at September 9th.

2 You hadn't turned your mind to it?

3 A. You're correct. I hadn't.

4 Q. And you decided what to charge for

5 the texts and phone calls much later after you

6 consulted the OCA fee guidelines?

7 A. At some point later on, we did

8 consult and look to what would be reasonable. We knew

9 that we were going to be charging, but I did not know

10 the charges specifically that we were going to be

11 laying in on early in September. You're correct.

12 And I'll tell you this. This case --

13 and I've said it all the way along -- was highly

14 unusual. In all my years of practice, 40 years, I

15 don't have a case that comes in like this, where

16 there's all sorts of other requests for time and effort

17 and procedure and medical reports and consulting with

18 other -- no one comes in like this. This was a whole

19 brand-new scenario for us.

The initial forms relied on by Dr. Moore, are found in the record of the husband of Patient A, **Exhibit 13** pages 8 and 9, but even these do not itemize amounts to be charged for text messages or phone calls. They do disclose \$50.00 for an "Additional Report" and \$100.00 per ¼ hour for "Consultation/Extended Treatment with Dr. Moore". Details of these potential fees are not in the record of Patient A.

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<sup>93</sup> Transcript April 11, 2023

The husband of Patient A testified that he and his wife were not made aware of any such fees in advance.

107127, (Pages 117:19 to 118:6)<sup>94</sup>  
117

19 Q. Okay. So did he give you  
20 permission to correspond with him by text?  
21 A. Oh, absolutely. He never said  
22 don't do that.

23 Q. Okay.

24 A. Yeah.

25 Q. And did he at any time tell you  
118

1 that corresponding by text would result in an  
2 additional fee to you?

3 A. No, never. He was very keen to  
4 help, very accommodating, very kind, very considerate.  
5 Always said I understand, and we're going to fix you  
6 up. Yeah.

- The Panel found on review of the evidence, which was consistent and compelling, that Dr. Moore did not disclose fees for services before the services were provided, and failed to itemize the account, as required by G-008 Business Practices.<sup>95</sup>

This is a further basis upon which the Panel made a finding that allegation 1 has been proven this time in respect of the billing of the Member contravening the standard of practice of the profession. Also, this is the basis upon which the Panel found that allegation 8 had been proven, and a further basis upon which the Panel found allegations 10 and 11 had been proven.

<sup>94</sup> Transcript December 12, 2022.

<sup>95</sup> Exhibit 42



## Billing Arrangement

1113

Dr. Moore was asked to explain the billing arrangement<sup>96</sup> which he had presented to Patient A prior to her starting care. When asked what the per-visit fee for chiropractic was (which was not directly stated in the document), the first<sup>97</sup> answer Dr. Moore gave was that you had to divide the \$2,400 total fee by \$60, his usual adjustment fee. This would show he had contemplated 40 visits at the first meeting.

When asked how the \$60 fee was related to the \$100 fee which was later itemized to Patient A in the account statement, Dr. Moore now appeared<sup>98</sup> to say the \$100 per visit fee arose by reference to the 30 decompression sessions. The billing arrangement sets out 30 decompression sessions. However, if you divide 30 into the \$2,400 total "Chiropractic Care" fee, this would result in \$80 per chiropractic visit.

When \$80 per chiropractic visit was brought to the attention of Dr. Moore, which is not the \$60 usual adjustment fee or the \$100 adjustment fee charged to Patient A, he abandoned<sup>99</sup> the 30 visits calculation, and returned to 40.

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<sup>96</sup> Exhibit 8

<sup>97</sup> Transcript March 21, 2023, starting at page 235 line 19.

<sup>98</sup> Transcript March 21, 2023, starting at page 236 line 6.

<sup>99</sup> Transcript March 21, 2023, starting at page 238 line 2.

Ultimately Dr. Moore agreed<sup>100</sup> that nowhere on the billing arrangement form does it indicate the chiropractic fees are for 40 visits, 10 more than the decompression visits.

The husband of Patient A said that they were not offered the opportunity to pay for decompression treatments as you go. Further, the Corrective Care Decompression Plan, **Exhibit 8**, reveals the "Per Visit" cost for a decompression session as \$6750.00, which is the same costs as 30 sessions.

The billing arrangement offered to Patient A, Corrective Care Decompression Plan, **Exhibit 8**, first paragraph states that a \$150 administration fee will be applied if the plan is terminated prior to completion.

The Panel found:

- The billing arrangement Dr. Moore presented to Patient A lacked an option to pay as you go and did not specify a per visit cost and is contrary to G-008 Business Practices page 3, items i, and ii.
- The \$150 administration fee is contrary to G-008 Business Practices, page 3, item iii.

This is a further basis upon which the Panel made a finding that allegation 1 has been proven in respect of the billing of the Member contravening the standard of practice of the profession. Also, this is the basis upon which the Panel found that allegation 9 had been proven and an additional basis for allegation 11 having been proven.

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<sup>100</sup> Transcript March 21, 2023, starting at page 238 line 13.

Type of Conduct

**1115**

The Panel is concerned with the misconduct of Dr. Moore which demonstrates a lack of understanding in regard of the privacy of his patient. This resulted in the unsympathetic and self-serving communications with Chase bank and the careless act of leaving personal health information of a patient unsecured attached to an outside door.

Dr. Moore also improperly charged more than \$2620.00 in fees that were not properly disclosed,

Dr. Moore also gave confusing and incomplete information to Patient A and her husband. Dr. Moore was seeking agreement on a pre-paid billing arrangement which the Member himself could not adequately explain. That all demonstrates a moral failing and unethical conduct.

The Panel found that this and indeed all his wrongful conduct set out in these reasons amounts to conduct that would be regarded by members of the profession as disgraceful, dishonourable, and unprofessional.

As a result, the Panel made the finding that allegation 11 has been proven.

## CONCLUSION

The Panel found there is clear, cogent, and convincing evidence to support all the allegations of professional misconduct made against the Member and found that the College has discharged its onus of proof in this regard.

1116

Specifically, we found the acts of professional misconduct on the part of Dr. Moore, alleged in **Exhibit 1** the Notice of Hearing, have all been established. Dr. Brian Moore,

- I. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of *Ontario Regulation 852/93*, in that during the period August 2019 -- February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his assessment, treatment, documentation, and billing regarding a patient known as "Patient A."
- II. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(10) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he gave information about a patient known as "Patient A." to a person other than the patient, her authorized representative, or his legal counsel or insurer, without the consent of the patient or her authorized representative or as required or allowed by law.
- III. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(11) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he breached an agreement with a patient known as "Patient A." relating to professional services for the patient or fees for such services.

- IV. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(19) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he failed to keep records as required by the regulations regarding a patient known as “Patient A.”
- V. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(21) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he failed, without reasonable cause, to provide a report or certificate relating to an examination or treatment he performed for a patient known as “Patient A.” within a reasonable time after the patient requested such report or certificate.
- VI. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(22) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he signed or issued, in his professional capacity, a document that he knew contained a false or misleading statement.
- VII. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(23) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he submitted an account or charge for services that he knew was false or misleading regarding a patient known as “Patient A.”
- VIII. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(24) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, on one or more occasions, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, he failed to disclose to a patient known as “Patient A.” the fee

for a service before the service was provided, including a fee not payable by the patient.

- IX. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(25) of *Ontario Regulation 852/93*, in that on one or more occasions during the period August 2019 – February 21, 2020, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, with respect to a patient known as “Patient A.” he charged a block fee when:
- i. the patient was not given the option of paying for each service as it was provided; and
  - ii. no unit cost per service was specified; and
  - iii. he did not agree to refund to the patient the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service.
- X. has committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(26) of *Ontario Regulation 852/93*, in that during the period August 2019 – February 21, 2020, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, with respect to a patient known as “Patient A.”, he failed to itemize an account for professional services when the account included a fee for a product or device or a service other than a treatment.
- XI. as committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of *Ontario Regulation 852/93*, in that on one or more occasions during the period August 2019 – February 21, 2020, while practicing as a chiropractor at the Canadian Disc Institute in Aurora, Ontario, with respect to a patient known as “Patient A.”, he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional with respect to his assessment, treatment, documentation and billing.

**SCHEDULING**

The parties should now agree on a schedule to exchange written submissions in respect of the penalty within 30 days of the date of this decision. If they fail to make these submissions to the Panel within that timeline, the parties shall appear before the Panel in-person for a penalty hearing on December 13, 2023 at 9:30am at 59 Hayden Street Suite 800, Toronto Ontario.

I, Robert MacKay, sign this decision and reasons for the decision as Chair of this Discipline Panel and on behalf of the members of the Discipline Panel as listed below:



Robert MacKay, Chair

\_\_\_\_\_  
Date: November 8, 2023

**Panel Members:**

Dr. Kyle Grice  
Mr. Robert MacKay  
Mr. Shawn Southern  
Mr. Scott Stewart  
Dr. Murray Townsend

**From:** Jo-Ann Willson  
**Sent:** October 18, 2023 10:59 AM  
**To:** Rose Bustria  
**Subject:** FW: [Registrars] Reminder: Registration Now Open for HPRO's Discipline Orientation Workshop - Basic (November 3) and Advanced (November 20) Sessions  
**Attachments:** HPRO Discipline Orientation Workshop - Fall 2023 - Basic Session - Flyer.pdf; HPRO Discipline Orientation Workshop - Fall 2023 - Advanced Session - Flyer.pdf; ATT00001.txt

Council.

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

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**From:** Registrars <[registrars-bounces@regulatedhealthprofessions.on.ca](mailto:registrars-bounces@regulatedhealthprofessions.on.ca)> **On Behalf Of** Beth Ann Kenny  
**Sent:** Wednesday, October 18, 2023 9:53 AM  
**To:** Beth Ann Kenny <[bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)>  
**Subject:** [Registrars] Reminder: Registration Now Open for HPRO's Discipline Orientation Workshop - Basic (November 3) and Advanced (November 20) Sessions

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

Hi All:

Just a quick reminder that the discounted rates for the Discipline Orientation Sessions will expire in just over a week. If you are still confirming who will be attending from your College but you want to reserve spots at those discounted rates, please let me know.



Thank you, and take care!  
Beth Ann

1121



Beth Ann Kenny, Executive Director  
**Health Profession Regulators of Ontario (HPRO)**  
301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0  
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**From:** Beth Ann Kenny <[bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)>  
**Sent:** Tuesday, October 10, 2023 11:34 AM  
**To:** Beth Ann Kenny <[bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)>  
**Subject:** Registration Now Open for HPRO's Discipline Orientation Workshop - Basic (November 3) and Advanced (November 20) Sessions

Hi All:

Registration is now open for HPRO's Discipline Orientation Workshop's Sessions. **NEW** – [Click Here to go to the Discipline Orientation Workshop Online Form](#) to register up to 10 participants from your College. Once we have your forms, the participants will receive an email, asking for additional information, i.e., accommodation needs and hearings experience. (We recognize this is the first time using this new system and we anticipate questions or bugs to be worked out; don't hesitate to contact me if you have any questions or run into issues with the form or system.)

Here is information about the two sessions with detailed flyers attached.

**Basic**

Date: November 3, 2023  
Time: 9:00 a.m.-4:00 p.m.  
Format: Zoom Webinar

**Advanced**

Date: November 20, 2023  
Time: 9:00 am.-4:00 p.m.  
Format: Zoom Meeting

RATES (HST INCLUDED)		By October 27	After October 27
Basic Session (November 3 only)	HPRO Member*	\$475	<b>1122</b> \$550
Basic Session (November 3 only)	Non-Member	\$600	\$700
Advanced Session (November 20 only)	HPRO Member*	\$475	\$550
Advanced Session (November 20 only)	Non-Member	\$600	\$700
Basic & Advanced Sessions (both days)	HPRO Member*	\$900	\$975
Basic & Advanced Sessions (both days)	Non-Member	\$1,000	\$1,250
Basic Session Binder Only (by courier)	Only 'til October 27	\$200	N/A

Please let me know if you have any questions or need any additional information.

Thank you, and 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  
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### Conducting a Discipline Hearing

#### Program Objectives

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

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

*Note: scheduled subject to change*

#### Faculty

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

#### Discipline Orientation Committee Members

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

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

**Conducting a Discipline Hearing - In-Person and Online Hearings**

**Program Description**

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

*Note: scheduled subject to change*

**Faculty**

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

**Discipline Orientation  
Committee Members**

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

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

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**College of Chiropractors of Ontario  
Quality Assurance Committee Report to Council  
November 23, 2023**

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**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, Director, Policy & Research  
Dr. Katherine Tibor, Director of Professional Practice  
Ms. Jo-Ann Willson, Registrar and General Council

**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 October 18, 2023.

**Recommendations**

The Committee has the following recommendations to Council:

**Recommendation 1**

*That Council approve Draft Guideline G-015: Virtual Care*

Stakeholders, including members, were given the opportunity to review this new guideline and provide feedback no later than August 31, 2023. After reviewing the submitted feedback, the Committee would like to recommend the implementation of this guideline, with the addition of a few amendments, as stated in the draft, which are meant to help reduce any barriers to care.

**Recommendation 2**

*That Council approve Draft Guideline G-014: Delegation, Assignment and Referral of Care*

Stakeholders, including members, were given the opportunity to review the recommended changes to the guideline and provide feedback no later than August 31, 2023. After reviewing the submitted feedback, the Committee recommends amendments to the guideline. In addition, members should no longer be required “on-site or ensure[s] that another member of CCO is on-site”. Rather, members should “be available to provide any direction or supervision for the performance of the assigned procedure, and to communicate directly with the patient and answer any question from the patient at each visit that is part of a chiropractic treatment plan.”

**Recommendation 3**

*That Council approve Draft Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs*

The Committee recommends these amendments to the standard, allowing for consistency with *Standard of Practice S-002: Record Keeping*.

**Additional Reporting**

***Clinical Competency in Controlled Acts***

Amendments to the Professional Portfolio with respect to completing five (5) hands-on activities related to spinal adjustment or manipulation to be completed once every three (3) CE cycles (or six) years have been distributed to stakeholders, including members, for their review. Although the Committee did look at the comments that have been provided thus far, a fulsome discussion regarding this matter will take place after the deadline to submit feedback, November 19, 2023.

***Correspondences with OCA, re: Webinars***

The Committee was made aware of the OCA’s new webinars that are largely based on advertising and marketing. The Committee believes that this may be of interest to the Advertising Committee.

***CCO Workshops***

The Regulatory Excellence Workshop (REW) continues to be offered virtually to its members. Several standards of practice, policies and guidelines are covered. By attending this workshop, members are able to log 4.5 hours of structured CE activities.

The Committee is considering moving some topics (such as advertising, websites, and social media) to an asynchronous/pre-recorded, interactive webinar. The Committee has reviewed

software used by other Ontario regulatory colleges and is in the preliminary stages of developing a potential webinar and will continue to work on this project at the next meeting.

### ***Peer and Practice Assessments (PPAs) Update***

The Committee received an updated report regarding the PPA Program. A total of 261 have been selected for PPA 1.0 and 319 have been selected for PPA 2.0, slight increases from the last report due to members volunteering to participate in the program. Assessments are well underway throughout the province. The goal remains to have all assessments completed by the end of the year.

### ***Peer Assessor Workshop, 2024***

As the new year fast approaches, the Committee discussed topics and activities for the upcoming Peer Assessor Workshop, which is scheduled for Saturday, January 20, 2024. During this workshop, all peer assessors will have the opportunity to share their feedback from their assigned assessment. They will also assist the QA Committee with enhancing its initiatives via breakout sessions.

### **Acknowledgements**

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

Respectfully,

Dr. Paul Groulx  
Chair, Quality Assurance Committee

## ITEM 4.3.3

1136

### DELEGATION, ASSIGNMENT AND REFERRAL OF CARE



**Guideline G-014**  
**Quality Assurance Committee**  
**Approved by Council: April 24, 2018**

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

#### INTENT

To provide guidelines to members on the proper protocols and procedures in assigning any clinical procedures to a staff person or referring of care to another regulated health professional.

#### OBJECTIVES

- To outline a member's responsibilities with respect to clinical practice, patient communication, record keeping and business practices in assigning any clinical procedures to a staff person or referring of care to another regulated health professional;
- To identify which professional activities may and may not be assigned to a staff person;

#### DESCRIPTION OF GUIDELINE

##### Introduction

Members are reminded that they are primarily responsible for the examination and care of patients and adherence to relevant legislation and CCO standards of practice, policies and guidelines. However, in the course of providing care to patients, a member may assign certain aspects of clinical care to appropriately trained, supervised clinical staff, or refer patients to another health care professional.

The following guideline outlines the proper protocols in delegating, assigning or referring any aspect of clinical care of a patient.

##### Definitions

“Staff person” is a chiropractic office or clinical assistant who is not a member of a regulated health profession.

“Delegation” is the delegation of any controlled act that is authorized to a member under the *Regulated Health Professions Act, 1991 (RHPA)*, *Chiropractic Act, 1991* or *Healing Arts Radiation Protection Act, 1990 (HARP)*.



“Assignment” is the assigning of a diagnostic or therapeutic procedure that is in the public domain (i.e. not a controlled act).

“Referral” is the referring of a patient from the member to another regulated health professional.

### **Delegation of Care**

A member may not delegate the performance of any controlled act to a staff person. Chiropractic students participating in an accredited school’s preceptorship program may perform a controlled act for the purposes of “fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession”, in accordance with sections 29(1) and 30(5) of the *RHPA* and Policy P-050: Supervision and Direction of Chiropractors in Training [http://cco.on.ca/site\\_documents/P-050.pdf](http://cco.on.ca/site_documents/P-050.pdf).

### **Assignment of Care**

#### *Introduction*

A member is responsible for the ongoing assessment, re-assessment, care and monitoring of a plan of care of a patient.

In the course of providing care to patients, a member may choose to assign certain aspects of clinical care to a staff person. Assignment may include certain aspects of the examination and care, such as:

- facilitating the completion of general intake forms and documents and collecting basic assessment data, such as the patient’s height and weight, (other?);
- assisting the member during the examination and care of the patient; and
- performing of adjunctive therapies and modalities that are in the public domain and part of the chiropractic care plan.

A member is responsible for reviewing the totality of information collected on the patient and for any act that is assigned to a staff person.

#### *Requirements for the Assignment of Examination and Care*

In assigning any diagnostic or therapeutic procedure, a member shall ensure:

- the assignment of the procedure does not include any controlled acts or other restricted activities or responsibilities that may not be assigned;
- the staff person is competent and has achieved, maintained and can demonstrate the knowledge, skill, judgment and clinical competency to perform any assigned procedure

safely and with the same quality of care as the member would provide. Any staff training should be ongoing and properly documented;

- any assignment of care is properly communicated by the member to the patient, and consented to by the patient before beginning the examination, care or a course of care. This should include a discussion of the roles and responsibilities of the staff person performing the assigned care;
- any assignment of care is recorded in the record of personal health information by the member, including:
  - the nature of the care that is to be assigned;
  - who will be performing the assigned care;
  - informed consent to any assigned care, consistent with Standard of Practice S-013: Consent, and
  - what services will be billed as part of the assigned care.
- any assignment of care is based on a chiropractic examination, diagnosis or clinical impression, and plan of care performed by the member;
- the member is on-site or ensures that another member of CCO is on-site, to provide any direction or supervision for the performance of the assigned procedure. The level of supervision required depends on the complexity of the assigned procedure, the abilities of the assistant, the patient's condition, the clinical environment and other determining factors; and
- any assignment of a procedure and performance of an assigned procedure is within the chiropractic scope of practice and complies with all legislation, including privacy legislation, and CCO standards of practice, policies and guidelines.

Procedures that may not be assigned to a staff person include, but are not limited to:

- producing, analysing and communicating the results of radiographic and other diagnostic images;
- interpreting findings and arriving at and communicating a diagnosis or clinical impression;
- obtaining informed consent, consistent with Standard of Practice S-013: Consent, for examination, care, a plan of care, or a referral from the patient or substitute decision-maker;
- initiating, communicating or changing a treatment plan;
- discharging a patient or referring a patient to another regulated health professional;
- ensuring that disclosure of any personal health information of a patient to an outside party is done in accordance with the *Personal Health Information Protection Act* and CCO privacy resources, standards of practice, policies and guidelines; and

- ensuring adherence to legislation and CCO standards of practice, policies and guidelines.

### Referral of Care

In the course of providing care to patients, a member may refer a patient for diagnostic or therapeutic procedures. This referral could be to a regulated health professional within the same clinic as the member, or another clinic, or health care facility.

In providing a referral of care, a member shall:

- properly communicate the referral of care to the patient or substitute decision-maker, including the reason for the referral;
- document the referral in the record of personal health information, including:
  - the nature of the referral of care;
  - who will be performing the referred care or where the patient was referred; and
  - what services (if any) will be billed as part of the referred care;

Since any referred care is performed by another regulated health professional, that professional would be responsible for the care of the patient in accordance with the scope of practice and standards of practice of that professional's regulatory college. However, a member should conduct any necessary follow-up if the ongoing care is relevant to the chiropractic care of the patient.

### LEGISLATIVE CONTEXT

In addition to the legislative provisions outlined above, members are reminded that the following are acts of professional misconduct under *Ontario Regulation 852/93 (Professional Misconduct)*:

2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.
12. Failing to reveal the nature of a remedy or treatment used by the member following a patient's request to do so.
13. Failing to advise a patient to consult with another health professional when the member knows or ought to know that,
  - The patient's condition is beyond the scope of practice and competence for the member,
  - The patient requires the care of another health professional, or
  - The patient would be appropriately treated by another health professional
14. Providing a diagnostic or therapeutic service that is not necessary.

Guideline G-014: Delegation, Assignment and Referral of Care

**1140**

This guideline should be read in conjunction with:

- R-852/93: Professional Misconduct
- S-001: Scope of Practice
- S-002: Record Keeping
- S-008: Communicating a Diagnosis
- S-013: Consent
- G-008: Business Practices

# ITEM 4.3.5

Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs

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## ORDERING, TAKING AND INTERPRETING RADIOGRAPHS

1148

**Standard of Practice S-006**

**Quality Assurance Committee**

**Approved by Council: February 18, 1998**

**Amended: November 27, 1999, September 20, 2014**

**(Previously titled “Technical and Interpretative Components for X-ray”)**

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### INTENT

This standard of practice advises members of the practices and procedures for ordering, taking and interpreting radiographs.

Chiropractors are primary health care practitioners, are authorized to use the “doctor” title, and have been granted the legislative authority under the *Chiropractic Act, 1991* to:

- communicate 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,
  - ii. or a disorder arising from the structures or functions of the joints of the extremities.

A member is authorized under the *Regulated Health Professions Act, 1991 (RHPA)* and the *Healing Arts Radiation Protection Act, 1990 (HARP)* to order radiographs and operate an x-ray machine for the irradiation of a human.

### OBJECTIVES

- To enhance the effectiveness and quality of chiropractic diagnosis and care provided to the patient by the member.
- To identify when it is appropriate for a member to order or take a radiograph for a patient.
- To ensure the safety of both patient and the member during the taking of a radiograph.
- To advise members of the practices and procedures in interpreting, documenting and organizing radiographic films, notes, logs, reports and other records.

## **DESCRIPTION OF STANDARD**

### **Members Who Order Radiographs**

#### **Procedures for Patient Selection**

A member shall only order radiographs as a component of an examination of a patient when the history, examination or diagnostic tests clinically indicate a finding which would be better identified, confirmed or eliminated by the ordering or taking of radiographs.

In ordering a radiograph for a patient, a member shall:

- perform a history and examination of the patient, as described in Standard of Practice S-001: Chiropractic Scope of Practice and Standard of Practice S-002: Record Keeping;
- consider whether the radiograph is required to reach an appropriate diagnosis, clinical impression and/or plan of care;
- make reasonable attempts to avoid unnecessary duplication;
- consider the benefits, limitations, contraindications and risks; and
- communicate effectively to the patient the reason and process for ordering or taking the radiograph, and record this rationale in the patient health record.

A member shall use proper patient selection protocols with reference to age, child-bearing status and clinical indications of need, such as testing the structure and alignment of the spine. In the acquisition of radiological studies, a member shall consider the risk/benefit ratio and the “as low as reasonably achievable” (A.L.A.R.A.) principle of dosage. The number of views and when they are taken shall be based upon clinical indications. The minimum number of views to reach a diagnostic conclusion shall be the prime objective. Generally, two views at right angles are the minimum number of projections for diagnosis of osseous structures.

#### **Follow-up**

A member is required to conduct appropriate follow-up with a patient following the ordering of a radiograph. In performing such follow up, a member shall:

- analyze the results of the radiograph based on the results and/or interpretive reports. If no report is included with the radiograph, a member shall create a radiological report consistent with this standard of practice;
- record in the patient health record any additional observations or conclusions made after reviewing the radiograph and accompanying report, if a radiological report accompanies the radiographic study;

- ensure that an appropriate and timely follow-up occurs based on the results of the radiographic study and clinical investigation;
- select care options within the chiropractic scope of practice, based on the results of the history, examination and diagnostic results, including the radiographic study;
- report the radiographic findings to the patient in a manner understandable to the patient;
- advise the patient to consult with the appropriate health care professional, if the results of a radiograph reveal a diagnosis, clinical impression or findings that may fall outside the chiropractic scope of practice; and
- when appropriate, advise a patient to consult with an appropriate health professional.

### **Radiological Report**

A member shall ensure that a narrative report accompanies all radiographs ordered or taken by the member, which shall contain the following information<sup>1</sup>:

- patient information (name, age, gender)
- date radiograph taken
- examination (series and views)
- description (radiographic features, usually in order of importance or anatomical sequence)
- radiological impressions (list radiological diagnosis in order of importance)
- recommendations (suggestions for further studies, additional specific views or other imaging modalities).

### **Billing Guidelines**

Billing procedures with respect to radiographs must comply with Guideline G-008: Business Practices. Billing procedures relate to the technical and professional components, whether rendered separately or as full service. A member may establish a fee schedule and divide the fee structure into technical (production) and professional (interpretative) components.

### **Members Who Take Their Own Radiographs**

A member who takes his/her own radiographs shall comply with the procedures for patient selection, follow up and billing guidelines section as described above in this standard of practice.

Additionally, a member who takes his/her own radiographs is required to:

- ensure his/her equipment is properly registered and compliant with *HARP* and its regulations;

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<sup>1</sup> Please see Standard of Practice S-002: Record Keeping, for requirements on maintaining reports and records for all diagnostic images.

- ensure his/her use of x-ray equipment is compliant with the safety protocols of *HARP* and its regulations;
- obtain informed consent for the taking of the radiograph;
- maintain radiological records;
- produce a radiological report; and
- maintain a radiological log, as follows:

#### **Equipment Registration**

A member shall ensure that all x-ray installations are registered with the X-ray Inspection Service, Ministry of Health and Long-Term Care. This applies to all x-ray installations - whether new or used equipment, recently installed or relocated.

#### **Compliance with *HARP***

Members must keep records of compliance with the procedures and tests of the *HARP* and its regulations, which may be accessed at [www.canlii.org/en/on/laws/stat/rso-1990-c-h2/latest/rso-1990-c-h2.html](http://www.canlii.org/en/on/laws/stat/rso-1990-c-h2/latest/rso-1990-c-h2.html).

#### **Consent**

The responsibility for obtaining consent from the patient is on the member or other regulated health professional who is taking the radiograph at the time the radiograph is taken.

A member who is taking a radiograph of a patient is required to obtain patient consent, consistent with Standard of Practice S-013: Consent, that is:

- fully informed;
- voluntarily given;
- related to the patient's condition and circumstances;
- not obtained through fraud or misrepresentation; and
- evidenced in a written form signed by the patient or otherwise documented in the patient health record.

#### **X-Ray Safety and Quality Assurance**

A member shall ensure he/she is compliant with the safety and quality assurance protocols for operating an x-ray machine of *HARP*, its regulations, and Health Canada's Technical Reports and Publications, including but not limited to:

- positioning the patient as required to provide optimum image quality while using minimum radiation;
- using radiation protection devices and other patient protection devices as required;
- ensuring the intended area will be displayed optimally on the radiograph; and



- ensuring the radiograph taken creates an image and data that are sufficiently accurate and clear for the indicated diagnostic or therapeutic purpose

### **Radiological Records**

A member shall ensure that a radiological record accompanies every radiograph, which shall include:

- recent radiographs, when appropriate and available;
- the specific reason for which the radiodiagnostic examination is being conducted (e.g., differential diagnosis, treatment planning indicators);
- the results and conclusions (diagnosis or clinical impression) of the reading of the radiograph; and
- the recommendation and plan or care based on the radiograph.

### **Radiological Log**

The radiological log shall be part of the patient health record and shall contain the following:

- patient's identification
- date of study
- projection or view
- part thickness in centimeter
- kilo Voltage/peak (k.V.p.)
- milli Amperage x seconds (m.A.s)
- comments

### **Continuing Education**

It is strongly recommended that a member who orders, takes and/or interprets radiographs as part of his/her practice participate in ongoing continuing education relevant to the ordering, taking and /or interpreting of radiographs.

A member who orders, takes and/or interprets radiographs as part of his/her practice shall:

- maintain current knowledge of all applicable legislation, regulations, standards of practice, policies and guidelines;
- apply his/her relevant knowledge, skills and professional judgment to the process of ordering, taking and interpreting radiographs; and
- maintain up-to-date knowledge of new and emerging trends, practices and advances in technology

## LEGISLATIVE CONTEXT

### *Chiropractic Act, 1991*

The scope of practice is defined in the *Chiropractic Act, 1991* as follows:

The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- (a) dysfunctions and disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- (b) dysfunctions or disorders arising from the structures or functions of the joints.

### *Healing Arts Radiation Protection Act, 1990*

The following sections are excerpts from *HARP* authorizing members of CCO to operate x-ray machines for the irradiation of a human being. Please see the *HARP* and its regulation at <http://canlii.org/en/on/laws/stat/rso-1990-c-h2/latest/rso-1990-c-h2.html> for further detail.

#### **Section 5**

- (1) No person shall operate an X-ray machine for the irradiation of a human being unless the person meets the qualifications and requirements prescribed by the regulations.
- (2) The following persons shall be deemed to meet the qualifications prescribed by the regulations:
  1. A legally qualified medical practitioner.
  2. A member of the Royal College of Dental Surgeons of Ontario.
  3. A member of the College of Chiropodists of Ontario who has been continuously registered as a chiropodist under the *Chiropody Act* and the *Chiropody Act, 1991* since before November 1, 1980 or who is a graduate of a four-year course of instruction in chiropody.
  4. A member of the College of Chiropractors of Ontario.
  5. Repealed: 1998, c. 18, Sched. G, s. 51 (2).
  6. Repealed: 2011, c. 1, Sched. 6, s. 2 (1).
  7. A member of the College of Medical Radiation Technologists of Ontario.
  8. A member of the College of Dental Hygienists of Ontario.

#### **Section 6**

- (1) No person shall operate an X-ray machine for the irradiation of a human being unless the irradiation has been prescribed by,
  - (a) a legally qualified medical practitioner;
  - (b) a member of the Royal College of Dental Surgeons of Ontario;
  - (c) a member of the College of Chiropodists of Ontario who has been continuously registered as a chiropodist under the *Chiropody Act* and the *Chiropody Act, 1991*

since before November 1, 1980 or who is a graduate of a four-year course of instruction in chiropody; or

(d) a member of the College of Chiropractors of Ontario.

(e) Repealed: 1998, c. 18, Sched. G, s. 51 (4).

(f) Repealed: 2011, c. 1, Sched. 6, s. 2 (2).

This standard of practice should be read in conjunction with:

- *Healing Arts Radiation Protection Act, 1990 (HARP)*
- Standard of Practice S-001: Chiropractic Scope of Practice
- Standard of Practice S-002: Record Keeping
- Standard of Practice S-013: Consent
- Guideline G-008: Business Practices

## ITEM 6.1

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Health

## Canada stopped checking kids' spines years ago. Why experts say screening should come back

Race against time to prevent severe spine curve

Jennifer La Grassa, Amina Zafar · CBC News · Posted: Oct 01, 2023 4:00 AM EDT | Last Updated: October 1



Isla Hume, left, was diagnosed with scoliosis at 13 and was able to prevent surgery by bracing and doing physio. Her mom Angie Chan, right, had scoliosis about 30 years ago, but it was caught too late so she had to get surgery. (Submitted by Angie Chan)

comments 

Angie Chan knew by the way her daughter hunched forward that something wasn't right.

"I did ask her to bend over and show me her spine," she said.

Running her fingers along the 13-year-old's back, Chan could feel the way it had curled out of place.

The diagnosis was obvious to the Vancouver resident — it was [scoliosis](#), an abnormal curving of the spine that tends to happen near the start of puberty. In more severe cases, the way the spine bends can put pressure on the person's heart and lungs.

[Research finds](#) that the condition affects about two to three per cent of teens. In a majority of cases, [it's unclear what causes](#) it.

Chan knows the issue first hand because she had surgery to straighten her own spine about 30 years ago. And it's because of Chan's own diagnosis that she knew her daughter, Isla Hume, was in a race against time to prevent her spine from curving any further.

Hume wasn't yet a candidate for the surgery as her spine hadn't bent severely. Instead, she was able to try preventative measures like braces and physiotherapy.

"We definitely didn't want to just sit and wait around," said Chan.

Parents and those with lived experiences like Chan say that if more resources were put into early detection and preventative measures, kids could avoid an invasive spinal fusion surgery. Canada no longer has regular childhood screening for scoliosis, and other forms of prevention aren't getting the money and attention that surgery does, even though they've been shown to work.

For 20 hours a day, Hume strapped herself into a brace. She also went to physio twice a week and did exercises at home.

Now, two years later, Chan says that Hume's spine has mostly corrected itself to the point where she doesn't need surgery.

But many kids aren't lucky enough to catch it early like Hume, which means surgery ends up being inevitable.

## Groups push for screening to come back

Scoliosis screening used to be standard in schools; the child would bend forward at the waist and be examined for signs like uneven shoulders, ribs or hips.

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But in Canada, scoliosis screening in schools stopped decades ago.

When it was done in schools by people who weren't fully trained, surgeons said it sometimes led to an overcalling of scoliosis and referring kids for X-rays unnecessarily.

In an email to CBC News, Jean Ouellet, president of the Canadian Pediatrics Spine Society, said that the organization is pushing to increase early detection and raise awareness of scoliosis.

The United States Preventive Services Task Force previously had "no recommendation" for scoliosis screening and changed that in 2018 to [say there isn't enough evidence](#) for it to have a recommendation.

Now a physicians' group in Nova Scotia aims to bring back scoliosis screening there, joining a move across the country.

To that end, they're educating family physicians and nurse practitioners about evaluating children for scoliosis at an early stage, said Dr. Ron El-Hawary, chief of pediatric orthopedic surgery at IWK Health Centre in Halifax and part of the physicians' group.

"One of the caveats is that it's important to have well-trained personnel do the screening."



Bending and flexing against the metal rods in her spine, circus performer Angola Murdoch tells the story of her life with scoliosis in a production she calls *Twist of Fate*. Murdoch is performing the acclaimed show Wednesday night at St. John's International CircusFest.

## Avoiding invasive surgery

Right now, [Canadian kids are facing long and painful waits](#) to get spinal surgery — putting them at risk for more complex operations.

Orthopedic surgeon Kevin Smit supports early detection now more than ever because the COVID-19 pandemic exacerbated the "disconcerting" wait for children and teens to be diagnosed.

When in-patient appointments stopped, it was difficult to tell over video chat just how much a patient's ribs noticeably stick out when they bent over to touch their toes. It's a common first step in diagnosing scoliosis in three dimensions.

Given that those with adolescent idiopathic scoliosis can wait up to 18 months at the Children's Hospital of Eastern Ontario (CHEO) in Ottawa to get into the operating room, Smit welcomes both bracing and a less invasive surgery that uses internal braces to avoid spinal fusions when possible.

"It's kind of like putting the brace on the inside of the child instead of the outside," Smit said of the simpler surgery, called [vertebral body tethering](#).

Tethering can be an option for those with severe curves that are more than 45 degrees who are still growing, Smit said.

"It's a shorter surgery, they're in hospital for less long, there's less pain, it's an earlier recovery."



About three-quarters of some young scoliosis patients who wear a brace don't end up needing surgery, says Dr. Ron El-Hawary. (Submitted by Ron El-Hawary)

Once a child is diagnosed, El-Hawary says external braces are standard for moderate scoliosis.

[Orthotists](#) fit braces and physiotherapists instruct on spine exercises.

Nurses troubleshoot with families about wearing the brace and working through any body image concerns.

"If the patients are wearing the brace as much as we hope they would, then the brace is successful [about 75 per cent of the time](#) from preventing the scoliosis from getting worse and requiring surgery," El-Hawary said.

"However, because of the long wait time to get in the clinic, sometimes they miss that window of opportunity."

For those who do need surgery, [Children's Healthcare Canada](#) and the Conference Board of Canada [reported](#) this week that 68 per cent of children and teens in Nova Scotia waited more than recommended for spinal surgery, the worst in the country.

## **It's not easy to find preventative care**

Andrea Lebel, a physiotherapist and owner of Scoliosis Physiotherapy & Posture Centre, opened her Ottawa clinic in 2008. She's spent years advocating for better scoliosis care in the country, specifically when it comes to being able to access a physiotherapist.

Having her own diagnosis reversed at 12 years old through consistent exercise, Lebel says it's "unacceptable" that kids these days aren't getting a timely diagnosis and are



then forced to wait months for surgery.



Andrea Lebel has physiotherapists from across Canada come to her to learn specialized techniques for treating people with scoliosis. (Submitted by Andrea Lebel)

A [growing body of research](#) shows that certain types of physiotherapy can improve symptoms; as in Hume's case, physiotherapy is often used with braces to possibly eliminate the need for surgery.

But right now, there's a patch-work of funding programs across the country for braces, which can be costly and present a financial barrier for some.

For example, Quebec covers spinal braces, Ontario and Alberta foot up to 75 per cent of the cost, whereas in British Columbia and Nova Scotia it can vary depending on private insurance and the programs a person qualifies for.

In addition to this, there's also a lack of specialized physiotherapists who are qualified to treat scoliosis patients.

"I have patients [who] come from many parts of Canada who take the trip to come and learn exercises and go home and do them," said Lebel.

Andrea Mendoza, a physiotherapist and owner of ScoliClinic in Vancouver, says scoliosis treatments aren't part of the physiotherapist curriculum. People who are

interested in this, she says, have to find training themselves. She estimates that there's about 50 physiotherapists in Canada who have in-depth scoliosis training.

Mendoza and El-Hawary say they want to see the government bring back childhood screening, better fund braces and invest in hiring and training physiotherapists.

## Feeling 'at the mercy' of the system

Chan said her family felt like they were "at the mercy of our health-care system."

Being a patient was like "bobbing up and down on this wave in an ocean of a health-care system that is so ill equipped to help you," she said.

While it took discipline for Hume to wear a brace and go to her appointments, Chan says it made them feel less helpless.

"My daughter taking care of her own body and us as her family supporting her in doing that, is incredibly empowering," she said.

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# Secretory Immunoglobulin A and Upper Cervical Chiropractic: A Preliminary Prospective, Multicenter, Observational Study

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## ABSTRACT

**Objective:** The objective of this study was to observe changes in secretory immunoglobulin A (SIgA) after chiropractic care using upper cervical adjusting techniques (UCATs) at the craniocervical junction (CCJ).

**Methods:** Forty-one participants were enrolled from 5 chiropractic offices in North America. Each participant provided a saliva sample at an initial visit before care. A second saliva sample was collected after resting 30 minutes after the first UCAT treatment. A third saliva sample was collected after 2 weeks.

**Results:** There was a significant increase in SIgA observed 30 minutes after the UCAT treatment compared to baseline. After 2 weeks, SIgA levels decreased back to near original levels.

**Conclusion:** Our preliminary findings demonstrate an immediate, temporary increase in SIgA levels after a UCAT treatment at the CCJ. (*J Chiropr Med* 2021;20:121-127)

**Key Indexing Terms:** *Chiropractic; Immunoglobulin A, Secretory; Immunity, Mucosal*

## INTRODUCTION

Secretory immunoglobulin A (SIgA) is the most abundant immunoglobulin in mucosal secretions.<sup>1</sup> These secretions play a critical role as a part of the immune system, which provides a nonspecific, first-line defense against numerous pathogens.<sup>1</sup> SIgA limits the access of microorganisms to mucosal surfaces in the intestines, respiratory tract, and urogenital tract.<sup>1</sup> It is also a marker for the systemic immune system, as it is produced by B cells and then released into mucosal cells for excretion.<sup>2</sup> Measuring SIgA

levels can be an informative indicator of the systemic immune system. SIgA fluctuates with circadian rhythms,<sup>3,4</sup> so collecting samples at a consistent time of day is imperative for making accurate comparisons.

The nervous system is known to regulate the immune system, both directly and hormonally.<sup>5</sup> Both sympathetic and parasympathetic control have been shown to modulate intestinal SIgA<sup>6</sup> as well as salivary SIgA,<sup>7,8</sup> and manual therapy has also been shown to affect SIgA levels.<sup>9</sup> There is a small body of evidence suggesting a relationship between spinal manipulation and the nervous system.<sup>10-13</sup> Some theories of how upper cervical adjusting techniques (UCATs) may influence the nervous system have been proposed.<sup>14</sup> It is hypothesized that spinal manipulation may trigger the neuroimmunoendocrine system,<sup>15</sup> although mechanisms are still being explored.

Therefore, the primary purpose of this study was to observe the influence of the UCAT treatment on SIgA. We hypothesized that there would be a significant increase in SIgA at either or both time points after the UCAT treatment. We also investigated 2 additional biomarkers as secondary outcomes: C-reactive protein (CRP), which has been shown to rise in the acute phase of inflammation as well as in long-term inflammatory processes,<sup>16</sup> and salivary  $\alpha$ -amylase, which has been proposed as a biomarker for activation of the sympathetic nervous system.<sup>17</sup> Another secondary outcome was to investigate how responses to the

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12-Item Short Form Health Survey version 2 (SF-12v2) might change from baseline to 2 weeks after treatment.

## METHODS

Upper cervical adjusting techniques (UCATs) are forms of chiropractic manipulation or spinal manipulative therapy that focus on reducing measurable misalignments or dysfunctions at the craniocervical junction (CCJ).<sup>14</sup> We conducted a prospective, multicenter, 2-week pilot study at 5 upper cervical chiropractic practices across North America, each practicing a different UCAT: Atlas Orthogonal, Blair, Knee Chest (Kale/KCUCS), National Upper Cervical Chiropractic Association, and Orthospinology. These techniques were chosen because they were the only UCATs at the time of the study that had both an organization overseeing a certification program in the technique and a doctor of chiropractic in clinical practice with a diplomate or fellowship in chiropractic craniocervical junction procedures (DCCJP, FCCJP) through the International Chiropractors Association's Council on Upper Cervical Care.

Together, the 5 UCATs represent the majority of chiropractors practicing upper cervical chiropractic. Each of the 5 UCATs is represented in the International Chiropractors Association's Council on Upper Cervical Chiropractic Care; uses objective radiographic analysis with a protocol developed and standardized by the respective certifying organization; includes a systematic protocol to determine when and when not to adjust a patient<sup>14</sup>; and has demonstrated the potential for beneficial outcomes over a short period of time.<sup>18</sup>

Five volunteers were recruited from qualified diplomates and fellows. The Sherman College of Chiropractic Institutional Review Board approved the research methods before participant recruitment and data collection. All participants provided consent.

### Eligibility criteria

To meet the inclusion criteria, each participant needed to be between 21 and 65 years of age, be a new patient, have clinical findings indicating UCAT treatment, be willing to forego exercise 24 hours before data collection, and be willing to avoid caffeine and alcohol consumption 4 hours before data collection. Potential participants were excluded from the study if they had disease of the salivary glands, had active oral lesions, used tobacco products (cigarette, chewing tobacco, e-cigarettes), used antibiotics or probiotics, had an autoimmune disease, had a respiratory illness within the week before the initial visit, had dental care pending or completed within the week before the initial visit, were currently pregnant, had chiropractic

manipulative therapy within the week before the initial visit, were unable to read or comprehend English, or had a contraindication to UCAT treatments.

### Recruitment

Participants were recruited from 5 chiropractic practices between January 1, 2019, and June 1, 2019. Each new patient at the 5 clinics during this time frame underwent a consultation, an examination, and imaging to determine whether they were eligible to participate in the study. Patients who met the inclusion criteria were invited to participate, and those who consented were enrolled. Patients who met the exclusion criteria were not invited to participate. Each of the 5 locations was permitted to enroll up to 10 participants within the recruitment time frame. After June 1, 2019, no additional participants were enrolled.

### Study design

Each participant signed an informed consent document before data collection. At the first visit, they completed a demographic survey and the SF-12v2. The administration of the SF-12v2 followed all guidelines outlined in the user's manual.<sup>19</sup> Salivary samples were collected immediately before the first treatment, after the first UCAT treatment at the CCJ after a 30-minute rest, and at the end of the 2-week period. The UCAT performed was Atlas Orthogonal, Blair, Knee Chest, National Upper Cervical Chiropractic Association (NUCCA), or Orthospinology, depending on which doctor the participant saw, because each doctor in the study practiced a different UCAT. Each UCAT has its own standardized protocol,<sup>14</sup> which was strictly followed by each doctor. SIgA levels demonstrate circadian variation,<sup>3,4</sup> so each follow-up sample was collected within a 2-hour range centered on the time of the initial sample. For example, if the participant's initial sample was collected at 10 AM, each follow-up sample was collected within 1 hour before or after 10 AM. There were 5 visits for each participant within a 2-week period, including the initial visit. At each visit, the investigator examined the participant to ascertain whether or not an additional treatment was required, following the protocols designated by the respective UCAT. Each participant completed the SF-12v2 again at the end of the 2-week period.

All clinical data collected related to this project were stored on paper documents. These documents included the informed consent, inclusion/exclusion checklist, SF-12v2, and daily-visit checklists, which indicated the procedures performed at each visit. These were stored in a secure file until the completion of the project, at which time they were copied and sent to the statistician for processing. Each

document was identifiable only by the same alphanumeric identifier that was associated with that participant's saliva sample, so that the statistician was blinded to the identity of any participant.

### Salivary-sample processing

Saliva was collected according to Salimetrics' lab instructions and marked with an alphanumeric designation indicating the participant and the number of the sample. The specimen was immediately stored in the office refrigerator and then deep-frozen to 0°F. At the completion of sample collection for the office, all samples were shipped in dry ice to the lab. Samples were assayed at the Salimetrics SalivaLab (Carlsbad, California) using the Salimetrics Salivary Secretory IgA ELISA Kit (catalog number 1-1602), without modifications to the manufacturer's protocol. Salimetrics has demonstrated no significant difference between its protocol and a commercially available SIgA enzyme-linked immunosorbent assay for determining SIgA levels.<sup>20</sup>

### Statistical analysis

The software used for statistical analysis was IBM SPSS Statistics 26. Mean levels of SIgA, CRP, and  $\alpha$ -amylase were compared at baseline, 30 minutes after the first treatment, and after 2 weeks using a repeated-measures analysis of variance with  $\alpha = 0.05$ . Data were transformed before analysis so that normality and variance assumptions were met. We used the Shapiro-Wilk test for normality. Pairwise comparisons were accomplished using a Bonferroni correction.

The SF-12v2 was scored following all guidelines detailed in the user's manual.<sup>19</sup> Participant responses were entered manually into Excel and scored using the computer program PRO CoRE version 1.4.<sup>21</sup> The program scores each survey compared to a standardized baseline based on US adults, which is set to 50. Scores range from 0 to 100, with 100 indicating better health status. The SF-12v2 measures health status in both physical health and mental health, reporting a physical component score (PCS) and a mental component score (MCS). A Wilcoxon signed-rank test was performed to evaluate whether the PCS and MCS were significantly different at the 2-week time point compared to their respective baselines.

## RESULTS

A total of 358 new patients were considered for participation in this study. Of those, 116 met the inclusion and not the exclusion criteria, and 44 of these consented to participate. Three participants were lost to follow-up after the initial visit, giving a total of 41 participants who were included in the data analysis.

### Demographic information

The demographic information about the study participants is summarized in Table 1. Our study participants were 56.1% women, and most respondents were white, non-Hispanic, married, and employed. The age of participants ranged from 25 to 65 years, with a mean of 47.5 years and a median of 49.5 years.

### Secretory IgA

A repeated-measures analysis of variance demonstrated a significant difference in mean SIgA among our 3 time points,  $F_{2,78} = 9.63$ ,  $P < .01$ . Post hoc analysis was accomplished using a Bonferroni correction. A significant increase of 117.85  $\mu\text{g/mL}$ ,  $P < .01$ , was observed in mean SIgA level from baseline (mean [M] = 311.05, SD = 202.37) to posttreatment (M = 428.90, SD = 329.70), as represented in Figure 1. There was also a significant decrease in mean SIgA observed after 2 weeks (M = 284.45, SD = 174.48) compared to the posttreatment level,  $P < .01$ . There was no significant difference between the mean SIgA level initially and after 2 weeks,  $P > .017$ .

### C-reactive protein and $\alpha$ -amylase

No statistical difference was observed in mean CRP at baseline, after treatment, or at 2 weeks,  $F_{2,64} = 0.973$ ,  $P = .384$ . There was also no observed difference in mean  $\alpha$ -amylase among the 3 time points,  $F_{1,37} = 1.294$ ,  $P = .263$ .

### 12-Item Short Form Health Survey Version 2

The mean PCS increased significantly from baseline (M = 45.0, SD = 10.75) to 2 weeks (M = 48.3, SD = 9.15),  $Z = 524.5$ ,  $P = .025$ . The mean MCS also increased significantly from baseline (M = 50.1, SD = 10.17) to 2 weeks (M = 52.3, SD = 7.70),  $Z = 381.5$ ,  $P = .028$ .

## DISCUSSION

To our knowledge, this study is the first investigation to measure SIgA after UCAT treatment. Although human studies exploring SIgA levels have been completed in cross-sectional samples,<sup>9,22-24</sup> this study is among the first to investigate SIgA samples longitudinally in human subjects.

We measured an increase in mean SIgA 30 minutes after the first treatment, compared to both the initial sample and the sample taken after 2 weeks. However, there was no significant change between the initial and final samples, though the mean value after 2 weeks was lower than the initial value. Our findings are similar to those observed in individuals who received osteopathic manipulative therapy,

**Table 1. Demographic Information for Study Participants (n = 41)**

Characteristic	n	%
<b>Sex</b>		
Female	23	56.1
Male	18	43.9
<b>Age, y</b>		
25-29	6	14.6
30-34	2	4.9
35-39	4	9.8
40-44	3	7.3
45-49	5	12.2
50-54	7	17.1
55-59	8	19.5
60-64	5	12.2
65-69	1	2.4
<b>Race</b>		
American Indian or Alaska Native	0	0
Asian	1	2.4
Black or African American	1	2.4
Native Hawaiian or Other Pacific Islander	0	0
White or Caucasian	38	92.7
Multiple races	1	2.4
<b>Ethnicity</b>		
Hispanic	1	2.4
Non-Hispanic	34	82.9
Unknown or not reported	6	14.6
<b>Marital status</b>		
Single (never married)	10	24.4
Married	24	58.5
Divorced	5	12.2
Widowed	1	2.4
Living with significant other	1	2.4

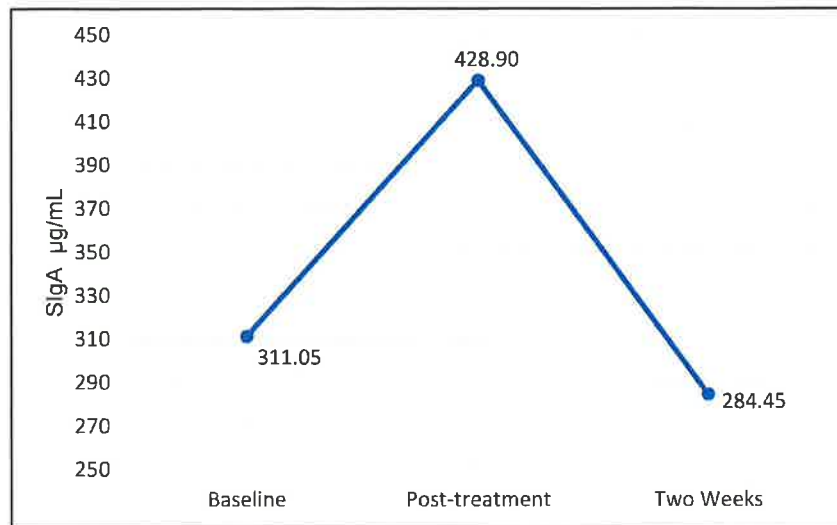
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**Table 1. (Continued)**

Characteristic	n	%
<b>Education</b>		
Some high school	0	0
High school diploma	10	24.4
Some college	5	12.2
College degree	12	29.3
Postgraduate degree	2	4.9
Trade school	5	12.2
Professional school	0	0
Not reported	7	17.1
<b>Employment</b>		
Self-employed	7	17.1
Employed by other	28	68.3
Work in home	1	2.4
Unemployed	1	2.4
Student	0	0
Retired (not ill health)	2	4.9
Disabled/retired (ill health)	0	0
Not reported	2	4.9

who also showed a significant increase in SIgA after treatment.<sup>9</sup> While our mean level of SIgA at baseline was nearly 3 times higher than in the osteopathic study—possibly due to that study’s highly stressed participant population, who might have lower SIgA levels as a result of stress—our mean increase of 117.85  $\mu\text{g/mL}$  (n = 40) was similar to their observed 139-mg/L (n = 12) increase.<sup>9</sup> The osteopathic study also had a control group, which rested for 20 minutes instead of receiving osteopathic manipulative therapy, that showed a modest 35-mg/L (n = 13) increase in SIgA. We recommend using a similar control group in future research on the relationship between SIgA and chiropractic treatments. Our findings also showed no significant difference in the mean level of SIgA between men and women at any of the time points, similar to other studies.<sup>25</sup>

As SIgA is thought to be a marker for the status of not only the mucosal immune system<sup>26</sup> but also systemic immunity,<sup>2</sup> an increase in SIgA may indicate activation of the systemic immune system. Our findings suggest that



**Fig. 1.** Mean secretory immunoglobulin A before, 30 minutes after, and 2 weeks after an initial upper cervical adjusting technique treatment at the craniocervical junction ( $n = 40$ ).

after a UCAT treatment at the CCJ, a systemic immune response is activated for a short period.

Mechanisms to explain our findings are not entirely clear. Chiropractic care may alleviate physiological stress in the body as well as self-perceived emotional stress,<sup>27</sup> which may contribute to these SIgA findings. Several studies have shown that SIgA is sensitive to physiological and emotional stress. For example, perceived stress, loneliness, and depressive symptoms have all been shown to decrease various subclasses of SIgA in undergraduate students.<sup>23</sup> Emergency department nurses have reported higher stress levels and lower SIgA secretion than general ward nurses.<sup>22</sup> Additionally, abbreviated progressive muscle relaxation has been shown to increase SIgA levels in undergraduate students.<sup>24</sup> The relationship between stress and SIgA secretion has been replicated in animal studies, where SIgA has been shown to decrease in both physiologically and psychologically stressed rodents.<sup>6</sup> Future research could explore how loneliness, depressive symptoms, and emotional stress may contribute to SIgA responses in chiropractic patients by using outcome measures such as the Revised UCLA Loneliness Scale, the Beck Depression Inventory, and the Perceived Stress Scale, as well as investigating how these outcome measures may change throughout a course of chiropractic care.

SIgA may be sensitive to neurological changes. Animal studies have shown that there is a link between the autonomic nervous system and SIgA levels. For example, SIgA has been shown to decrease when parasympathetic input is removed from the submandibular gland in rats.<sup>28</sup> It has also been shown in animal models to increase when stimulated by norepinephrine.<sup>3</sup> While the relationship between the immune system and the sympathetic nervous system has

been studied in depth,<sup>29</sup> further research is necessary to better understand the role the autonomic nervous system plays in SIgA secretion specifically, as well as the neuroimmunoenocrine effect of UCAT treatments at the CCJ. Heart-rate variability is a useful indicator of the autonomic nervous system and has been shown to change as the result of chiropractic spinal manipulation.<sup>10,12,30</sup> Future research could investigate how heart-rate variability and SIgA levels change before and after chiropractic care.

Lee proposed a thalamic neuron theory<sup>31</sup> that may be a plausible explanation for our findings, which is that the immune system is modulated by the central nervous system. Lee proposed that the nervous system, immune system, and endocrine system have an inseparable relationship, and noted that boundaries between them are “both anatomically and molecularly blurred.”<sup>31</sup> He proposed that the immune system could be considered a component of the central nervous system. Further research is necessary to explore the mechanisms behind our observations regarding SIgA secretion, as well as the relationship between UCAT treatments and immune function.

We found improvement in both the PCS and MCS of the SF-12v2 from baseline to 2 weeks. While the SF-12v2 is more commonly used cross-sectionally in the chiropractic literature, our study examined how it changed longitudinally in participants under chiropractic care. We recommend that future research continue to administer surveys past 2 weeks to investigate how physical and mental health scores may change over time, as measured by the SF-12v2.

Our findings did not show a significant change in  $\alpha$ -amylase during our 2-week study; however, we did observe that it was decreased at 2 weeks compared to the level observed after treatment. We recommend that future

studies continue collecting samples past 2 weeks to see if this trend develops. We also did not observe a significant change in CRP throughout the study, because CRP levels remained fairly consistent at the 3 time points.

### Limitations

Our data demonstrated large standard deviations, which may be the result of our small sample size. In the statistical analysis of SIgA, 1 data point was removed as an outlier for exhibiting very high SIgA in the posttreatment sample. Removing this data point did not change the significance of our findings, and it improved the variability of our data set. Eight of the study participants had 1 or more missing CRP data points because they had CRP samples above the upper limit of 8000 pg/mL or because there was an insufficient amount of sample to be processed, making them unable to be analyzed by the Salimetrics SalivaLab. As a result, these 8 individuals were omitted from the analysis of variance for CRP. There were also 3 study participants who did not complete the SF-12v2 at the 2-week time point. These individuals were omitted from the statistical analysis of the SF-12v2 health surveys.

The generalizability of our findings is limited by our small sample size and short follow-up length of 2 weeks. Because this is a small study, we recommend replicating it on a larger scale, increasing both the number of participants and the length of time following them, to explore how SIgA, CRP, and  $\alpha$ -amylase might change over a period of time longer than 2 weeks. We also recommend collecting saliva samples more frequently than 2 weeks apart, because this could provide more information on how SIgA responds after treatment.

The generalizability of our findings is also limited to the 5 UCATs included, performed by chiropractors who were upper cervical diplomates and fellows. For future studies, we recommend using a larger and random sample of upper cervical diplomates and fellows. Sources of error were minimized by standardizing each patient visit, because each doctor strictly adhered to the procedures outlined by their specific UCAT. Further research into the neuroimmunoendocrine effects of chiropractic care is encouraged to investigate the underlying mechanisms of these findings.

And finally, although there was a statistically significant increase in SIgA laboratory findings, we measured the clinical effects of this increase using only the SF-12v2. A more robust list of clinical outcomes should be measured before clinical or treatment recommendations can be made. This serves as a preliminary study for further research into the relationship between UCAT treatments and immune function. We recommend that future studies test how the application of UCAT treatments may influence a person's immune system in both the short and long term.

### CONCLUSIONS

Our findings demonstrated an increase in SIgA levels from baseline to 30 minutes after a UCAT treatment at the CCJ. We also found that there was an increase in both the PCS and MCS of the SF-12v2 from baseline to 2 weeks. No significant change was observed in CRP or  $\alpha$ -amylase at any of the time points, although  $\alpha$ -amylase demonstrated a decreasing trend over the 2-week period.

### Practical Applications

- Our study is the first to investigate the relationship between secretory immunoglobulin A and upper cervical adjusting technique treatments at the craniocervical junction.
- A temporary increase in secretory immunoglobulin A was observed immediately after an upper cervical adjusting technique treatment at the craniocervical junction.
- Our study is among the first to explore secretory immunoglobulin A samples longitudinally in human subjects.

### ACKNOWLEDGEMENTS

We acknowledge Beth Clay for her thoughtful review of our manuscript.

### FUNDING SOURCES AND CONFLICTS OF INTEREST

This project was financially supported by the Orthospineology Research Fund and Upper Cervical Research Foundation. Our funding sources had no role in the design or the collection, analysis, or interpretation of the data. Optum does not endorse this paper. No other conflicts of interest were reported for this study.

### CONTRIBUTORSHIP INFORMATION

Concept development (provided idea for the research): P.R.S., F.T.S., S.P.B., R.P.R., J.M.H.

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**From:** Jo-Ann Willson  
**Sent:** September 26, 2023 10:38 AM  
**To:** Rose Bustria  
**Subject:** FW: CDHO Council rescinds Standard for Authorization to Self-Initiate

Exec and Council.

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**Subject:** CDHO Council rescinds Standard for Authorization to Self-Initiate

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Hi Jo-Ann,

On September 22, 2023, CDHO's Council rescinded the *Standard for Authorization to Self-Initiate Profession-Specific Acts*, effective immediately. Since 2007, Registered Dental Hygienists who wished to self-initiate the controlled act of scaling and root planing needed to apply for authorization from CDHO. This will no longer be the case.

### **What this change means**

RDHs can now perform the controlled act of scaling and root planing on their own initiative without needing to be authorized by CDHO. However, the requirement that none of the contraindications listed in the Contraindications Regulation are identified before or during the dental hygiene treatment continues. Clearance from a physician or dentist is required if any contraindications are present or if there is any doubt as to the accuracy of the client's medical or oral history.

Although CDHO no longer requires RDHs to apply for authorization, some employers may still wish to implement some type of approval process. Employers can place these additional obligations on employees and RDHs should ensure they fully understand the terms of the directive they are working under. CDHO continues to encourage inter-professional collaboration that supports the delivery of safe, competent dental hygiene care.

#### **If you are currently authorized to self-initiate:**

- There is no change to your practice and no action is required on your part.

#### **If you never applied for authorization to self-initiate:**

- You can now perform the controlled act of scaling and root planing on your own initiative, subject to the limits noted above.

#### **If your application for authorization to self-initiate is pending:**

- These applications are closed. There is no need to contact CDHO.

- You can now perform the controlled act of scaling and root planing on your own initiative, subject to the limits noted above.

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**If you are currently in a mentorship program:**

- Mentoring is no longer required, but you may continue with the mentorship if you choose. Please talk to your mentor to discuss next steps.
- You can now perform the controlled act of scaling and root planing on your own initiative, subject to the limits noted above.

**Support to RDHs**

CDHO has developed a webinar and case scenarios to reinforce RDHs' understanding of the [Contraindications Regulation](#).

The following resources are also available:

- [Knowledge Network](#)
- [Registrants' Handbook](#)
- [Contraindications Regulation](#)
- CDHO guidelines:
  - [Best Practice for Initiating Dental Hygiene Care](#)
  - [Recommended Antibiotic Prophylaxis Regimens for the Prevention of Infective Endocarditis and Hematogenous Joint Infection](#)
  - [A Check-Up for Health and Dental History Taking \(Medical/Dental History Guide\)](#)

If you have any questions about this change or the Contraindications Regulation, please do not hesitate to reach out. You can contact one of our Practice Advisors:

**Carolle Lepage, RDH, BEd**

416-961-6234 or 1-800-268-2346 x 226

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**Coming soon: Contraindications and Dental Hygiene Community of Practice**

To further support RDHs and foster confidence in practice, CDHO will launch the Contraindications and Dental Hygiene Community of Practice.

A Community of Practice (CoP) is a network of people with a common purpose and a place to share knowledge and experience. The Contraindications and Dental Hygiene CoP will be available through the Self-Service Portal in the coming days. A link will take you to a forum where you can access resources and connect with your peers by participating in discussions related to contraindications and initiating dental hygiene care. Stay tuned for more information!

**Call for Community Leaders**

While the Contraindications and Dental Hygiene CoP will be managed by CDHO, the conversations in this CoP will be monitored by and for RDHs. To that end, we are looking for four volunteers to serve as Community Leaders.

Community Leaders are experienced RDHs with at least five years in practice. They will be familiar with the Contraindications Regulation and able to answer community questions. This is a volunteer role, and we anticipate that Community Leaders will need to be available to access the

forum about twice per week to review and respond to posted discussions. Community Leaders will be able to use the time they spend in the Community of Practice for their Quality Assurance hours and training on the use of the platform will be provided.

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If you are interested in this opportunity, please [complete our survey](#).

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*The CDHO uses e-mail and mailing lists as its primary mode of communication with Registered Dental Hygienists, including for practice advisories, notices, and other important information. To facilitate this communication, Registered Dental Hygienists are required to maintain an up-to-date e-mail address with the CDHO that is checked regularly.*

*Since critical information can be sent to you in these communications, **please DO NOT unsubscribe from CDHO mailing lists. Thanks in advance for your cooperation in this regard.***

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# Reasonable and Probable Grounds Test in Appointing Investigators in the Regulatory Context – *Kustka v CPSO*

August 2, 2023

By Jill Dougherty, Kelsey L. Ivory

The COVID-19 pandemic has had a substantial impact on all facets of society, especially within the healthcare system. In navigating these unprecedented terrains, health professionals have turned to diverse treatments, some of which lacked scientific and evidence-based support. Regulated health professionals and patients alike have at times sought to challenge the guidance and decisions of health regulators concerning COVID-related treatments and public health measures, including by bringing applications for judicial review. The resulting court decisions provide welcome guidance on these issues, which are still largely uncharted and are being grappled with in the aftermath of the pandemic.

## Overview

In [\*Kustka v. College of Physicians and Surgeons of Ontario\*](#),<sup>[1]</sup> the Divisional Court considered applications for judicial review seeking to quash the College of Physicians and Surgeons of Ontario's (the "CPSO") appointment of investigators and the Inquires Complaints and Reports Committee's ("ICRC") interim order. In *Kustka*, a family medicine practitioner was alleged to have inappropriately prescribed ivermectin to an elderly patient to treat COVID-19, and to have inappropriately issued two COVID-19 mask exemptions. The physician's patients joined her in the application for judicial review, arguing that the CPSO had violated their *Charter* rights.

The Court provided strong reasoning in support of its decision to remove the patients as respondents, to decline the patients standing, and to quash the applications for judicial review as premature. It went on to provide useful commentary with respect to the "reasonable and probable grounds" test that applies where investigators are appointed under section 75(1)(a) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 (the "Code"), and with respect to the CPSO's reliance on the following sources to support its reasonable and probable grounds:

- Reg 364/20, which provided that face masks should be worn in most indoor public areas subject to limited exceptions for those with medical conditions;
- Guidance from the Ontario College of Family Physicians stating that very few conditions justified an exemption;
- Guidance from the Canadian Thoracic Society supporting mask-wearing and stating that there was no evidence that masks would exacerbate an underlying lung condition; and,
- Guidance from Health Canada and the Ontario Science Table indicating that ivermectin should not be used to prevent or treat COVID-19.

## Facts

In late 2021, the CPSO received complaints that Dr. Sonia Kustka, a family medicine practitioner, had inappropriately prescribed ivermectin to an elderly patient to treat COVID-19 and issued two questionable COVID-19 mask exemptions during mandatory masking periods.

The CPSO's Registrar appointed investigators to examine acts of professional misconduct or incompetence pursuant to section 75(1)(a) of the Code.<sup>[2]</sup> Following an investigation, the CPSO's ICRC imposed interim restrictions and monitoring obligations on Dr. Kustka's certificate of registration.<sup>[3]</sup> The ICRC later confirmed the restrictions, and the Registrar appointed investigators to examine Dr. Kustka's cooperation with the investigation and her compliance with the interim order.<sup>[4]</sup> Dr. Kustka brought applications for judicial review in relation to each of these steps.<sup>[5]</sup> Dr. Kustka's patients also brought applications for judicial review that challenged the initial appointment of investigators, the CPSO's ability to obtain patient records during the investigation, and the ICRC's interim order.<sup>[6]</sup> The patients argued that the CPSO had infringed their rights under sections 7 and 8 of the *Canadian Charter of Rights and Freedoms*,<sup>[7]</sup> claiming that the CPSO obtained medical records without their knowledge and consent (the "Patients' Applications").<sup>[8]</sup>

### Appointment of Investigators and Reasonable and Probable Grounds

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The Divisional Court held that the test for determining whether the Registrar had reasonable and probable grounds to appoint an investigator is not rigorous.<sup>[9]</sup> The Court distinguished the reasonable and probable grounds test in the professional regulatory context from the test used in the criminal context. It noted that the Registrar's appointment only *initiates* an investigation, whereas in the criminal context, an arresting officer requires something less than a *prima facie* case to satisfy the reasonable and probable ground requirement prior to an *arrest*.<sup>[10]</sup> Here, the Registrar had before her specific information regarding three instances that raised concern about Dr. Kustka's COVID-19 treatment and protections. The information was sufficiently detailed as to be beyond "mere suspicion."<sup>[11]</sup> It was reasonable for the Registrar to conclude that the test to appoint investigators had been met.<sup>[12]</sup>

The Registrar also had before her authoritative sources and guidance regarding mask-wearing and ivermectin, including: (1) Reg 364/20, which provided that face masks should be worn in most indoor public areas subject to limited exceptions for those with medical conditions; (2) Guidance from the Ontario College of Family Physicians stating that very few conditions justified an exemption; (3) Guidance from the Canadian Thoracic Society supporting mask-wearing and stating that there was no evidence that masks would exacerbate an underlying lung condition; and, (4) Guidance from Health Canada and the Ontario Science Table indicating that ivermectin should not be used to prevent or treat COVID-19.

The Court concluded that the Registrar (and the ICRC in approving of her appointment) reasonably relied upon these policy documents and regulation in forming her reasonable and probable grounds.<sup>[13]</sup> This reliance was reasonable and did not constitute an impermissible delegation of authority.<sup>[14]</sup>

### Conclusion

It remains to be seen whether Dr. Kustka's arguments will be repeated before the CPSO's Discipline Committee. If those arguments are reiterated, the Court's comments and "observations" will provide the Discipline Committee with useful guidance. Though the ICRC does not make findings of fact, the Divisional Court clearly had significant concerns with respect to the physician's failure to cooperate with the CPSO's investigation and noted that this failure both delayed the proceeding and provided a reasonable basis for the ICRC to be concerned about the physician's governability.<sup>[15]</sup>

***The information and comments herein are for the general information of the reader and are not intended as advice or opinion to be relied upon in relation to any particular circumstances. For particular application of the law to specific situations, the reader should seek professional advice.***

[1] [Kustka v. College of Physicians and Surgeons of Ontario, 2023 ONSC 2325](#) at para 1 ["Kustka"].

[2] [Kustka](#) at para 2.

[3] *Ibid.*

[4] *Supra* note 2.

[5] (1) the Registrar's appointment of investigators, (2) the ICRC's interim order, (3) the ICRC's decision confirming the interim order, and (4) the Registrar's second appointment of investigators to assess Dr. Kustka's cooperation with the investigation and her compliance with the interim order.

[6] *Kustka* at para 5.

[7] *Canadian Charter of Rights and Freedoms* Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982* (UK), 1982, c 11.

[8] *Supra* note 6.

[9] *Kustka* at para 37.

[10] *Ibid.*

[11] *Ibid* at para 38.

[12] *Kustka* at para 38.

[13] *Kustka* at paras 39-41.

[14] *Ibid.*

[15] *Kustka* at para 42.



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# 1179



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**From:** Jo-Ann Willson  
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**To:** Rose Bustria  
**Subject:** FW: ABA Regulation: Notice of Upcoming Information Sessions for Stakeholders

Exec and Council.

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COLLEGE OF  
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Good Afternoon,

# 1206

On behalf of the College of Psychologists of Ontario, I am pleased to announce that the Ontario Government has approved the regulations, under the [Psychology and Applied Behaviour Analysis Act, 2021](#) (the "Act"), for the profession of Applied Behaviour Analysis (ABA). The Act will be proclaimed effective July 1, 2024, when the College will change its name to the College of Psychologists and Behaviour Analysts of Ontario. After that date, only ABA practitioners who are registered with the College will be allowed to use the title "Behaviour Analyst" in Ontario. In anticipation of proclamation, the College is actively engaged in the development of policies and processes that will be necessary to implement the new regulations.

This is an exciting time for the profession of ABA in Ontario, but it can also be a challenging one, as current providers of ABA will need to understand how these new regulations will affect them. With these new developments in mind, the College will be offering virtual information sessions over the coming months to provide transparency and guidance about the new regulations, introduce the steps to pre-registration, and address your questions and concerns.

Please indicate your interest in attending a virtual ABA information session by completing the attached form: <https://forms.office.com/r/c8Gv3abMFP>

Further details about when and where to attend the session will follow shortly.

The College is committed to working collaboratively with our stakeholders to ensure a smooth transition to ABA regulation. We look forward to welcoming Behaviour Analysts into our membership, and we are excited about the opportunities that lie ahead for the profession of ABA in Ontario.

Tony DeBono, MBA, Ph.D., C.Psych.

Registrar & Executive Director

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# CPO Virtual Information Session for ABA - Response Poll

\* Required

1. Are you interested in attending a virtual ABA information session hosted by the College? \*

Select your answer



2. Full name \*

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**Sent:** September 19, 2023 10:25 AM  
**To:** Rose Bustria  
**Subject:** FW: FYI - Notice of Motion for Leave to Appeal - Court of Appeal for Ontario - Peterson v College of Psychologists of Ontario  
**Attachments:** Letter to Counsel with attached Notice of Motion September 7 2023(48714149.2).pdf; ATT00001.txt

Exec and Council.

**Jo-Ann Willson, B.Sc., M.S.W., LL.B.**  
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**From:** Registrars <[registrars-bounces@regulatedhealthprofessions.on.ca](mailto:registrars-bounces@regulatedhealthprofessions.on.ca)> **On Behalf Of** Beth Ann Kenny  
**Sent:** Tuesday, September 19, 2023 10:19 AM  
**To:** Beth Ann Kenny <[bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)>  
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*This message is being forwarded to you on behalf of Tony DeBono, Registrar & Executive Director of the College of Psychologists of Ontario along with the Notice of Motion shared with HPRO by SML-Law.*

Dear Regulator Colleagues

As publicly announced by the registrant and his former legal counsel, he is seeking leave to appeal the Divisional Court's decision with new legal counsel. As registrar, I respect this registrant's decision to appeal and the College will continue to abide by all relevant procedures in this matter.

1210

Thank you for your continued support.

**Tony DeBono, MBA, Ph.D, C.Psych. (He/Him) - Registrar & Executive Director, College of Psychologists of Ontario**



Beth Ann Kenny, Executive Director  
**Health Profession Regulators of Ontario (HPRO)**  
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September 7, 2023

**1211**

McCarthy Tetrault LLP  
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Attention: Caroline Za'idi (czayid@mccarthy.ca)  
Attention: Robin McKechney (rmckechney@mccarthy.ca)  
Attention: Eric Freeman (efreeman@mccarthy.ca)  
Attention: Sarah O'Neill (soneill@mccarthy.ca)

Dear Counsel,

Re: Jordan Peterson v College of Psychologists of Ontario

---

Please find enclosed a Notice of Motion for Leave to Appeal, which is served upon you pursuant to the *Rules of Civil Procedure*.

Thank you.

Yours truly,

**LEVITT SHEIKH LLP**

Per:



Peter W. G. Carey  
Howard A. Levitt



**COURT OF APPEAL FOR ONTARIO****B E T W E E N:****JORDAN PETERSON**Appellant  
(Moving Party)

- and

**COLLEGE OF PSYCHOLOGISTS OF ONTARIO**Respondent  
(Responding Party)**NOTICE OF MOTION FOR LEAVE TO APPEAL**

The Appellant will make a motion to the Court of Appeal on a date and time to be determined by the Registrar, or as soon after that time as the motion can be heard.

**PROPOSED METHOD OF HEARING:** The motion is to be heard:

In writing. However, the Appellant requests that the Court exercise its authority, pursuant to Rule 61.03.1(15) to order an oral hearing. This matter has garnered worldwide attention and not only must justice be done, it must be seen to be done.

**THE MOTION IS FOR:**

1. An Order granting leave to appeal a decision of the Divisional Court dated August 23, 2023, dismissing the Appellant's application for Judicial Review of a decision made by the respondent dated November 22, 2022;
2. Costs of this motion on a substantial indemnity basis; and,
3. Such further and other relief as to this Honourable Court seems just.

**THE GROUNDS FOR THE MOTION ARE:****Background**

1. The Appellant Jordan Peterson (“Dr. Peterson”) is a world famous, highly successful author, lecturer, and commentator on political and social issues. His books have been read by millions of readers. He is widely regarded as Canada’s leading public intellectual and has been referred to in the New York Times as the leading public intellectual today in the English-speaking world. His lectures are routinely sold out all over the world and hundreds of thousands have attended them. He is also a prolific commentator on social media. His “tweets” are read by millions on a weekly basis.
2. Dr. Peterson routinely comments on controversial social and political topics. This is something to be encouraged in a free and democratic society.
3. While Dr. Peterson has not practiced as a clinical psychologist since 2017 he nonetheless is a member in good standing of the College of Psychologists of Ontario (the “College”).
4. In 2021 and 2022 a number of individuals complained to the college concerning public statements made by Dr. Peterson. At least one of the complaints was anonymous. Several of the complaints took the form of “tweets” to the College.
5. None of the complainants were students, patients or former patients of Dr. Peterson’s.
6. None of the complaints were, in any way, concerned or related to Dr. Peterson’s practice of psychology or to the practice of psychology at all. None of the complainants had even met Dr. Peterson. Most of the complaints had no connection to Ontario or even Canada.

7. Instead, the complaints took issue with Dr. Peterson's comments regarding public political figures and comments on social issues (one of which, at least, was obviously said as an ironic statement).
8. None of the comments complained of invoked the College's jurisdiction because none of them dealt with the practice of psychology. The complaints were all from individuals who all clearly disagreed with Dr. Peterson on political and social issues.
9. Despite this, the College made a punitive order against Dr. Peterson (the "Decision") with the impact of curtailing his free speech and debate in public forums.
10. The Decision requires Dr. Peterson to attend at a Specified Continuing Education or Remedial Program ("SCERP").
11. Under the terms of the Decision Dr. Peterson must pay for all costs associated with the SCERP. He must pay for and attend his re-education sessions with a specified Coach of the College's choosing. If at the end of the allowable twelve-month period the Coach does not provide a final report "indicating that the concerns, above, have been appropriately remediated" Dr. Peterson will not have been considered to have complied with the SCERP and may be sanctioned for professional misconduct.
12. Therefore, if Dr. Peterson does not agree to change his speech on topics completely unrelated to the practice of psychology, he will be found guilty of professional misconduct with all the penalties that entails, including potential expulsion from the College.

13. The Decision constitutes a gross infringement on Dr. Peterson's constitutional rights to free speech and expression. If a government agency imposed such an Order, it would clearly be a violation of Dr. Peterson's constitutional rights.
14. Dr. Peterson commenced an Application for Judicial Review in which, among other things, he requested an order quashing the Decision. That application was dismissed on August 23, 2023.

### **Divisional Court Errors**

15. The Divisional Court erred at law by implicitly holding that the College had jurisdiction to make the Decision, even though all of the legislation relied on by the College clearly states that the Colleges jurisdiction is limited to governing a member's conduct in a professional psychologist context. None of the complaints made concerned Dr. Peterson's conduct in a professional psychologist's context. The College lacked any jurisdiction to render the Decision. The legislature only empowered the College to regulate the practice of psychology, not to go beyond that purpose and discipline its members for matter unrelated, in any way, to the practice of psychology.
16. The legislature did not empower the College to enact discipline for personal expressions which have nothing to do with the practice of psychology.
17. The Divisional Court erred at law by according any deference to the College in making the Decision. The College has no expertise on matters outside of its jurisdiction. The College has no expertise on freedom of speech or other expression. The College has no expertise on Dr. Peterson's constitutional rights to freedom of speech. None of the rationale for extending deference to administrative tribunals exists in the case.

18. The Divisional Court erred in holding, implicitly, that the College has the legal jurisdiction to develop a code of ethics which prohibits the free expression of its members unrelated to their clinical psychological practice when that free expression breaches no laws.
19. The legislation governing this and empowering the College is for the purpose of educating its members, ensuring competence and protecting the public from malpractice, Dr. Peterson's impugned statements had nothing to do with any of these legislative mandates or his practice of psychology. The interpretation of the Code of Ethics which the Divisional Court adopted was beyond the College's legislative mandate.
20. The Divisional Court erred at law in not carrying out a robust proportionality analysis consistent with administrative law principles.
21. The College provided no analysis of why Dr. Peterson's comments were not protected by his common law constitutional and Charter rights to freedom of speech. The College provided no analysis of why Dr. Peterson's comments constituted "moderate risk of harm to the public" and why that "moderate risk" trumped Dr. Peterson's constitutional rights.
22. The Divisional Court erred in finding that the Decision was not disciplinary and that it "does not prevent him from expressing himself on controversial topics". As the National Post editorial relating to the Decision part, similar to commentary around the world, "*The College wants to stop Peterson from speaking on controversial topics, that is the whole point. And of course, will have more than a minimal impact on his right to free expression. The whole purpose of the SCERP is to limit what he says until the concerns of the College have been appropriately remediated.*"

23. In light of the College's lack of analysis in the Decision, its conclusion was not reasonable. The Divisional Court erred at law in holding that the Decision was reasonable. To the contrary, the Decision was not within an acceptable range of outcomes.
24. The Divisional Court made a palpable and overriding error of fact in concluding that the College had "conducted an appropriate, proportionately focused balancing of Dr. Peterson's right to freedom of expression and the statutory objectives of the College". In fact, the College made no such analysis and for that reason alone the Decision is unreasonable and should have been quashed.
25. The Divisional Court erred at law by determining that the Decision was not punitive. The Decision was punitive. The Decision was coercive. The Decision required Dr. Peterson to attend and pay for re-education whether he wanted to or not. The consequence of not abiding by the Decision would be a finding of professional misconduct. In all respects the Decision was punitive, further rendering it unreasonable.
26. The College, an administrative body, acting outside of its jurisdiction, with no expertise in freedom of speech and no expertise in constitutional and Charter rights has made a punitive decision which limits Dr. Peterson's freedom of expression, with no analysis of why it has done so. Such a decision is unreasonable and must not stand.
27. If the Decision had been made by a government agency similarly restricting Dr. Peterson's freedom of expression on political and social matters, it would never have been allowed to stand. As the National Post put it in its lead editorial, September 2, 2023, "*One cannot imagine ... the Federal Government taking a Canadian to court for expressing such (Peterson's) comments.*" Yet, as a result of the Divisional Court's order,

an unelected regulatory agency with no expertise in these matters is allowed to make such a punitive decision. This is not reasonable.

28. The Divisional Court erred in not ensuring that the important Charter protections engaged in this case were upheld to the fullest extent possible.
29. The Divisional Court erred in not taking full account of whether the deleterious effects of chilling debate were proportionate to any public good achieved.
30. The Divisional Court erred in not analyzing the context and purpose of the legislation.
31. The Divisional Court erred in not taking a holistic approach to Peterson's comments, in discounting his positive motivations and honest intent in making them and the context in which he wrote his comments.
32. The Divisional Court erred in not applying the principle that decisions which affect those freedoms, including freedom of opinion and expression, which the Charter describes as fundamental, must conform to more exacting procedural standards.

### **Importance of Appeal**

33. The Divisional Court erred at law by not considering the public policy implications of the Decision in concluding that the Decision was reasonable.
34. There are at least sixty-six regulatory bodies in Ontario which regulate the professional conduct of millions of Ontarians.
35. The Divisional Court failed to consider the chilling effect on freedom of speech that will occur if a regulatory body can sanction a member for comments of a political and social nature unrelated to their occupation. A number of regulatory bodies have already publicly cautioned their members about their speech as a result of the Decision. Dr.

Peterson's political opponents have already "weaponized" the Decision by making additional complaints against Dr. Peterson that are motivated by their political opposition to him and have nothing to do with the practice of psychology.

36. The Decision and the Divisional Court support of the Decision will mean that any regulated professional in Ontario will be constantly looking over their shoulder lest someone should complain to their regulator concerning their political or social commentary when it has nothing to do with their professional occupation.
37. This is particularly insidious because it is precisely these types of individuals who drive political and social debate in this province.
38. The Divisional Court Order has created a firestorm of controversy around the world. It has been commented on in the National Post, the Telegraph, the Wall Street Journal, and the Toronto Sun among dozens of other international news sources. Virtually all commentators have condemned the Order and the requirement that Dr. Peterson attend re-education classes. The Order has brought the administration of justice in Ontario and Canada into disrepute around the world.
39. Rule 37 and Rule 61.03.1.
40. Such other grounds as Counsel may advise and this Honourable Court permit.

**THE FOLLOWING DOCUMENTARY EVIDENCE** will be used at the hearing of the motion:

1. All evidence that was before the Divisional Court; and
2. Such further and other evidence as counsel may advise and this Honourable Court permit.

Date: September 7, 2023

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**Lawyers for the Respondent/Responding Party**

**JORDAN PETERSON**  
Appellant/Moving Party

and

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

Court File No.

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**COURT OF APPEAL FOR ONTARIO**

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**NOTICE OF MOTION**

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**Lawyers for the Appellant/Moving Party**

ITEM 6.7

CITATION: Hirtle v. College of Nurses of Ontario, 2022 ONSC 1479  
DIVISIONAL COURT FILE NO.: 596/19  
DATE: 20220607

ONTARIO  
SUPERIOR COURT OF JUSTICE  
DIVISIONAL COURT  
LEDERER, LOCOCO & MATHESON JJ.

BETWEEN: )  
)  
)  
PAUL HIRTLE ) *Rebecca Young*, for the Appellant  
Appellant )  
)  
- and - )  
)  
COLLEGE OF NURSES OF ONTARIO ) *Megan Shortreed and Glynnis Hawe*, for the  
Respondent ) Respondent  
)  
)  
) **HEARD at Toronto (by videoconference):**  
) February 23, 2022  
)

2022 ONSC 1479 (CanLII)

**PUBLICATION BAN:** By order of Justice Favreau dated June 22, 2021, no person shall publish or broadcast the identity of the two nursing students referred to and/or identified in the Discipline Hearing or Decisions of the Tribunal below respecting the Appellant or any information that could disclose the identity of any such nursing students.

**Matheson J.:**

[1] Paul Hirtle appeals from the decision of a panel of the Discipline Committee of the College of Nurses dated July 3, 2019, with reasons reported at 2019 CanLII 132488 (the “Decision”), and the related penalty decision dated December 9, 2019, with reasons reported at 2019 CanLII 132489 (the “Penalty Decision”).

[2] The panel of the Discipline Committee (the “Panel”) found that the appellant made sexual jokes or comments, stared at students, sent voicemails to a student of a sexual nature, and winked at and rubbed the back of another student. The Panel imposed a five-month suspension as well as other terms and conditions.

[3] The appellant submits that the Panel made several errors and imposed a penalty that was outside the range of penalties imposed in similar circumstances. The appellant's main focus is procedural fairness, submitting that the Panel provided inadequate assistance to him as a self-represented party.

[4] The College has brought a motion to admit further evidence on this appeal regarding the procedural fairness allegations. The appellant has brought a cross-motion to also adduce evidence in reply to the College's further evidence if the College motion is granted.

[5] For the reasons set out below, I would admit the additional evidence from both parties and dismiss the appeal.

### ***Background***

[6] The appellant has been a registered nurse and member of the College since 2013. In 2016, he was employed as a clinical instructor for Confederation College and at St. Joseph's Hospital in Thunder Bay. As a clinical instructor, the appellant was responsible for supervising a group of seven nursing students during their clinical placement at the Hospital from February to April 2016.

[7] In 2018, allegations against the appellant were referred to the Discipline Committee. It was alleged that the appellant engaged in inappropriate conduct toward and/or sexual harassment of two nursing students, NK and DH, while he was employed as a clinical instructor from February to April 2016. As set out in the Notice of Hearing, it was alleged that the appellant did the following:

- (i) made sexual jokes and comments;
- (ii) stared at the students in an uncomfortable manner;
- (iii) flicked NK's ponytail;
- (iv) winked at NK and rubbed her back;
- (v) sent voice and text messages to DH of a sexual nature, including a picture of a man pulling down his scrubs to show his penis (no face shown) and a voice message that stated "I miss you. My wife is away" or words to that effect;
- (vi) touched DH's buttock while demonstrating how to move a client from her bed;
- (vii) sent text messages to NK of a sexual nature; and/or
- (viii) told NK that he wanted to "have sex with her butt" or words to that effect.

[8] The Notice of Hearing alleged that these acts constituted a breach of the standards of practice of the profession and would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

[9] The appellant was self-represented throughout the discipline proceedings.

[10] A contested discipline hearing took place from January 21 to 24, 2019. At the outset of the hearing, after introducing the Panel, the Chair of the Panel briefly outlined the procedure that would be followed at the hearing, including the following:

- (1) the role of independent counsel;
- (2) that the appellant should make any objections to the Chair;
- (3) that they would begin with opening statements, but the appellant could wait until after the College completed its case;
- (4) that the Panel would then hear evidence, which could be in the form of documents or oral testimony;
- (5) that the appellant could object to documents being admitted into evidence;
- (6) that the appellant could cross-examine witnesses;
- (7) that after the College evidence, it would be the appellant's turn to introduce documents and call witnesses;
- (8) that if the appellant wished to testify on his own behalf, after he had done so he would be subject to cross-examination by the College;
- (9) that the Panel could also ask questions of witnesses for clarification, not on behalf of the College or the appellant;
- (10) that at the conclusion of the evidence, there would be final argument; and,
- (11) that after final argument, the Panel would adjourn to consider the evidence and if a finding of professional misconduct was made there would be a further opportunity to call evidence and make submissions on penalty.

[11] The Chair then asked the appellant if he had any questions, to which he answered, no.

[12] The Chair then went through each of the allegations in the notice of hearing and asked the appellant whether he admitted or denied each allegation. The appellant denied each allegation.

[13] The Chair then asked whether the College sought an order excluding witnesses and explained what that meant for the benefit of the appellant. The appellant agreed to the order excluding witnesses.

[14] After the College completed its opening statement, the appellant indicated that he was reserving his opening statement until after the College had called its case. The appellant also indicated that he did not have any witnesses coming on his behalf but did have some documents that he would submit at a later stage.

[15] The College called six witnesses in its case in chief and one witness in reply. The College witnesses included the Chair of Confederation College's School of Health, DH and NK, NK's mother, two other students who were in the same clinical placement group and a documents witness. The appellant testified on his own behalf and called one witness, another clinical instructor.

[16] The evidence focused on events during the clinical placement, events at an end-of-placement lunch at a restaurant, and post-placement communications.

[17] In the reasons for decision, the Panel addressed the evidence of each witness, discussed briefly below. The evidence about the inappropriate conduct was conflicting. There were also evidentiary disputes regarding the authenticity of the text and voicemail messages that formed part of the College's case.

[18] A number of students testified that the appellant made sexual jokes and had discussions with sexual innuendo, specifying a joke about a hot dog and repeatedly calling NK a "ball popper". There was also evidence from NK about the appellant winking, looking her up and down and touching her ponytail and back, some of which also formed part of the testimony of other students. DH testified that the appellant had touched her on the hips above her buttocks when doing a demonstration and about holding her arm for longer than normal on one occasion. The appellant denied all the allegations of improper conduct in his testimony, including the jokes and other alleged words and actions.

[19] Several witnesses testified about the end-of-placement restaurant lunch. DH testified about a long hug and comments about drinking. NK testified that she had a conversation with the appellant when he said that he had received nude photos from young women on Snapchat and that he wanted to "fuck her ass". The appellant testified about the end-of-placement lunch, saying that he sat with the other instructors and did not do or say what was alleged. The other instructor witness testified that she sat next to the appellant at the lunch, was there most of the time, and could have but did not hear any inappropriate comments.

[20] The Panel also heard testimony about text and voicemail messages after the placement ended. NK retained the texts, but DH did not do so. NK and DH testified that one of the texts received from the appellant had a penis photo although no face was shown. DH testified that she had received other texts and voicemail after the clinical placement of an inappropriate nature, including the appellant mentioning that his wife was away and asking her to come and visit him. DH admitted to sending sexual photos of herself by text to the appellant. She testified that the appellant had requested them. She testified that the narratives within her texts, as put forward by the appellant at the hearing, had been altered.

[21] The appellant testified that he had not sent the voicemail or text messages or photos and that the messages put forward by the College had been fabricated. He testified that a specific image on one of the texts (showing a man holding a fish) came from his Facebook page and was a photo of a relative. He acknowledged that he did receive texts from DH, including a partially dressed photo of DH, and denied altering the narrative in that text. He testified that he had not

exchanged multiple emails, texts or voicemails with DH and did not say his wife was away (noting that they did not travel separately).

[22] With respect to the text and voicemail messages, the parties agreed that it was not possible to obtain authenticating evidence due to the passage of time. The appellant testified that if he had been given notice of the investigation, he could have requested information from the internet service provider about the texts when it was still available. Because the appellant said that the texts were fabricated, the College put forward JK's mother to testify about the texts in reply. The College put the mother forward on the basis that the appellant had already cross-examined JK. The College was permitted to do so. JK's mother testified that she had read the texts at an earlier time but could not remember any details.

[23] The Panel considered the conflicting evidence about the text messages, concluding that the College had not established that the texts had been sent by the appellant. The allegations regarding texting were therefore dismissed. However, the Panel found that the appellant had left the voicemail message because of the additional factor of voice recognition.

[24] With respect to inappropriate comments during the placement, the Panel noted that there was only evidence of one sexual joke (the "hot dog" joke) and one comment with a sexual connotation (calling NK a "ball popper" a number of times). Four witnesses had testified that those comments had been made. The Panel found that despite the appellant's denial, he told the joke and referred to NK in that way. Based on the evidence of two of the students, the Panel also found that the appellant had looked at NK in an inappropriate way and flicked her ponytail more than once. Based on NK's evidence, the Panel found that the appellant had winked at her and rubbed her back. However, the Panel accepted the appellant's evidence that the alleged touching of DH during a demonstration could not have occurred as described given the nature of the procedure being demonstrated.

[25] With respect to the end-of-placement lunch, the Panel considered the evidence, including that of the appellant's witness, concluding that the College had not met its burden to show that the conversation recounted by NK took place. The Panel dismissed the allegations regarding that event.

[26] In summary, the Panel found as follows:

- (1) that during the clinical placement, the appellant made a sexual joke and comment (namely, a "hot dog" joke and the "ball popper" comment), which was a breach of professional standards and was dishonourable and unprofessional conduct;
- (2) that during the clinical placement, the appellant stared at NK in an uncomfortable manner, winked at NK and rubbed NK's back, which was a breach of professional standards and unprofessional conduct; and,
- (3) that following the clinical placement, the appellant sent voicemail messages to DH of a sexual nature, which was a breach of professional standards and disgraceful, dishonourable and unprofessional conduct.

[27] The other allegations were dismissed, including the allegations about texting and the allegations arising from the end-of-placement lunch.

[28] The penalty hearing took place on September 30, 2019, giving rise to the Penalty Decision. The appellant relied on a bundle of letters of support from work colleagues that had previously been entered into evidence, as well as additional letters of support. After considering submissions, including other penalty decisions, the Panel imposed a penalty that included a reprimand, a five-month suspension, regular meetings with a regulatory expert for at least six months with reporting to the College, as well as steps that had to be taken for a period of 18 months after his return to practice.

[29] This appeal was then commenced.

### *Issues*

[30] The issues on this appeal are as follows:

- (1) whether the Panel failed to adequately assist the appellant during the hearing giving rise to a breach of procedural fairness;
- (2) whether the Panel erred in certain evidentiary findings;
- (3) whether the Panel erred in making a finding of misconduct that was outside the scope of the allegations in the notice of hearing; and,
- (4) whether the Panel erred in imposing an unfit penalty.

[31] The appellant raised other issues that relate to allegations where no finding of misconduct was made. The appellant is not asking that the dismissal of those allegations be reversed on this appeal. Most significantly, the appellant has raised an issue regarding case-splitting and the rule in *Browne v. Dunn* (1893), 6 R 67 (U.K. H.L), which relates to the allegations of texting. In short, the appellant submits that the Panel erred in finding that he had violated the rule in *Browne v. Dunn* by not putting his position that the texts were fabricated to JK and, as a result, erred in permitting the College to split its case by calling JK's mother as a reply witness. The appellant also submits that he ought to have had ten days notice before JK's mother was called. Given that all allegations regarding texting were dismissed, there is no need to address these issues on this appeal. Similarly, all allegations regarding conduct at the end-of-placement lunch were dismissed. I have, however, had regard for the evidence on those matters to the extent that it has been raised under other grounds of appeal.

### *Standard of Review*

[32] The standard of review on this statutory appeal is as set out in *Housen v. Nikolaisen*, 2002 SCC 33, [2002] 2 S.C.R. 235. Errors of law are reviewed on a correctness standard. For errors of fact, there must be a palpable and overriding error. Errors of mixed fact and law also require a palpable and overriding error unless there is an extricable error of law or principle, which is reviewed on a correctness standard.



[33] For issues of procedural fairness, there is no standard of review: *Volochay v. College of Massage Therapists*, 2019 ONSC 5718, at para. 39. The duty of procedural fairness is inherently flexible and context-specific: *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65, 441 D.L.R. (4th) 1, at para. 77. The specific requirements of procedural fairness depend on all of the circumstances, including a non-exhaustive list of factors that may be taken into account: *Vavilov*, at para. 77, citing *Baker v. Canada (Minister of Citizenship and Immigration)*, [1999] 2 S.C.R. 817, at paras. 21-27.

[34] Palpable and overriding error is a highly deferential standard that recognizes the expertise and competence of the trier of fact. It authorizes appellant intervention only where the error in both obvious and determinative of the outcome: *Laliberte v. Day*, 2020 FCA 119, [2021] 1 F.C.R. 22, at para. 32, citing *Salomon v. Matte-Thompson*, 2019 SCC 14, [2019] 1 S.C.R. 729, at para. 33. It does not permit an appellate court to reweigh the evidence that was before the Panel: *Laliberte*, at para. 32, citing *Salomon*, at para. 40.

[35] With respect to the appeal from penalty, the appellant must show that the Panel made an error in principle or that the penalty was clearly unfit. To be clearly unfit, the penalty must be disproportionate or fall outside the range of penalties for similar offences in similar circumstances: *Gill v. College of Physicians and Surgeons of Ontario*, 2022 ONSC 49 (Div. Ct.), at para. 82.

#### ***Motion and Cross-Motion regarding additional evidence***

[36] The College moves to adduce evidence on this appeal as a result of the appellant's position that the Panel erred in providing him with inadequate assistance as a self-represented party. The proposed further evidence relates to the steps taken by the Discipline Committee and others at the College to provide the appellant with procedural assistance. Specifically, the College puts forward evidence regarding steps that were taken before and during the hearing that do not form part of the appeal record.

[37] Under s. 134(4)(b) of the *Courts of Justice Act*, R.S.O. 1990, c. E-19, the court may receive further evidence on an appeal to enable the court to determine the appeal.

[38] The court will permit evidence supplementing the appeal record where it relates to an issue in the appeal regarding procedural fairness: *Moynes v. Public Accountants Council (Ontario)*, [2001] O.J. No. 2735 (Div. Ct.), at para. 13; *1117387 Ontario Inc. v. National Trust Co.*, 2010 ONCA 340, 262 O.A.C. 118, at paras. 40-41; *Leader Media Productions Ltd. v. Sentinel Hill Alliance Atlantis Equicap Ltd. Partnership*, 2008 ONCA 463, 90 O.R. (3d) 561, at paras. 42-44; *R. v. Leno*, 2021 BCCA 200, at paras. 8, 27-29, 68-69.

[39] The College's proposed additional evidence includes correspondence from the College to the appellant in relation to the then upcoming discipline hearing, as follows:

- (i) a February 23, 2018 letter to the appellant (the "February letter") enclosing the decision referring allegations of professional misconduct to the Discipline Committee and indicating that the appellant would receive separate correspondence about the hearing process, inviting the appellant to contact the sender if any clarification was needed;

(ii) a May 8, 2018 letter on behalf of the Chair of the Discipline Committee (the “May letter”) enclosing the following:

- i. a 12-page “Memorandum re: Hearing Procedures for Self-represented Members” (the “SRP Memo”);
- ii. the Discipline Committee Rules and Guidelines;
- iii. a “Memorandum re: Issuance of Summonses”; and,
- iv. a map to the College.

(iii) a November 2018 letter from prosecuting counsel (the “November letter”) regarding disclosure and procedural matters, inviting the appellant to contact the writer with any questions or concerns.

[40] The May letter and enclosures included information that the appellant now submits that he ought to have been, but was not, given. Further, the May letter noted, “We strongly encourage you to review these materials.” The SRP Memo noted, in the first paragraph: “Discipline proceedings are serious matters” and provided a lengthy overview of the hearing process. The May letter also urged the appellant to retain counsel and strongly encouraged the appellant to review the enclosed materials.

[41] The May letter also invited the appellant to contact the sender at the College to schedule a pre-hearing. The affiant attests that the appellant did so, and the pre-hearing proceeded as scheduled.

[42] The November letter recorded the understanding that the appellant had been personally served with the Notice of Hearing and had been provided with a binder of disclosure materials as well as some supplementary disclosure materials sent by the College. The letter said that the appellant had the options of denying or admitting the allegations and spoke about the impact on next steps. The letter further indicated that witnesses would be called to testify if the appellant either denied the allegations or failed to attend the hearing.

[43] The College sent all of the above letters to the address for the appellant on record with the College.

[44] The appellant disputes the College motion, relying on his own affidavit provided in response to the motion. In the alternative, he asks that his affidavit be admitted as well. In his affidavit, the appellant attests as follows:

- (i) that he did receive the February and November letters;
- (ii) that he does not recall receiving or reading the May letter or enclosures;
- (iii) that he does not recall having received or reviewing the documents in the College Brief of Documents used at the hearing; and,

(iv) that he was not aware of certain procedures, including that he would be required to make opening and closing statements, that witnesses would be called, that he could call witnesses, and other evidentiary matters.

[45] The College delivered a responding affidavit from prosecuting counsel, in which the affiant attested as follows:

(i) that the appellant's address (used in the above correspondence) remained unchanged through the relevant time period, and was confirmed by the appellant on the annual membership renewal forms that he completed and filed with the College;

(ii) that the appellant was given disclosure by a courier package sent on October 17, 2017, which was not returned, but two later courier packages with supplementary disclosure were returned;

(iii) that the College followed up by regular mail to the same address, a letter that was not returned, asking that the appellant contact the College to arrange delivery of the supplementary disclosure, and the appellant did not reply;

(iv) that the College's pre-hearing conference memorandum was emailed to the appellant on July 10, 2018, to his email address on record with the College;

(v) that College counsel had email exchanges with the appellant at that email address;

(vi) that the College pre-hearing conference memorandum set out the College's witness list and the anticipated scope of their evidence, and that list included all the witnesses who ultimately testified;

(vii) that the appellant attended the pre-hearing conference by telephone and at the pre-hearing the College discussed the witnesses the College intended to call at the hearing, as well as the documents that would be relied upon;

(viii) that at the pre-hearing the appellant mentioned having received a "large package" from the College, which College counsel understood to refer to the initial disclosure package;

(ix) that the documents in the College's Book of Documents given to the appellant at the outset of the hearing had formed part of the first disclosure package, with the exception of the Notice of Hearing (which had been served on him), the affidavit of service, the appellant's entry on the public register and the College's professional standards (which members are obliged to be familiar with); and

(x) that during the course of the hearing there were various discussions about process outside the hearing room, sometimes including independent counsel to the Discipline Committee, as well as counsel to the College and the appellant.

[46] The appellant did not file further affidavit evidence in response to the above affidavit.

[47] The appellant submits that the College evidence should not be admitted because it is not evidence that he received, read, or understood the May letter and enclosures, and because the focus of his argument is on inadequate assistance from the Panel during the hearing, not what other assistance he may have received. However, as set out in *Baker*, the requirements of procedural fairness depend on all of the circumstances and include the choices of procedure made by the administrative decision maker itself: *Baker*, at paras. 23-27. In this case, those choices included written communications with the appellant in advance of the hearing such as the May letter, the SRP Memo and other documents and communications about the hearing.

[48] The College submits that the appellant's affidavit evidence should not be admitted because it is incorrect and not credible. The appellant's affidavit does directly conflict with some of the evidence put forward by the College on the motion and cross-motion. Most notably, the College evidence shows that the appellant was provided with the documents in the book of documents used at the hearing, with immaterial exceptions. Further, he was provided with information about the hearing process, was notified of the College witness list, and was given information about other procedural matters.

[49] Having considered all the proposed evidence and related legal principles, I would admit all of the evidence put forward by the College and the appellant. It relates to the procedural fairness issues raised on this appeal and will assist the court. The submissions of both parties about the reliability and credibility of some of that evidence have been taken into account below, when considering the weight to be given to the evidence.

***Issue #1 - Assistance to a self-represented party***

[50] The appellant's primary ground of appeal is that the Panel failed to adequately assist him as a self-represented party and the hearing was therefore unfair. The appellant alleges that he was not provided with sufficient assistance on these issues:

- (i) the process of and the consequences of admitting or denying the allegations;
- (ii) the burden of proof or standard of proof, credibility and reliability, and hearsay;
- (iii) how to authenticate documents;
- (iv) how to summons a witness;
- (v) the right to object;
- (vi) the difference between asking questions, making submissions and providing evidence;
- (vii) the typical way of examining witnesses and an instance where the appellant wanted to ask another question after the College completed its re-examination;
- (viii) the ability to make submissions at various stages of the proceeding; and,

(ix) the use of prior statements of a witness to impeach their credibility.

[51] The specific instances of unfairness that the appellant raised on this appeal are discussed below.

[52] The appellant further submits that the Panel allowed College counsel to usurp the Panel's role.

[53] The College submits that the appellant was given assistance and College counsel did not usurp the Panel's role.

[54] The appellant relies on the 2006 *Statement of Principles on Self-Represented Litigants and Accused Persons* established by the Canadian Judicial Council. The Statement of Principles has been adopted by the courts, including in these key cases relied on by both parties in this case: *Girao v. Cunningham*, 2020 ONCA 260, 2 C.C.L.I. (6th) 15, at para. 149; *Pintea v. Johns*, 2017 SCC 23, [2017] 1 S.C.R. 470, at para. 4.

[55] Although the Statement of Principles is directed at court proceedings, not tribunal proceedings, I find that it is relevant guidance, to be considered bearing in mind the particular circumstances of this case.

[56] The Statement of Principles provides that all participants in the justice system are accountable for understanding and fulfilling their roles, including judges, counsel and self-represented parties.

[57] The Statement of Principles provides that judges have a responsibility to promote opportunities for all persons to understand and meaningfully present their case. The judge cannot leave the self-represented party to flounder: *Girao*, at para. 150, citing *Morwald-Benevides v. Benevides*, 2019 ONCA 1023, 148 O.R. (3d) 305, at para. 34.

[58] The appellant relies on the following passage from the Statement of Principles regarding the types of assistance that may be provided, adopted in *Girao*, at para. 149:

4. When one or both parties are proceeding without representation, non-prejudicial and engaged case and courtroom management may be needed to protect the litigants' equal right to be heard. Depending on the circumstances and nature of the case, the presiding judge may:

- a. explain the process;
- b. inquire whether both parties understand the process and the procedure;
- c. make referrals to agencies able to assist the litigant in the preparation of the case;
- d. provide information about the law and evidentiary requirements;

- e. modify the traditional order of taking evidence; and
- f. question witnesses; ...  
[Emphasis added.]

[59] In this case, the Panel did provide information and explain the hearing process, invited the appellant to ask any questions, and took additional steps both before and during the hearing. The appellant submits that more assistance should have been provided as discussed below.

[60] The Panel's responsibilities to self-represented parties are not unlimited. They must be fulfilled without compromising the requirements of judicial neutrality. The adjudicator is obliged to conduct a fair and impartial hearing. As put in *Girao* at para. 151:

Although fairness concerns may animate how a trial judge exercises control over their courtrooms, there are clear limits to a trial judge's duty to assist a self-represented litigant. The actuality and the appearance of judicial impartiality must be maintained. ... In order to preserve fairness in a trial, "the trial judge must, of course, respect the rights of the other party" [Emphasis added; citation omitted.]

[61] How far an adjudicator must go is a matter of discretion, depending on many factors: *R. v. Chemama*, 2016 ONCA 579, 351 O.A.C. 381, at paras. 13-14. Further, even in the criminal context the courts have noted that a trial judge has a range of options through which to ensure the necessary degree of assistance – there is no one single approach: *R. v. Richards*, 2017 ONCA 424, 349 C.C.C. (3d) 284, at paras. 110-112.

[62] As set out in *College of Optometrists of Ontario v. SHS Optical Ltd.*, 2008 ONCA 68, at para. 58, in many cases it could be said that the presiding judge could have done more to assist the self-represented litigant. "But that is not the test. [The issue] is whether the proceedings were fairly conducted. Did the self-represented litigant get a fair hearing?"

[63] Further, the fairness of a hearing is not measured by comparing the appellant's conduct of his case with the conduct of that case by a competent lawyer. Rather, it demands that he have a fair opportunity to present his case to the best of his ability: *SHS Optical*, at para. 57, adopting *Dauids v. Davids* (1999), 125 O.A.C. 375 (C.A.), at para. 36.

[64] Self-represented parties also have responsibilities with respect to the conduct of their case, which are underscored in the Statement of Principles as follows:

1. Self-represented persons are expected to familiarize themselves with the relevant legal practices and procedures pertaining to their case.
2. Self-represented persons are expected to prepare their own case.

...

[65] In this case, the appellant attested that he does not recall receiving or reading important information that was sent to him about his upcoming hearing. The appellant is a member of a regulated health profession. He is an educated person and he has obligations to the College. Among other things, he is obliged to provide and regularly confirm his accurate mailing address for use in communications. The evidence shows that the May letter and SRP Memo were sent to the right address and not returned. The appellant does not say that he did not receive it. He says that he does not recall that particular letter. On the evidence, I infer that he did receive it.

[66] The appellant submits that pre-hearing steps taken to provide him with assistance, such as the May letter and SRP Memo, are irrelevant. I disagree. All of the circumstances are relevant. The Statement of Principles itself speaks to the role of providing self-represented persons with information prior to a hearing. The Statement of Principles indicates that, to the extent possible, adjudicators and court administration should develop packages for self-represented persons. The Discipline Committee did so in this case. By the May letter and enclosed SRP Memo and other materials, the appellant was provided with substantial information on topics about which he now submits he ought to have been given assistance.

[67] The appellant says that he does not recall reading the May letter or the enclosures. This does not make those communications irrelevant to the question of whether the appellant received adequate assistance. The appellant was provided with considerable assistance before the hearing, along with invitations to make inquiries if he had any questions. Given the process of sending out that information, the Panel could reasonably assume that the appellant had at least that information. Under the Statement of Principles, the appellant ought to have read those materials.

[68] The materials provided to the appellant in advance of the hearing provide assistance about a number of the issues raised on this appeal. Those materials included information about the following topics now at issue: the burden of proof, the ability to call and question witnesses, how to summons witnesses, the ability to deny or admit allegations and the procedural consequences of doing so, the examination and cross-examination of witnesses, the right to object, and the distinction between submissions and evidence. The appellant was also provided with a memo on the specific topic of summoning witnesses.

[69] In summary, the appellant was given substantial information in advance of the hearing with strong urging to review it, was invited to ask questions, and had an obligation to inform himself and prepare for his hearing. In addition, at the outset of the hearing the Panel gave an overview of the process that would be followed at the hearing and invited questions from the appellant.

[70] Moving to the more specific allegations, the appellant submits that the Panel did not adequately explain the consequences of admitting or denying the allegations. That process was discussed in the November letter, including the impact on next steps, and the appellant was invited to contact the writer with any questions. The appellant acknowledges receiving that letter. That process was also outlined in the SRP Memo.

[71] The appellant further submits that the Panel did not adequately explain the right to object, yet that right was outlined at the outset of the hearing, was discussed in the SRP Memo, and the appellant did make objections during the hearing. The appellant similarly submits that the Panel

did not adequately explain the burden of proof or standard of proof. That legal principle was explained in the SRP Memo, as well as by independent counsel and the College in closing submissions, and the appellant has not shown an unfairness arising from any lack of understanding of that legal principle. The appellant also submits that hearsay was not explained, putting forward an example from the hearing transcript. At that point in the hearing, College counsel was correctly noting that the College was not relying on certain evidence for the truth of its contents and would be calling another witness on that subject. That instance did not give rise to an unfairness and no other instances of unfairness were raised.

[72] The appellant submits that the Panel did not adequately explain the process of questioning witnesses. That process was set out in some detail in the SRP Memo and outlined in the remarks of the Panel Chair at the outset of the hearing. Further, the one example put forward on this appeal arose when the appellant wanted to ask another question of the reply witness (called given his allegation that the texts were fabricated) after College counsel had completed her reexamination. That example does not suggest a failure to provide adequate assistance giving rise to an unfair hearing.

[73] The appellant submits that the Panel did not adequately explain the difference between evidence and submissions. However, the transcript shows that the distinction was explained. It was first explained by College counsel in the course of her submissions. It was then explained by independent counsel. At the end of a lengthy exchange, the appellant indicated that the distinction was clear. The distinction was also explained in the SRP Memo.

[74] The next issue that was raised by the appellant is that he was not adequately assisted in calling witnesses in his defence. In oral argument, this was described as the most significant issue under this ground of appeal.

[75] As described above, the appellant had been provided with information about his right to call witnesses, and how to summons a witness, in advance of the hearing. At the outset of the hearing, the Chair of the Panel outlined the hearing steps, including the appellant's right to call witnesses. At that time, the appellant indicated that he was not calling any witnesses. However, after the College case was completed, in addition to his own testimony, the appellant did call a witness and also raised the possibility of a second witness. Both witnesses were to testify about the events at the end-of-placement lunch. The appellant submits that the second witness would also have testified about other matters.

[76] There was a timing issue for the first witness, which was discussed before the Panel and the appellant agreed with the course of action. He now says he should have been given the option of postponing the witness to a later date altogether. As shown on the transcript, at the time his priority was to ensure that the witness would be able to testify and she was scheduled to do so at a specific time on that day. The transcript of the discussion and outcome does not show a failure to provide adequate assistance in addressing the timing issue.

[77] With respect to the second witness, the appellant asked if that witness could be called by teleconference. The College agreed. The Panel deferred the question of the second witness until the appellant had communicated with her and advised of her availability. After that discussion



with the panel, the appellant did not raise the possible second witness again. The appellant suggests that the Panel ought to have raised the possibility of an adjournment to hear from the second witness. While the denial of an adjournment has been found to be a breach of procedural fairness in some circumstances, the prospect of this witness did not reach that point, given the early stage of the discussion. At the time the possible witness was raised by the appellant, he had not yet been in contact with the witness. He did not raise the witness again. As well, in contrast to cases put forward in this appeal regarding adjournments, there was no prejudice. This possible second witness was intended to testify about the end-of-placement lunch. All of the allegations arising from that event were dismissed.

[78] The appellant submits that the Panel failed to explain the concept of credibility and specifically the role of prior inconsistent statements that could be put to a witness for the purpose of impeachment. The appellant appears to suggest that the Panel ought to have assisted him in his cross-examination by suggesting the use of a prior statement. It does not appear that the Panel knew about the statement, and it is disputed whether it was an inconsistent statement. In any event, this goes beyond what would ordinarily be expected by way of general information for the assistance of a self-represented party and begins to suggest that the Panel was obliged to advance the appellant's defence. An adjudicator must not appear to assume (or actually assume) the role of counsel for the self-represented party: *SHS Optical*, at para. 58; *Chemama*, at para. 14.

[79] The appellant submits that he ought to have had more assistance regarding how to authenticate documents. Assistance was provided in the SRP Memo. At the outset of the hearing, the Chair of the Panel also noted that the appellant could introduce documents in his defence. The appellant did so. He put forward a number of letters of support in his defence, which were accepted into evidence. He put forward more letters at the penalty phase, two of which were accepted into evidence, one of which was accepted as redacted, and his wife's letter was the subject of a compromise as reflected in the record.

[80] The appellant also submits that College counsel was usurping the role of the Panel because she made submissions about the process when issues arose and because when she objected to the appellant's form of questioning, the Panel did not call for submissions and make a formal ruling. It is not usurping the Panel's role for counsel to explain a process or reason for an objection. In the context of a discipline hearing, independent counsel is also present to address any legal issues and indicate if any explanation offered by College counsel was wrong in law. Further, on the specific occasions identified on this appeal, the appellant would rephrase his question to address the position put forward by College counsel. As a result, a formal ruling was not needed.

[81] The appellant has not shown that the Panel failed to give him sufficient assistance as a self-represented party in the circumstances of this case. The Discipline Committee process, including the pre-hearing communications, provided significant assistance in a manner encouraged by the Statement of Principles. Further assistance was provided during the hearing. Having considered all of the relevant context, and the specific instances noted by the appellant, I conclude that the appellant had a fair opportunity to present his case to the best of his ability. The hearing was fairly conducted.

*Issue #2 – Factual findings*

[82] The appellant submits that the Panel erred in its findings regarding voicemails and in finding testimony of NK and DH reliable and credible. The appellant makes related submissions about the sufficiency of the Panel's reasons for decision.

[83] Beginning with the voicemails, the appellant submits that the Panel made a palpable and overriding error in finding that the appellant had sent the voice messages in issue, one of which contained statements to the effect of "I miss you." "My wife is away." The appellant submits that this finding was based on mere speculation, rather than inference, because the evidence did not include the actual voicemails or particulars such as dates or phone numbers. The appellant further submits that there were insufficient reasons explaining the finding given the general finding that the appellant was credible because he was consistent in his testimony.

[84] The appellant notes that the Panel used differing wording when addressing credibility for each witness and, in the general findings, found all the witnesses credible. That is so though the reasons for doing so differ. In the reasons for decision, the Panel made general findings of credibility for each witness, giving reasons for doing so, and then went on to address the conflicting evidence on core issues in a later section of their reasons. The format chosen by the Discipline Committee in their reasons is unhelpful because it gives rise to this sort of issue. However, read fairly and in their entirety, the reasons for decision do not give rise to a reviewable error.

[85] The findings of general credibility after each witness summary show that there were no issues that caused the Panel to disregard a witness's testimony altogether. The Panel said in the general findings that a number of witnesses, including the appellant, were consistent in their testimony. However, it was also open to the Panel to accept some, but not all, of a witness's evidence. In the analysis section, the Panel went on to consider the conflicting evidence as necessary. In that section, the Panel indicated that they used the criteria set out by this court in *Re Pitts and Director of Family Benefits Branch of the Ministry of Community & Social Services* (1985), 51 O.R. (2d) 302 (Div. Ct.), which have an impact on credibility and reliability. The Panel considered the appellant's denials along with all of the other evidence, sometimes finding the allegations proved and sometimes not. The approach of making general findings and then later addressing conflicts could lead to the need for more explanation in reasons for decision, but in this case, the reasons are sufficient to permit appellate review.

[86] The Panel heard evidence from DH about several voicemail messages from the appellant over about two months. DH testified that she had kept the messages for some time but by the time of the hearing she no longer had them. DH testified about the content of the voicemails, including phrases such as "I haven't heard from you", "My wife's away." "I miss you" "come and see me" and others. She testified that she had shared the voicemails with DK, who also testified to that effect.

[87] The Panel found that the authenticity of the voicemails could be established because of voice recognition. DH testified that the voicemails were from the appellant. The Panel found that she reached that conclusion because she recognized the appellant's voice. I do not find a palpable and overriding error in this finding. The Panel had some evidence before it and considered that

evidence, including the appellant's denial. The finding based on voice recognition was not an error of principle and it is not the role of this court to reweigh the evidence. Where there is evidence that supported the adjudicator's conclusion, an appellate court will be hard pressed to find a palpable or overriding error: *Housen*, at para. 22.

[88] The appellant further submits that the Panel erred in their assessment of DH and NK's credibility and reliability due to inconsistencies in their evidence or, alternatively, failed to provide sufficient reasons for the Panel's credibility assessments. The appellant relies in large part on conflicts in the evidence about what transpired at the end-of-placement lunch. As put by the appellant, there were findings that certain events at the end-of-placement lunch did not occur, undermining the credibility of DH and NK. However, the Panel did not find that the events in question did not occur. The Panel found that the College had not met its burden to prove that those events did occur. Similarly, the appellant relies on the conflicting evidence about texting, but the Panel did not find that the account put forward by DH and NK was false. The Panel did find that the College had not proved the authenticity of the texts and therefore dismissed those allegations.

[89] The appellant submits, relying on *Law Society of Upper Canada v. Neinstein*, 2010 ONCA 193, 99 O.R. (3d) 1, that where a complainant is disbelieved in one finding, the reasons must explain how this affected the Panel's credibility findings. Yet, in this case, the Panel did not make such a finding.

[90] The appellant also puts forward smaller inconsistencies in the evidence given by some witnesses, not all of which rise to the level of an inconsistency. Further, inconsistencies do not necessarily determine credibility. The Panel was required to look at the totality of the evidence and assess the impact of any inconsistencies in the evidence on questions of credibility and reliability pertaining to the core issues in the case: *F.H. v. McDougall*, 2008 SCC 53, [2008] 3 S.C.R. 41, at paras. 57-58. The Panel did so.

[91] Lastly, the appellant submits that the reasons for decision fail to define the terms "sexual harassment" and "inappropriate conduct", leaving the expected standard of conduct unclear. On the contrary, the reasons for decision set out the standards that the appellant was obliged to meet. In many instances, the appellant himself agreed that the conduct, if it happened, would be a breach of professional conduct.

[92] The factual findings of the Panel are entitled to substantial deference. The appellant has not shown that the Panel made a palpable and overriding error regarding those findings.

### ***Issue #3 - Scope of allegations***

[93] The appellant submits that the Panel erred in finding that a voicemail left after the termination of the instructor student relationship gave rise to a finding of professional misconduct. Specifically, the Panel found that leaving the voicemail, "I miss you. My wife is away.", was misconduct even though it was left after the placement had ended.

[94] The Notice of Hearing described the appellant as a clinical instructor, described DH as a nursing student, and contained a time period (from February to April 2016). The particulars in the

Notice of Hearing included the voicemail, without mentioning its timing. The voicemail was left after the clinical placement was over.

[95] The Panel requested written submissions on this issue after closing arguments had been completed. Specifically, the Panel asked for submissions about whether conduct after April 2016 could constitute professional misconduct as set out in the Notice of Hearing, given the specific reference in the Notice to conduct “while (the Member was) employed as a clinical instructor for Confederation College from February to April 2016.”

[96] The appellant did not provide written submissions. The College did so, relying on *R. v. B.(G.)*, [1990] 2 S.C.R. 30. In that case, at p. 41, the court held that the purpose of an information was to provide the accused with enough information to enable him or her to defend the charge. The court held, at p. 49, that it was of no consequence if the date in the information differed from that arising from the evidence unless the time of the offence was critical and the accused could be misled by the variance and therefore prejudiced in his or her defence.

[97] The Panel applied the principles from *R. v. B.(G.)* to the allegations in the Notice of Hearing, noting that the appellant had not expressed any doubt about the allegations that the College was relying on. Further, the Panel focused on the essential elements of the offence in reaching their decision, including that DH had recently been the appellant’s nursing student.

[98] The Panel found that the voicemail message contained a clear sexual innuendo. Having found that the appellant did leave the voicemail message, the Panel found that to leave that message for a student for whom the appellant had recently had oversight responsibility as a clinical student was highly inappropriate and a breach of the standards of practice. The Panel noted that the standards required nurses to act as a role model, be aware of how their behaviour affects others, be respectful toward others and conduct themselves in a manner that reflects well on the profession. The Panel concluded that the conduct fell “well below” that standard and would also be regarded as disgraceful, dishonourable and unprofessional.

[99] The appellant submits that the timing of the voicemail was an essential element of the offence, submitting that the voicemail was not a breach of the standards of practice because DH was no longer his student and because his employer’s policy did not specifically prohibit this conduct. In other words, the appellant submits that the voicemail was not a breach because DH was no longer a student. This is a challenge to the merits of the Panel’s findings, rather than a fairness issue. The Panel specifically considered the standards in the context of a recent student. The appellant has not shown that the Panel made an error in principle or made a palpable and overriding error of fact in the application of the standards or about what would be regarded as disgraceful, dishonourable or unprofessional.

#### ***Issue #4 - Penalty***

[100] The appellant submits that the Panel imposed a suspension at the upper-most end of the penalty range without sufficient justification. The appellant submits that the cases relied upon by the College involved sexual harassment and sexual touching, where the Panel made no findings

regarding sexual touching in this case. The appellant also points to cases with a shorter suspension, submitting that the conduct in those cases was more serious.

[101] To overturn the penalty imposed by the Panel, the appellant must establish that the Panel made an error in principle or that the penalty was clearly unfit: *College of Physicians and Surgeons of Ontario v. Peirovy*, 2018 ONCA 420, 143 O.R. (3d) 596, at para. 56. The threshold for intervening is high: *R. v. Lacasse*, 2015 SCC 64, [2015] 3 S.C.R. 1089, at paras. 52-53.

[102] The Panel's reasons for decision show that they considered appropriate principles including the goals of specific and general deterrence, the goal of remediation, aggravating factors such as the appellant's role over nursing students and mitigating factors including his good character evidence. The Panel considered a number of prior decisions and how those decisions were similar to or different from the misconduct decision in the appellant's case. The Panel considered the nature and extent of the conduct that gave rise to the misconduct findings and the appellant's submissions about the impact of the allegations on him and his family.

[103] The Panel noted that the main point of contention was the five-month suspension. The Panel considered the consequences of the suspension but concluded that the purpose of the suspension was to protect the public and satisfy the twin goals of specific and general deterrence.

[104] The penalty decision is owed substantial deference. The appellant has not demonstrated that it was clearly unfit.

### **Orders**

[105] This appeal is dismissed. Considering all factors raised in the costs submissions, the appellant shall pay costs fixed at \$20,000, including both the motion and the appeal.

\_\_\_\_\_  
Justice W. Matheson

I agree

\_\_\_\_\_  
Justice T. Lederer

I agree

\_\_\_\_\_  
Justice R. Lococo

**Released:** June 7, 2022

**CITATION:** Hirtle v. College of Nurses of Ontario, 2022 ONSC 1479  
**DIVISIONAL COURT FILE NO.:** 596/19  
**DATE:** 20220607

**ONTARIO**  
**SUPERIOR COURT OF JUSTICE**  
**DIVISIONAL COURT**  
**LEDERER, LOCOCO & MATHESON JJ.**

2022 ONSC 1479 (CanLII)

**BETWEEN:**

PAUL HIRTLE

Appellant

– and –

COLLEGE OF NURSES OF ONTARIO

Respondent

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**REASONS FOR DECISION**

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**Released:** June 7, 2022

ITEM 6.8

1242

**CRNA** College of Registered  
Nurses of Alberta

nurses.ab.ca

Guidelines

# Social Media and e-Professionalism: Guidelines for Nurses

March 2021

11120 178 Street, Edmonton, AB, T5S 1P2

1 (800) 252-9392

crna@nurses.ab.ca

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Council, June 2016.

The College and Association of Registered Nurses of Alberta (CARNA) is operating as the College of Registered Nurses of Alberta (CRNA).

Use of this document is permitted for the purposes of education, research, private study or reference. Ensure you are using the current version of this document by visiting our website.

This document was developed collaboratively by the College of Licensed Practical Nurses of Alberta (CLPNA), College of Registered Nurses of Alberta (CRNA), and the College of Registered Psychiatric Nurses of Alberta (CRPNA). Members of the public, other regulated health professionals, or regulated members of these regulatory colleges should contact these respective organizations if they have any questions about this document or are seeking practice guidance about social media and e-professionalism.

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In Alberta, the three regulatory bodies for the nursing professions are the College of Licensed Practical Nurses of Alberta (CLPNA), the College of Registered Nurses of Alberta (CRNA), and the College of Registered Psychiatric Nurses of Alberta (CRPNA). The colleges define and interpret the scopes of practice for their regulated members, approve nursing education programs, establish or adopt codes of ethics and standards of practice, establish continuing competence programs, issue initial and renew practice permits for those individuals who meet legislated requirements, and intervene when a regulated member's practice does not meet the standards.

Nurses must be aware of social media's evolving culture, understand ever-changing technology, and have the skills and judgment to use it appropriately (International Nurse Regulator Collaborative, 2014)<sup>1</sup>.

"E-Professionalism is defined as the attitudes and behaviors that reflect traditional professionalism paradigms but are manifested through digital media" (Kaczmarczyk et al, 2013)<sup>2</sup>. E-Professionalism incorporates the use of social media such as websites, applications, and networking platforms that enable users to create and share content, or to participate in social networking. Social media platforms such as Facebook, Twitter, LinkedIn, YouTube, email, etc., are commonly used. Although the intent of social media use is to be positive, there have been unintended negative consequences. As regulated health professionals, nurses need to understand their professional and ethical obligation to protect the public and maintain conduct that reflects trustworthiness and integrity, including their online presence.

It is important to understand that inappropriate and unprofessional use of social media may lead to findings of unprofessional conduct resulting in disciplinary action. A nursing regulatory body may deem any activity on social media to be unprofessional if it harms the integrity of the client, person, employer, another health professional, colleague, or organization.

The purpose of this document is to provide guidelines that support critical thinking and decision-making in the responsible use of social media. It is not intended to cover every social media and social networking situation. The information contained in this document supports nurses in understanding the importance of maintaining professionalism and making informed decisions when considering the use of any electronic form of communication.

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<sup>1</sup> International Nurse Regulator Collaborative. (2014). Social media use: Common expectations for nurses. Retrieved 6 September 2019 from [https://www.inrc.com/INRC\\_Social\\_Media\\_Use.pdf](https://www.inrc.com/INRC_Social_Media_Use.pdf).

<sup>2</sup> Kaczmarczyk, J. M., Chuang, A., Dugoff, L., Abbott, J. F., Cullimore, A. J., Dalrymple, J., & Casey, P. M. (2013). E-Professionalism: A new frontier in medical education. *Teaching & Learning in Medicine*, 25(2), 165–170.

## Guideline 1:

Nurses understand their professional and ethical obligation to protect the public and maintain conduct that reflects trustworthiness and that does not harm the integrity of a client, person, employer, another health professional, colleague, or organization, including their online presence.

## Guideline 2:

Nurses follow relevant legislation, standards, policy, and employer requirements when using social media and other electronic forms of communication.

Patient free and client free

Social media is a way to maintain contact and receive updates from people in our personal lives, and a way to reconnect with those we have lost track of over the years. However, clients or former clients can also track down staff and send "friend" requests as they may feel they "know" the nurse. Nurses should not accept "friend" or "follow" requests from clients. Nurses should review their professional boundary guidelines when considering friend requests from former clients.

## Guideline 3:

Nurses maintain professional boundaries in the use of electronic communication and social media.

A nurse's personal social media activity should have the most secure privacy settings, and they should consider the risk of using notable identifiers as to professional designation or place of employment as nursing is a trusted and respected profession (Reinhart, 2020)<sup>3</sup>.

A nurse's personal social media site should:

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<sup>3</sup> Reinhart, R. J. (2020). Nurses continue to rate highest in honesty, ethics. Gallup. Retrieved 11 February 2020 from <https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>

- be client free;
- not breach the privacy or confidentiality of a client or any facility policy; and
- consider the risk and impact of making derogatory comments against a client, person, employer, another health professional, colleague, or organization that could be perceived as negative and harmful.

Any online posts, likes, messages, etc., can be saved as a screen shot, reposted, printed, sent to an employer, and be understood as public domain. It is important for nurses to develop their social media competence and to understand that personal privacy settings may not ensure their privacy.

Inappropriate use of social media may jeopardize the nurse's ability to preserve the trust and respect required for a therapeutic relationship. Remember that clients are any individual whom a nurse provides a service to within the four domains of nursing<sup>4</sup>.

## Professional – Act professional

Nursing is a trusted and respected profession and nurses are held to a standard of professional accountability and responsibility. As a regulated health professional, nurses are expected to maintain professionalism, including when using social media. Nurses must follow relevant legislation, standards and codes of ethics, policies, and employer requirements using social media and other electronic forms of communication. The Canadian Nurses Protective Society (2012)<sup>5</sup> states that "failure to abide by these [professional standards] can lead to serious legal consequences". Inappropriate use of social media can compromise public safety and trust in the nursing professions and may result in allegations of unprofessional conduct.

### Guideline 4:

Nurses maintain professionalism when using social media.

Maintaining professionalism becomes even more important when online communications indicate the person posting is a nurse. Nurses should:

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<sup>4</sup> The four domains of nursing are: clinical practice, administration, education, and research.

<sup>5</sup> Canadian Nurses Protective Society. (2012). Social Media [ebook].  
[https://www.cnps.ca/upload-files/pdf\\_english/social\\_media.pdf](https://www.cnps.ca/upload-files/pdf_english/social_media.pdf)

- think before using a professional title or initials or making reference to being a nurse when presenting personal views, including those unrelated to the profession or those that could affect the public's trust in the profession;
- remember to credit the thoughts and work of others;
- not post content on behalf of an employer unless they are authorized to do so and are following all applicable employer requirements; and
- consider using a disclaimer stating the posts are a personal opinion and do not represent those of the profession or an employer.

Know and follow employer requirements regarding the use of social media and technology when at work. Spending time online for personal reasons at work could be viewed as client abandonment. Being distracted by notifications can affect work efficiency, productivity, and memory. Notifications can be visual, haptic, or auditory.

## Guideline 5:

Nurses follow employer requirements regarding the use of social media in their practice setting.

As a professional, employers, clients and the public rely on a nurse's expertise to provide accurate information. Any health information communicated through social media should always be evidence-informed. When a professional includes hyperlinks to other information and resources (e.g., websites, videos, podcasts, etc.), all information should be current, accurate, and reliable. When providing health advice online, through a professional capacity, ensure it is within your scope of practice to do so.

## Guideline 6:

Nurses ensure any posts and comments they make regarding health information is evidence-informed.

The standards and code of ethics for each nursing regulatory college outline the expectation to report behavior that is unethical or incompetent. When nurses notice a colleague or another health care professional has posted inappropriate or unprofessional content on social media platforms, they must report it to the appropriate person, organization, or regulatory authority. When nurses have a concern about care they or a loved one have

received, or have a workplace issue, they should consider the most appropriate method or channel to address the concern.

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## Communities of practice

“Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (Wenger-Trayner and Wenger-Trayner, 2011)<sup>6</sup>. Communities of practice (CoP) often use social media as a means of communication and discussion. CoP’s contribute to attaining a greater depth and breadth of knowledge that benefits practice. Social media platforms often provide the opportunity to engage in a CoP, which allows the community to be dynamic and provide an ongoing, searchable conversation. The CoP must be a place where individuals feel safe to ask and answer questions and engage in discussion. When considering the use of social media for a CoP:

- clarify the purpose for using social media,
- assign an administrator to moderate posts, and
- apply the rules of engagement of professional best practice for social media use e.g., the 6 P’s (see below).

## Privacy – Professional and personal boundaries

As health-care professionals, nurses are responsible for safeguarding a client’s privacy and confidentiality. Posting identifiable information, location, or a picture, even with a client’s permission, can be viewed as a breach of privacy or confidentiality. Client information must only be collected, used, and disclosed through channels aligned with privacy legislation, professional practice standards, and employer requirements.

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<sup>6</sup> Wenger-Trayner, E. & Wenger-Trayner, B. (2011). What is a community of practice? Retrieved 6 September 2019 from <https://wenger-trayner.com/resources/what-is-a-community-of-practice/>

## Guideline 7:

Nurses protect the privacy and confidentiality of their clients when using social media and electronic communication.

Nurses should keep personal accounts separate and secure, and always think about how the details of what they are posting or “responding to” may be viewed by others. Nurses should always respect professional and personal boundaries, remember the information posted is generally considered permanent and cannot easily be deleted, and that copies of deleted information may still exist on search engines or other’s electronic files. Engaging in interactions with clients via social media risks blurring the line between health-care provider and friend.

If a nurse uses social media websites or networking sites such as CoP for their professional development, it is important to remember that professional practice standards regarding confidentiality, therapeutic boundaries, and professionalism may be called into question. There are risks associated with social media use including the scope of distribution that, as a professional, one has no control over, such as what is downloaded, forwarded, archived, or distributed by others.

## Permission – Confidentiality

Social media and social networking are a means to connect professionally with organizations and colleagues. Staying professional on these sites is an individual’s responsibility. Strive for clear, professional, and audience-appropriate communication.

## Guideline 8:

Nurses provide evidence-informed health information to clients through professional social media accounts or an employer approved platform and only to those with whom they have a nurse-client therapeutic relationship.

Clients may use popular online discussion forums and website resources to acquire health information. Clients may be seeking health-related advice from a nurse as a health-care professional; however, it is important to not engage in these types of discussions even if a client grants permission. Clients are not bound by the same rules to uphold privacy and confidentiality. If social media is used within an employment setting (e.g. appointment confirmation or medication reminders), nurses need to follow the applicable employer requirements.

## Pause and be positive

A nurse must think before posting and consider if the information being posted is information that colleagues, clients, employers, and the public should see. Nurses need to be mindful of potential breaches of privacy and confidentiality and never engage in illegal online activity, and consider the risk and impact of sharing, posting, or commenting on negative, disparaging, or demeaning material.

### Guideline 9:

Nurses are responsible to use their professional judgment with respect to their online presence and avoid posts or comments that could be considered negative, disparaging, or demeaning.

Nurses must be informed that everything posted on social media is retrievable and can be shared, re-posted, or captured as a screen shot. It is important nurses are aware that making comments on social media has the potential for being as public as if they were made in a public forum or to the media. Nurses are responsible for their online presence and the content of their online communications, so should:

- maintain a positive, civil, and respectful online presence;
- remember etiquette is just as important as it is for in-person conversations;
- avoid posting on social media in haste or anger; and consider the risk of negative, disparaging, or demeaning comments related to clients, colleagues, employers, or organization;
- never post or share confidential information that may be identifiable; and
- be aware of and follow employer policies related to the use of technology and social media in and outside the workplace.

A nurse's social media accounts may be interpreted as a reflection of both their personal and professional lives. Nurses must use professional judgment and show respect for the opinions of others on the various sites, apps, or platforms used, including posts liked, shared or commented on, and before joining any online groups that could be considered controversial.

## Protection – Benefits and risks

Nurses should develop social media competence by knowing the risks and benefits of social media use. They should use social media after attaining the knowledge, skill, and judgement to use it appropriately, professionally, and ethically. Nurses should:

- be cautious about the amount of personal information shared online including personal views, values and beliefs;
- not give health advice online - giving health advice could be viewed as establishing a nurse-client relationship;
- avoid being inadvertently drawn into someone else's inappropriate behavior;
- review and remove outdated or inappropriate content posted on social media when reasonably possible;
- limit the use of hashtags and tagging which increases audience reach;
- regularly revisit privacy settings;
- use a difficult password, change it often, and log out when not using the site, especially when sharing devices; and
- keep social media sites used for professional purposes separate from personal ones.

**\*\*Nothing can truly be removed completely from social media\*\***

### Guideline 10:

Nurses are competent in the use of social media and understand the risks and benefits of its use.

## Summary

While social media use provides opportunities for nurses to connect with others, both on a personal and professional level, nurses must also understand the risks that are associated with it. Understanding and applying the guidelines while using social media will help nurses maintain social media competence and professionalism.



**The 6 "Ps" Principles of Social Media E-Professionalism:**

**Professional — Act professionally at all times**

**Positive — Keep posts positive**

**Patient/person-free — Keep posts patient or person free**

**Protect yourself — Protect your professionalism, your reputation and yourself**

**Privacy — Keep your personal and professional life separate; respect privacy of others**

**Pause before you post — Consider implications; avoid posting in haste or anger**

**(INRC, 2014)**

## ITEM 6.9

# CPA Ontario imposes \$1.59-million in penalties on Deloitte after firm admits audit work was backdated

1253

DAVID MILSTEAD &gt;

PUBLISHED 18 MINUTES AGO

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Deloitte LLP will pay \$1.59-million to settle charges brought by CPA Ontario that its employees falsified date and time stamps on audit work papers between November, 2016 and May, 2018.

CPA Ontario, the provincial regulator of chartered professional accountants and firms, said Deloitte implemented a system in November, 2016, that it believed eliminated employees' abilities to manually change its audit "sign-off" dates. When Deloitte realized employees could manipulate their computer settings, it failed to issue guidance telling them not to, the regulator said Tuesday.

Over the next 17 months, CPA Ontario said, at least 35 Deloitte CPA Ontario members engaged in backdating work papers, and in some cases instructed others to do so, in over 930 audit working papers in 39 audit engagements. After an internal investigation that took more than a year, Deloitte self-reported the problem in September, 2019, to CPA Ontario.

CPA Ontario then conducted its own investigation before getting Deloitte to admit it breached the Ontario code for accountants. Deloitte agreed with the facts and conclusions in the CPA Ontario settlement "for the purpose of this proceeding only," the settlement agreement said.

"Backdating obscures when and what work was performed and reviewed," Janet Gillies, CPA Ontario's executive vice-president, regulatory and standards, said in a statement announcing the action. "It creates questions about the accuracy or timeliness of audit documentation and the quality of the audit."

Deloitte will pay a fine of \$900,000 and costs of \$695,000 to CPA Ontario.

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“It is important to underscore that five years ago, Deloitte Canada took proactive steps and self-reported and notified regulators in Canada and the United States of this issue, including CPA Ontario, as we first brought it to their attention at that time,” Deloitte spokesperson Lama Nicolas said in an emailed statement Tuesday. “Deloitte conducted a lengthy internal investigation which did not find any evidence suggesting that this matter has affected the quality of Deloitte’s audits and we have since enhanced our internal quality control processes.”

The action follows a similar settlement by Deloitte in September, 2021, with the Canadian Public Accountability Board (CPAB), which inspects the firms that audit public companies. CPAB, which cannot assess fines for economic damages or punitive reasons, charged Deloitte \$100,000 to cover its costs.

The U.S. PCAOB also disciplined Deloitte in September 2021 over the same matter, fining it US\$350,000.

The CPA Ontario settlement order said a 2016 PCAOB disclosure of an audit-documentation incident prompted Deloitte to order all its global member firms, including Canada, to conduct a mandatory conference call focused on audit quality and integrity with all audit partners.

Prior to November 7, 2016, Deloitte’s Engagement Management System permitted a user to manually select a sign-off date for an audit working paper. Deloitte changed the software system so that the sign-off date would automatically be set to the date of the user’s computer clock.

Employees in Deloitte’s national office realized the change could be bypassed if an accountant simply changed the time on the computer clock. CPA Ontario said Deloitte staff decided not to explicitly tell employees that doing so was prohibited because it might “socialize” inappropriate conduct if employees found out there was still a way to backdate.

In February, 2018, a Deloitte audit partner became a whistleblower, alerting senior firm leaders that their auditors were altering the dates on their computers to backdate work paper signoffs.

Deloitte's internal investigation ultimately concluded the backdating "was not done with malicious or fraudulent intent but rather with the intent to more accurately reflect the date the work was actually performed," according to CPA Ontario. Deloitte also concluded "the conduct was contrary to firm guidance and thus warranted discipline by the firm, but did not constitute a contravention of the code or a breach of professional standards."

**1255**

Deloitte disciplined twelve partners and twelve employees, with the outcomes ranging from written reprimand to "significant career and compensation penalties," CPA Ontario said. Deloitte has previously declined to say whether anyone was fired for backdating.

Deloitte determined its discipline on the premise the employees "were attempting to document when work was actually done and therefore 'tried to do the right thing but in the wrong way,'" CPA Ontario said, adding "Deloitte should have employed a higher level of skepticism in the circumstances."

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## ITEM 6.11

## GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

[sml-law.com/resources/grey-areas/](http://sml-law.com/resources/grey-areas/)

### Addressing Gender-Based Violence

by Rebecca Durcan  
September 2023 - No. 282

While Canadian [politicians spar](#) over whether gender-based violence, particularly intimate partner violence (IPV), is an epidemic, regulators are assessing their role.

Regulators of professions, particularly in the [health](#) and [law enforcement](#) domains, treat IPV in a registrant's private life as serious professional misconduct. While important, questions arise as to whether regulators can and should do more.

In 2022, a Renfrew County inquest looked into the 2015 murders of three women, making [36 recommendations](#). None were directed specifically at regulators of professions (although some recommendations aimed at educating service providers to perpetrators or survivors of IPV apply to practitioners of some professions). However, some of the recommendations might be adapted by regulators when dealing with registrants with the potential, or reality, of gender-based violence, including the following:

- Using “a trauma-informed approach to interacting and dealing with survivors and perpetrators”;
- “Explore incorporating restorative justice and community-based approaches in dealing with appropriate IPV cases to ensure safety and best outcomes for survivors”;
- Sharing of information with law enforcement agencies in appropriate cases;
- Safety planning for survivors;
- Professional education and training for staff and investigators dealing with IPV matters, including risk assessment training, trauma-informed practices, indicators of IPV, and crisis management coaching;
- Guidance for registrants who support survivors or counsel, treat or otherwise intervene with perpetrators;
- Track and study decisions made in matters involving IPV for relevant information including on “longitudinal studies for recidivism, violence escalation, and future victims”; and
- Policies for monitoring and responding appropriately to non-compliance with terms, conditions, and limitations imposed on a

perpetrator, such as non-participation in counselling.

In contrast, the Nova Scotia Mass Casualty Commission [report](#) specifically addresses professional regulators. The Commission investigated Canada's worst-ever mass casualty crime spree that lasted 13 hours and resulted in 22 deaths.

The perpetrator was a dentist who had faced discipline for various billing and angry interactions with clients. During the process, the perpetrator also verbally attacked a member of the complaints screening committee and an expert witness who had filed a report critical of his work. Eventually there was a joint submission to the discipline panel that included a requirement to attend counselling, which he apparently completed. Unbeknownst to the regulator at the time, the perpetrator had engaged in a pattern of behaviour involving financial, emotional, and sexual abuse of several vulnerable and marginalized patients.

Many of the recommendations of the Commission related to police and emergency services. However, several recommendations relate to community entities that might have identified "red flags" and perhaps intervened to enhance community safety. Some of those recommendations are applicable to regulatory bodies. One, in particular, is directed specifically at regulatory bodies:

Recommendation C.19  
PROACTIVE MONITORING BY  
PROFESSIONAL LICENSING BODIES

The Commission recommends that  
All professional licensing bodies should:

- (a) Monitor their members proactively to better ensure the safety and well-being of their licensees' clients/patients;
- (b) Through careful monitoring, track and proactively demand accountability when discernible patterns of

unethical or illegal behaviour are uncovered; and

- (c) Take steps to promote awareness of complaints mechanisms, including by requiring that licensees prominently display the Code of Ethics and information about the complaints process in their offices/clinic and online.

Implementation points:

- Practice audits and quality control systems can assist in proactive monitoring
- Professional licensing bodies should:
  - acknowledge that marginalized communities face barriers to reporting concerning behaviour; and
  - take steps to minimize these barriers through engagement with these communities.

In addition, recommendation V.14 states that:

(b) Non-governmental bodies, including learning institutions, professional and trade associations, and business, declare gender-based, intimate partner, and family violence to be an epidemic that warrants a meaningful and sustained society-wide response.

The Mass Casualty report ([vol. 4, p. 501](#)) also commented favourably on the [changes that the College of Nurses of Ontario has made](#) to address nurses who intentionally harm patients (which is not limited to gender-based violence) through raising awareness and developing a risk assessment process for complaints and reports.

The Commission did not, however, provide much guidance on how regulators can access external resources if they identify red flags.

Raising awareness of its role and providing alternative methods of communication

(besides a formal written letter of complaint) in a safe space is consistent with initiatives by several regulators in recent years. For example, in our July 2023 issue of Grey Areas we discuss efforts being made by regulators to engage with Indigenous communities as part of redressing anti-Indigenous racism.

These recommendations also tie in with risk-based regulation activities of many regulators. Identifying the most serious (as well as the most frequent) forms of harm to the public helps regulators focus on activities that matter. For example, enforcing compliance with continuous professional development requirements and advertising rules might be accorded lesser regulatory resources, even if they are not completely abandoned, compared to abuse and violence concerns. Risk-based regulation also contemplates a proactive and multi-pronged approach to these risks (e.g., identifying registrants at risk of causing harm and proactively engaging with them, often with supportive measures). Risk-based regulation also involves providing support to vulnerable registrants and complainants or witnesses.

These recommendations will have to contend with competing considerations. For example, the concept of gathering all available information to look for “red flags” is not entirely consistent with a regulator’s tendency to only rely on reliable and relevant evidence. For example, recently a tribunal held that complaints investigators can reasonably choose to not look at online internet ratings of registrants: [Complainant v.](#)

[College of Physicians and Surgeons of British Columbia \(No. 1\)](#), 2023 BCHPRB 48 (CanLII). While the trustworthiness of such information is doubtful, it can still provide some data that, combined with other data, might be able to identify registrants who are at risk and who might warrant special attention, as recommended by the Mass Casualty report. [Research has shown](#), and the example provided in the Mass Casualty report indicates, that a prior history of complaints is a fairly reliable predictor of future concerns.

Similarly, procedural fairness requirements, including full disclosure of evidence about reporters of concerning behaviour, may pose challenges for regulators.

Another challenge for regulators is that their intervention with a potentially violent registrant might provoke the very behaviour that is sought to be addressed. Regulators may not have the expertise to mitigate that risk effectively.

Fortunately, the work of regulators in analogous areas of concern (e.g., sexual abuse, discrimination, and abuse of colleagues) will provide significant synergies in addressing gender-based violence by registrants.

*Disclosure: One of the SML team was a Commission Counsel for the Nova Scotia Mass Casualty Commission. The opinions expressed in this article are those of the author and not of the Commission.*

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## GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

[sml-law.com/resources/grey-areas/](http://sml-law.com/resources/grey-areas/)

### Reflecting on Reporting and Responding Requirements

by Julie Maciura  
October 2023 - No. 283

Vastly different words are used to describe the concept, each with their own moral implications: “snitch”, “informant”, “whistleblower”, “professional”. Whatever term is used, an obligation to report problematic conduct by other registrants is an important regulatory tool. Such information enables the regulator to investigate issues of misconduct, incompetence, or incapacity that may place the public at risk and that might otherwise never be known.

An example of a [mandatory reporting provision](#) that, anecdotally at least, has contributed to the protection of the public is the obligation on Ontario health practitioners to report information received in the course of their practice that another registrant has sexually abused a patient. That provision originated with the 1991 Final Report of the Task Force on Sexual Abuse of Patients commissioned by the College of Physicians and Surgeons of Ontario.

The Canadian armed forces has had a similar obligation on its member to report breaches of rules by other members, but it has [recently announced](#) that it would be

repealing that duty. This action was recommended by former Justice of the Supreme Court of Canada, Louise Arbour, in her final Report of the [Independent External Comprehensive Review](#).

Intuitively it seems surprising to entirely eliminate this tool for obtaining information about alleged misconduct. However, the recommendation makes more sense after reading Arbour’s concerns about the reporting requirement in the military setting:

- For many members of the armed forces, the fear of reprisals and ostracization outweighs the fear of not making a report (especially since in almost no case was anyone sanctioned for failing to make such a report).
- There is widespread mistrust in the investigation process that would result from any report. This was particularly true for the military’s ability to address sexual misconduct. This mistrust reflected a “structural barrier” in the “toxic masculinity” culture within the armed forces.



- The making of a report could harm the victim or, would at the least, remove their control over the process.
- The duty was too broad. It applied to any breach of the rules and to almost all military personnel, including the recipient of the misconduct, including for sexual abuse.
- Despite the breadth of the duty, there remained confusion on how, and to whom, a report should be made.

It is worth noting that there is a distinction between the military's duty to report and that of many regulated professions. The military duty to report is typically in relation to conduct that harms staff and colleagues rather than conduct that jeopardizes the welfare of clients or patients.

The concerns identified in Arbour's Report may have application to professional mandatory reporting requirements. For example, the mandatory reporting obligation for sexual abuse flowing from the 1991 Sexual Abuse Task Force Report anticipated many of these same concerns and included measures intended to address them. For example:

- The duty (at that time at least) was only in respect of sexual abuse of patients, a pressing and important issue.
- The identity of the patient cannot be included in the mandatory report without the prior written consent of the patient.
- There are heightened confidentiality obligations for the report. For example, the report cannot be disclosed to other regulators.
- The reporting obligation is accompanied by multiple protections for the patient, including a right to insist on a ban on the publication of their identity in any subsequent discipline hearings, a right to make an impact statement where sexual

abuse is proven, and access to a compensation fund for therapy.

- The introduction of the reporting obligation was also accompanied by an extensive educational initiative for registrants, patients, and members of the public, including the obligation on every health regulator to develop a sexual abuse prevention plan. Part of the education resulted from the mandatory revocation (for at least five years) of registrants who engaged in frank sexual acts with patients, which brought home to practitioners how seriously government was in its attempts to prevent and address the sexual abuse of patients.

Even with these refinements, the mandatory requirement to report sexual abuse continues to create challenges. For example, the duty includes having to report "behaviour or remarks of a sexual nature" which includes an isolated sexualized comment or joke. One suspects that there may be understandable reasons why some registrants pretend not to notice such remarks and therefore do not intervene, (such as reprimanding the registrant who made the remark or supporting the recipient patient), or make a formal report to a regulator. These reasons may include the power imbalance that exists between practitioners (such as that between doctors and nurses, or dentists and dental hygienists), or the likelihood that the observer may themselves have been subject to similar conduct from the registrant. Anecdotally, it seems most reports are made by registrants who are informed about such conduct by the patient after the fact, rather than by actual observers of the conduct.

There are other options that exist, besides a rigid mandatory reporting obligation, that some regulators have been employing. These include:

1. A voluntary reporting mechanism in which the registrant can weigh the surrounding circumstances (including the nature of the conduct and the

- wishes of the patient or client) in exercising judgment on whether to make a report.
2. A whistleblower scheme which is similar to a voluntary reporting mechanism, but can include heightened confidentiality protections for the reporter (analogous to the “Crime Stoppers” program) and which can also provide financial rewards for reporters, such as is used by [some securities regulators](#).
  3. A duty to intervene without specifying the nature of the intervention. This approach facilitates the exercise of judgment in the pursuing of the most effective option (e.g., speaking privately with the offending registrant, supporting the client or patient, or raising the concern with the employer or other local authority). The UK regulator for physicians has recently [published guidance](#) that uses this approach to address discriminatory conduct.
    - a. Be reserved for serious concerns that jeopardize the welfare of vulnerable people (or else face the risk of widespread non-compliance by the profession and the damage (e.g., moral injury, guilt, etc.) that failing to report causes to registrants and public confidence in the regulatory regime);
    - b. Be accompanied by an education program for registrants, clients or patients, and members of the public to emphasize the seriousness of the conduct that must be reported;
    - c. Include measures to respect the wishes of and support the concerns of the target of the misconduct so that they are not revictimized;
    - d. Result in compassionate and effective regulatory action so that reporters have confidence that their report will make a real difference; and
    - e. Result in credible enforcement consequences for those failing to make a mandatory report when they should have.

These options have their disadvantages, including leaving it open to regulated professionals to not intervene or report at all or incentivizing what should be a professional expectation.

The primary implication of these developments is that regulators should carefully and thoughtfully approach the development of a reporting or responding obligation or expectation. For example, mandatory reporting obligations might balance the following factors:

Perhaps the lesson that professional regulators can learn from the experience of Canada’s military is that a mandatory (or expected) reporting obligation is an important, regulatory tool that should be employed in a thoughtful, nuanced manner, taking into consideration all relevant factors, and learning from existing schemes, so as to reduce unintended consequences.

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### How They Do Things Across the Pond

by Bernie LeBlanc  
November 2023 - No. 284

Since the establishment of the Professional Standards Authority (PSA), Canadian regulators have been monitoring professional regulation developments in the United Kingdom. Some, but certainly not all, of the approaches taken in the UK have been adapted by some Canadian jurisdictions and regulators. Most notable was the enactment of the [Health Professions and Occupations Act](#) in British Columbia.

However, the evolution of administrative law for professional regulators has diverged somewhat between the UK and Canada. Some of these differences and similarities are apparent from the recent UK court decision in [Professional Standards Authority for Health and Social Care v Social Work England & Anor](#) [2023] EWHC 2125 (Admin) (18 August 2023).

There, a social worker was disciplined for abusing and neglecting her children (e.g., by making demeaning and disturbing comments to them and by overdosing in their presence), which resulted in the intervention of the child welfare authorities, and for dishonestly denying during a job interview that she was

or had been under investigation by her regulator.

The discipline panel found that her fitness to practise was impaired in that she failed to promote and maintain public confidence in the social work profession and that she failed to promote and maintain proper professional standards. However, the panel “concluded that a finding of impairment was not necessary to protect, promote and maintain the health, safety and wellbeing of the public.” As a result, it only imposed a warning.

The oversight body, the PSA, appealed the decision. It argued that the factual determinations of the discipline panel supported a finding of impairment in the third category (i.e., the health, safety and wellbeing of the public). It also argued that a suspension was necessary in the circumstances.

## Some Differences

The first major difference between the UK process and most Canadian ones is that an oversight body can initiate appeals to the courts regarding discipline findings that it believes are unacceptable. While such appeals are relatively rare, the [PSA has had a remarkable record of success](#) with respect to appeals it has brought. [Interestingly, the regulator was also a party to the appeal. Initially it opposed the PSA's position but then changed its position to support the appeal.]

Another major difference is that what most Canadian regulators call "discipline" hearings are called "fitness to practise" hearings in the UK. In Canada, the term "fitness to practise" usually refers to incapacity issues rather than conduct concerns. This is not just a matter of semantics. The UK approach focusses more on the potential for future misbehaviour than on sanctioning past misconduct. The UK approach is analogous to those relatively few Canadian professional regulators whose ambit is largely confined to addressing whether the person will act with honesty, integrity and in accordance with the law.

This non-punitive approach is particularly important when it comes to the issue of sanction. Following the leading decision in [Bolton v Law Society](#) [1994] 1 WLR 512, the Court noted that "it follows that considerations which would ordinarily weigh in mitigation of punishment have less effect on the exercise of a regulatory jurisdiction than on the ordinary run of sentences imposed in criminal cases." In Canada, courts often apply some criminal sentencing concepts, especially mitigating factors, to discipline sanctions (e.g., [College of Physicians and Surgeons of Ontario v McIntyre](#), 2017 ONSC 116 (CanLII)).

Rather, consequences for the individual registrant are generally motivated by ensuring that their future behaviour is

acceptable and, to a lesser degree, to ensure public confidence in the regulator. However, the Court did say: "The reputation of the profession is more important than the fortunes of any individual member."

## Many Similarities

Many other aspects of the decision would be familiar to Canadian regulators. For example, in this case, the social worker was self-represented, not an unusual occurrence in Canada.

The Court also expressed the need to afford deference to the disciplinary panel. For instance, on the issue of sanction, the Court said:

Given that the Panel usually has greater expertise in the social work field than the court, an appeal court should only interfere with such an evaluative decision if (1) there was an error of principle in carrying out the evaluation; or (2) for any other reason, the evaluation was wrong, that is to say that it was an evaluative decision which fell outside the bounds of what the Panel could properly and reasonably decide....

Similarly, the Court allowed that regulators should be cautious when scrutinizing the private life of registrants:

I accept that, to some degree, a social worker may be able to rely on a division between her private and professional lives. A social worker who has a transient personal crisis may not have impaired judgment in relation to his or her professional caseload. If all that the Panel had found was that MDR had used inappropriate language or displayed undue melancholy to her children during an isolated and stressful part of her life, this appeal would be unfounded.

However, the Court agreed with the discipline panel that this sort of conduct, by a social worker, was relevant to her fitness to practise the profession. A pattern of abuse, to the point of requiring intervention by child welfare authorities, reflected on both her ability to provide those sorts of services in the future and on public confidence in the regulator and the profession as a whole. With respect to her dishonesty during her job interview, the Court said:

The recruitment of social workers has at its centre the objective of keeping safe vulnerable adults and children. By being dishonest in her interview, MDR placed her own interests above the protection of the health, safety and well-being of the public contrary to the overarching objective.

When it came to sanction, the Court found that the discipline panel had made an irrational decision given its evidentiary findings. The social worker had not demonstrated insight into the seriousness of her conduct or its impact on her practise of the profession. Having found that the social worker's conduct was "attitudinal and behavioural" ... "it ought to have been plain to the Panel that her attitudes could not reasonably be regarded as having changed."

Also similar to Canadian courts, the UK Court affirmed that the social worker's contesting of the allegations, even after the finding was made by the discipline panel, should not be treated as an aggravating factor. However, the Court treated the inconsistent assertions of the social worker (e.g., about whether she

knowingly made false statements during the job interview) and her calling her daughter to give testimony contrary to the daughter's previous written statement, as rebutting the social worker's assertion of insight.

On this point, the Court said that the social worker":

was entitled to mount a vigorous defence to the charges against her; but her decision to call her daughter to give untruthful evidence to the Panel went significantly beyond offering an alternative account of past events and went beyond "a failed attempt to tell the story in a better light than eventually proved warranted"... It demonstrated a lack of honesty. MDR's decision to place dishonest evidence before the Panel fatally undermines the Panel's conclusion that there was no risk of repetition of the dishonesty shown to DCC.

### Outcome

The Court said: "the Panel erred in concluding that a finding of impairment was not necessary on grounds of risk to the protection of the health, safety and well-being of the public..." While the Court was tempted to impose a one-year suspension, it, like many Canadian courts, deferred to the expertise of the regulator. The Court remitted the matter to the regulator to make a fresh finding on sanction.

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Council Member Terms as of November 9, 2023 <sup>1</sup>

## ITEM 6.12

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 <sup>2</sup></u>				
Ms Anuli Ausbeth-Ajagu	Mississauga	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Robert Chopowick	Ajax	September 7, 2023	N/A	September 7, 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				

<sup>1</sup> Please advise Ms Rose Bustria a.s.a.p. if you are aware of any discrepancies.

<sup>2</sup> CCO requires at least 6 public members to be properly constituted.